

EVALUATION REPORT

# Focused Deterrence Randomised Controlled Trial

## Early Implementation Report

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October 2024



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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 from 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 activities.

And just as important is understanding children's and young people's lives. Through our Youth Advisory Board and national network of peer researchers, we'll ensure they influence our work and that 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 and agree on what works, then build a movement to make sure that young people get the very best support possible. Our strategy sets out how we'll do it. 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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## **Trial registration and amendment**

The study protocol was registered on ISRCTN11650008 on 4<sup>th</sup> June 2023:<sup>1</sup>

<https://doi.org/10.1186/ISRCTN11650008>

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<sup>1</sup> Note that an amendment was made (30/10/2023) on the ISRCTN register to correct our hypothesis on ‘time-to-offence’. We are grateful to Prof. Ruiter for bringing this error to our attention.

## About the evaluator

The project team is a consortium of researchers from the University of Hull, University College London, University of Oxford and University of Abertay. The project is led by the University of Hull.

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## The project

Focused deterrence (FD) is a violence reduction approach that uses deterrence messaging and enforcement, desistance support and community influence. Developed in Boston, USA, in the 1990s, FD targets those who have been involved in group-related violence and provides an initial communication to them that the police are aware of their behaviour and continuation of it will result in severe consequences. Alongside this deterrence message, individuals are offered bespoke services (such as mental health, housing, education or employment support). FD also aims to utilise community groups and leaders to reinforce anti-violence messaging and showcase their support for the programme. In this project, FD was implemented across five sites in England (Leicester, Manchester, Nottingham, Coventry and Wolverhampton). In each area, delivery was led by a multi-agency partnership consisting of the Violence Reduction Unit/Partnership, the police, other statutory services (including probation, youth justice and social work) and voluntary organisations. At an initial face-to-face meeting delivered by FD programme teams, children and adults (over the age of 14 and who have been or are at high risk of being involved in group-related violence) were offered tailored support and regular meetings with a support worker for 3–6 months. If they declined support and continued their involvement in violence, they were expected to be referred to the police to face enforcement and disruption activities (such as additional police searches). Typically, local multi-agency panels identified participants using police offending data.

YEF and the Home Office have funded a randomised controlled trial (RCT) to evaluate the effectiveness of FD across these five sites. This early implementation report describes the programme design, preparation, randomisation and initial six months of delivery of this trial, covering the first 21 months of a 45-month project. The report explores the rationale for FD, the progress of early implementation, characteristics of the target cohort and intervention, and trial design features (such as potential outcomes, analytical methods and sample size). The report also examines whether FD can be delivered consistently, the risks and limitations an RCT may face, and the perceptions of participants and delivery teams of FD. This early implementation phase established a two-armed RCT involving 1,670 children and adults: 834 were randomised to receive FD, and 836 were randomised into the control group and received only business as usual (BAU). Seven different FD interventions with common elements were delivered to participants across the five sites. An implementation and process evaluation was also undertaken, including interviews with 13 stakeholders, 13 members of the FD programme team, 14 mentors and 11 programme participants, alongside the collection of programme documentation and delivery data. The evaluation began in April 2022, and the early implementation phase ended in December 2023. Randomisation and delivery are scheduled to continue until late 2025.

### Key conclusions

Testing the efficacy of focused deterrence in the UK is important as there has been rapid uptake despite a limited evidence base for this context. This is especially important for the five cities in the trial; all have faced high rates of violence in recent years, while BAU support services from the statutory and voluntary sectors have been insufficiently resourced to prevent violence.

All five sites were successful in designing interventions that meet the criteria of a focused deterrence intervention targeting violence. Implementation has been moderately successful, although there were some significant fidelity issues, particularly relating to the combined delivery of deterrence messaging with a support offer. This has improved over the early implementation period but will require monitoring.

Police-recorded violence against the person, time-to-offence and frequency of offending in a group are appropriate outcomes for this trial. Randomisation was successful, and full trial implementation is underway. An estimated sample size of 2,625 is required for a well-powered trial.

Programme participants who engaged with the support offer and were interviewed had positive perceptions of the programme. However, few were able to articulate the goals of the programme, and almost none mentioned any threat of consequences for continued violence.

Focused deterrence can be evaluated in a well-powered RCT. However, several risks need to be addressed to ensure a high-quality evaluation, including ensuring a large enough sample size, increasing the speed at which young people are engaged in the intervention after randomisation and strengthening the deterrence element.



## Interpretation

This trial is the largest RCT of FD yet conducted. And there is a clear rationale for it. While there is evidence of the effectiveness of FD in the US, there is a significant dearth of process information and theoretical explanation of its mechanisms and a lack of robust impact evidence in the UK. Testing the efficacy of FD in the UK is, therefore, important, particularly as there has been rapid uptake of FD without robust testing in our context. This is especially important in the context of the five cities in the study; all have faced high rates of violence in recent years, while BAU support services from the statutory and voluntary sectors have been insufficiently resourced to prevent rather than only respond to violence.

All five sites were successful in designing FD interventions, and their implementation has been moderately successful. Given the high rate of implementation failure for FD in both the UK and the US, the creation and implementation of an intervention in all five sites is encouraging. There do remain significant fidelity challenges, particularly relating to the combined delivery of deterrence messaging with a support offer. There is clear qualitative evidence that the deterrence message was minimised or not delivered at some initial contact in this early implementation phase. Delivery team members were, in some cases, unaware of the importance of a deterrence message and were sometimes resistant to this component of the intervention. This may reflect the challenge of adjusting a largely police-led, deterrence-focused US model to the context of this trial, where multi-agency support was such a key element. It should be noted that practice varied between sites and over time; some sites began to place a far greater emphasis on deterrence messaging and enforcement in the latter half of the early implementation period. However, future delivery requires clearer articulation of the deterrence message. There was also little evidence of a robust and predictable pathway to enforcement activity in most sites for those who reject the support offered in these early stages of implementation.

Police-recorded violence against the person, time-to-offence and frequency of offending in a group are appropriate outcomes for this trial of FD. This is because they are only weakly susceptible to attrition or sampling bias, they reflect the seriousness of the targeted behaviour and the data-generating process and data collection are standardised across all delivery sites. Randomisation has been successful and broadly acceptable despite some early challenges. Power simulations using early implementation data suggest that a sample size of 2,625 will be required to detect a 20% relative reduction in the frequency of violent offending after a one-year follow-up. This sample size is achievable, but the frequency and size of batches for randomisation will require careful monitoring to ensure a sufficient sample size is reached.

Programme participants who engaged with the support offer and were interviewed, generally experienced the programme positively. Demographic differences, such as age, gender or ethnicity, did not appear to affect perceptions of this support. However, few were able to articulate the goals of the programme, and almost none mentioned any threat of consequences for continued violence. The median age of participants was 20 years. FD faces the risk that minority ethnic communities are disproportionately selected and then face disproportionate levels of enforcement. Sites have sought to mitigate this through race equity plans and expert advice. While it is too early to robustly assess differences in outcomes and experience across ethnic groups, there was no early evidence of racial inequities arising in the delivery of FD.

FD can be evaluated in a well-powered RCT. However, several risks need to be addressed to ensure a high-quality evaluation, including ensuring a large enough sample size, preventing the dilution of the effect size and maintaining intervention fidelity. The evaluator suggests mitigating these risks by tightening programme eligibility (to only those actively engaging in violence and considering narrowing the age parameters) and reducing the time lag between randomisation and first contact. The evaluators also suggest ensuring that deterrence messaging and pathways are strengthened and focusing the support provision to ensure it is time-limited with a clearer articulation, by delivery teams and for participants, of how it contributes to the goals of desistance from violence.

The YEF will continue funding the RCT until its conclusion and final report in early 2028.

## Introduction

### Background

Youth violence is one of the most pressing crime-related issues of the twenty-first century. In the United States (US), homicide is among the [top four most common causes of death](#) in 1 to 34-year-olds (Centres for Disease Control and Prevention, 2023). In the UK, following a continuous decrease between 2000 and 2015, the prevalence of violence with injury recorded by police has increased in recent years, with notable rises in violence experienced by adolescents and those in early adulthood. There are many potential causes of violence: structural issues like poverty and inequality (De Courson and Nettle, 2021; Alloush and Bloem, 2022), transmission of violence through community exposure (Cooley-Strickland et al., 2009), peer and family influence (Widom, 2006; Augustyn, Ward and Chon, 2017) and individual disposition and decision-making (Walters, 2015).

A range of policies have been implemented to reduce youth violence in the UK, including the 2018 Serious Violence Fund, which has supported the creation of Violence Reduction Units (VRUs)/Partnerships and funded 'Grip' proactive policing activities by the police (Home Office, 2023). These interventions focus on violence prevention and response. The guiding document for the current government violence prevention strategy, the Serious Violence Strategy (2018), advocates for a public health approach to violence, wherein those at risk of involvement in violence receive intervention before violence occurs. Identifying the most effective techniques for addressing violence in the UK is an urgent and challenging issue, as there are relatively few proven effective interventions worldwide, and those with an evidence base have been developed outside the UK, with limited understanding of their transferability to a UK intervention and community context (Bertam, 2020).

Interventions with an explicit purpose of preventing violent behaviour tend to focus on groups and individuals rather than structural issues, including systemic racism, socioeconomic inequality or lack of access to education or healthcare (Raveel and Schoenmakers, 2019). Intervention types are broadly categorised as (1) primary, low-intensity interventions targeting large groups of individuals or communities that do not necessarily have a history or risk of violence, (2) secondary, which target individuals or groups identified as being at risk of involvement in violence and (3) tertiary, targeting individuals with a history of violence (Muir, 2021). Focused deterrence belongs to a tertiary type of intervention and is an intervention with, arguably, the strongest evidence of effectiveness in reducing violence. A systematic review of published evaluations (Braga, Weisburd and Turchan, 2019) indicates that focused deterrence is associated with a modest reduction in violence outcomes ( $d=0.383$ , 95% Confidence interval 0.264–0.503). While this statistic is encouraging, the existing evidence is almost entirely based on US interventions. Efforts to implement focused deterrence in the UK have met with a range of theoretical and implementation challenges or have not been rigorously evaluated, leaving many questions about its efficacy in a UK context (Gaffney, 2021).

The programme detailed in this report, *Another Chance Fund: Focused deterrence*, seeks to address many of the limitations of the existing UK evidence base on focused deterrence by including a long development period and aligning programme development with a robust evaluation. This report, written after six months

of intervention delivery, presents the rationale, methodology, analysis and findings for the early implementation of the multi-site evaluation of focused deterrence programmes in Greater Manchester, Leicester, Coventry, Nottingham and Wolverhampton.

### **Focused deterrence interventions**

Typically, the intervention population for focused deterrence is groups or gangs in urban centres involved in perpetrating serious violence. These groups are predominantly male, and their members tend to be in early adulthood (18–24 years old) (Braga, Weisburd and Turchan, 2019). The aim of such an initiative is desistance from violence or, in some cases, violence-related activities, such as drug dealing.

Most focused deterrence interventions consist of three main components: deterrence messaging, support to desist and community influence. Over time, the content, delivery and ratio of these three components have been adapted by different iterations of the intervention to meet local context, but broadly, these components entail the following:

#### **Deterrence**

An initial communication that police are aware of the individual's involvement in violence and an assurance that continuation of such behaviour will result in swift and severe consequences. This communication takes the form of a 'call-in', a one-to-one meeting at the person's home, in a community setting or in the premises of a statutory service, with multiple group members being invited or compelled to attend, or the communication of the deterrence message through written means, such as a letter or flyer. In the event of non-compliance through continued involvement in violence, participants are faced with 'deterrence', a multifaceted term covering targeted disruption, primarily from policing, until they have either been prevented from further offending, been imprisoned or desisted from violent crime.

#### **Support to desist**

Individuals who wish to do so can avail themselves of an array of services provided by multi-agency partners aimed at supporting desistance from violence. The offer of support is often presented in tandem with the deterrence messaging. Support might focus on, for example, mental health provision, housing, education or employment.

#### **Community influence**

Focused deterrence initiatives often involve community groups and leaders showcasing their support for the programme and their anti-violence stance, as well as working in partnership with local community groups (e.g. providing a venue). This demonstration of community 'voice' and programme legitimacy often coincides with deterrence communication (see Engel et al., 2008 ).

### **Evolution and adaptation of focused deterrence delivery**

The delivery of focused deterrence interventions in different contexts has required certain adaptations for each iteration (Engel, Tillyer and Corsaro, 2013). This is due to a complex mixture of disparate violence problems in different locations, each community's sociocultural history, and the overall availability and existing cooperation of statutory and voluntary services, as well as differing policing strategies and

organisational cultures (Engel, Tillyer and Corsaro, 2013). Populations of interest have included gangs involved in violence (Braga et al., 2001; Corsaro and Engel, 2015; Sierra-Averalo et al., 2015), individuals involved in violence (Boyle et al., 2010; Trinkner, Kerrison and Goff, 2019), individuals involved in drug markets and those who have either been identified through intelligence or referred in (Saunders et al., 2015). Focused deterrence components have also changed in different ways across interventions. For example, the delivery of deterrence messaging ranged from group call-ins to individual meetings. The role of support varied from its almost secondary position as a distraction from violence through to a primary mechanism of long-term desistance, becoming more tailored and extensive over time. Finally, in some programmes, the expression of anti-violence norms has been one-directional and episodic, often involving community leaders and most prominent representatives. In others, however, the community has been deeply engaged, with community members serving as ‘navigators’ and having frequent contact with target individuals (Scott, 2017). The significant variation between interventions under the collective term ‘focused deterrence’ reflects the complex nature of community interventions, made more challenging by targeting a diverse population, often suspicious of violence reduction interventions.

### **Theoretical rationale for focused deterrence**

Common explanations for how or why focused deterrence can be effective revolve around the three components of deterrence: certainty, swiftness and severity, noting that the evidence on deterrence is that severity does not carry as much weight as certainty and swiftness (Nagin, 2013). Clear messaging from authority and community figures about the threat of enforcement and disruption consequences for continuing to engage in violence is supported by a change in enforcement practice and visibility. A reduction in violence across an individual’s network further diminishes the opportunity for violence. Once the deterrence activity has had an effect, support activities addressing psychological, interpersonal and occupational needs create the opportunity for desistance ‘turning points’ (Sampson and Laub, 1993). Alongside these direct activities, vocalising community norms about the unacceptability of violence has been suggested as influential. Unfortunately, accounts from the target population are almost entirely absent from the literature and qualitative work that describes the experience of being involved in the intervention would help refine understanding of the intervention mechanisms. Furthermore, while deterrence, desistance and community norm mechanisms may affect violence individually, understanding how they interact adds a layer of complexity that the existing literature has not yet tackled.

### **Existing evidence base for the effectiveness of focused deterrence**

A 2019 systematic review included more than 24 efficacy/effectiveness evaluations conducted up to 2015 (Braga, Weisburd and Turchan, 2019). The study sourced reports and papers from peer-reviewed journals, books, reports and the so-called ‘grey’ literature (i.e. that which does not have an ISBN). Of the 24 studies, 23 evaluated interventions were undertaken in the US, most focusing on a single city. These studies employed a range of outcomes, typically very serious violence, such as firearm homicide. The review demonstrated that, consistent with much other literature, a difference in the determined effectiveness of focused deterrence interventions depended on the study design, whereby weaker (i.e. non-equivalent quasi-experimental) designs demonstrated stronger effects. The review also showed differences in the average effectiveness of these interventions according to the intervention cohort. In general, there were stronger effects for group/gang-based interventions than for individual-focused or drug market interventions. Overall, the review concluded that focused deterrence is an effective and valuable

intervention to reduce serious violence but that the evidence base could be more rigorous, with a better understanding of the causal contribution of each component of the intervention.

As noted in the review (Braga, Weisburd and Turchan, 2019), none of the studies included in the review used a randomised controlled trial (RCT) design. In addition to this criticism, none were pre-registered or pre-specified, and most were statistically underpowered. Studies also varied in terms of the outcomes used, levels of aggregation and inferences made. There is strong evidence of bias in the available literature that could not be addressed by grey literature searches, as many focused deterrence interventions are not evaluated. This could be explained by widespread implementation failure, under-resourcing of evaluations or bias in completing reports. Because of these issues, and despite the positive assertions of the review authors, collectively, the evidence base for focused deterrence neither justifies its status as an effective intervention nor the generalisability of evidence generated in a US context, with its outlying availability of firearms and rates of firearm-related homicides, to a UK context.

As discussed, the intervention unit in prior research was typically groups, which ranged in size from 'small groups that self-identify as gangs up through large, highly organised, and structured gangs' (Scott, 2017, p.24). The typical outcome was counts of police-recorded violent offending, ranging from narrowly defined (e.g. firearm-related homicide only) to broadly defined (e.g. all violent crime). Comparison groups used in different studies depended on the outcome being analysed, but they included non-group-affiliated homicides, near-equivalent and non-equivalent comparison zones within cities, and comparison cities. Follow-up periods for evaluations ranged from 6 to 65 months. By extension of their study designs and the way in which these interventions were deployed, evaluations have very small sample sizes and are generally underpowered to detect population intervention effects (Braga and Weisburd, 2014).

Because they are typically *post hoc* evaluations of routine practice intervention conditions, the interventions that were evaluated tended to be allocated based on the highest and most immediate risk rather than random allocation and relied on quasi-experimental designs that depend on stronger assumptions than experiments. These features make the findings highly susceptible to a range of biases, including false positive results, as a consequence of being statistically underpowered and incorrectly attributing regression to the mean or other interventions as intervention effects for focused deterrence. Furthermore, as noted by Braga, Weisburd and Turchan (2019), there appears to be a publication bias that, when adjusted, reduces the overall effectiveness of the intervention. Accordingly, the claims for a strong evidence base of the effectiveness of focused deterrence are probably overstated. We add that achieving robust randomised designs of interventions that use groups as the intervention unit in the UK would require unprecedented coordination of intervention and evaluation activity across extremely large populations to allow for sufficient numbers of groups to run a cluster randomised trial. Although Braga and Weisburd (2014) advocated for this approach almost a decade ago, such an ambitious project has not yet been implemented.

### **Focused deterrence in the UK**

The implementation of focused deterrence in the UK has, so far, been evaluated four times: (1) The Community Initiative to Reduce Violence (CIRV) in Glasgow (Donnelly, 2011), (2) Operation Shield in London (Davies, Grossmith and Dawson, 2016), (3) Tackling Gangs and Serious Youth Violence in Enfield (Broca, 2012) and (4) the CIRV in Northampton (Kerr, Wishart, Rantanen et al., 2021). The Glasgow and

Northampton interventions are best characterised by a support-led public health approach model of focused deterrence, delivered by police teams working in collaboration with statutory and voluntary sector and community partners. Operation Shield and Tackling Gangs and Serious Youth Violence in Enfield was designed to be more enforcement-focused and was led by police with community partners. The evaluation results of the Glasgow intervention were inconclusive or, at least, theoretically confusing: there were observed relative reductions in the number of possession of offensive weapon crimes but no change in police-recorded serious violence, which is arguably the focal outcome (Williams et al., 2014). The evaluation of Operation Shield in London did not proceed to an impact evaluation because of implementation failures (Davies, Grossmith and Dawson, 2016). The evaluation of CIRV Northampton (Kerr, Wishart, Rantanen et al., 2021) and Tackling Gangs and Serious Violence in Enfield (Broca, 2012) did not include a robust impact evaluation involving untreated comparison areas.

Although the number of evaluated focused deterrence interventions in the UK remains low, adoption of this intervention type is increasing. In the fourth year of the Serious Violence Fund, VRUs were required to spend 20% of their budgets on interventions that are identified by the YEF Toolkit as 'high impact' (Ecorys et al., 2023): the only such policing intervention is focused deterrence. A recent audit commissioned by the YEF, undertaken by OC&C (2024), indicates that half of the sampled police forces report delivering some type of focused deterrence intervention. Only forces included in the current trial were assessed as undertaking all elements of focused deterrence. The existence of grades of focused deterrence emphasises the need for a robust evaluation of a structured programme but also the pliability of the focused deterrence construct when applied in a UK context.

### **Transferring focused deterrence to a UK context**

The literature on evaluations of violence interventions is dominated by interventions designed, delivered and evaluated in the US (Farrington, 1983; Braga, Weisburd and Turchan, 2019). However, the ease of access to firearms and associated homicide rates, as well as extreme levels of incarceration and racial inequality therein, present the question of whether, and to what extent, these violence prevention programmes, treatments and interventions are suitable for a UK context. Focused deterrence, as one of the most prominent violence prevention interventions but one whose evidence base is almost exclusively North American-based, should be assessed for its potential to transfer to a UK context.

A core component in focused deterrence implementation within the US context is community influence. Such influence would entail the community's close collaboration with local authorities and services to show their concern toward criminal behaviour and provide support in the consistent yet respectful enforcement of appropriate sanctions to the target population (Tillyer, Engel and Lovins, 2010). Actively engaging the community with programme implementation includes partnership with community figures, such as neighbourhood associations, youth service organisations or researchers, in order to unanimously express the communal values and desires to the individual in question, as well as to monitor and report any behavioural deviations to respected authorities (Graham and Robertson, 2021; Nubani et al., 2023). Another aspect of community involvement is to allow opportunities for an individual to be reintegrated within their community (e.g. through volunteering or participation in a community sports club). This is assumed to provide active encouragement to change their lifestyle or to understand the effect of crime within the wider community (Scott, 2017). While such options may be viable in the US, when implementing a programme in the UK, community differences need to be considered. An example of a potential replication challenge that may alter the effectiveness of the programme in other contexts is the local variation in community policing,

which operates in a more militarised fashion in the US, with an emphasis on the policing rather than the community aspect of it (Longstaff et al., 2015). In the UK, police are leading partners, but the policing techniques are still consent-based, limiting police discretion and decision-making powers when working with the community.

More crucially, there are certain core government principles that cannot be recreated in the implementation of such a programme in the UK. One of the main steps in focused deterrence is introducing two choices for those who engage with the programme: (1) participating in the programme, incentivised by multiple benefits for abstaining from crime, such as mental health treatment, housing, mentoring or education support or (2) using legal leverage, e.g. arrest, prosecution or disruption of activity/conditions when they offend, to demonstrate consequences. Participation in the programme is closely monitored, with individuals receiving sanctions for lack of involvement. While such conditions can be nurtured due to the fundamental structure of the US criminal justice system, the UK justice system would have issues in supporting them. In the current legislation, under UK and ECHR laws, there would have to be specific conditions laid out by the relevant court, as stipulated by the Criminal Justice Act 2003 (Section 156: Pre-sentence reports and other requirements), subject to a court's discretion. In relation to young people, based on the Youth Justice and Criminal Evidence Act (1999), Section/Paragraph 8, there are grounds for the court ordering programme participation, a curfew or a ban of affiliation with certain groups, but there is no clear evidence on immediate arrest to be followed unless requested and written within a contract as a specific term. In the respective CIRV programme in the US, participants were compelled to participate in 'call-in' meetings on the premise of using legal leverage, such as earlier bail, to increase participation. Such tactics were inapplicable in the Glasgow CIRV initiative, as the fundamental right to a fair trial may be compromised due to bail-related leverage being available before the trial (Graham and Robertson, 2021).

### **Cultural transferability**

Looking into the transfer of focused deterrence programmes from a US context to the UK, a main issue that arises is that cultural and legal transferability ought to be accounted for in the programme's design and implementation; direct transfer of focused deterrence initiatives to the current UK culture would not be possible given a lack of relatability. US programmes, such as CIRV and Operation Ceasefire (McManus et al., 2020), have been some of the first attempts to understand how certain aspects related to sociocultural grounds would be manifested in the UK, as well as in monitoring what was easily replicated and what could not be transferred (Densley, Deuchar and Harding 2020). Firstly, one big cultural difference between the UK and US communities is the type of violence and the profile of the offenders. In the UK, two of the most widespread crime types are knife crime and alcohol-related offences (Hunt and Laidler, 2001), whereas, in the US, offences related to gun use and drug misuse within gangs are very prominent. In addition, the age of gang members also differs, with members in the UK being of a younger profile than those in the US (Graham and Robertson, 2021). It is important to highlight that failure to address these core differences might alter the way the intervention is perceived by the individuals, as well as its overall deterrent effectivity (Connelly et al., 2021).

Another example of cultural differences is the more actively involved community within US programmes and their direct focus toward the offending/violent individual involved in the intervention. This is usually manifested through neighbourhood watch, area meetings, active leaders within the community, as well as active faith groups (Braga, Hureau and Winship, 2008). In contrast, evidence in the UK shows that while the community might be active in voicing concerns toward offending individuals, there is a lack of community

representatives engaging with offending individuals in a way that would be aligned with deterrence programmes (e.g. offering community activities for one to be reintegrated in the community), as well as an overall underreporting of crime and fear toward supporting a criminally involved individual (Halsey and White, 2007).

### **The Another Chance Fund programme**

In 2016, England and Wales experienced a ten-year peak in homicide, which included a historically and demographically disproportionate number of teenage perpetrators and victims. In parallel, Scotland had seen a significant decline in its homicide rate over the same period. This was, in part, attributed to the work of the Glasgow (later, Scottish) VRU and, more broadly, the adoption of a 'public health approach' to violence prevention that involved multiple statutory agencies being held responsible for and contributing to violence prevention. The 2018 Serious Violence Strategy for England and Wales advocated for a combination of proactive policing and a public health approach to violence and, in 2019, launched the Serious Violence Fund, which provided £65m to support proactive policing, such as a targeted 'hot spot' activity in high violence areas. It also provided £35m to establish VRUs/Partnerships under the governance of a Police and Crime Commissioner (PCC) in eighteen police force areas (PFAs) with the highest frequency of violence. These units, modelled on the Scottish VRU, consist of a combination of civil servants and statutory service staff, such as public health specialists and police officers. Their role is to coordinate multi-agency collaboration and commission services with the aim of preventing serious youth violence within their PFA.

In 2021, the Youth Endowment Fund (YEF) began preparation for the 'Agency Collaboration Fund'. The purpose of this fund is to leverage the knowledge, skills and resources of multiple agencies that have contact with young people involved in violence to develop and test [place-based](#) violence intervention programmes (YEF, 2021a). The overarching [aim](#) of the fund (YEF, 2022) is to answer these questions:

- (1) Which partnership models work best to support children and young people and how?
- (2) How do local conditions and contexts affect change?
- (3) Which agency collaboration activities, interventions and approaches are most effective at preventing children and young people from becoming involved in violence?

The terms of the fund do not prescribe that a particular intervention type be employed, only that it is limited to interventions that are delivered through agency collaboration. only that it is limited to interventions that are delivered through agency collaboration.

In the [YEF Toolkit](#), launched in June 2021, focused deterrence was ranked as the most 'high impact' and had among the highest quality evidence of all place-based interventions. Consistent with the YEF's (2023a) prioritisation of interventions with the most robust evidence, focused deterrence was the first intervention selected for the fund.


In preparation for the call, the YEF undertook literature searches, reviewed descriptions of interventions for focused deterrence and convened an advisory panel of international experts with experience in delivering and evaluating focused deterrence interventions to develop the terms of reference for the fund and selection criteria for applications. The YEF then drafted a nine-point framework that named essential and flexible criteria for an focused deterrence intervention within the context of the fund, now referred to as the [YEF Focused deterrence framework](#), and took it to two expert panel meetings for feedback. Once



refined, it was presented to the panel for the third time, which is when the evaluation specifications were mapped onto the framework. The framework drew upon the existing literature on focused deterrence interventions, as well as experts who have been involved in its delivery. Accordingly, it was a reflection of the US-dominated literature and practice, which is itself dominated by a form of focused deterrence, the Group Violence Intervention (GVI). This intervention is characterised by an emphasis on deterrence messaging, primarily through group-based call-ins, with the intervention unit being groups/gangs involved in violence.

Thus, with the aim of implementing this US-based violence prevention strategy into the UK context, in January 2022, the YEF issued a call for applications for funding to participate in developing and delivering an focused deterrence intervention in England and Wales. [Eligibility for funding](#) (YEF, 2022) was limited to VRU and Offices of the PCC, and applications were required to include a commitment to participate from the local police force, local authority, probation services, and community and voluntary sector organisations. Applicants were assessed against eight criteria, including a sufficiently large group violence problem affecting young people, strong partnerships and shared commitment to the proposed programme, a track record of successful programme delivery, and support for a rigorous evaluation. Following a review process, five applicants, hereafter referred to as 'sites', were selected for funding and participation in the programme. The five sites were Leicester, Greater Manchester, Nottingham, Coventry and Wolverhampton (for more detailed information on the Another Chance Fund programme, see Brennan et al., 2023).

### **Adaptations to the focused deterrence framework**

An evaluation strategy, which is described in detail in the [study protocol](#), was created by the evaluation team in collaboration with the YEF and informed by discussions with the site teams, as well as a critical evaluation of the literature. An RCT was the most desirable study design, as it ensures the highest internal validity and is rated at 5  in the 'Classification of the security of findings from the YEF evaluations' document. One consequence of pursuing a randomised controlled design was that it highlighted that maintaining a strong focus on gangs or groups as the unit of intervention would not be compatible with achieving sufficient statistical power. Preparatory work for the project undertaken by the evaluation team, for example, noted that sites had too few active 'gangs' to support a robust impact evaluation using gangs/groups as the intervention unit and that, although individuals involved in group/gang violence were the focus of the intervention, interventions would have to be at the individual level. This had implications for the programme because the guiding framework, which emphasised groups as the target unit, was incompatible with the evaluation and delivery model.

These conflicting requirements necessitated a compromise whereby the minimum contexts, mechanisms and outcomes of the YEF framework identified in the protocol would be retained and that incompatible components would be discarded. The contexts were that the intervention would be delivered by a multi-agency partnership that included policing and that made use of multi-agency intelligence to identify suitable cohorts. The mechanisms retained would be the three core features of focused deterrence: deterrence messaging, desistance support and community influence. The outcome retained was that the interventions should seek to reduce violence and involvement in group-based offending.

## Report context

The Another Chance programme was funded as an approximately five-year project (three months co-alignment, six months preparation, two years delivery, two years follow-up and write-up) with funding for five sites. The project timescales were set *a priori*, with a deadline to start the delivery of the intervention in all sites by the end of the financial year 2022/23.

This is an atypical level of commitment and structure for community-based intervention and an unusually short timeline for the development and delivery of a community-based violence intervention with an associated RCT.

Often, in programme development and evaluation, a discrete pilot project will take place that includes a deliberately underpowered summative evaluation complemented by a process evaluation that describes the development and implementation of the intervention. A resulting pilot report will provide information about the feasibility and proposed structure of a full trial with sufficient statistical power, as well as a theory of change and, where applicable, a programme manual. In the Another Chance Fund programme, sites and the YEF felt that developing a programme and recruiting staff for a short pilot period to be followed by an indefinite hiatus was inefficient and potentially exploitative to community and voluntary sector professionals who often experience precarious employment. Similarly, to start a programme that offered support to people at risk of violence and then remove that programme had the potential to exacerbate existing low levels of trust in public and community services among the intervention cohort. In addition, the multi-agency nature of the intervention included a level of complexity that would make a start-stop-start intervention too costly in terms of social capital and staff resources.

The absence of a pilot phase means that this report is a reflection on early implementation rather than a summary of a completed project. The implications of this are that the underlying question inherent in most pilot reports – ‘Should the intervention proceed to full trial and, if so, how best can this be done?’ – is absent but is replaced by questions of risk projection and optimal decision-making over the remaining period of the trial. It also means that much of the language is in the present tense or assumes that the trial will continue in its current form. Where recommendations for the future implementation and evaluation of the intervention are made, they are made within the parameters that they should minimise disruption to current procedures and that delivery will continue uninterrupted along its current timeline. Where outcomes and process data are discussed, they were derived from disparate and live project management systems retained by the programme delivery teams, the evaluation team and the YEF. As far as possible, cleaning and checking of data have been undertaken, but the timing of data extraction from a live system has resulted in minor disparities in numbers; these are noted where they occur.

## Research questions

The overarching summative and formative questions for the early implementation report are as follows: is a sufficiently powered RCT feasible under current conditions, and what have we learned so far? The lessons of early implementation are relevant to the continued delivery and evaluation of the project. In addition, the report can inform the sustainability of the RCT, suggest corrections based on recent learning and project the anticipated statistical power from six months of implementation. In terms of formative evaluation

questions and processes, our answers also look back to the recent past as well as at present delivery and future implementation. The research questions addressed are guided by the YEF guidance on [feasibility](#) (YEF, 2022a) and [pilot](#) (YEF, 2022b) studies, the [extension to pilot studies](#) (Eldridge et al., 2016) of the CONSORT 2010 statement (indicated below in double square brackets) and the six aims of the pilot report presented in the trial protocol (also noted below). As none of these sets of guidelines are specifically designed for reporting on an ongoing trial, we have made some adaptations where necessary.

## **Research questions**

### **1. What was the rationale for the intervention?**

- a. What is the rationale for focused deterrence interventions? [[2a]]
- b. What is the rationale for an RCT of focused deterrence?
- c. What is the programme-level theory of change?

### **2. What was the baseline landscape?**

- a. What was business as usual (BAU) in terms of the three components of focused deterrence?
- b. What were the patterns of violence and proximal outcomes on the sites prior to implementation?
- c. To what extent can focused deterrence be expected to reduce violence?

### **3. Early implementation overview**

- a. What was the trial design and why? [[3a]]
- b. What were the early implementation research questions? [[2b]]
- c. Were there any changes to the trial design following commencement and, if so, why? [[3b]]

### **4. Who were the intervention cohorts?**

- a. What were the eligibility criteria for participants? [[4a]]
- b. How were participants identified and consented? [[4c]]

### **5. What was the intervention?**

- a. Did the sites develop focused deterrence interventions?
- b. Were the interventions consistent with focused deterrence intervention?
- c. What was the project-level theory of change?
- d. What was the intervention? [[5]]
- e. How did the intervention design vary between sites?

### **6. Were the outcomes and measures fit for purpose?**

- a. What were the outcomes, and how/where were they collected? [[4b]]
- b. Were there any changes to trial outcomes after the trial commenced and why? [[6b]]
- c. Were the outcomes accessible via the proposed procedure?
- d. Were the outcomes valid indicators of an effective intervention?
- e. Was process data appropriate and collected in a meaningful way?

### **7. Is the current trial design suitable for full implementation?**

- a. What was the randomisation method? [[8a]]

- b. What was the randomisation type? [[8b]]
- c. What methods, if any, were used to conceal the random allocation sequence? [[9]]
- d. Who generated the random allocation sequence? [[10]]
- e. Who enrolled participants? [[10]]
- f. Who assigned participants to interventions? [[10]]
- g. Who was blinded after assignment, and how? [[11a]]
- h. What was BAU, and how did it differ from the intervention? [[11b]]
- i. Did sites comply with random allocation?
- j. Is the randomisation strategy appropriate for implementation in a full definitive trial?

**8. What analytical methods should be used in a full definitive trial?**

- a. What statistical methods were used to compare groups on primary and secondary outcomes? [[12a]]
- b. What statistical methods were used for any subgroup analyses and adjusted analyses? [[12b]]
- c. What methods were used to address process objectives? [[12c]]

**9. Will there be sufficient throughput to result in a well-powered RCT after two years of delivery?  
[Protocol RQ3]**

- a. What was the sample size in the early implementation period, and how was it determined? [[7a]]
- b. What was the pattern of participant flow through the intervention? [[13a]]
- c. What was the pattern of losses and exclusions after randomisation? [[13b]]
- d. What was the recruitment period and follow-up period? [[14a]]

**10. Who will the study cohort be?**

- a. What were the characteristics of the eligible cohort? [[15]]
- b. What was the number of participants in each group [[16]]
- c. How did intervention and control group outcomes differ after six months of delivery? [[17a, b], Protocol RQ1]
- d. What was the pattern of engagement with the intervention? (reached; engaged; deterred)
- e. Did baseline and effect sizes differ by ethnic group? [[18]]
- f. How did proximal outcomes change in the intervention areas and why?

**11. Will the interventions be delivered in a faithful, consistent and sustainable way?**

- a. What were the inputs to programme development and delivery?
- b. How did local context affect intervention delivery?
- c. Was the intervention delivered with fidelity to the operating manual?
- d. Was there evidence of the intervention affecting individuals in inequitable ways?
- e. How did the intervention interact with other programmes and systems?

**12. Is a realist framework feasible for a definitive trial?**

- a. Was the mechanism of the intervention clearly definable?
- b. Was it possible to establish methods for identifying differences in experience across individuals and groups?
- c. Was it possible to describe and compare contextual differences in delivery and outcomes?

### **13. What potential risks might a definitive trial face?**

- a. Did the characteristics of the cohort present any risks to ethical delivery (e.g. disproportionality) and evaluation or to delivery sustainability? [[19], Protocol RQ5]
- b. Did the delivery team report any potential ethical or practical harms, and how were these addressed? [Protocol RQ2]
- c. Was there evidence of good practice in identifying and mitigating risk of harm?

### **14. Limitations and generalisability to a definitive trial**

- a. Were any potential sources of bias identified in selection; randomisation; assignment; delivery; attrition; analysis; interpretation? [[20], Protocol RQ 4]
- b. To what extent could the early implementation result generalise/pre-empt a definitive trial? [[21]]

### **15. How did the delivery teams and the cohort experience the programme? [Protocol RQ6]**

- a. Were there examples of best practice?
- b. Were any ethical or practical risks observed?

### **16. Should the study continue as a full definitive trial?**

- a. What criteria are used to judge whether to continue with the full definitive trial? [[6c]]
- b. Under what conditions, if any, should the programme continue? [[22a]]
- c. What is the required sample size or effect size required to complete a full definitive trial within two years? [Protocol RQ3]
- d. What is the likely achievable sample size within two years? [[22a]]
- e. What obstacles and facilitators exist or can be foreseen to a well-powered definitive trial? [[22a]]

## **Study sites – baseline context**

The five sites included in this evaluation are major urban centres in their respective regions in the midlands and north-west of England. With the exception of the City of Manchester, which has a larger population spread across a smaller area, all cities have mid-sized populations for an English city, around 250,000 people, and cover an area of around 75km<sup>2</sup>. Consistent with these areas having relatively high levels of violence (around 40 violent incidents per 1,000 people per year), all five cities are in receipt of Serious Violence Fund support, which provides for a VRU and proactive policing violence reduction activity.

Each of the sites implementing Focused deterrence interventions exhibited high levels of violent crime and deprivation in the years leading up to the launch of the Another Chance Fund (ACF1). Notably, the West Midlands, which is home to evaluation cities Coventry and Wolverhampton, had the highest annual knife crime rate in England and Wales (178 incidents per 100,000 of the population) and was identified, alongside Greater Manchester, as one of three areas driving England's 11% increase in knife or sharp instrument offences (HMICFRS, 2023c). However, West Midland's rates are inflated by Birmingham, which contributes to 55% of knife offences in the PFA. Nottingham and Leicester had significantly lower annual knife crime rates (70 and 71 incidents per 100,000 of the population, respectively) for the same period.

## Intervention

### Intervention overview

This multi-centred trial involves seven interventions delivered across five sites by four teams (see Table 1). Each intervention has been designed consistent with an focused deterrence intervention. Also consistent with the [general ethos of focused deterrence interventions](#) (Braga, Weisburd and Turchan, 2019), they have been adapted to the local context and team structure. Consequently, the core aims and activities are similar, as are their theories of change, but there are variations in the practicalities of delivery activity across sites. The descriptions of the interventions in the Template for Intervention Description and Replication (TIDieR) frameworks (see Appendix A1–7) demonstrate their similarities and differences.

Table 1. Overview of ACF1 trials

Trial name	Team	Site	Intervention name
Leicester_T1	Leicester, Leicestershire and Rutland Violence Reduction Network	Leicester City	The Phoenix Programme
Manchester_T1	Greater Manchester Combined Authority	Manchester City, Trafford	Another Chance Manchester
Nottingham_T1	Nottingham Violence Reduction Partnership	Nottingham City	Another Way
Coventry_T1	West Midlands Police	Coventry City	CIRV Coventry high-risk pathway
Coventry_T2	West Midlands Police	Coventry City	CIRV Coventry referral pathway
Wolverhampton_T1	West Midlands Police	Wolverhampton City	CIRV Wolverhampton high-risk pathway
Wolverhampton_T2	West Midlands Police	Wolverhampton City	CIRV Wolverhampton referral pathway

Key: T1 (Trial 1); T2 (Trial 2)

**Who:** All seven interventions being evaluated target people aged 14 years and over who have been, or are at risk of being, involved in group violence in the community. The eligibility criteria for each trial are listed in the TIDieR statements and Table 2. Each intervention involves an initial search for eligible populations from the entire age-appropriate population based on defined eligibility criteria, which always involves police data on offending but may also involve input from statutory and/or voluntary sector partners.

Coventry Trial 2 (T2) and Wolverhampton T2 allow referral by statutory partners and a wider set of eligibility criteria than the other trials, but individuals are only eligible for the trial if they refuse an initial offer of support.

**What:** The general participant pathway is summarised in Figure 1. Typically, individuals are considered by a panel that draws together intelligence about the individual to inform a strategy for intervention. The panel, at a minimum, involves the programme team but can also involve multi-agency partners and intelligence from statutory services. A suitable team member(s) is/are then identified to attempt initial contact. Sites are conscious of the risks to race inequity in the use of administrative data, police intelligence and bias in the identification, contact and intervention process and have been supported through race equity advisors to create and implement race equity plans (see race equity section below).

The first contact is, ideally, a face-to-face meeting. At this meeting, a team member communicates to the individual that their offending behaviour has come to the attention of the police, leading to the meeting, and that continued offending will result in them being arrested and suffering legal and personal consequences. They are also informed that should they wish to avoid these consequences, they must desist from violence, and the programme can offer them support to desist. If they choose to accept this offer of support, a follow-up meeting is arranged to identify and coordinate future support. The support provided is diverse and informed by individual needs; it can involve mentoring, access to psychological services, education and employment opportunities, and training provided directly by mentors and/or statutory and voluntary sector organisations. If an individual chooses not to accept the offer of support, they may be referred to police for enforcement or disruption activity if they continue to be involved in violence. Enforcement activity can include increased police interaction through searches, reduced use of discretion and pulling other legal 'levers' to increase the consequences of violence. Community influence is delivered in various ways by different community members and organisations; this can include input from a parent, family member or trusted adult who influences the cohort member directly; it can be translated by delivery team members, such as navigators or youth workers who represent the individual's community; community anti-violence norms can also be expressed through community engagement with the delivery team as overseers of the programme.

An exception to this pathway is in Coventry T2 and Wolverhampton T2, where individuals (having already received the message and rejected an offer of support) do not receive direct communication of deterrence post-randomisation. Instead, a 'marker' is added to their police record that, upon a trigger event, such as arrest, the CIRV team should be contacted by the arresting officer or custody sergeant. The CIRV team then has the face-to-face meeting described above, which involves the combined deterrence and support offer (see acceptability of randomisation section for background on these parallel trials in Coventry and Wolverhampton).

**How much:** The 'dosage', in terms of the number of appointments/support meetings, is tailored to each individual and their needs, ranging between enforcement activities and support. It is possible for an individual to move between support and enforcement and for individuals to receive both simultaneously.

Table 2. Site-level eligibility criteria

Site	Criteria
Leicester	<p>To be eligible, an individual must be 14 years or over and residing in Leicester, Leicestershire or Rutland. They must be a member or associate of a group who is involved in committing serious violence or who is engaged in activities which drive the local serious violence problem such as drug supply.</p> <p>They must also meet one of the following criteria: in the past two years, they have been arrested for or suspected of committing serious violence OR arrested for or suspected of committing offences involving a weapon or possession of a weapon OR flagged as a habitual knife carrier OR arrested for or suspected of drug offences.</p>
Greater Manchester	<p><b>Stage 1 individuals:</b> They must be aged 14–25 at the time of referral to the programme. They must also be suspected of at least one non-domestic homicide or ‘near miss’ offence committed and recorded within the past 24 months where the offence was committed within the geographical footprint of the programme (City of Manchester North, City of Manchester Central, City of Manchester South or the North of Trafford). At least one of their offences must be ‘group-related’ (either based on the modus operandum text in police records or where there were multiple suspects in the same offence).</p> <p><b>Stage 2 individuals:</b> To be eligible, an individual must be a co-suspect with a Stage 1 individual in any type of crime (within the geographical footprint of the programme, recorded and committed in the past 24 months). Additionally, they must be suspected of at least one catalyst offence (within the geographical footprint of the programme, recorded and committed in the past 24 months). Catalyst offences for Greater Manchester are:</p> <ul style="list-style-type: none"> <li>• Violence with injury</li> <li>1. Violence without injury</li> <li>2. Domestic abuse</li> <li>3. Homicide</li> <li>4. Stalking and harassment</li> <li>5. Possession of weapon offences</li> <li>6. Robbery</li> <li>• Sexual offences, including rape</li> <li>• Public order offences, such as inciting religious or racial hatred</li> <li>• Drug trafficking</li> <li>• Burglary</li> </ul>
Nottingham	<p>Individuals must be aged 14–24 years and residing within the Nottingham City boundary or with group bonds to the area. They must have been arrested for <i>violence against the person, robbery or possession of weapons offence</i> in the preceding 12 months</p> <p><b>and</b></p> <p>arrested for one or more of the following offences that involved three or more perpetrators in the preceding 24 months:</p>



	<ul style="list-style-type: none"> <li>• Violence against the person</li> <li>• Criminal damage and arson</li> <li>• Robbery</li> <li>• Drug offences</li> <li>• Possession of weapon offences</li> <li>• Public disorder</li> </ul> <p>If an individual has not committed violence against the person, robbery or possession of weapons offence in the preceding 12 months but has committed an offence as part of a group within the preceding 24 months, then the following will be considered to establish eligibility on a case-by-case basis:</p> <ul style="list-style-type: none"> <li>• Other offences committed in the preceding 12 months, including drug offences, criminal damage, arson and public disorder offences.</li> <li>• Out of force offending</li> <li>• County lines or criminal exploitation vulnerability markers</li> <li>• Intelligence review that indicates that part of an offending group</li> <li>• Familial links to violent offenders</li> </ul>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Coventry &amp; Wolverhampton high-risk cohorts</b></p>	<p><b>List A</b></p> <p>Individuals must be aged 14 years or over, but if under 18, should represent a level 3 (multi-agency early help) concern. They must have an objective link to a recognised group within the city and an address within the ward boundaries of the city. They must also fulfil at least one or more criteria from List B.</p> <p><b>List B</b></p> <p>Individuals must have a violent offence committed (listed as a suspect) within the last 18 months that is non-domestic abuse (including violence with injury, homicide, possession of weapons) and/or police intelligence linked to an organised crime group (OCG) with a violent threat/sub-threat.</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Coventry &amp; Wolverhampton referral cohorts</b></p>	<p>The main criteria for the population of interest are a gang/group link and/or linked to controlled drug supply. Eligible individual must also live in the city or within one hour's travelling distance from it (if moved).</p> <p>The remaining criteria slightly differ based on the referral agency but include, for example, evidence of involvement in violence/exploitation; arrest for a trigger offence; an OCG link; association with criminal peers or in a known gang spot; being known to social care; being a looked-after child; being presented with injury with requisite suspicion; being at risk of school exclusion; being under probation or on licence; or showing evidence of unstable home environment/criminality.</p>

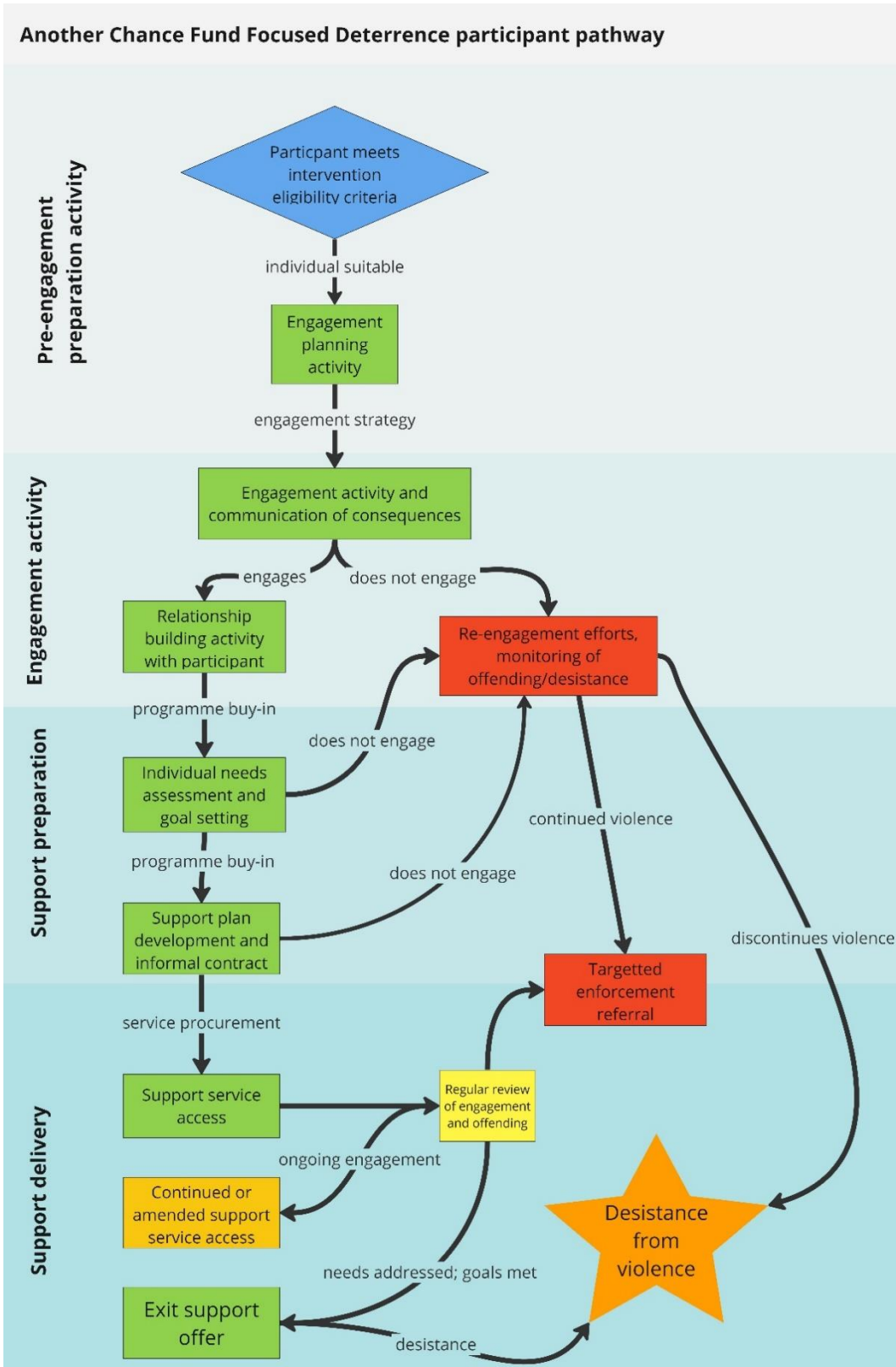


Figure 1: Generic Another Chance pathway

A detailed description of the intervention and evaluation is available in the published protocol on the ISRCTN website: [ISRCTN – ISRCTN11650008: Effect of focused deterrence violence intervention on adolescents and adults involved in violence.](#)

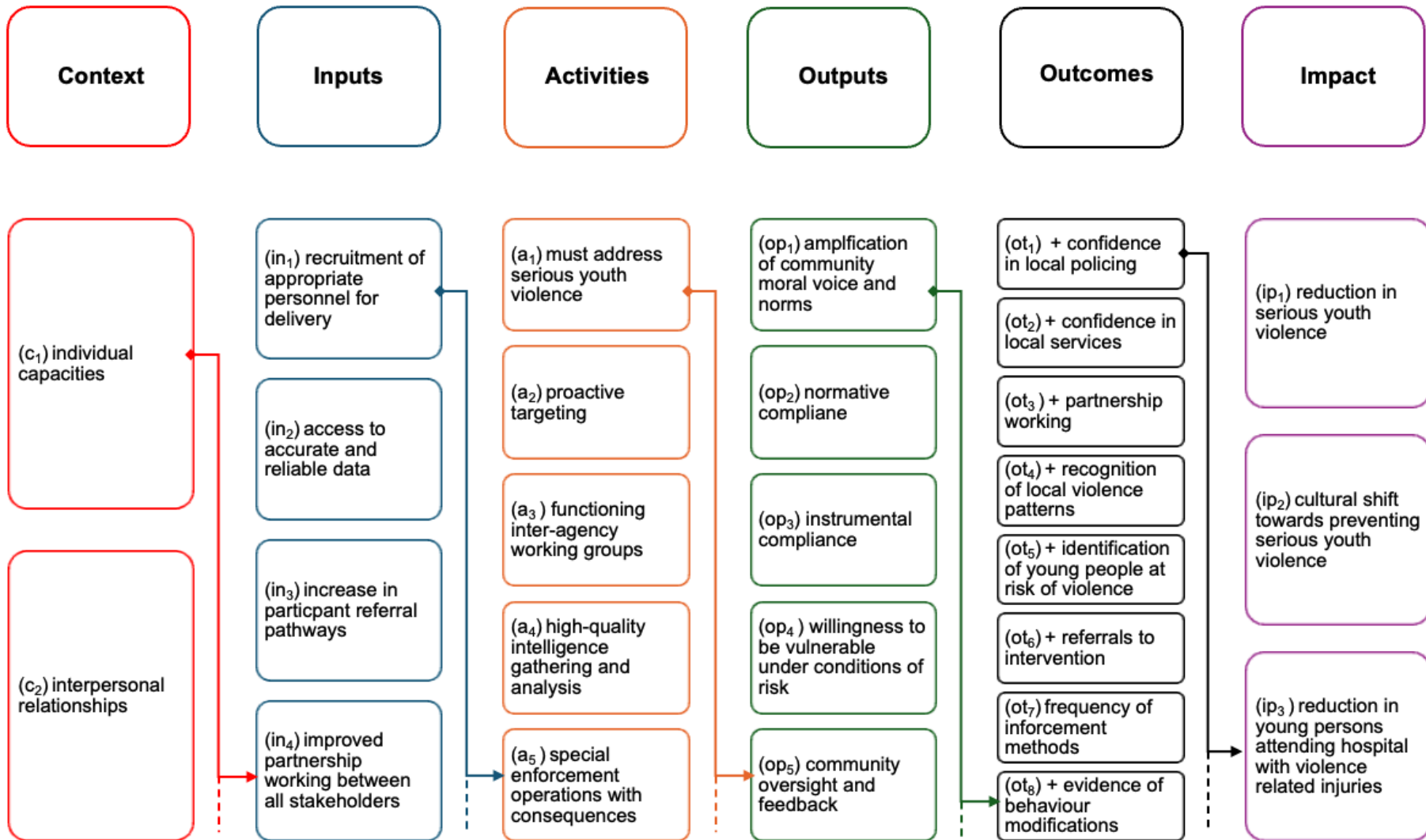
Specifics about the intervention delivery are available from each site and detailed in their operating manual and the TIDieR documents for each site.

### **Programme-level theory of change and logic model**

The focused deterrence programme-level theory of change (focused deterrence-PtoC) provides a high-level conceptual framework for understanding how this intervention aims to reduce the occurrence of serious youth violence in urban settings. Given the broad scope and complexity of the programme, the focused deterrence-PtoC provides much-needed clarity by mapping out the sequence of events, mechanisms and assumptions through which the programme can achieve its intended impact. It also seeks to encourage deeper engagement with the underlying theory in ways that previous evaluations have failed to do.

Figure 2, using site-level theory of change data provided by delivery teams, illustrates the linear relationship between components of the intervention to describe how we envision the intended sequence from key inputs to activities, outputs, programme-level outcomes and impact (these data were later used to conceptualise the three context-mechanism-outcome [CMO] configurations set out below). Inputs (in1–in7) required include competent delivery personnel; accurate data and reliable information systems; effective referral pathways that review, refer and contact participants; partnership collaboration; well-resourced support services; and adequate funding.

Core programme activities (a1–a9) involve targeted enforcement, offering individualised support and leveraging communities' voices against violence. These activities are expected to generate outputs (op1–op10) such as increased engagement, adherence to norms, behavioural modifications, disassociation from negative groups and stronger community support. These outputs then contribute to key programme-level outcomes (ot1–ot15). The achievement of these outcomes should drive long-term reductions in serious youth violence and impact across five serious violence metrics (ip1–ip15).



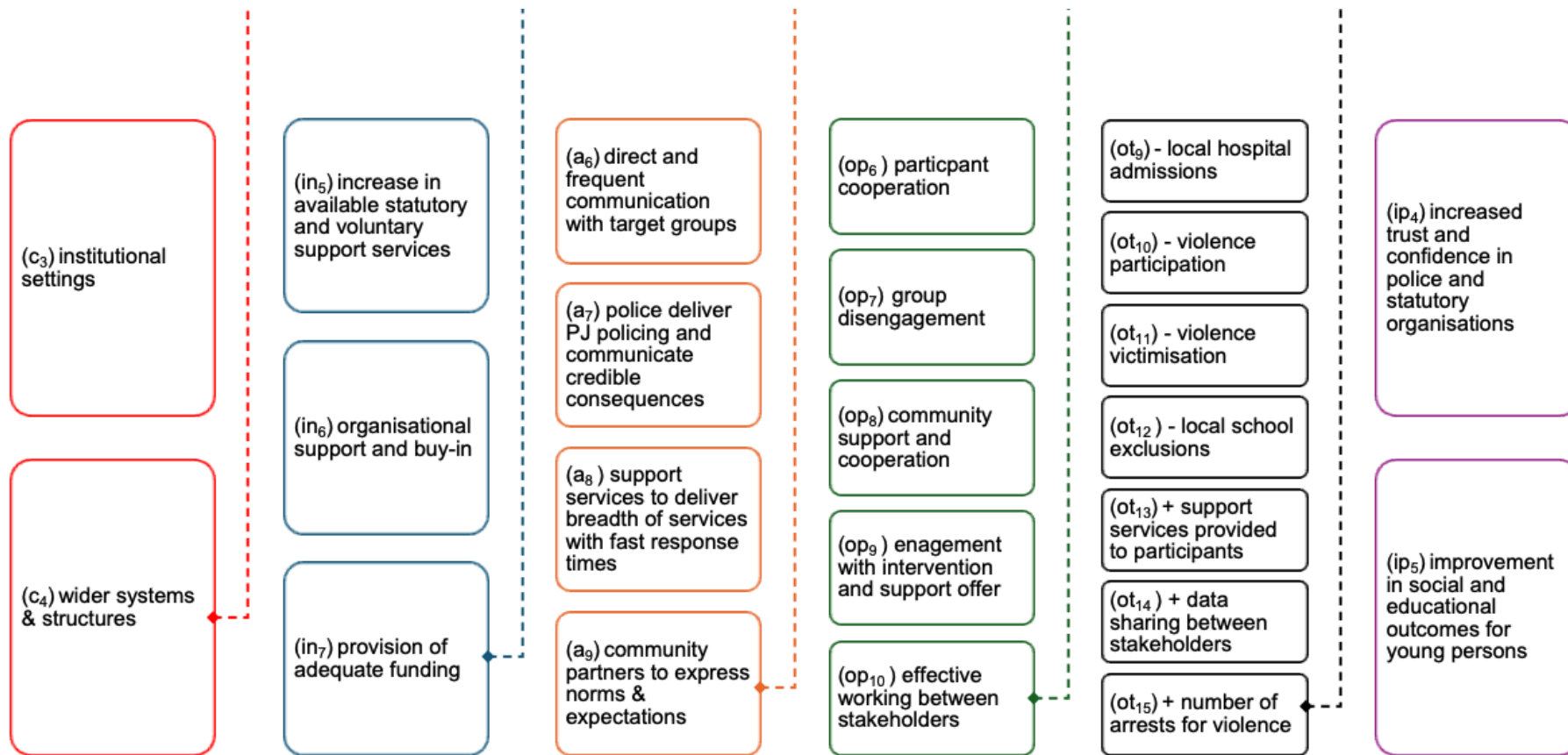


Figure 2: Linear representation of components of theory of change<sup>2</sup>

<sup>2</sup> In the outcome column '+' refers to increase in outcome and '-' refers to decrease in outcome

The focused deterrence-PtoC uses the available empirical evidence and literature on focused deterrence to show how the intervention must navigate complex social, economic, political and environmental realities and address power disparities to achieve long-term violence reduction in affected communities. In this way, the focused deterrence-PtoC functions not only as a tool for evaluation but also seeks to encourage all stakeholders to continuously examine and recalibrate the components required for change. This ongoing reflection is supported by the accumulation of evidence and insights gained during the intervention, which ensures that theoretical premises are reviewed and refined regularly.

The focused deterrence-PtoC is based on realist evaluation theory, which states that outcomes are the result of mechanisms operating in specific contexts. This framework posits that specific proximal and intermediate outcomes must first be realised to achieve long-term impact. Realist CMO configurations, which consider how social programmes, like focused deterrence, interact through underlying processes, contextual influences and observable effects, are used to express how we think the intervention might work. This approach seeks to understand whether the intervention works and how and why it causes change, providing important insights for future intervention design and implementation.

To address the issue of what activities might lead to successful outcomes, the focused deterrence-PtoC was developed following the consensus of a broad range of relevant literature (e.g. Chen, 1990; Weiss, 1995; Pawson and Tilley, 1997; Connell and Kubisch, 1998; Van der Knapp, 2004; Anderson, 2009; Hernandez and Hodges, 2006; Corn et al., 2010; Funnell and Rogers, 2011; Vogel, 2012). Focused deterrence-PtoC is integrated into a theory-driven realist evaluation framework that holds that 'causal outcomes are the result of mechanisms acting within specific contexts' (Pawson and Tilley, 1997, p.58). With this principle in mind, we developed the focused deterrence-PtoC to provide a realist explanation for a complex, context-specific social programme that focuses on individual behaviour change across various settings.

### **Statement of long-term impact**

The intervention is intentionally designed to result in a significant and long-term reduction in the number of people engaging in serious violence in specific communities throughout the UK. It seeks to modify baseline conditions by providing individuals with customised opportunities and paths for disengaging from violence, integrating them into social institutions, and interrupting the cycle of criminogenic factors such as involvement in group violence. Supported by local communities, the programme not only anticipates a decrease in both the occurrence and opportunities for violence but also envisions developing more resilient and cohesive communities with improved perceptions of public safety.

### **Realist context-mechanism-outcome configurations**

As recommended by an external expert (Professor Chris Bonnell, London School of Hygiene and Tropical Medicine, UK), we use a limited number of CMO configurations centred on the widely accepted 'big' ideas from the literature to plausibly explain how the intervention can inhibit violent crime-generating processes. The major contextual differences that are available to be explored are the delivery team (police or civilian) and the mechanisms that are the components of the intervention: targeted enforcement, individualised support and community validation. In keeping with other focused deterrence interventions, our sole outcome is desistance violence, which can be reached through different proximal outcomes.

Figure 3 locates the CMO configurations in the focused deterrence pathway to change the model and the linkages between mechanisms, proximal outcomes and long-term outcomes in the underlying context.

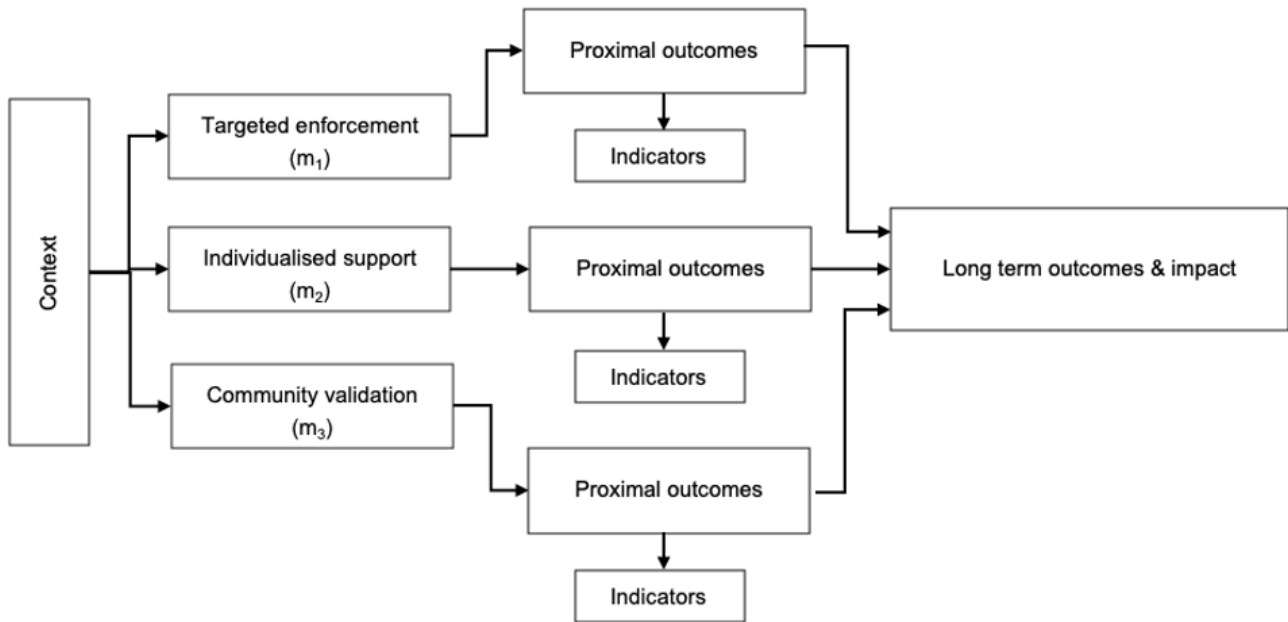


Figure 3: CMO configurations within the focused deterrence pathway to change mode

As shown in Figure 4, we use the explanatory nature of these realist CMO configurations to convey how presenting opportunities (mechanisms) to participants within a framework of the delivery team operating within appropriate social and cultural conditions (context) can lead to positive prosocial results (outcomes). Additionally, some language in the CMO configurations has been revised to improve clarity, understanding and stakeholder engagement with these ideas.

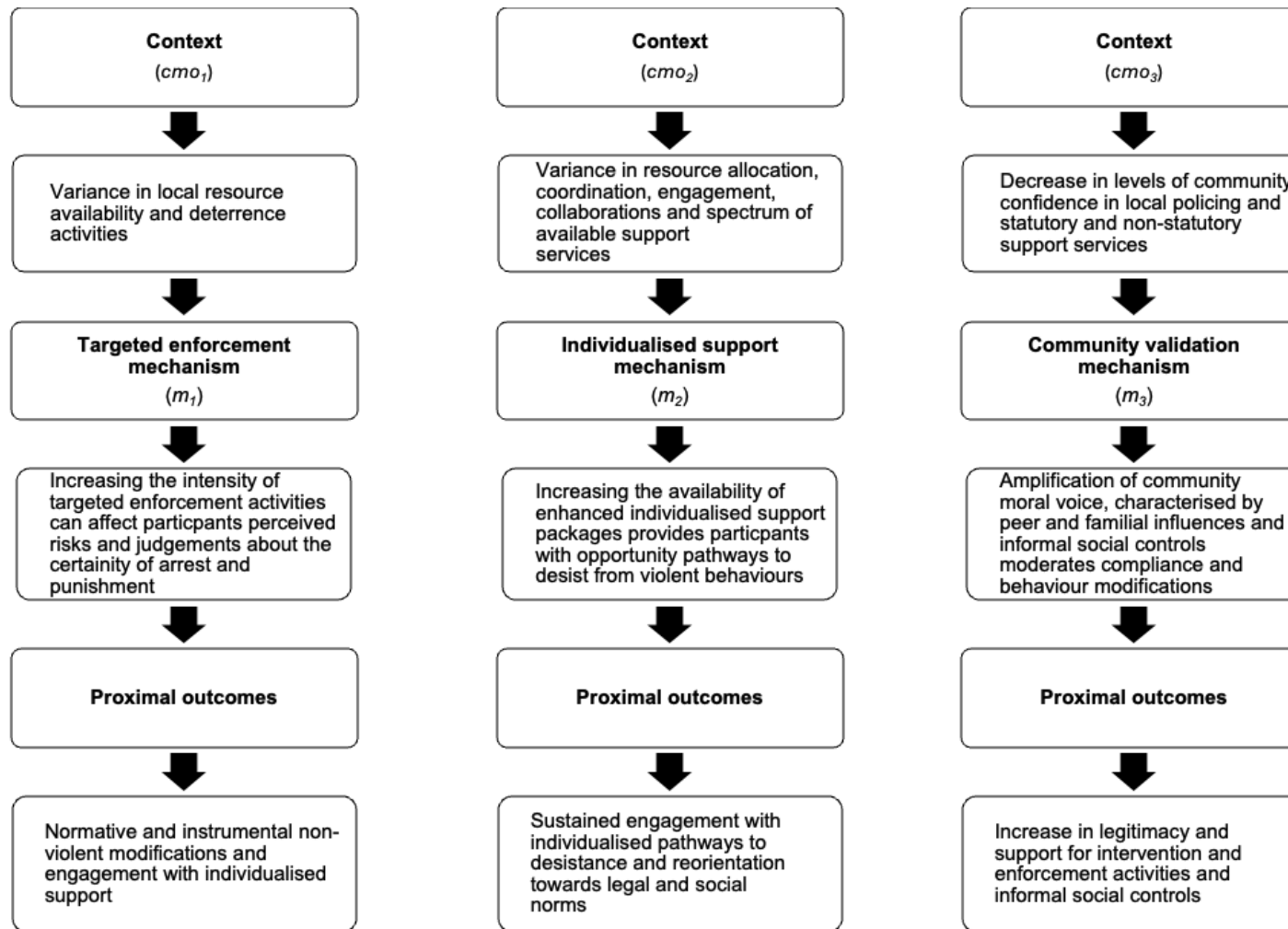


Figure 4: Focused deterrence CMO configurations



## Summary of high-level theory

### Context

The intervention takes place in a complex environment shaped by interactions between individual capacities, interpersonal relationships, two main institutional settings – policing and local authority/government – and broader systemic conditions across five distinct delivery sites. Understanding these contextual factors is vital in driving individual change, achieving desired outcomes and having a long-term impact.

On the bigger picture, the wider systems and structures in which the five delivery sites are embedded play an essential role. These include the political, economic and cultural contexts that may affect the intervention's implementation and durability. How these wider systems interact with local systems and structures is likely to impact the scalability and adaptability of intervention strategies to specific contexts. Delivery sites also play an important role in supporting local service providers and communities. They serve as the intervention's operational nexus, coordinating the activities of multiple stakeholders, resources and participants. The ability of these sites to connect with and support local service providers and communities is likely to impact the intervention's overall effectiveness.

### Inputs (in1–in7)

The focused deterrence-PtoC is built on seven foundational inputs required for delivery, each supported by assumptions and associated indicators that track and measure their effectiveness. We recognise the added complexity of the potential effects of inputs that are not subject to control by the delivery team, e.g. additional support provided by independent charities. We consider this BAU applicable to participants in intervention and control. This theme will be explored when analysing the complexity of the intervention.

1. *Competent personnel*: delivery sites will recruit and retain staff who are suitably qualified and highly skilled in their respective roles. This assumes appropriate selection processes and supportive environments that promote talent retention. This input will be measured through interviews with delivery leads to gain insight into personnel competency and retention throughout the programme.
2. *Information and data*: delivery sites will collect and analyse accurate, current and accessible information to identify and track the target population during the intervention. The assumption is that the data infrastructure is sufficiently robust to handle sensitive data securely and efficiently. The indicators for this input include the timeliness and security of data extraction and transfer at the start and end of delivery and data integrity throughout the life cycle of the intervention.
3. *Referral pathways*: delivery sites will establish efficient referral mechanisms to guide intervention participants to appropriate support services. The assumption is that referral pathways will be simple, efficient and effective. This will be measured using process data, interviews with delivery partners and the intervention population to determine the referral process's efficiency and appropriateness.
4. *Partnership working*: delivery sites will form strong partnerships with all stakeholders and ensure they are sufficiently motivated to participate in the programme. The intervention assumes that collaboration among various partners is essential for role delivery. Interviews with site leads, delivery partners and intervention cohorts will be used to assess their commitment to and motivation for delivery.

5. *Support services*: delivery site teams will manage well-adapted linkages between support services to meet intervention requirements, ensuring services complement and reinforce the objectives of the focused deterrence strategy. Interviews with site leads, delivery partners and intervention participants will be conducted to evaluate the effectiveness of support services.
6. *Organisation support*: delivery sites will secure the commitment and support of their organisation's leadership and staff for the intervention. The assumption is that organisational buy-in is crucial for the successful implementation and sustainability of the intervention. This input will be measured through interviews with organisational leaders, site leads, and delivery staff members to assess their understanding of, commitment to, and support for the intervention.
7. *Funding*: delivery sites will allocate funding to resources and implement the intervention, assuming that adequate funding is available. Interviews with site leads will be used to evaluate the adequacy and management of this financial support.

## **Mechanisms and assumptions**

### **Targeted enforcement (m1)**

The targeted enforcement mechanism proposes that increasing the intensity of specific and legitimate enforcement activities can affect targeted participants' perceived risks and judgements about the certainty of arrest and subsequent punishment. This adjustment of perception can motivate normative or instrumental shifts toward non-violent behaviour changes and engagement with tailored support services, implying that a strategic increase in observable targeted enforcement activities can directly impact behavioural adaptation and support utilisation.

This hypothesis uses general deterrence theory to posit that increasing the use of legitimate, targeted enforcement measures can influence risk perceptions of the possibility of arrest and subsequent punishment. This rests on the assumption that individuals rationally assess the risk versus the cost of their actions (Apel and Nagin, 2011) and update these judgements as new information becomes available. Participants are expected to cooperate with the intervention normatively or instrumentally, even if it involves personal risk. This recalibration of expectations will likely result in normative and instrumental shifts away from violence and toward engagement with personalised support mechanisms. Community validation and perceived legitimacy of the intervention moderate compliance, but the perceived competence of those communicating consequences increases trust. It asserts that when targeted individuals perceive a real and immediate risk of enforcement, they are more likely to change their behaviour into non-violent actions and actively seek offered support services.

### **Assumptions**

Participants are rational decision-makers:

- Targeted enforcement tactics seek to reshape violence from an attitudinal or normative perspective by establishing its unacceptability, as well as to reduce instrumental or rational motivations for violence by raising costs and providing alternatives.
- Participants will decide about committing a crime based on a cost-benefit analysis, comparing the risks of illegal behaviours against the potential rewards. When risks, such as the potential of arrest

and punishment, are significant, participants are more inclined to engage in non-violent behaviours and seek support services since these options provide a better balance of outcomes.

- Participants are rational agents who adapt their risk perceptions, judgements and behaviours in response to new information about the consequences of their actions. Significantly, in-line with the literature on deterrence, we recognise the potential effect of confounding factors such as mental illness or substance misuse. General deterrence, in these cases, may be ineffective since these individuals are not always rational agents who consider the implications of their conduct.

Communication of consequences:

- Participants will receive direct and explicit personal communication of criminal behaviour's legal and social consequences, as well as the availability of support services and prosocial pathways for behaviour change.

Normative and instrumental shifts:

- Increasing visible and credible deterrent activities changes participants' views of the likelihood of arrest and punishment, leading to normative or instrumental behavioural shifts away from violence.
- Targeted deterrence activities catalyse normative and instrumental shifts in attitudes and beliefs about violence in participants and communities, producing preferences for non-violent behaviour and delegitimising violence as an accepted social norm.

Support engagement:

- Increased deterrent activities cause a recalibration of risk perceptions, which boosts the likelihood of behavioural change and the active seeking of individualised support services, facilitating long-term non-violent behaviours.

### **Individualised support (m2)**

The individualised support mechanism hypothesises that increasing the availability of enhanced individualised support packages will provide participants with increased opportunities to desist from violent behaviours. The increase in support can elevate the perceived benefits among participants, increasing the likelihood of sustained engagement and reorientation toward legal and prosocial norms.

The premise of this mechanism is that providing individualised support measures can instigate significant behavioural transformations. For these measures to be successful, they must be both readily accessible and engaging for the intended participants and responsive to their changing needs. At the heart of this approach is the recognition that support services can satisfy the occupational and emotional voids that were once filled by violence, thus providing alternative avenues for constructive engagement. This individualised support lays down the platform for participants to pivot away from their previous behaviours and embark on a transformative journey that leads to sustained desistance and an affirmative sense of self within their community.

This mechanism is built around desistance theory (Sampson and Laub, 1993). According to desistance theory, this mechanism's activation depends on understanding both internal and external factors, such as personal beliefs and motivations, as well as social support and opportunities for positive social engagement.

Individualised support measures provide participants with the tools, resources and opportunities to critically reflect on their identity and goals and on the gap between their current behaviours and the non-offending self they desire to be.

The process is greatly affected by agency and the ability to foresee a future self not defined by previous criminal behaviour. Furthermore, developing strong prosocial relationships through tailored support packages can foster a sense of belonging and acceptance, boosting the willingness to change. This social aspect emphasises the importance of integrating the desistance journey into a supportive community context that provides acceptance and practical opportunities for positive social engagement, such as employment, education, health and leisure activities that reflect one's non-offending identity.

### **Assumptions**

Tailored engagement:

- Desistance from criminal behaviour is a process, not an event, often involving trial and error with periods of progress and regression. Support services are, therefore, patient, resilient and tailored to participants' stages of change, ensuring that the journey toward desistance is navigated effectively and responsively.

Agency and self-determination:

- Participants must be seen as active agents in their desistance journey rather than passive recipients of support services. Support services enhance participants' capacity for self-reflection and self-determination, encouraging the forming of a future-oriented self-concept free from their criminal identity.

Relational and social capital:

- Participants will be able to develop prosocial relationships critical for desistance. Support services will focus on building social capital, fostering relationships that promote a sense of belonging, and providing access to networks that offer social, emotional and practical support.

Contextual approach:

- A wide range of internal and external factors, including personal beliefs, societal norms, and the availability of opportunities, influence participants' decisions to desist. Support measures will adopt a holistic approach that considers participants' socio-economic context and provides opportunities for education, employment and positive social engagement that align with a non-offending identity.

Recognition and worth:

- Participants are more likely to move away from crime when they receive validation and acknowledgement of their worth from others. The individualised support offer recognises the innate value and potential of participants, and by reinforcing their positive attributes, support measures can stimulate a profound transformation in self-perception.

### **Community validation (m3)**

The community validation mechanism hypothesises that the social amplification of the community moral voice, characterised by peer and familial influences, informal social controls, collective efficacy and articulation of shared values and beliefs, moderates normative and instrumental compliance, engagement and behaviour modifications. This can increase the legitimacy and support for targeted enforcement and broader intervention activities. Incorporating principles of procedural justice, such as fairness, transparency, respect and voice, in interactions with community members, police and enforcement agencies can enhance the legitimacy of their actions and strengthen informal social controls.

The community validation mechanism is based on the idea that the social amplification of the community's 'moral voice' can significantly moderate the effectiveness of targeted enforcement and individualised support mechanisms. This amplification aligns individual actions with a larger communal narrative that rejects violence and upholds legal and social norms. According to this mechanism, the visibility and vocalisation of community standards can increase the legitimacy and acceptance of targeted enforcement activities. When community members believe these activities are consistent with their values, they are more likely to support and comply with intervention efforts.

Community validation promotes prosocial behaviours and the formation of strong, supportive relationships, allowing participants to experience profound self-identity changes. Community organisations may function as intermediaries to encourage informal social control by providing services and support that reduce the need for formal interventions while increasing the community's self-regulating ability. By creating a supportive community environment, participants can find the acceptance, recognition and opportunities they require to transition away from violence and into roles that reinforce their non-violent identities in this setting. Integrating enforcement activities into a larger social narrative can increase compliance, legitimacy and effectiveness in reducing violence and improving public safety.

### **Assumptions**

Community as a natural deterrent:

- The community will intrinsically deter crime through informal social controls shaped by family, social networks and the communication of community norms. These controls can be more influential and have a more significant impact than formal criminal justice measures.

Collective efficacy and self-regulation:

- The community's willingness to act together for the common good is the foundation for its ability to regulate itself. High levels of collective efficacy are associated with a community's internal deterrent effect.

Community engagement:

- The success of targeted enforcement is contingent on community engagement and the support of community leaders who lend credibility and incorporate community values into targeted enforcement activities.

Procedural justice and legitimacy:

- Incorporating principles of procedural justice, such as fairness, neutrality and transparency, into targeted enforcement activities enhances the legitimacy of the intervention for participants and strengthens the community's involvement in informal social control.

### **Activities (a1–a9)**

Intervention inputs are intended to generate a series of observable activities and outputs that gradually shift toward the desired outcomes (activities are informed by the nine-point YEF framework v1.0).

### **Outputs (op1–op10)**

The key outputs from Figure 2 are summarised in the section below. Community support and moral voice moderate the intervention's intentions by encouraging people to avoid negative influences and engage in positive prosocial activities.

- *Community support*: the intervention aims to develop effective working relationships between the community, police and delivery stakeholders, with the expectation that these relationships will be strengthened over the project's life cycle. This output is to be observed through local data that reflect how these partnerships are functioning.
- *Compliance*: the intervention seeks to induce voluntary compliance with the law. Creating normative and instrumental compliance conditions is central to the intervention's strategy. Participants are expected to modify behaviours based on societal norms and the anticipation of legal sanctions, with these behavioural changes being important outputs to track. The frequency of offending is used as a benchmark level of compliance achieved.
- *Behavioural modifications*: intervention activities aim to change participants' behaviours and facilitate disengagement from criminal activity. The number of participants who report such changes is a direct measure of these outputs.
- *Engagement and cooperation*: participant engagement with the intervention is expected to be normatively and instrumentally motivated. The willingness of participants to actively engage with the intervention, even when facing personal risk, is used as an indicator of their commitment to the process and the intervention's effectiveness in securing their involvement.
- *Feedback and oversight*: generating and collecting community feedback is acknowledged as a critical output for assessing the intervention's legitimacy. Similarly, competent community oversight structures are intended to maintain the project's fidelity. Both outputs are based on data collected from local community representatives.

### **Outcomes (ot1–ot15) and indicators**

Proximal and intermediate outcomes and related indicators are reviewed and adjusted regularly to assess whether the intervention is on track to meet its overall goal of reducing serious violence. Theoretically, the activation, neutralisation or backfire of the intervention mechanisms is expected to cause change in a series of outcomes intended to signal, in the short and medium term, whether the intervention is likely to bring about long-term change.

These outcomes and indicators, which include assessing the impact of operational delivery, shifts in community perceptions and measurable decreases in violence indicators, are summarised below.

Operationally, the intervention is intended to improve community confidence in local policing and statutory services. By using various data, the goal is to assess how community trust has been strengthened by examining changes in perceptions using routine and annual survey data, such as the Crime Survey for England and Wales (CSEW), community surveys and community impact assessments. Furthermore, community and statutory partnerships are expected to improve significantly. This improvement will be assessed through primary data collection with the delivery team to determine the extent to which collaboration has improved during intervention delivery.

Another important area for expected improvement is a better understanding of local violence patterns and dynamics. Intelligence inputs and outputs on gang-, group- or individual-related violence will provide insight into how well local patterns are identified and addressed. The intervention aims to improve the identification of young people who are at risk of violence by giving people a better understanding of the patterns of violence that police and local authority intelligence track.

Similarly, violence participation and victimisation among the target population are expected to decrease. This will be tracked using sources such as Police.uk data and routine police reports, along with a geographic component to better understand the spatial dynamics of these changes. An increase in the number of arrests for violent offences may indicate the effectiveness of targeted enforcement, as measured by routine police data.

School exclusions and hospital admissions for violence are both anticipated to decrease because of the intervention, reflecting a reduction in the behaviours that lead to such outcomes. These decreases will be measured using annual exclusions and health data from the Office for Health Improvement and Disparities' (OHID) Fingertips system.

Referrals to the intervention programme are expected to increase, indicating a wider reach and engagement with the target population. This will be measured using routine police data to monitor the referral increase. The intervention intends to use various targeted enforcement methods for participants who refuse to engage or modify their behaviours. The extent of enforcement methods used will be monitored using routine process data.

The intervention is also designed to increase the availability of support services provided to participants, ensuring they receive the resources needed for positive change. This increase will be assessed using data from local authorities or third sector organisations.

Data sharing among stakeholders is another important outcome because it improves transparency and cooperation throughout the intervention's network. This will be monitored via data-sharing agreements (DSAs) and routine data collection.

## Success criteria and/or targets

As noted above, the standard pilot phase questions about the feasibility of an RCT and readiness for trial are absent because the full implementation is underway. However, this report used data collected in the first six months of implementation to project the success of the full trial. This means we can revisit the original parameters set in the study protocol published in March 2023 (Brennan et al., 2023), which were determined in the absence of pilot study data or comparable studies from which to infer an anticipated effect size, population size, sample size, implementation success/failure and participant throughput.

Those parameters were that a fully powered trial would require approximately 2,350 individuals to be randomised (sample size) in order to achieve 80% power to detect a 20% relative reduction (e.g. 2,000 offences in the control group; 1,600 offences in the intervention group) in the number of violent offences – that is, a count outcome – in the intervention group when compared to a randomly assigned control group. The parameters also included an assumption that no single site would have a sufficient combination of effect and sample sizes to achieve 80% statistical power alone and, by extension, the assumption that the interventions delivered in each site would be sufficiently similar to justify pooling all the trial data into a multi-site trial design. Although no rules exist against which to test the legitimacy of such a claim, particularly for complex interventions where context inevitably affects delivery, we attempt to address this assumption in this report.

## Ethical review

The study has been granted ethical approval from the University of Hull, Faculty of Arts, Culture and Education Ethical Review Committee, approval reference 2223STAFF14. Ethical approval was sought and achieved for the summative and formative parts of this evaluation, including the relevant documentation (e.g. draft interview schedules, a participant information sheet for each population and research activity, and a consent form for each population and research activity). All data collection, analysis and reporting for this early implementation report are covered within the ethical approval for the full trial.

### **Participation in the early implementation study**

There is a memorandum of understanding between the evaluators and each of the five sites outlining the data requirements from sites in order to enable evaluation (Appendix B). All participation by any individual in primary data collection was on a voluntary basis.

Recruitment of the programme team for qualitative interviews was done directly by the evaluators through the regular monthly meetings. The navigators/mentors were initially recruited either through the programme team and/or directly by the evaluators during the site visit.

The recruitment of programme participants for the interviews was done through navigators/mentors (on the site). This was due to navigators having frequent contact with participants and the time required to build trust and rapport. As such, navigators were deemed as best placed to have the initial evaluation discussion with participants, at least in these preliminary stages.



All primary data collection by the evaluation team required participants to provide informed consent of their willingness to participate and for their data to be used as part of the evaluation and any subsequent outputs. The process for obtaining this informed consent varied slightly between contexts but generally involved providing a participant information sheet a few weeks before the potential interview through the navigators/mentors and signing an informed consent document with the researcher on the day of the interview. Where the potential interview participant was under 18 years of age, the navigator obtained an informed assent from their parent/guardian ahead of data collection, while the child provided their consent on the day of the interview. This process was implemented given the baseline level of trust that the navigator and the family already established, as well as the fact that the evaluators were unlikely to meet the family at any point (unless the child wanted to have a family member present during the interview, which has not been the case in these early stages).

Administrative data on cohort members were available through routine data collection by police forces. For the early implementation study, individual-level data were not available, and data on outcomes for the study cohort were provided in aggregated form. All sites completed data privacy impact statements as part of their project development, and all sites, as well as the police forces providing aggregated data, have published public data privacy impact statements.

Individuals who consented to participate in the support aspect of the programme also consented to their pseudonymised process data being shared with the evaluation team. Process data for those who declined the offer of support and were referred to enforcement and those randomised in the evaluation's control group will be given to the evaluators under section 6(1)(f) of GDPR, legitimate interest. For this report, all process data are in aggregated form, separated by site and intervention and control groups.

### **Data protection**

The study includes four forms of data collection that could include personal information: (1) contact information for participation, (2) interview data, (3) police records and (4) intervention process data. For individuals in the intervention group who accepted the support offer, consent has been obtained for the collection, use and storage of their personal data. For those in the control group or those in the intervention group who did not accept the support offer, data have been processed on the grounds of legitimate interest with the aim of protecting the public from violence and violent crime.

The study operates under the governance of the University of Hull research ethics policies. All primary data collection occurred under conditions of informed consent and, where appropriate, parental assent. All data are stored in accordance with their level of sensitivity. At a minimum, data are stored on a University of Hull server and only accessible to project team members via a project Teams channel. Additionally, information containing participant contact details is stored in a password-protected folder with access limited to essential individuals (for example, where it is necessary for arranging interviews or for distributing vouchers in lieu of payment for participant interview time).

In the longer term, data on individual criminal records will be accessed via DSAs with relevant police forces and stored in the University of Hull 'Data Safe Haven', which is an NHS Digital Toolkit and ISO27001:2013-

compliant trusted research environment. However, no such data are used in this report. A detailed description of data protection considerations for this project can be found in Appendix C.

### **Project team/stakeholders**

Each of the five sites had a designated programme lead, supported by individuals whose roles varied from delivery managers and site leads through policy and partnership officers to data analysts and researchers. The evaluation team includes a project lead, a project coordinator, a lead for each aspect of the evaluation/delivery implementation and researchers. More detailed information on the project and evaluation team can be found in Appendix D.

### **Methods**

As this report is based on an early implementation of the trial protocol, the precise methods align with those described in the trial protocol. The early implementation study design is a realist multicentred RCT. Accordingly, it contains a multicentred RCT (summative evaluation) and a formative evaluation that describes the development of the intervention and its theory of change with a process evaluation of the implementation of the intervention.

#### **Summative evaluation**

This report describes the early implementation of the full trial six months into its delivery. As a result, sampling has been determined by time rather than a predetermined study design. The early implementation study follows the same study design as described in the protocol, but it is underpowered and lacks individual-level data that would allow for more detailed analysis. In summary:

- The study is a multi-centred, two-arm RCT with a process evaluation. The unit of randomisation is individual, stratified by offending history.
- Outcome and process data from the seven trials (in five sites) provided from local police records and locally collected process data have been pooled into a single data set with markers for site and locally collected process data to allow subgroup analysis where necessary.
- Descriptive statistics are used to address research questions around trial feasibility, statistical power, evidence of promise and race equity.
- Statistical power was simulated informed by the distribution of outcome data after six months using a variety of plausible effect sizes and sample sizes derived from study randomisation and process data.

#### **Formative evaluation**

##### **Interviews with stakeholders/baseline interviews**

The purpose of the baseline interviews was to understand the context of violence in each city prior to the intervention being implemented and to capture BAU. As such, the evaluators posed the same set of questions to different stakeholders – programme team, programme partners/stakeholders and community members involved with the programme in some capacity, mostly as part of the Local Evaluation Reference Group. The identification and recruitment of participants were done similarly to the recruitment of the other

interview populations; a programme team was recruited during the monthly check-in meetings, and relevant partners and community members were referred to the evaluators by the programme team. The evaluators then reached out to the individuals to inquire about the possibility of having an interview. If interested, the evaluators sent out a participant information sheet and, assuming they were still interested, the interview would be scheduled. Since this set of questions was looking to understand the overall profile of violence in each city, the main criterion to be eligible was to have lived in and to have insider knowledge and experience of living in each respective city. The main three groups of questions asked were related to (1) the violence in the city, (2) BAU deterrence/enforcement, support, and community contribution to violence prevention and (3) existing multi-agency partnerships in each city. The interview schedule can be found in Appendix E.

### **Interviews with the programme team**

For the qualitative interviews, the planned number of interviews with the programme team varied by the size of the team but typically involved the core team in each site of between two or three individuals who were involved in the intervention design, implementation and/or police data analysis. Participants were recruited using existing relationships between the site team and evaluators and by inquiring about the possibility of an interview during the regular monthly check-ins with each site. Each staff participant was required to sign an informed consent prior to the interview. Where multiple interviews have been conducted over the early implementation period, consent was sought anew before each interview.

### **Interviews with navigators and mentors**

With regard to the mentors, the aim was to interview two or three volunteers per site for the early implementation period. This was partly to keep the number of interviews manageable for the evaluation team but also because it was early days and, given the gradual inclusion of participants in the programme, not all mentors had a full caseload from the start. As such, the evaluators sought support from the programme team in nominating a few mentors with a larger caseload who might be able to address the interview schedule more comprehensively.

Once identified, the evaluators contacted the individuals to discuss opportunities for an interview and schedule a suitable date/time. These were predominantly done online over Teams and lasted about an hour. The participants were required to sign a consent form prior to the interview, and the total number of navigators interviewed for the early implementation report across all sites combined was 14. The interview schedule can be found in Appendix F.

### **Interviews with programme participants**

Programme participants interested in participating in an interview with the evaluators were identified and recruited with the help of the programme team in each site and, occasionally, their navigator/mentor. Given the challenges of working with this population, their vulnerability and lack of trust in the system, the evaluators worked with the site teams and, where appropriate, the individual's navigators/mentors, who have already developed a rapport with the potential participants and could act as a mediator between the participant and evaluators. The site team and navigators/mentors were able to assist in identifying individuals who were ready to participate in a (voice-recorded) interview about their experiences in the programme. This approach was chosen to minimise the risk that participating in an interview would disrupt the trust in the intervention and lead to participants disengaging from the process for fear of evaluators

working with the police. It is worth noting that we gave each site roughly six to eight weeks from the initial contact they had with potential participants before asking them to support interview recruitment. The interview schedule can be found in Appendix G.

As with other populations, and in line with the ethical approach to research, each participant had to sign an informed consent prior to being interviewed. If the participant was underage, assent was sought from their parent or guardian. The total number of programme participants interviewed for the early implementation was 11.

### **Data collection settings and locations**

Trial outcomes were collected by police as part of their routine service. Therefore, data could have been collected in the community or through the reporting of crime to the police and subsequent police investigation. Data on individual police records is stored locally in police crime and case management systems.

Process data were collected regularly by the delivery team as part of their daily operations. This was recorded in the community and service buildings and stored locally on service systems, such as ECINS. In most cases, data were stored in a dedicated system.

For the qualitative interviews, data were collected either online via Teams (baseline interviews, interviews with the programme team and with navigators/mentors) or in-person (interviews with programme participants). The location of the in-person interviews varied and was always agreed upon following the suggestion from the navigator/mentor. This was usually the space where navigators/mentors regularly met with the participants – the space that was familiar to them and felt safe, although, occasionally, the interviews were conducted in the home of the programme participant.

Table 3. Methods overview

Research methods	Data collection methods	Participants/data sources	Data analysis method	Research questions addressed
Qualitative analysis; literature review	Interview; literature searches	YEF staff; research databases; YEF documents	<i>In vivo</i> qualitative analysis; descriptive statistics; critical review	1. What was the rationale for the intervention?
Qualitative analysis; literature review; quantitative analysis	Interview; literature and administrative database searches	Programme stakeholders; site leads; community representatives; open-source administrative data	<i>In vivo</i> qualitative analysis; descriptive statistics; data visualisation; critical review	2. What was the baseline landscape?
RCT; qualitative analysis	Programme process data collection; administrative data collection	Site delivery records; police records	<i>In vivo</i> qualitative analysis; descriptive statistics; data visualisation; critical review	3. Early implementation overview
RCT; qualitative analysis; quantitative analysis	Programme process data collection; administrative data collection; interview; programme documentation	Trial participants; programme records; administrative records	<i>In vivo</i> qualitative analysis; descriptive statistics; data visualisation	4. Who were the intervention cohorts?
Qualitative analysis	Programme documentation; interview	Trial participants; programme teams; programme operational manuals	<i>In vivo</i> qualitative analysis; descriptive statistics; secondary analysis of qualitative data	5. What was the intervention?
Quantitative analysis	Programme process data; administrative data collection; critical review	Site delivery records; police records	<i>In vivo</i> qualitative analysis; descriptive statistics	6. Were the outcomes and measures fit for purpose?
RCT; qualitative analysis;	Programme process data collection; administrative data collection; interview	Site delivery records; police records; site leads	<i>In vivo</i> qualitative analysis; descriptive statistics	7. Is the current trial design suitable for full implementation?

quantitative analysis				
RCT; quantitative analysis	Programme process data collection; administrative data collection	Site delivery records; police records	Descriptive statistics	8. What analytical methods should be used in a full definitive trial?
RCT; quantitative analysis; statistical simulation	Programme process data collection; administrative data collection	Site delivery records; police records	Descriptive statistics; power simulation	9. Will there be sufficient throughput to result in a well-powered RCT after two years of delivery?
RCT; quantitative analysis	Programme process data collection; administrative data collection	Site delivery records; police records	Descriptive statistics	10. Who will the study cohort be?
RCT; qualitative analysis; quantitative analysis	Programme process data collection; administrative data collection; interview	Site delivery records; police records; site leads; programme teams; intervention cohort	<i>In vivo</i> qualitative analysis; descriptive statistics	11. Will the interventions be delivered in a faithful, consistent and sustainable way?
Literature review; qualitative analysis	Programme process data collection; administrative data collection; interview; programme documentation	Research databases; research literature; site leads; delivery teams; intervention cohort	<i>In vivo</i> qualitative analysis	12. Is a realist framework feasible for a definitive trial?
RCT; qualitative analysis; quantitative analysis	Programme process data collection; administrative data collection; interview	Site delivery records; site leads; programme teams; intervention cohort	<i>In vivo</i> qualitative analysis; descriptive statistics	13. What potential risks might a definitive trial face?
RCT; quantitative analysis	Programme process data collection; administrative data collection; literature searches	Site delivery records; police records	Descriptive statistics	14. Limitations and generalisability to a definitive trial

Qualitative analysis	Interview	Trial participants; delivery teams	In vivo qualitative analysis	15. How did the delivery teams and the cohort experience the programme?
RCT; qualitative analysis; quantitative analysis	Programme process data collection; administrative data collection; interviews; literature search	Site delivery records; police records; site leads; programme teams; intervention cohort	Descriptive statistics; power simulation; in vivo qualitative analysis	16. Should the study continue as a full definitive trial?

## Randomisation

The randomisation procedure for the early implementation period was to batch randomise individuals at the beginning of the intervention period after they had been assessed for eligibility and to intervene with all of those in the intervention group before collating and randomising a new cohort. With hindsight, the decision to randomise larger groups at the very beginning was a mistake, but it did lead to useful knowledge. Although enthusiastic, sites did not have the delivery capacity to quickly assess and screen so many cases, resulting in a substantial lag between randomisation and intervention. In the later feasibility section, we reflect more fully on the challenges of this approach for throughput and its potential impact on effect size and statistical power. As a result, within this early implementation period, we moved to using smaller groups for randomisation, akin to a 'trickle trial'. Randomisation was done by the same member of the research team (IB).

In six of the seven trials, the evaluation team was blind to individual identity and the intervention team was not involved in the randomisation process. Batches of unique IDs were sent to the evaluation team by a site analyst. Randomisation was undertaken using R and RStudio. Data were cleaned using 'tidyverse' (Wickham et al., 2019) and 'janitor' (Firke, 2023) packages and then randomised using the 'randomizr' (Coppock, 2023) package. Information on the frequency of offences provided with the cohort lists was aggregated to tertiles for that trial's cohort, reflecting low, medium and high frequency of offending. Age was aggregated to child (under 18 years) and adult status. Batches of cohorts were randomised with stratification on offence frequency and child/adult status. The randomised lists were outputted to a CSV file, which was then converted to a PDF and returned to the site analyst. All data, R files and outputs were stored by the evaluation team on a University of Hull server. Upon receiving the randomised lists, the site analyst entered the intervention allocation into their local record management system, effectively enrolling the individuals. Individuals in the intervention group were forwarded for intervention, and no further action was taken with individuals in the control group. The time between the delivery of cohort lists and the return of the randomised list was typically less than 48 hours.

In Greater Manchester, because of data access restrictions, randomisation was carried out by an intervention team analyst supervised by an evaluation team member who could see unique IDs but not identifiable information (e.g. name, address, date of birth). The same statistical code was used, and validity checks were carried out at each randomisation. The evaluation team was provided with a spreadsheet that demonstrated the distribution of intervention allocations, but these were not linked to a unique ID, age or offending statistics. The full spreadsheet was stored by the analyst and will be shared when a DSA has been completed.

Batches of cohort members were sent for randomisation with varying frequency and varying size across trials. The variation in both factors reflects differences in cohort identification, participant flow, delivery strategy and team structure. In all trials, the first batch of cohort members was typically the largest. As all trials (except T2 in Coventry and Wolverhampton) used a passive, data-driven method of identification, the size of the first batch reflects the availability of eligible individuals in the population who had not yet been randomised. As new trawls for eligible individuals were undertaken, the mechanism for meeting eligibility



criteria will have narrowed to include emerging offenders and people who had aged into the trial (e.g. had their 14th birthday in the period between trawls) or had recently been released from prison.

The characteristics of the intervention and control group are described in Table 8 in the intervention and control group characteristics section.

## **Analytic methods**

### **Qualitative data analysis**

Qualitative data presented in the early implementation report consist of two separate datasets:

- (1) Interviews with the delivery teams and stakeholders; and
- (2) Longitudinal interviews (wave 1) with navigators and programme participants.

Each dataset focussed on a different research question, so each was analysed using a slightly different approach.

### **Baseline interviews**

This dataset comprises 26 interviews conducted online, over Teams, with the programme delivery team and stakeholders prior to the implementation of the intervention. The interviews were done predominantly one-to-one, but in some instances, to minimise the burden on the delivery team, multiple members of the team joined the same call. Data collection spanned from April 2023 until August 2023.

The main aim of baseline interviews was to understand the context of violence in each city prior to the implementation of the focused deterrence programme and to gain insight into their approach to violence, provision of services and relationship with the community at that point in time – their BAU. As such, the analysis was exploratory, using an inductive approach. The analytical framework used was Braun and Clarke's (2006) thematic analysis. While this approach yielded numerous themes, here we will focus on BAU, in order to better understand what the control group in this RCT is getting.

### **Longitudinal interviews (wave 1)**

The study took a mixed methods approach, with qualitative methods used to complement the quantitative data, adding depth, detail and explanation. This enabled the evaluation to address several different research questions, such as those that cannot be answered by quantitative data alone; for example, 'How did the delivery teams and the cohort experience the programme?'

Qualitative data were thematically analysed using the NVivo software tool. A set of *a priori* codes were utilised to identify both emerging and recurring themes and concerns. This will be an iterative process in which these themes will also be utilised to analyse and compare data throughout the project's lifecycle, thereby establishing strong links between these data and theories of change. The objective is to use a mixed method process to interpret patterns and clusters of meaning within the data, as well as leverage data collected on process components such as fidelity, hypothesised configurations of contextual influences, mechanisms and outcome measures.

To minimise the potential for researcher bias, several steps were taken. First, all data have been anonymised and analysed against a pre-defined conceptual framework, ensuring a consistent approach and limiting personal interpretations. The adoption of standardised codebooks should avoid definitional drift (O’Connor and Joffe, 2020; Gibbs, 2007), which may occur when several researchers are involved or when the data at the beginning of the dataset is coded differently than the material coded later. Checks for definitional drift across the entire dataset have been periodically conducted. Second, an iterative approach has been employed, allowing for the refinement of insights and ongoing checks of emerging themes. Third, every set of data has been analysed by two independent researchers to provide multiple perspectives. Fourth, all researchers have undergone training on race equity and bias awareness with a subject expert and have engaged in reflexive and equitable practices to mitigate potential biases. This will make sure that we have a complete and fair picture of how the intervention worked.

**Table 4. Timeline**

	Activity
Apr 2022	Project initiation
May–June 2022	Project co-alignment
July 2022–Mar 2023	Programme development
Mar 2023	Grants and evaluation committee review
Mar 2023	Ethical approval granted
May 2023	Study protocol completed
June 2023	Trial registered with ISRCTN
May–Jul 2023	Intervention launch/First randomisation
May 2023–ongoing	Intervention delivery
June 2023–ongoing	Initiation of data-sharing agreements
Aug 2023–ongoing	Formative evaluation data collection
Dec 2023	End of early implementation period
Feb 2024	Summative data extraction
Mar 2024	Completion of early implementation report

## Findings from the early implementation period

### Participants

#### Participant flow

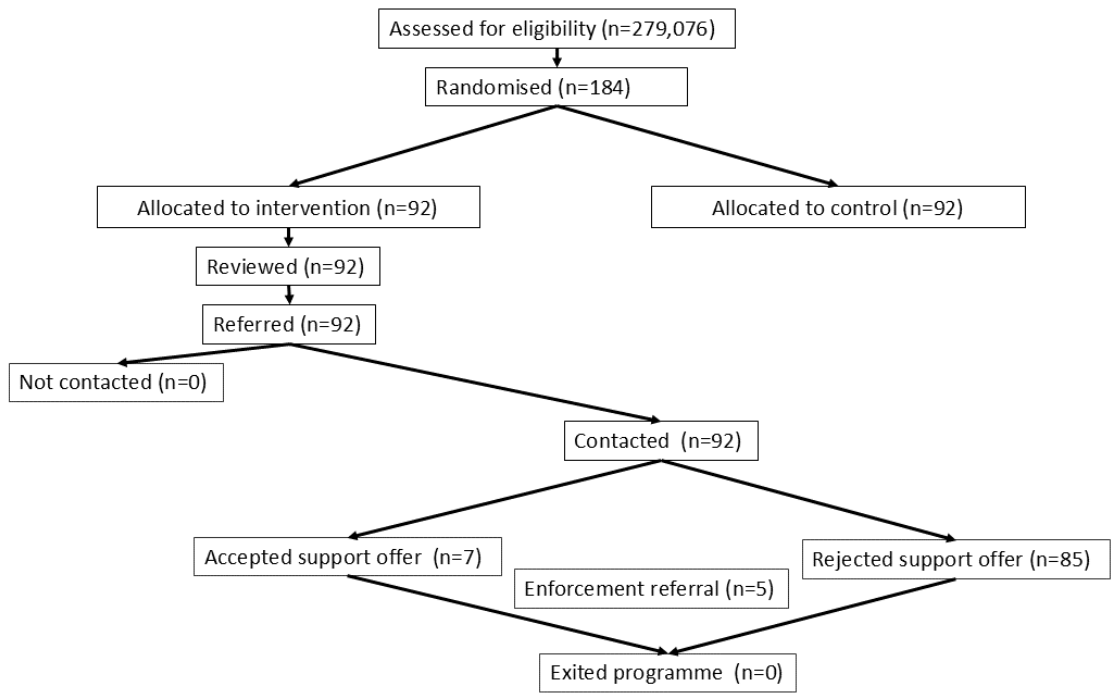
The flow of participants through each trial varied in different ways that reflected their delivery methods. The diagrams below inform the CONSORT diagram (Figure 5) that follows this section by illustrating how their delivery and throughput varied. These images provide more detail than is included in a CONSORT diagram and illustrate where participants in the intervention group may have received or not received components of the intervention and why. It is important to note that the data were obtained from a live intervention, with data being extracted from multiple sources. Verification of data by the research team will take place once information-sharing agreements are in place and site analyst support is available.

It is also noteworthy, as detailed above in the intervention overview, that a cohort member could, in theory and during a live programme, be in the 'accepted support offer', 'rejected support offer' and 'enforcement referral'. Accordingly, the numbers for these conditions can exceed the number contacted.

Explanations for differences in the rate of referral and contact differ across sites. The high rate of contact in the Trial 1 (T1) trials in Coventry and Wolverhampton reflects an efficient but light-touch process of contact. Four attempts are made at contact, with decreasing resources allocated to each attempt: in person, telephone, contact attempt through a statutory worker and leaflet delivered to their home. In contrast, reflecting a lower rate of contact, Leicester navigators made repeated attempts at in-person contact. In Greater Manchester, contact was made in person by a navigator and a statutory worker in tandem, which required more resources, resulting in a lower rate of contact. The rate of contact in Nottingham was low because adult provision had not yet come online.

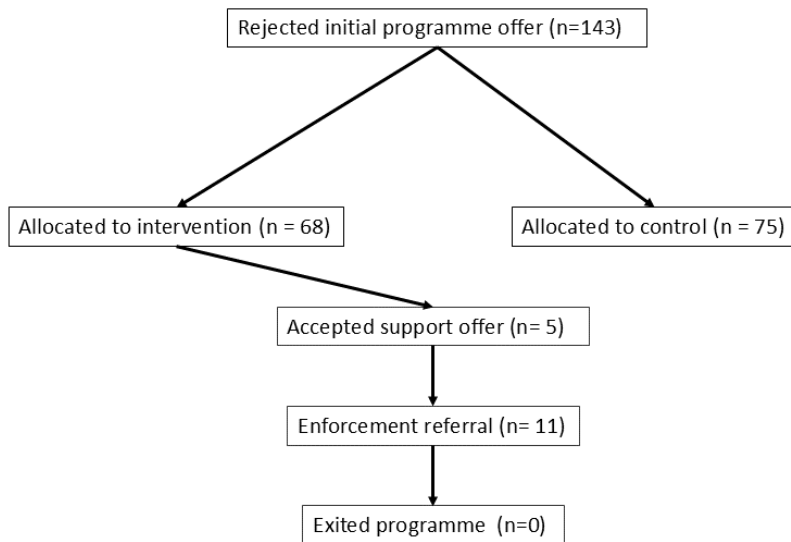
The study flows demonstrate that some individuals were removed from the intervention post-randomisation. This reflects decisions made following assessments and reviews as part of the intervention. For example, those individuals who may have been included erroneously if they offended in the area but lived outside the catchment, or if they were found to have moved out of the area between randomisation and review/contact, or they had died. Other individuals may have been deprioritised because they were not deemed to be actively offending or new intelligence was provided by multi-agency partners that indicated they did not meet the eligibility criteria (e.g. not affiliated with a group involved in violence) or where partners felt that the programme components were not or were no longer appropriate for the individual.

**Trial: Coventry Trial 1**



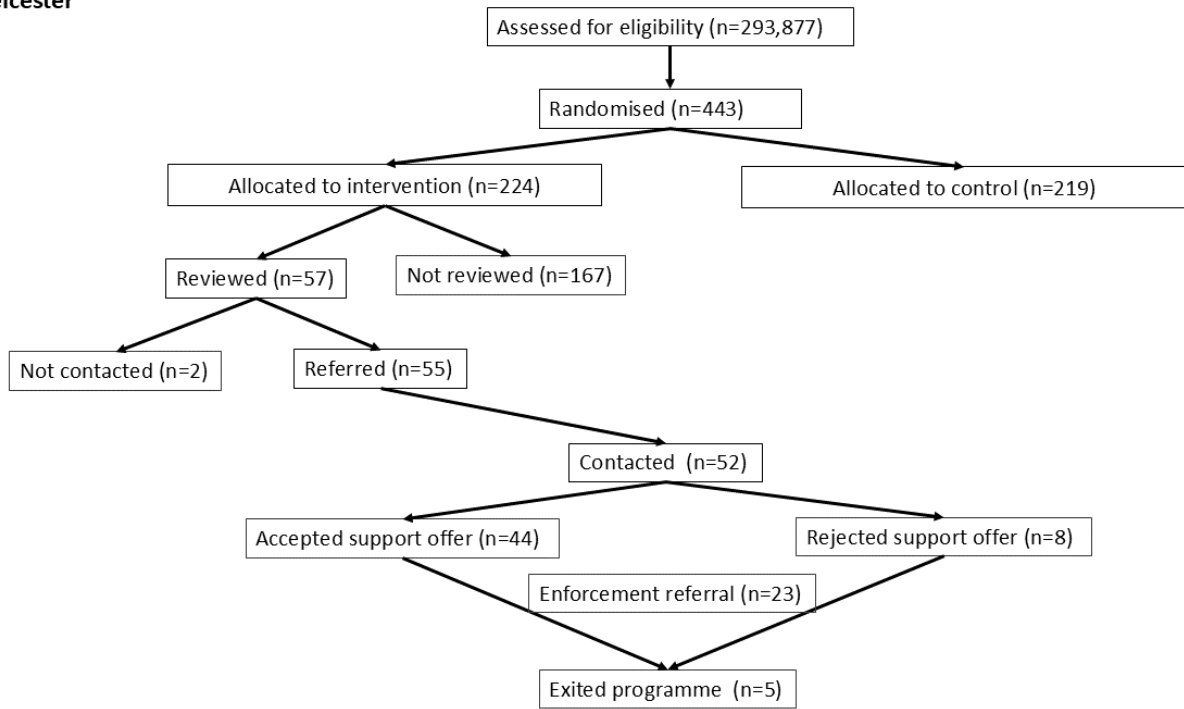
Intention-to-treat flow for Coventry T1

**Trial: Coventry Trial 2**



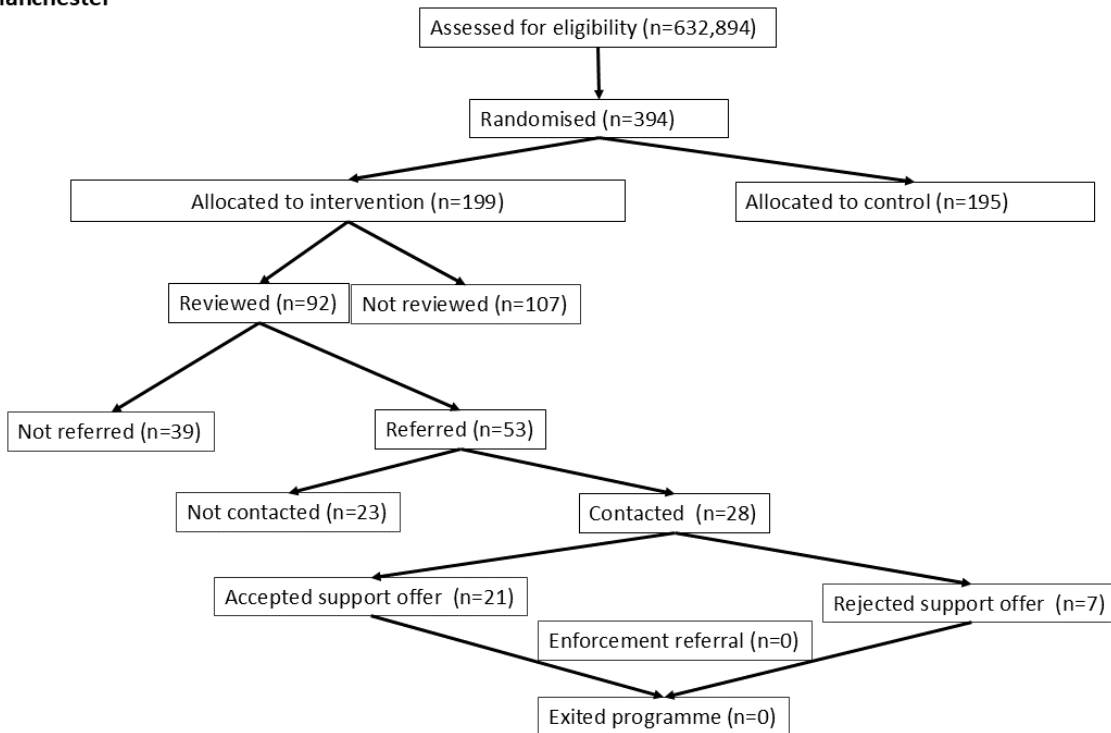
Intention-to-treat flow for Coventry T2

**Trial: Leicester**



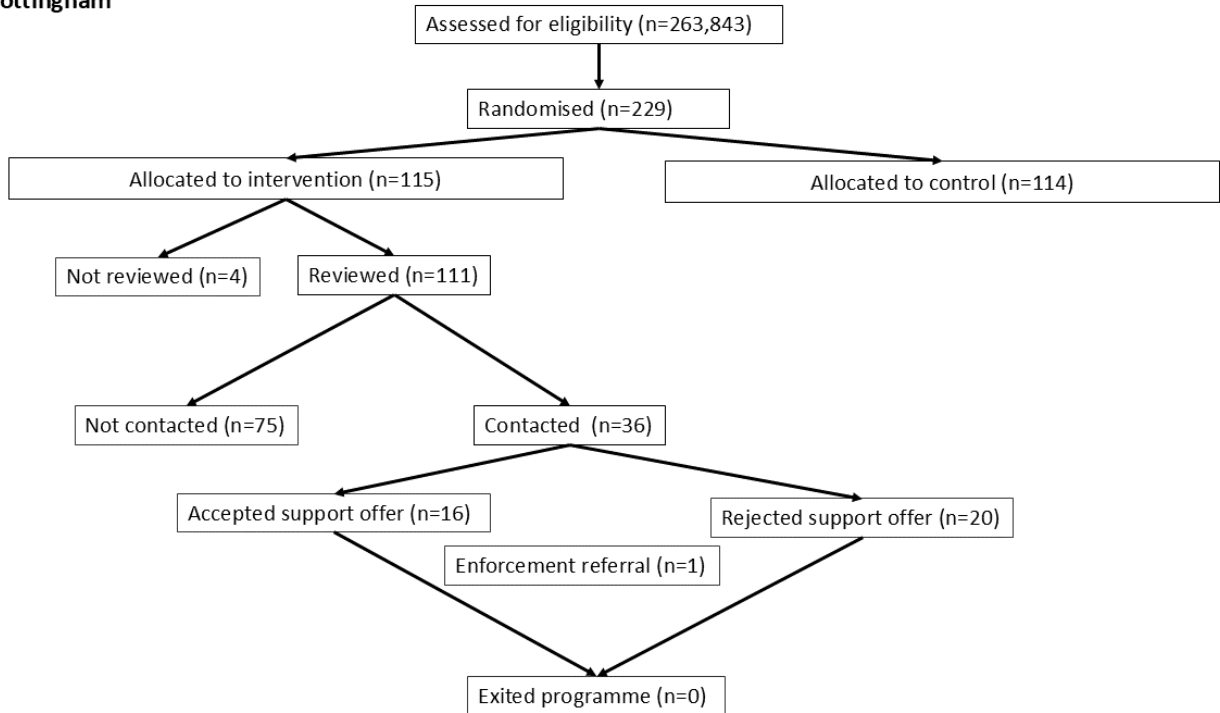
Intention-to-treat flow for Leicester trial

**Trial: Manchester**



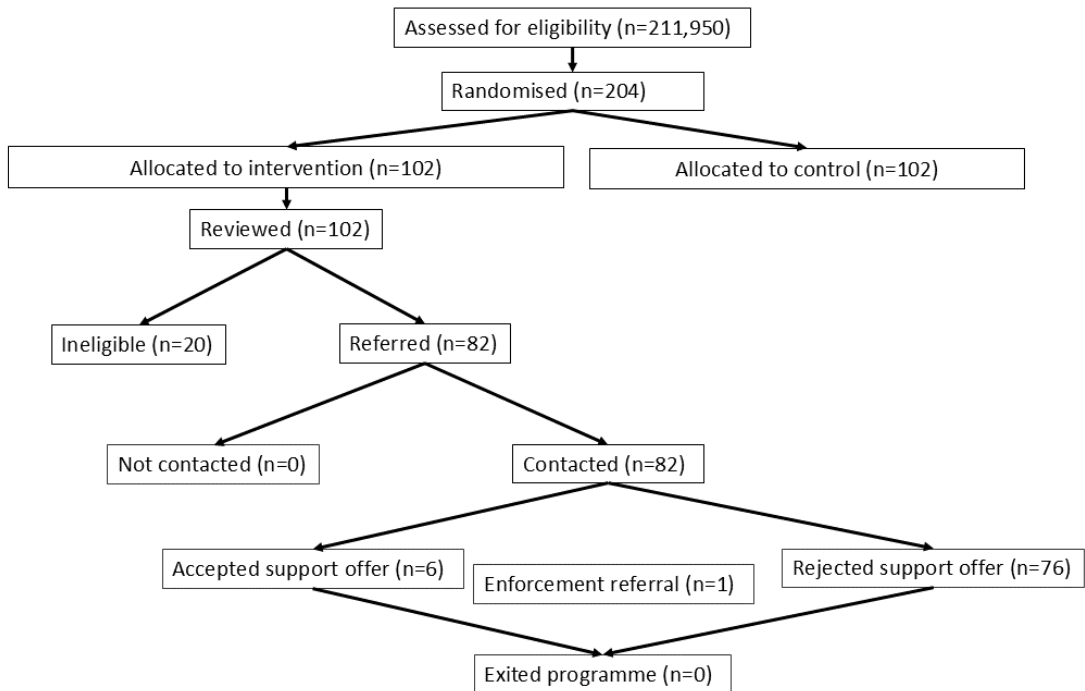
Intention-to-treat flow for Greater Manchester trial

**Trial: Nottingham**



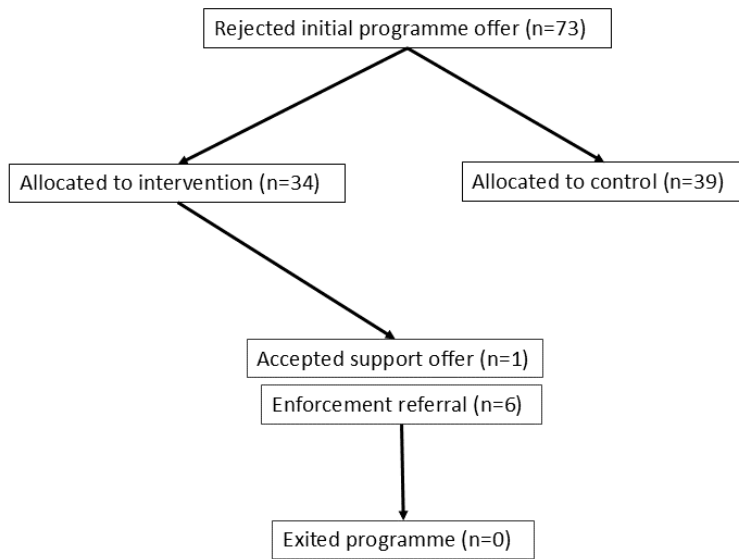
Intention-to-treat flow for Nottingham trial

**Trial: Wolverhampton Trial 1**



Intention-to-treat flow for Wolverhampton T1

**Trial: Wolverhampton Trial 2**



**Intention-to-treat flow for Wolverhampton T2**

**Another Chance Focused Deterrence multi-site trial**

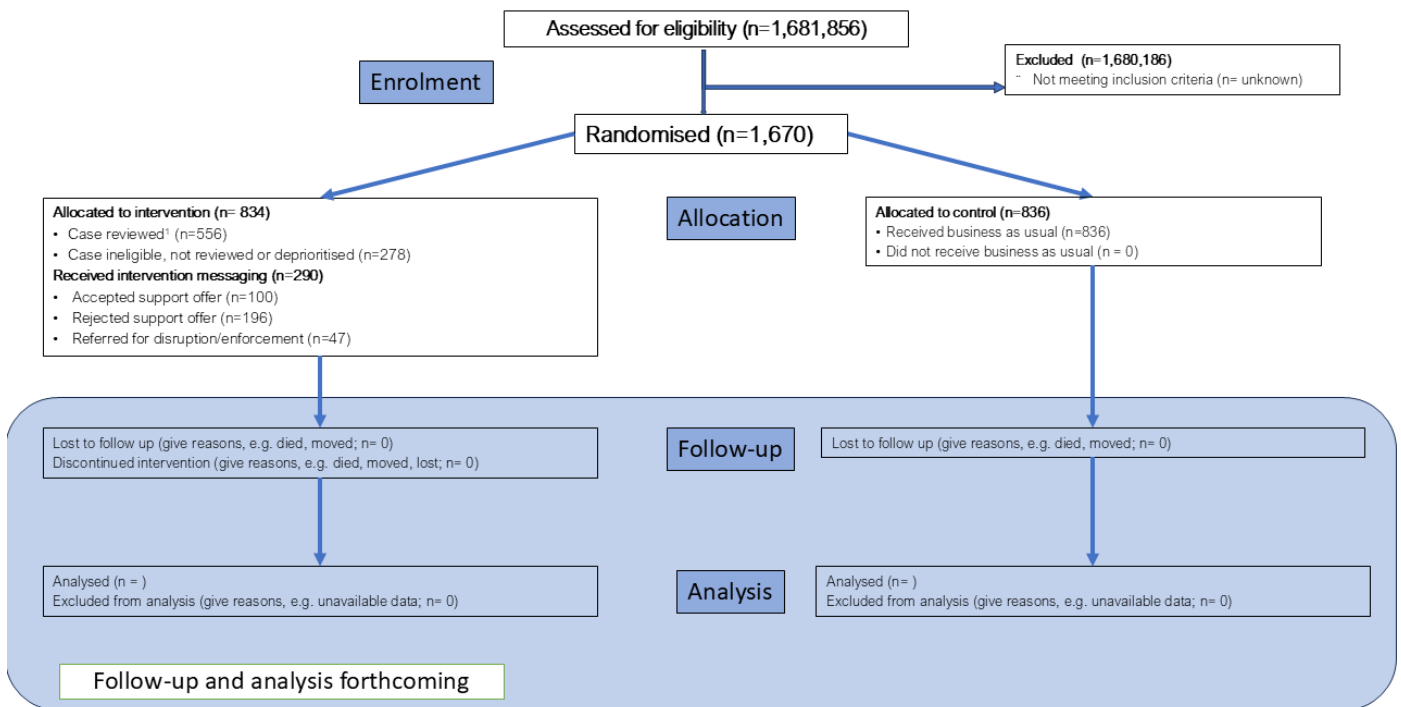


Figure 5: CONSORT diagram for the multi-site RCT

The essential information contained in the CONSORT diagram is included in Table 5, according to the flow through the intervention in the different sites.

Randomisation was effective across all seven trials, with only minor percentage differences being observed in the balance of allocation to the intervention or control group. However, after randomisation, there were substantial differences in the flow of participants through the programme. In Coventry T1, every individual who was allocated to the intervention received a contact from the CIRV team, as did 80% of those in Wolverhampton, with the remainder being identified as ineligible. In Leicester, Nottingham and Greater Manchester, that proportion was between 14% and 31%. As the intervention group in T2 for both Coventry and Wolverhampton did not require active contact post-randomisation and was reliant on eligible individuals being involved in a trigger event (such as being arrested or attending hospital for violent injury), this number is not available for those trials.

Of those contacted, the rate of take-up of a support offer also varied across trials. In T1 for both Coventry and Wolverhampton, the take-up rate was 7%. In Nottingham, that rate was 44%; in Manchester, it was 75%; and in Leicester it was 85%. The potential reasons for this are discussed below.

The rate of referral for enforcement activity also varied considerably. In Leicester, 44% of individuals in the intervention group were referred for some type of enforcement activity, while that proportion was between 0% and 5% in the other trials.



Table 5. Summary of site-level participant flow

Trial	Coventry	Coventry	Leicester	Manchester	Nottingham	Wolverhampton	Wolverhampton	Total
	T1	T2				T1	T2	
<b>Randomised</b>	<b>184</b>	<b>143</b>	<b>443</b>	<b>394</b>	<b>229</b>	<b>204</b>	<b>73</b>	<b>1,670</b>
<b>Intervention</b>	<b>92</b>	<b>68</b>	<b>224</b>	<b>199</b>	<b>115</b>	<b>102</b>	<b>34</b>	<b>834</b>
% of randomised	<i>50</i>	<i>48</i>	<i>51</i>	<i>51</i>	<i>50</i>	<i>50</i>	<i>47</i>	<i>50</i>
<b>Control</b>	<b>92</b>	<b>75</b>	<b>219</b>	<b>195</b>	<b>114</b>	<b>102</b>	<b>39</b>	<b>836</b>
% of randomised	<i>50</i>	<i>52</i>	<i>49</i>	<i>49</i>	<i>50</i>	<i>50</i>	<i>53</i>	<i>50</i>
<b>Contacted</b>	<b>92</b>	<b>0</b>	<b>52</b>	<b>28</b>	<b>36</b>	<b>82</b>	<b>0</b>	<b>290</b>
% of intervention group	<i>100</i>	<i>0</i>	<i>23</i>	<i>14</i>	<i>31</i>	<i>80</i>	<i>0</i>	<i>35</i>
<b>Accepted support offer</b>	<b>7</b>	<b>5</b>	<b>44</b>	<b>21</b>	<b>16</b>	<b>6</b>	<b>1</b>	<b>100</b>
% of contacted	<i>7</i>	<i>NA</i>	<i>85</i>	<i>75</i>	<i>44</i>	<i>7</i>	<i>NA</i>	<i>34</i>
<b>Referred for enforcement</b>	<b>5</b>	<b>11</b>	<b>23</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>6</b>	<b>47</b>
% of contacted	<i>5</i>	<i>NA</i>	<i>44</i>	<i>0</i>	<i>3</i>	<i>1</i>	<i>NA</i>	<i>5</i>

## Cohort characteristics based on cases to 31 December 2023

As of 31 December 2023, 1,677 individuals had been randomised. The characteristics of the cohort groups based on that data – which do not include individuals randomised in the intervening months – are described below. We provide this as a way of describing those currently in the trial for whom we have data.

### Age

The median age of the cohort was 20 years, with an interquartile range of eight. The minimum and maximum ages were 11 and 71 years, respectively (see Figure 6). Also note that a small number of older cohort members had a disproportionate impact on the cohort’s average age, which is why it is not reported here.

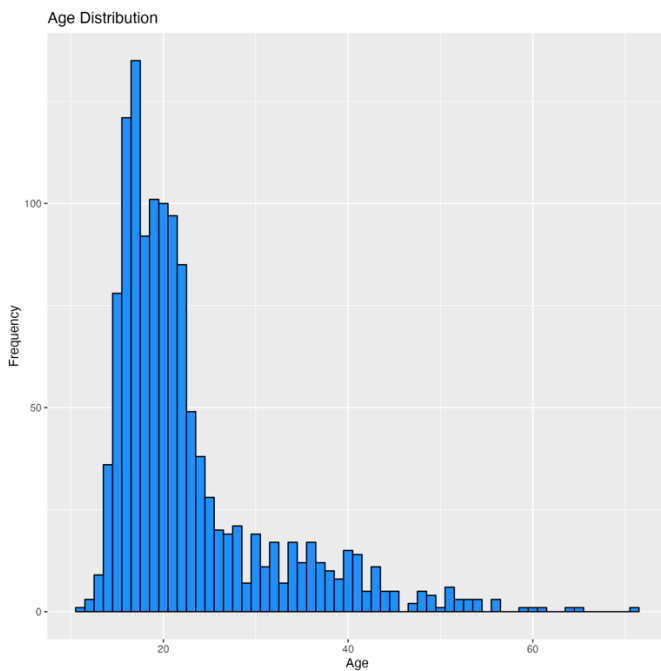


Figure 6: Age distribution

Across the six trials for which data are available at this time (all bar Greater Manchester), there was some variety in the distribution of age in the cohorts. The differences in median and mean age across sites are explained by the eligibility criteria for the trials. In Coventry and Wolverhampton, for example, T1 includes the highest-risk individuals in the population who are likely to be older than the lower-risk, simply by having had longer to commit more offences. The T2 cohort can also be referred through a school pathway, for example, which will have had a lowering effect on the cohort age. The average age in Nottingham is typically lower than the other sites because of problems in coordinating adult provision in the first six months, meaning that the later batches randomised were entirely children.

The lowest age in the cohort was 11 years, and there were 13 children aged below 14 years in the cohort, which was 0.8% of the total. The inclusion of children below the current age threshold of 14 years reflects the early variation in eligibility criteria in Leicester, which have been amended and harmonised. The maximum age varies considerably across the sites, with two trials having a maximum age above 60 years. The histograms of age in Figure 6 for the total cohort and for each trial in Figure 7 demonstrate that, with

the exception of Wolverhampton T1, the vast majority of the cohort was in early adulthood, but some older individuals were captured by the eligibility criteria and cohort identification process.

Table 6. Age distribution (years) per trial

	Trial	Mean age	SD	Median	Minimum	Maximum
1	Coventry T1	22.8	7.8	21	14	52
2	Coventry T2	20.5	7.4	17	14	42
3	Leicester	23.1	9.0	20	11	65
4	Nottingham	18.2	2.6	18	13	24
5	Wolverhampton T1	29.9	10.7	29.5	14	71
6	Wolverhampton T2	19.4	4.7	18	14	35

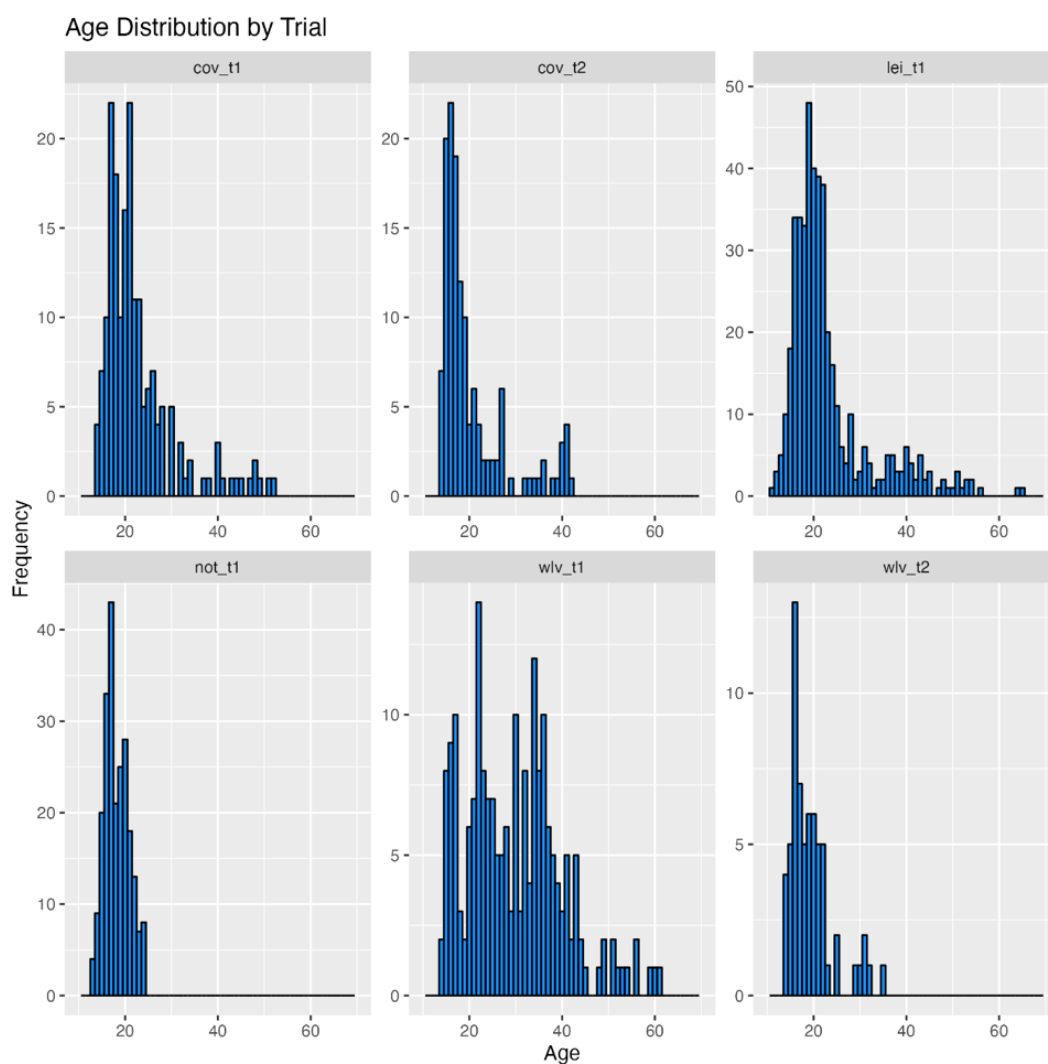


Figure 7: Age distribution of cohort by trial

## Offence frequency

As can be observed in Figure 8, a small number of prolific offenders had a disproportionate impact on the cohort's average number of prior offences. The average was 7.9 offences (SD 12.0). The *median* number of offences was four, with an interquartile range of seven. The minimum and maximum number of proven offences in the previous 24 months prior to randomisation was 0 and 211, respectively (the upper limit of the figure is truncated at 50 to improve readability).

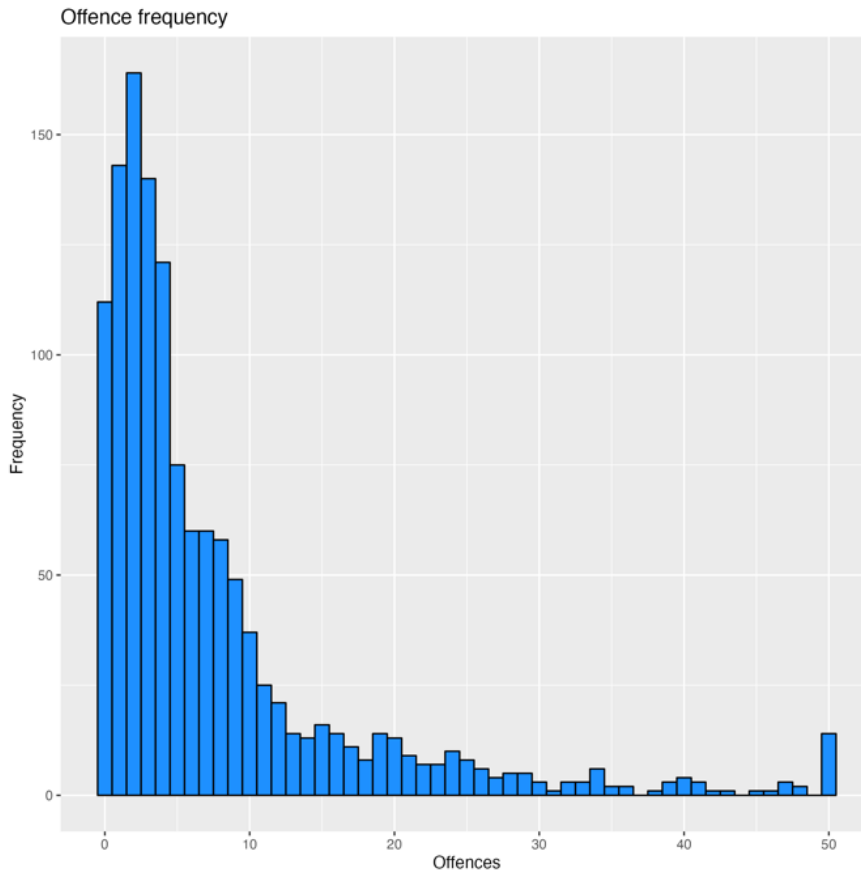


Figure 8: Distribution of offence frequency in the two years preceding randomisation

The presence of a large number of cohort members with zero offences is largely consistent with eligibility criteria but is worthy of discussion. In particular, as demonstrated in Table 7 below, as the T1 cohort for Coventry and Wolverhampton are, by definition, higher risk, the median number of offences in T1 for Wolverhampton being lower than that for T2 is surprising. Upon closer inspection, 19% of the T1 cohort in Coventry and 24% in Wolverhampton had no offences attributed to them. This is consistent with their being eligible because of affiliation with identified groups or gangs in the city. In T2 in Wolverhampton and Coventry, it is possible to be part of the cohort because referral can be made for individuals who may have no proven offending history: only referred individuals who reject the offer of the programme are then eligible for the trial.

Table 7. Offences per trial

	Trial	Mean offences	SD	Median	Minimum	Maximum
1	Coventry T1	4.8	6.5	3	0	40
2	Coventry T2	5.1	6.8	2	0	35
3	Leicester T1	12.5	16.8	8	1	211
4	Nottingham T1	5.7	7.1	4	0	47
5	Wolverhampton T1	5.1	6.6	2	0	41
6	Wolverhampton T2	7.8	10.7	4	0	58

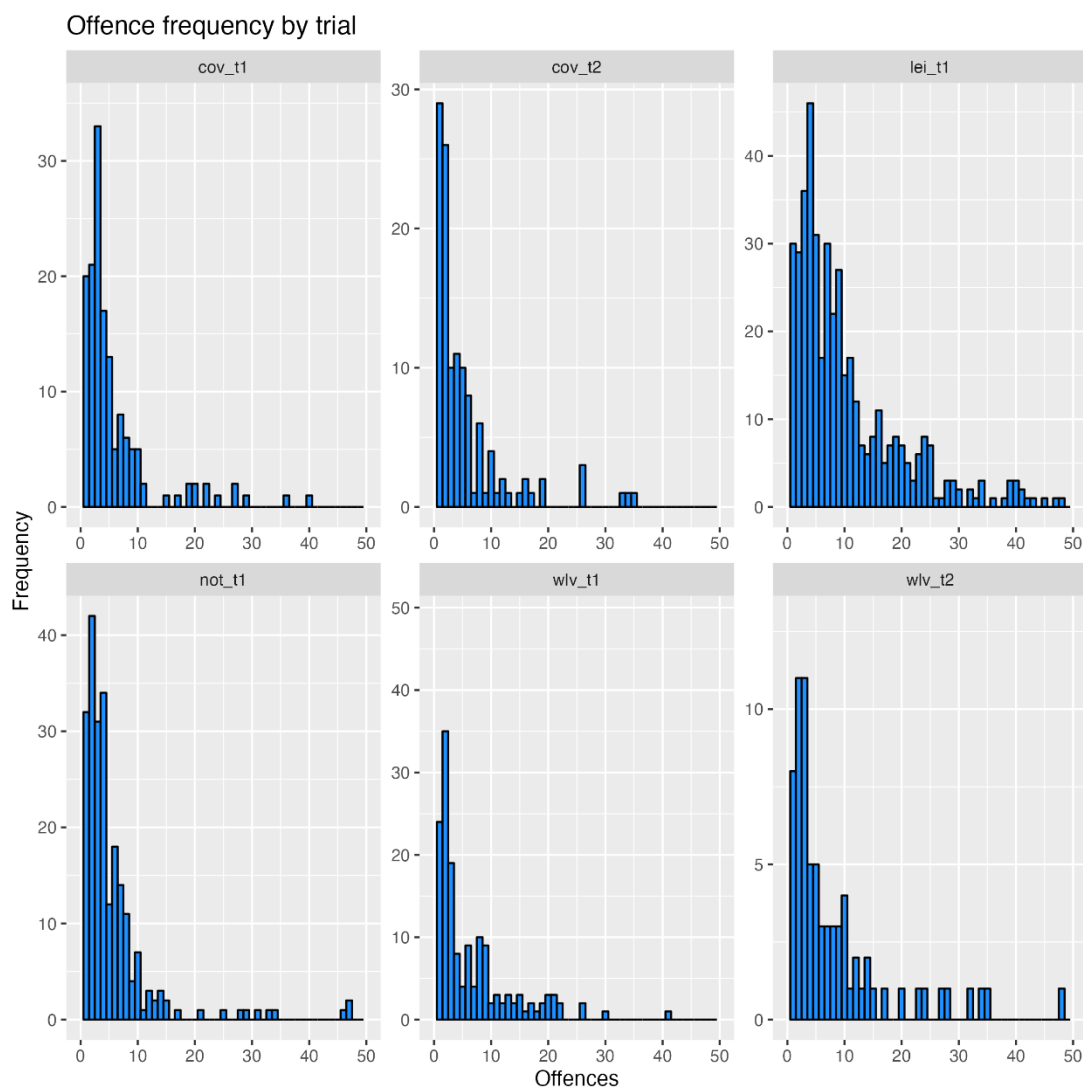


Figure 9: Distribution of offences in the past two years per trial

## Intervention and control group characteristics

Twenty-seven batches of cohort members were randomised between May and December 2023, totalling 1,676<sup>3</sup> individuals. Table 8 shows that allocations to intervention and control in each site have been successful in that there have been no randomisation failures in terms of equal allocation/by level of risk stratification, i.e. we planned for one-to-one allocation to intervention and control, and that is what we observe.

Table 8. Distribution of random assignment and stratification variables

	<b>Control</b>	<b>Intervention</b>	<b>Overall</b>
<b>N</b>	847	829	1,676
<b>Site (%)</b>			
Coventry	163 (19.2)	156 (18.8)	319 (19.0)
Leicester	223 (26.3)	220 (26.5)	443 (26.4)
Manchester	195 (23.0)	199 (24.0)	394 (23.5)
Nottingham	114 (13.5)	115 (13.9)	229 (13.7)
Wolverhampton	152 (17.9)	139 (16.8)	291 (17.4)
<b>Trial (%)</b>			
Coventry T1	92 (10.9)	92 (11.1)	184 (11.0)
Coventry T2	71 (8.4)	64 (7.7)	135 (8.1)
Leicester T1	223 (26.3)	220 (26.5)	443 (26.4)
Manchester T1	195 (23.0)	199 (24.0)	394 (23.5)
Nottingham T1	114 (13.5)	115 (13.9)	229 (13.7)
Wolverhampton T1	102 (12.0)	102 (12.3)	204 (12.2)
Wolverhampton T2	50 (5.9)	37 (4.5)	87 (5.2)
<b>Adult = yes (%)</b>	457 (70.1)	433 (68.7)	890 (69.4)
<b>Offence frequency (%)</b>			
Low	209 (32.1)	188 (29.8)	397 (31.0)
Medium	223 (34.2)	213 (33.8)	436 (34.0)
High	220 (33.7)	229 (36.3)	449 (35.0)

## Evaluation feasibility considerations

### Acceptability of randomisation

At the site level, randomisation was received with some apprehension by team members and the delivery team, given how the round was advertised and that recruitment of sites did not explicitly say that randomisation would be pursued as a research design (given that it was unclear at that stage what research design would be feasible). As it became clear that an RCT would be both feasible and the most high-quality evaluation approach, sites eventually did accept that this was a necessary part of the YEF criteria for a high-quality evaluation. However, some sites reported having received mixed messages from the YEF prior to co-alignment about the need to randomise across intervention units and were disappointed when it became

<sup>3</sup> The randomisation in late December did not filter through to case records before the implementation period cut-off point resulting in a mismatch of six more cases in the randomisation list than the study flow cohort.

clear that randomisation was a necessary component of the project. In deciding to bid to be involved in the Another Chance Fund, sites agreed to develop an intervention based on that framework. When it became apparent, during the co-alignment phase, that a group-based intervention in UK cities was incompatible with sufficiently powered evaluation, fundamental changes were required to the terms of programme development. Specifically, the intervention unit and, by extension, the mechanism by which the intervention is purported to deliver effects was changed from groups to individuals. For some sites, this required making changes to their intervention planning.

In Coventry and Wolverhampton, commitments made to stakeholders in the early stages of programme development meant that fully randomising all eligible individuals was not deemed acceptable to partners or the credibility of the delivery organisation. A compromise was reached that resulted in the creation of parallel trials (T1 and T2) in both cities.

In other cities, randomisation was also resisted by delivery teams and stakeholders to varying degrees. Most objections were on the grounds of inequity, with team members arguing that denying the control group access to a new service was unfair.

A further objection to randomisation was made on the grounds that individuals being offered interventions that their peers were not, because of their having been randomised to different conditions, could be mistaken for collusion with police. While this should be considered a risk when there is direct police involvement in an intervention or high visibility of police involvement in a programme, here it appears to carry no more risk than other routine police activity. Although it is not a representative or comprehensive sample, no accounts of any such harms, such as being labelled a 'snitch', were identified by the interviewed cohort or the delivery team. Concerns around randomisation were addressed during the pilot phase through meetings with sites, including escalation to more senior decision-makers in some instances.

### **Feasibility of randomisation**

The early implementation study incorporated an RCT from the outset of delivery. Two randomisation procedures were explored: randomisation by the evaluation team and randomisation by the intervention team. Issues with the availability of suitable randomisation software and concerns about data control led the evaluation team to prefer the process of batch randomisation by the evaluation team. The process for this has been described earlier, so it will not be repeated here (see Brennan et al., 2023).

At first, large batches of individuals were randomised with the expectation that they would be able to process large quantities over a short period. However, the availability of a large number of cases, coinciding with the teething problems in the implementation of a complex new intervention, meant that sites were unable to progress through the intervention cohort quickly. A consequence of this is that the majority of individuals – approximately 65% (range 0–86%) did not receive any intervention. This is likely to dilute the effect of the intervention. Additionally, individuals who did receive the intervention may have received it several months after having been randomised. This lag potentially creates periods of differential exposure between individuals in the intervention and control groups. The severity of this difference is dependent on when the intervention mechanism takes effect. The theory of change relies on careful record collation and review to ensure that the first contact with an individual is meaningful and has the maximum possible

impact. However, during the period between randomisation and starting intervention (i.e. initial contact), the individual is not conscious of any intervention.

Consequently, a recommended amendment to delivery is that sites seek to minimise the time between randomisation and contact and that all individuals in the intervention group are contacted before a new batch is sent for randomisation. This will better match throughput in sites to the available capacity, preventing the bottlenecks and delays observed during the pilot implementation period.

### Multi-site trial feasibility

The sample size calculations of the study are made on the condition that data from all seven trials can be pooled into a single analysis of effectiveness. In turn, the validity of this condition is made on the assumption that the intervention and study design in all seven sites is sufficiently homogeneous that differences between the sites can be accounted for by a single covariate that clusters standard errors and accounts for random variation between trials. Arguably, such an assumption is unrealistic for any complex intervention but particularly for a multi-agency intervention that was not manualised and, accordingly, followed very different paths to implementation. Unfortunately, there is no standard against which to measure the homogeneity of a complex intervention, so judgements about this assumption are subjective. Table 9 below presents arguments for and against the assumption of homogeneity organised by population-intervention-comparison-outcome (PICO) criteria.

Table 9. Evidence for and against assumptions of homogeneity across sites

For homogeneity	Against homogeneity
<b>Population</b>	
Eligibility criteria were largely the same across sites, and individuals were identified from administrative records using objective criteria.	There were variations in the age range across all sites; the T2 cohort in Coventry and Wolverhampton were only eligible for the trial following referral by statutory partners and subsequent rejection of the intervention.
<b>Intervention</b>	
All interventions were developed from a shared framework, and the inclusion of core intervention components was assessed throughout the preparation phase; focused deterrence interventions must feature three core components, but it is a loosely defined intervention that allows for contextual variation.	The language-based framework criteria were open to interpretation.
The interventions follow a similar process: research, engagement, support, and enforcement.	The dosage, context and fidelity to each of these components varied considerably because of intervention design, local context and trial-level fidelity to the intervention operating manual.



<b>Comparison</b>	
All sites followed a similar two-arm parallel randomised design.	In T2, Coventry and Wolverhampton, randomisation happened after an initial exposure and rejection of the offer; to date, Nottingham has only intervened with children.
<b>Outcome</b>	
The outcomes across the sites are identical.	

As it was a necessary component of the Another Chance Fund to allow sites to develop interventions that fit their own local context, which is also in keeping with the wider literature on focused deterrence (Braga, Weisburg and Turchan, 2019; Engel et al., 2013), intervention heterogeneity was inevitable. Arguably, inter-trial differences reflect the reality of building and implementing violence prevention interventions, particularly those imported from another jurisdiction, outside of the tighter constraints of manualisation.

### Spill-over and intervention diffusion

With the randomisation of any violence intervention where the outcome is inherently interpersonal, there is a risk of spillover/Stable Unit Treatment Value Assumption (SUTVA) violations. This has been [identified as a risk](#) (Braga and Weisburd, 2014) and a shortcoming for focused deterrence interventions with both groups and individuals as intervention units. In the study protocol (Brennan et al., 2023), we discussed the trade-off in the study design between randomisation and SUTVA violation risk. Assessing the presence of spill-over with this population is particularly challenging because of the inability of the control group to participate in evaluation activities, but it can be investigated qualitatively with the intervention cohort. Although outside of what is feasible for the evaluation, this could later be examined quantitatively by looking at co-offending data (the assumption being that co-offending *a priori* means a contamination risk).

The very few participants who discussed peer knowledge of their participation in qualitative interviews were cautious about, or reluctant to, tell peers that they were involved in the programme if there was any police involvement or if they believed that their peers would not be interested in a programme of this nature. However, during an interview, a navigator stated that one of their participants had attempted to get a friend onto the programme. It is important to note that this sample was comprised of individuals who had actively engaged with the support offer, so they were not representative of the entire cohort. No information was available about potential spill-over from individuals who rejected the offer of support.

With these limitations in mind, there is little evidence of spill-over or intervention diffusion at this stage. If the suggestion or perception of cooperation with police or other statutory services is anathema to participants, then the risk of intervention diffusion may be minimised. However, if those accepting support believe they are really gaining from it, that would, in turn, increase the risk of their discussing it.

### Eligibility criteria

Across sites, core eligibility criteria are that (a) individuals must be at risk of perpetrating violence based on previous convictions, arrest or intelligence linking them to violent offences and (b) individuals must be involved with a group who are involved in violence. Based on the early implementation data, the eligibility

criteria for the trial appear to be valid. In less than six months of follow-up, an average of 20% of the cohort were identified as suspects in a violent crime and 15% were involved in a group-based offence. The prevalence of violent offending is far above the typical prevalence for the age-adjusted general population (Cornish, Tilling and Brennan, 2022), as is the rate of co-offending, and it is consistent with the language of the YEF focused deterrence framework. However, the very wide age range and experience of offending could be regarded as inconsistent with the programme theory of change, as the drivers of violence and the pathways out of offending (Maruna, 1997) vary by age, and there is a reasonable assumption that the effect of deterrence messaging and enforcement will diminish with exposure (Loughran et al., 2012).

### **Cohort identification**

The processes of identifying eligible individuals in each trial are largely consistent, but there are some noteworthy exceptions. The trials in Leicester, Nottingham and Greater Manchester, as well as T1 for Coventry and T1 for Wolverhampton, follow a similar data-driven cohort identification process. Individuals who meet the eligibility criteria based on police-recorded crime and police intelligence are screened and sent forward for randomisation. Although the eligibility criteria differ slightly in each of these trials, the resulting cohorts are largely homogeneous in terms of offending frequency. The process for identifying individuals for T2 in Coventry and Wolverhampton is different, as it allows for multi-agency partners, including police, to refer eligible individuals for the CIRV intervention. All such individuals are then approached and offered an opportunity to participate in the programme. Only individuals who reject the offer are randomised for the evaluation. As a result, these cohorts are, by definition, unmotivated to participate in the intervention but possibly form a stricter test of whether deterrence and enforcement alone can motivate behaviour change in the unmotivated.

That said, the flow of participants for T1 has been slow, with only an initial cohort of 184 in Coventry and 204 in Wolverhampton identified and randomised during the early implementation period. While the eligibility criteria for both trials are well-defined, it is likely that individuals who meet the criteria for T1 are also being referred via the T2 pathway, which could be cannibalising the eligible T1 cohort. It is important that in the full trial, a clear separation is made between those eligible for T1 and T2, and a robust process of prioritisation takes place to avoid undermining either trial.

### **Contact and recruitment**

The procedures for contacting and recruiting participants are well defined within the trials, but differences exist between them because of the way in which 'contact' and 'recruitment/engagement' are defined and implemented in different trials, which complicates their comparison. This is illustrated by variation in the proportion of participants contacted and in the proportion of participants who accepted the support offer described earlier in Table 5. T1 for Coventry and Wolverhampton had high contact rates (100% and 80% of eligible individuals were contacted, respectively) but low levels of recruitment to the support element of the intervention (7% of contacted individuals engaged in the programme in each site).<sup>4</sup> By contrast, Leicester, Greater Manchester and Nottingham had lower contact rates (23%, 14% and 31% of eligible individuals, respectively, noting that adult provision was not in place in Nottingham) but good rates of engagement with the support offer (85%, 75% and 44%, respectively). There is no clear best course of action, as these differences probably represent a trade-off between contact quality and contact volume and reflect

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<sup>4</sup> It is noteworthy that rates of contact and engagement in T2 in Coventry and Wolverhampton are higher

contextual differences between sites. If Leicester, Greater Manchester and Nottingham are slower yet more selective in identifying individuals and spend longer planning their initial approach, theoretically, this will result in a stronger effect on the individual (assuming the intervention is effective and the mechanism of effect is support) but decrease sample size. By contrast, if Coventry and Wolverhampton are more superficial in planning their contact but reach a larger number of individuals, they may have a weaker effect on a larger number of people (assuming that the intervention is effective and the mechanism of effect is deterrence messaging).

As there are competing plausible mechanisms, it is not possible to identify a preferred course of action at this stage, although this may emerge through the CMO analysis in the formative evaluation. The power calculations indicate that – assuming the intervention has the potential to be effective – the trial is best served by increasing the sample size of those contacted and ensuring high intervention fidelity. To that end, it is clear that all sites need to increase the rate of contact of eligible individuals and, as much as possible, ensure that this contact is as effective as possible in conveying the combined deterrence and support message.

### **Consent procedures**

Focused deterrence interventions frequently target individuals who are not inclined to participate in desistance activities. The observations from the early implementation period support that generalisation to the current trials. Of the 290 individuals contacted, 100 (34%) have consented to engage with the support offer. For the remaining 190, the deterrence messaging and referral to enforcement procedures are not activities to which they can object or consent, as they are part of routine police or statutory agency activity.

Individuals who have engaged with the support offer have all consented to their process data being shared with the evaluation team. Police records from the police national computer (PNC) are being accessed under conditions of legitimate interest, and there is no formal consent for these data to be used. Any cohort member can request that their data are removed from the study, and instructions on doing so are published on data controller websites. Accordingly, there is no risk of issues with study retention.

### **Updated power calculations**

The original power calculations included in the study protocol were informed by data from three sites (Greater Manchester, Nottingham and Leicester) on the frequency of violent offending in the preceding 12 months, among a cohort who approximately met the eligibility criteria for the trial. Those samples had a mean number of offences (range 0.54–0.96) and variance (range 1.14–1.9), which were used to simulate the primary outcome and inform power simulations. That simulation was limited because it did not indicate the prevalence of individuals with no offences, and the effect size was based on a range of potential effects, meaning we underestimated how many zeros we would have in our power calculations (i.e. those with no offences).

With up to six months of follow-up data obtained from sites, as well as more precise information about reoffending from all seven trials, it is possible to update these calculations as well as give an indication of the effect size. We have done this in two ways: (i) by simulating data based on the outcomes obtained after up to six months (early implementation data) and (ii) by simulating data by projecting from the early implementation data to one-year follow-up.

## Early implementation data power simulation

The first set of power simulations has taken the distribution of the outcome data to inform power simulation. Naturally, after only six months of delivery and follow-up, the exposure period for many individuals is much lower than the planned follow-up period of one year. Consequently, the observed effect size will be a conservative indication of the outcome and, by extension, a conservative estimate of programme effects, as approximately 65% of the intervention group did not yet receive the core components of the programme – a combined deterrence and support message. Consistent with best practice for reporting mid-trial effects, we have blinded the condition of the data below. This approach is advisable to avoid generating naïve enthusiasm (or despair) when the trial is still underpowered.

The prevalence of any violent offending was 17% and 20% in the two conditions, and the mean frequency of violent offences was 0.41 and 0.37, with around 80% of cohort members having no new offences attributed to them. This reflects an approximately Pareto-type distribution (known as the 80:20 rule – 80% of offenders do not commit new offences). Using this information, we simulated identical distributions for the two conditions at baseline and adjusted the follow-up conditions so that the distribution of outcomes at follow-up was smaller by a range of relative risks. As with the protocol, these relative reductions were set at 10%, 20%, 30% and 40%, as well as the observed effect of 15% relative reduction (described in ‘Analysis of quantitative data’ below). The simulation also modified the observed sample sizes across a range (n=125, 250, 500, 1,000, 1,500, 2,000, 2,500, 3,000 and 3,500), and the observed sample size, based on those we have data for up to 31 December 2023, is 1,670. Simulating each set of conditions 1,000 times and running a model to test the effect of treatment condition (negative binomial regression), we recorded the proportion of results that were statistically significant and plotted these in Figure 10. Reproducible statistical code underpinning these calculations is in Appendix H.

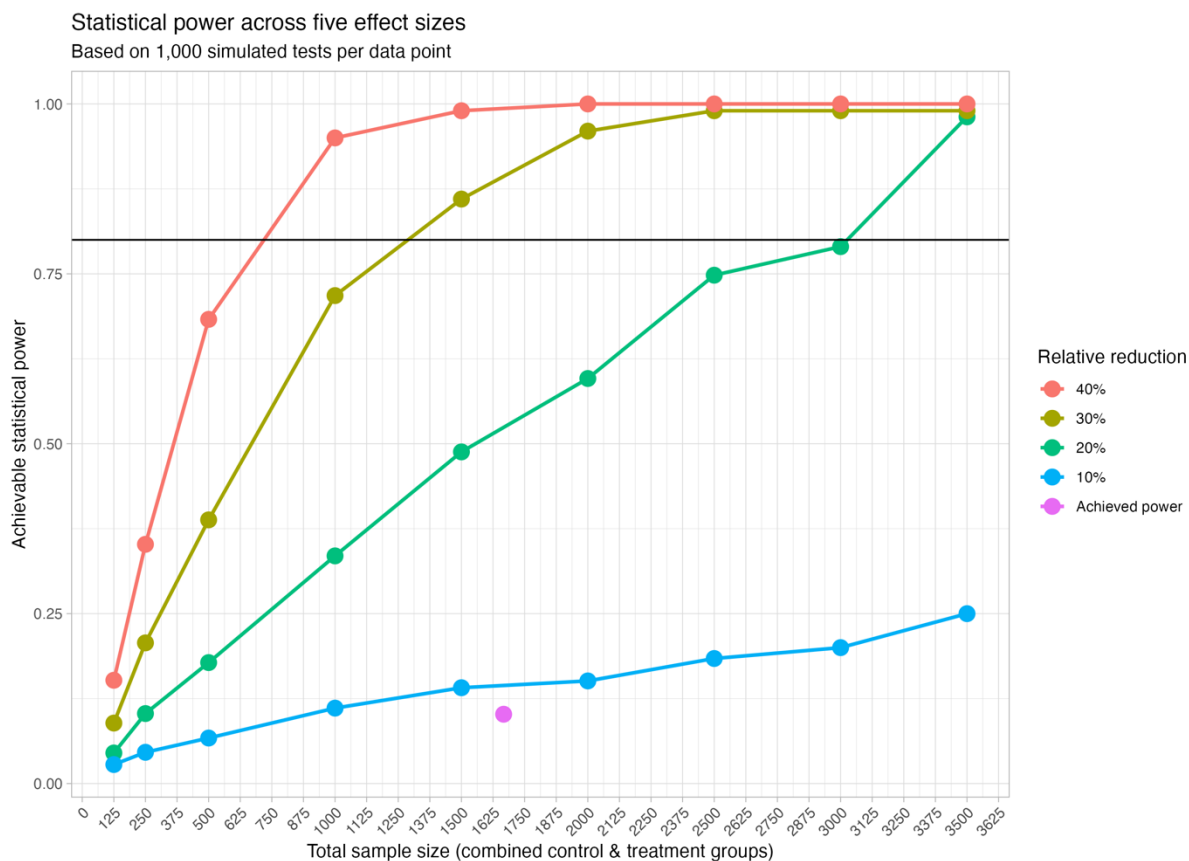


Figure 10: Statistical power across five effect sizes

The graph demonstrates that under the observed effect size and sample size at six months, the study is considerably underpowered and would require an unrealistic sample size to be sufficiently powered. However, the caveats noted above should be remembered: the exposure period is considerably shorter than what is planned for the full trial, and a large proportion of individuals in the intervention group did not receive the intervention as planned, i.e. they have not been treated.

Of more value here is our ability to state, with new information, the target sample size for the full trial. In the original protocol, based on a negative binomial distribution with few zeroes, the target sample size was approximately 2,375. Employing an outcome with a higher proportion of zeroes and knowing a more accurate distribution of the outcome, the required sample size is likely to be higher – around 3,000 in total.

**Projected power simulation**

As noted above, the preceding power calculations are true reflections of the offending currently captured but are highly likely to be conservative estimates of power because the shorter exposure time and significant proportion of uncontacted intervention cohort members will have reduced the count of offences and diluted the intervention effect, respectively. In order to provide a more realistic estimate of the likely required sample size, we used the existing outcome data to project the distribution of the outcome data after individuals had had a full 12-month follow-up. We reduced the frequency of non-offending (i.e. zero offences) from 80% to 50%. In these simulations, the required sample size for 80% power to detect a 20% relative reduction was lower, around 2,625.

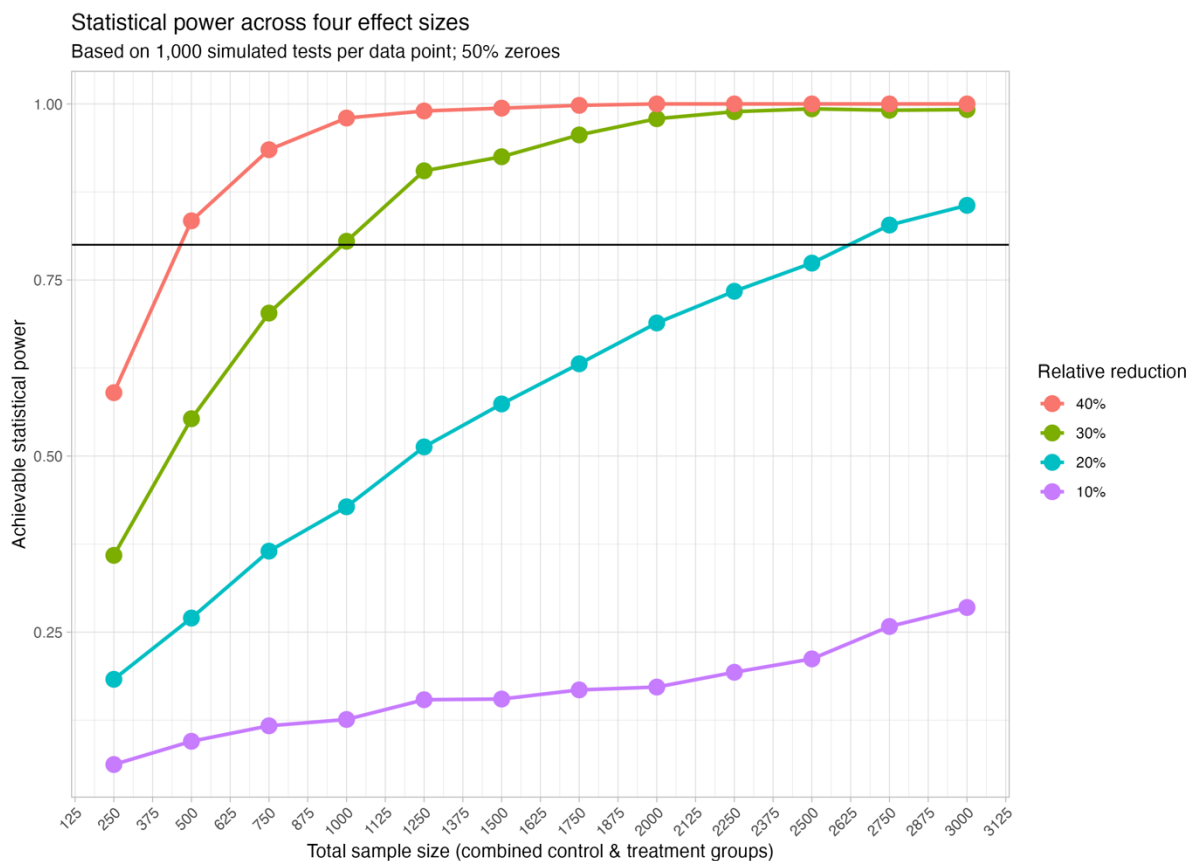


Figure 11: Power simulations from projected outcomes

Arguably, even this power calculation is conservative, as we have simply reduced the rate of non-offending (i.e. from 80% to 50% not having a violent offence in the follow-up period) in the simulations without increasing the maximum number of offences which would likely accompany this change, causing an increase in the average and count. As statistical power for negative binomial models is highly dependent on counts, even a small increase in the average number of offences could yield significant increases in power (Adams, 2024).

### **Sample size projections**

Tables 10 and 11 below provide information on the rate of throughput of individuals into and then through the trial, respectively. When this information is taken together, it is possible to track the timing of individual flow through the programme and, from this, to project the final sample size based on this rate being constant. It is important to note that three of the seven trials randomised just one batch of individuals and that all initial batches had all offending within a two-year period available for inclusion, meaning that they were atypically large compared to later batches. Using these numbers to project achievable sample sizes will likely result in an overly optimistic number, but they are presented here to indicate an upper bound on the achievable sample as ‘optimistic projections’.

Taking a more conservative approach, it is also possible to calculate the rate of contact, which is a good indicator of ‘per protocol’ activity and a realistic reflection of site capacity in the early implementation period. In this case, the West Midland T2s were excluded from this calculation, as their delivery model does not require post-randomisation contact. A further trial – Nottingham – was included in the calculation but did not have adult provision during the early implementation period, so calculated rates of flow to date will be a conservative number on which to base projections. These are presented to provide a lower bound on achievable sample size as ‘pessimistic projections’.

#### *‘Optimistic’ projections*

Table 10 below demonstrates the rate of flow through each trial from the point of randomisation during the early implementation period. Over 1,352 days of post-randomisation time, the rate of study entry has been 1.2 cases per day, of which approximately half have been randomised to the intervention condition. Within the intervention group, the daily contact rate is 0.35 cases contacted per day. This is a conservative estimate of the contact activity across the trials because it includes the T2 cohort for Coventry and Wolverhampton, for whom post-randomisation contact by the CIRV team is only in response to a triggering event.

By using the rates of identification for the early implementation period, it is possible to extrapolate the achieved sample size in the remaining time between the end of the early implementation period and the end of the full trial. Although sites are funded to deliver the intervention for two years, not all of that time is available for the identification of cases. Setting aside 120 days for delivery of the intervention to the final cohort members leaves an available randomisation period of between 368 and 490 days per site. This indicates that the projected number of additional cases will be 3,484. Based on the power calculations stated above, combined with the existing 1,670 cases, giving 5,154 cases, this would provide statistical power to detect approximately a 14% relative reduction in the outcome.

### *'Pessimistic' projections*

Although the projections above are promising, it should be recognised that the initial batches of randomised cases, of which the majority have not received a contact, have likely put a positive skew on the achievable effect size because, presumably, uncontacted cases in the intervention group will be unaffected by the programme, and their outcomes will not differ from the control group. While the protocol of the evaluation states that we will follow an intention-to-treat approach to evaluation, we can speculate on sample sizes for a per protocol analysis and what would be achievable at the current rate of contact.

Choosing to focus only on individuals who have been contacted and use that rate of contact may provide a more realistic projection (and target) for future delivery. At the current rate of contact, there will be 785 additional contacts during the programme. When added to the 290 contacts to date, there will be a total of 1,075 contacts. Doubling this rate will give a sample size of 2,150, which would give approximately 71% power to detect a 20% relative reduction. While this power is below the desired 80% for a well-powered trial, it is based on the current rate of contact, which was achieved without Nottingham having adult provision in place and while sites were developing and refining their interventions. It is likely that rates of contact will increase as the intervention becomes more routine, but this will require monitoring.

Table 10. Early implementation stage flow rate

<b>Trial</b>	<b>Launch date</b>	<b>Days active</b>	<b>Cases to date</b>	<b>Study entry per day</b>	<b>Intervention cases</b>	<b>Contacted to date</b>	<b>Daily contact rate</b>
Coventry T1	06/06/2023	208	184	0.9	92	92	0.44
Coventry T2	14/07/2023	170	143	0.8	68	N/A	N/A
Leicester	22/05/2023	223	443	2	224	52	0.23
Manchester	20/07/2023	164	394	2.4	199	28	0.17
Nottingham	20/06/2023	194	229	1.2	115	36	0.19
Wolverhampton T1	06/06/2023	208	204	1	102	82	0.39
Wolverhampton T2	29/06/2023	185	73	0.4	34	N/A	N/A
<b>Total</b>		<b>1,352</b>	<b>1,670</b>	<b>1.2</b>	<b>834</b>	<b>290</b>	<b>0.35</b>

Table 11. Sample size projections

<b>Trial</b>	<b>Intervention days remaining</b>	<b>Randomisation days remaining</b>	<b>Current rate projected cases</b>	<b>Per protocol projected cases</b>
Coventry T1	488	368	326	326
Coventry T2	488	368	310	310
Leicester	488	368	731	172
Manchester	610	490	1,177	168
Nottingham	488	368	434	136
Wolverhampton T1	488	368	361	290
Wolverhampton T2	488	368	145	145
<b>Total</b>	<b>3,538</b>	<b>2,698</b>	<b>3,484</b>	<b>1,547</b>

Projected study sample sizes; delivery end date for all trials except Manchester is 31/8/2025; Manchester delivery end date is 31/12/2025. The last day of randomisation is 120 days before the end of delivery. Per protocol, projected cases for T2s assumes 100% compliance.



## Suitability of outcome measures

### Primary and secondary outcomes – police-recorded crime

The outcome measures – frequency and timing of violent offending and frequency of co-offending – are suitable indicators of violent offending in this cohort (see Brennan et al., 2023). They are standardised measures across sites, and their accurate recording is a statutory requirement of police forces. Furthermore, the data-generating process is blind to the intervention condition of the trial cohort, which limits the risk of differential attrition and recording. Although accessing individual-level records was not achieved within the early implementation period because data processing agreements were not able to be signed by the early implementation stage cut-off period, an agreement has been achieved since then with one of the four police forces and will be achieved with the remaining three police forces in the lifetime of the full trial.

As a test of the feasibility of accessing police records at an individual level, site analysts collected and aggregated data on police-recorded violent offences and co-offending on behalf of the evaluation team. Analysts were able to collate and share these data within three weeks with no problems being reported.

Being identified as a suspect in a violent incident is a high threshold for violent behaviour and is likely to miss some less serious violence. However, [seriousness](#) (Brennan, 2019) and [weapon use](#) (Brennan, 2011) in violence are strong predictors that the incident will be reported to the police, suggesting that it is a valid indicator of violent behaviour. A cost of capturing serious violence is that there is a risk of floor effects in the data where a large proportion of the sample has no observed violence. This can reduce statistical power by failing to separate individuals at the lower end of severity. Such floor effects have been observed in the data after six months, with approximately 80% of the cohort having no record of police-recorded violence in the early implementation period. However, as noted above, this exposure period is only half of the follow-up period, and the prevalence rate can only increase. In addition, the power calculations have shown that while this distribution requires a larger sample size, it is achievable and is not susceptible to attrition.

### Bias minimisation

Data for the early implementation were collated by team analysts who were not blind to intervention allocation. As a result, there is a risk that bias was introduced into the reported prevalence and counting of offences, although there is no evidence that such bias was present. As noted above and discussed in the protocol, the data-generating process is independent of the intervention and is regulated by crime recording rules but is not free of bias. In the full trial, data extraction will be undertaken by a police analyst who is not involved in the trial and who will be blind to intervention allocation and pseudonymise the records before uploading them to the University of Hull Data Safe Haven, where they will be linked to process data collected by the sites via their unique programme ID.

### Proximal indicators

We investigated the feasibility of using proximal, area-level data on reported violence offences, hospital admissions for violent injury and rates of permanent exclusion from school in the five sites. Data obtained from Police.uk on police-recorded violence in all cities during the early implementation period, excluding Greater Manchester, has been used in the proximal indicators section. During the early implementation

period, no information was available at the area level on the number of hospital admissions for violent injuries. The Hospital Episodes Statistics (HES) system processes hospital admissions data, which is then made available at the district and unitary authority levels through the Fingertips system. The data take about three months to filter from hospitals into the HES system before being cleaned and made available through NHS Digital. It will take another year to become available through Fingertips. As a result, while it is a reliable measure of serious violence, and these data were available to describe patterns in serious violence before baseline, they were not available for use in the early implementation study but could be used as an area-level indicator of changes in violence in the intervention sites later in the trial.

Despite data collection delays, proximal indicators collected routinely and in a standardised manner across the sites will be useful data for describing how the project affected the cohort and the larger community in annual project reports and the final trial report.

## Evidence of promise

### Analysis of quantitative data

To examine outcomes after up to six months, we obtained data from site analysts on the prevalence and frequency of two outcomes (violence against the person offences and co-offending offences). As noted above, consistent with best practice, we have blinded the intervention condition in the data to reduce the risk of premature conclusions being made about the direction or intensity of intervention effects. It should also be noted that these data were provided in aggregate form, and we have not undertaken statistical testing of differences between the groups. To obscure the conditions, we have removed all counts and rounded statistics to two decimal places.

The results present a somewhat complicated picture of the outcome at the end of the early implementation phase and are not based on the full data for the cohort. Between the groups, the relative risk of being involved in violence was 0.85. Conversely, however, the relative reduction in the *frequency* of violent offences between the same groups was 0.92 (1/1.08) in the opposite direction. In simple terms, individuals in condition A were less likely to be involved in violence, but when they were, it was more frequent.

The co-offending outcome presents a similar contradicting story. Individuals in condition A were less likely to be involved in co-offending, but when they were, they did so more frequently than individuals in condition B. As set out in the protocol, we will monitor co-offending in the study; hence, we are reporting on it here.

Table 12. Distribution of outcomes from early implementation (blinded condition)

	Condition A	Condition B	Relative risk
<b>Violence against the person offences</b>			
<i>Prevalence of violence against the person</i>	0.17	0.20	0.85
<i>Rate of violence against the person offences per person</i>	0.38	0.36	1.08
<b>Co-offending offences</b>			
<i>Prevalence of co-offending</i>	0.15	0.15	0.96
<i>Rate of co-offending per person</i>	0.35	0.29	1.20

## **Stopping rule discussion**

We stated in the protocol that the focus of stopping rules for our interim analysis would be on whether there is clear evidence of harm. In the protocol, presence of harm is defined as a negative impact on offending (averaged across sites), where the reoffending prevalence in the intervention group is equal to or more than 10 percentage points greater than the control group prevalence (e.g. 20% in intervention, 10% in control). This allows for site-specific differences but also means that interim analyses showing harmful effects in one site will not determine that all sites have to stop recruiting/referring. The protocol stopping rules also allow for stopping in the presence of very compelling evidence of effectiveness that would invalidate the principle of equipoise necessary to justify random allocation. For this to happen, reoffending prevalence would have to be 15 percentage points lower in the intervention group than the control group (e.g. 30% in control, 15% in intervention). This asymmetry reflects that we want to be more cautious (more sensitive) to negative effects.

Our interim analyses indicate that potential harm and potential benefit were within the permitted threshold. For violence against the person, the absolute difference in the prevalence of reoffending was three percentage points (20% versus 17%). Therefore, there are no grounds to stop the ongoing full implementation of the trial on the grounds of harm or equipoise. This position is supported by the absence of any qualitative evidence that the intervention or the evaluation is causing harm.

## **Race equity**

The major challenges in terms of race equity for the early implementation are where there may be biases in the eligibility criteria, delivery of the programme and the data generating process for outcomes. It is too early to assess differences in outcomes across groups, but we present descriptive statistics below.

The denominator population for assessing disproportionality is individuals who meet the eligibility criteria, which is largely derived from police records. It is highly likely that minoritised racial groups and communities are disproportionately policed and arrested, and when they are arrested, they are disproportionately likely to be charged ([Ministry of Justice, 2024](#); [Lammy, 2017](#)). For that reason, the denominator population is unlikely to reflect the total population of the site. It is also likely that minoritised racial groups are disproportionately likely, for the violence in which they are involved, to be assessed as 'group-related' (Williams, 2015) and for them to be identified as eligible for the programme. Addressing this bias is beyond the scope of the trial, but recognising this bias is important for interpreting the wider context of violence prevention at the sites. Sites have recognised this, along with the tension between using administrative data and police intelligence to identify cohorts for intervention. They have sought to overcome this administrative bias through the creation of race equity plans, discussion with community oversight individuals/boards, engagement with race equity advisors and seeking feedback from navigators and cohort members.

## **Descriptive statistics**

The distribution of ethnicity across the trial is described in Table 13. It is important to note that sites, in general, preferred to rely on self-identified ethnicity rather than use, for example, police-attributed

ethnicity. A consequence of this is that ethnicity data were only partially available (for 60% of the intervention cohort) at the time of writing. This lack of data was more prevalent in sites, such as Coventry and Wolverhampton, that relied on a referral mechanism.

Notably, almost half of the intervention cohort for whom data were available were from a minority ethnic background. In order to minimise the use of special category data, information on the control group is not presently available to the evaluation team, but given the observed balance in Other variables, it is likely that the two groups have a similar distribution of ethnicity, which will be verified when such data are available.

Table 13. Distribution of ethnicity in intervention and contacted cohorts

Ethnicity	Intervention		Contacted	
	Count	Percentage	Count	Percentage
Asian	44	8.8	20	10.8
Black	143	28.6	61	32.8
Mixed	49	9.8	15	8.1
Other	6	1.2	3	1.6
White	258	51.6	87	46.8

At the site level,<sup>5</sup> the proportional distribution of ethnicity in the intervention group varies considerably, but it is likely that this reflects differences in the demographic distributions of individuals meeting the eligibility criteria in each area rather than local bias in the eligibility criteria (the denominator – ethnicity of individuals meeting the eligibility criteria – is not available to model this assertion). Figure 12 illustrates these distributions at the site level and overlays the distribution of ethnicity for the entire project. For example, Greater Manchester has a much higher proportion of Asian cohort members and a considerably smaller proportion of White cohort members than the combined sample. Leicester has proportionally more White cohort members and fewer Black cohort members than the combined sample. The CIRV trials – set in Coventry and Wolverhampton – have proportionally more Asian and proportionally fewer White cohort members. Nottingham has a much higher proportion of Black and a lower proportion of White cohort members than the project as a whole.

<sup>5</sup> Data on ethnicity for the Coventry and Wolverhampton trials were combined in the data return resulting in four sites being discussed.

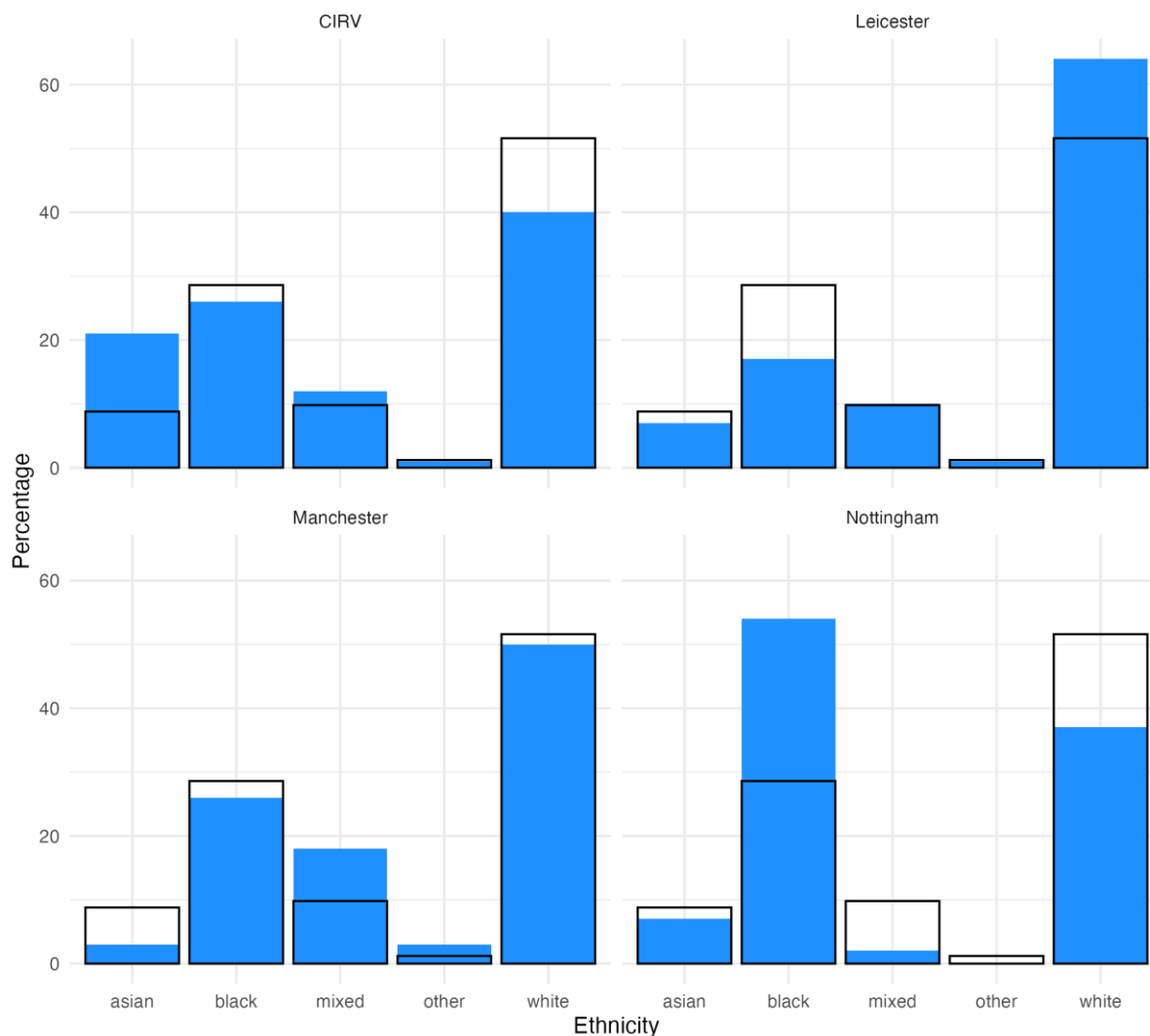


Figure 12: Distribution of ethnicity (blue) by site with total distribution overlaid (black)

Differences in the proportion of individuals in the intervention group who were contacted by the intervention should be less susceptible to underlying demographic traits. If there is disproportionality in contacting individuals across groups, it should be possible to observe differences in the intervention cohort and the subgroup who were contacted. Inspection of Figure 12 above suggests that there is little evidence of disproportionality, but it is too early to test this robustly.

The contingency table below describes the distribution of contacted and not contacted individuals by ethnicity with odds ratio and confidence intervals provided. The uneven distribution and small sample sizes mean that robust statistical testing of disproportionality cannot be undertaken.

Table 14. Statistical tests of proportionality in contact of intervention cohort  
 \*compared to the White cohort

	Contacted	Not contacted	Odds ratio (95% CI)*
Asian	20	24	1.64 (0.80–3.28)
Black	61	82	1.46 (0.94–2.27)
Mixed	15	34	0.87 (0.42–1.74)
Other	3	3	1.96 (0.28 – 14.9)
White	87	171	

It is also too early to robustly assess for disproportionality in the delivery of the intervention at the site level because, in most sites, the number of individuals contacted is too few. The graph below in Figure 13 provides an indication of patterns in contact across sites, but differences should not be taken as indicative of any bias at this stage. For example, the graph for Greater Manchester is derived from just 10 people, and so is subject to considerable random variation. It is very likely that these observable differences will even out as the number of individuals contacted increases.

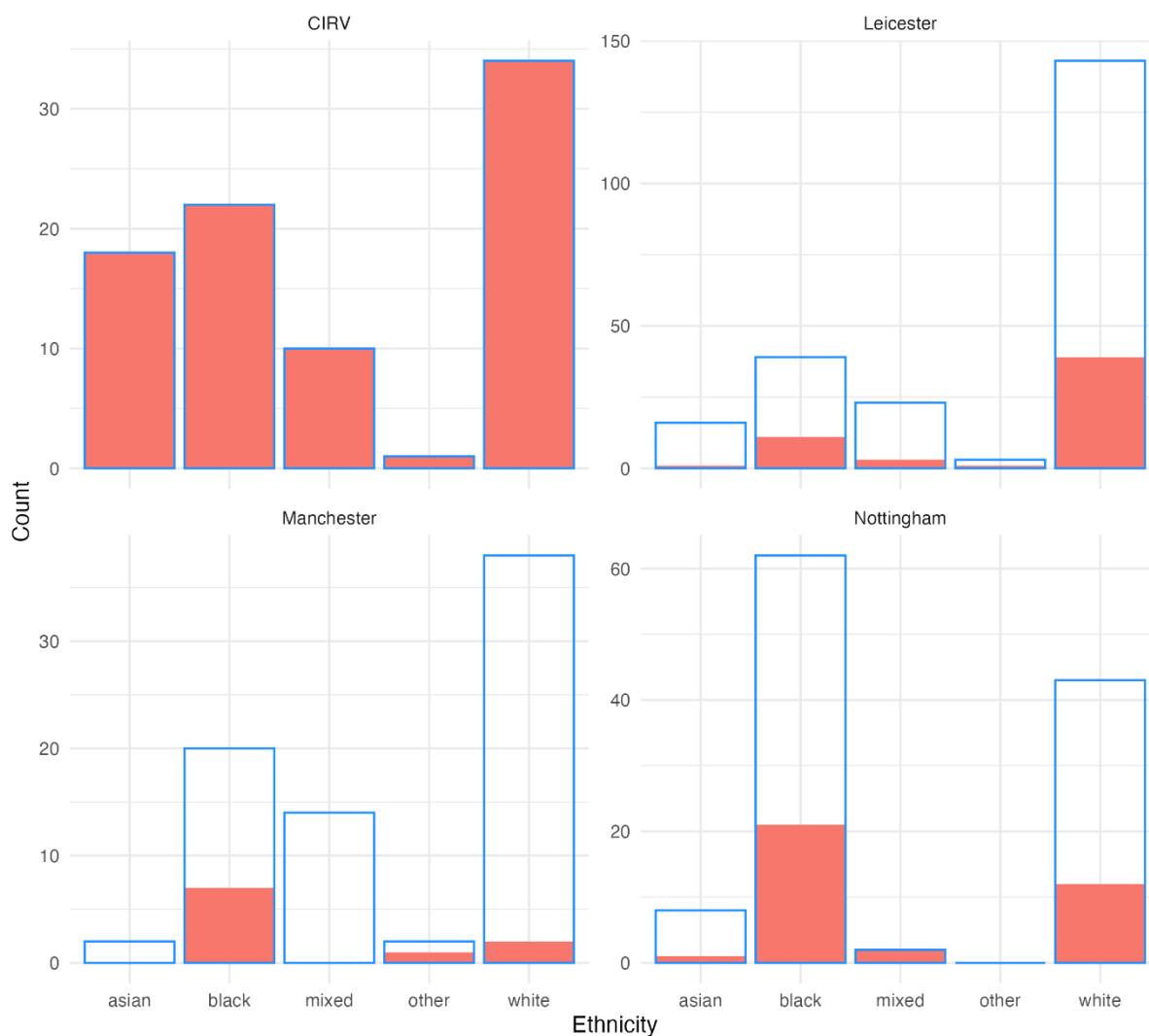


Figure 13: Ethnicity distribution of contacted individuals by site (red) with site level distribution of intervention cohort overlaid (blue)

## Formative evaluation (interview findings)

This section addresses several formative research questions, detailed below, that cannot be answered using process or outcome data. These questions are:

- Who did the intervention work for, and how?
- How are local context and complexity affecting intervention delivery?
- Is the intervention being delivered as intended?
- What was learned from how the intervention was delivered?
- What is BAU in the sites?

The findings are based on qualitative interviews with navigators and programme participants.

For this report, navigators are defined as any individual who is a part of the programme team and whose role primarily consists of working directly with the participants, providing support and relaying the threat of consequences. However, when the findings indicate the existence of differences based on the background of the navigators (i.e. individuals with lived experience of the criminal justice system versus navigators from the police/statutory services sector), this has been specified. Navigators, in this analysis, are not the case workers, site leads, senior programme managers or any other individuals who are supporting the navigators in their role, even though those individuals are also sometimes in direct contact with programme participants.

Given that the intervention has run for roughly six months (at the time of writing this report), the number of participants recruited for the interviews is too small to draw any strong conclusions from the qualitative data gathered, and the programmes have been developing and modifying as the interviews were being conducted. However, the emerging themes provide a sense of direction each intervention is taking and are presented below. Navigators' interviews were analysed separately from the programme participants', but all five sites were examined together, with a specific focus on deterrence, support and community.

### Who did the intervention work for, and how?

#### 1. Deterrence

##### **The impact of individual characteristics on the receptiveness of messaging**

From the navigator interviews, there was not enough data to establish whether the deterrence aspect of the programme had a differential impact on participants based on their ethnicity or gender. Age, however, emerged as a relevant characteristic within the dataset. Most navigators claimed that younger individuals (under 18) appeared to be more open to engaging with the programme and responded more positively to soft deterrence messaging. Threats around the justice system being more severe in adult sentencing was an effective lever used by all community navigators when communicating with those approaching 18 years of age.

Individual-level risk factors, such as mental health vulnerabilities, learning difficulties and parental support, may have further affected the effectiveness of deterrence strategies:

*'He will say yes, yes. But then because of his mental health, I think it just goes over his head, and then the next time he needs money for whatever, he's back in the shop, shoplifting coffee again'*  
(Community Navigator, Nottingham).

In general, navigators were wondering about the extent to which participants' backgrounds and family relationships might affect their offending and their reception of the deterrence message. While it was too early in the programme to gain that information comprehensively from the interviews, further collaboration between the navigators and participants' family members toward desistance and reintegration, as well as discussions around the participants' perceptions of the role of their individual characteristics and family support in their criminality and later desistance from crime, will be essential in understanding some of the focused deterrence mechanisms.

### **Views from programme participants**

When examining the perceptions of deterrence from the programme participants' points of view, it seems like soft deterrence messaging around the consequences of (re)offending relayed by community navigators is currently the focus at all sites. This is particularly effective for participants nearing the age of 18, as part of that message can be directed toward the differences in sentencing for children (under 18) and adults.

*'They say, like, now I'm 18, the courts won't take it lightly and all of that. Because it happened when I was 16, it was like a minor, but now I'm 18, it's straight to jail. Yes, it's a bit more serious now.'*  
(Programme Participant, Leicester).

There is also an indication that police will continue to use disruption strategies even if the individuals are just bystanders:

*'And they came speeding down the tram lines, hit me in my leg and then said, "stop there." They pulled out their tasers, and I was like, what are you trying to do? I'm not even trying to run, and they were like, you are known for knife crime, get down.'* (Programme participant, Nottingham).

Or, as a participant from Greater Manchester explained:

*'There's a lot of black kids I hang around with, so I have to be straight, like, I'm getting stopped and searched for no reason.'*

This could be an early indication of the need for a collaborative approach to violence prevention and/or the need for greater communication between stakeholders.

## **2. Support**

### **Breaking down barriers and forming trusting relationships**

In these early stages of programme delivery, it is unlikely that any long-term desistance from violence within the cohort can be observed. However, many navigators reported successes in breaking down barriers and forming trusting interpersonal relationships with their participants. These are seen as foundations for future change, although the interviewees are aware that the cohort's instability and precarity can mean that any behavioural modification can be undone in a matter of seconds:



*'So, yes, his attitude in the last couple of weeks has really turned around, but some people, like they're very unstable, so you only take a, maybe something to set him off, and he might, he could easily revert back to the way he was, so it's still early days with him.'* (Community Navigator, Wolverhampton).

Across the sites, success was viewed through the lens of 'progress'. This progress was manifested in participants' desistance from violence, recognition of past wrongs, willingness to change and continued engagement with navigators and the services. To an extent, even not attending the meetings with one's navigator was not perceived as a detriment to perceived success if the participants informed the navigators of their non-attendance. In those instances, navigators understood that participants' lives were often chaotic and that they could, on occasion, come across as self-centred and self-serving. Navigators worked hard to move away from what they called the 'I' by empowering participants to take more holistic responsibility for their actions.

*'I'm here to support you. So, if you wake up on a... you're supposed to meet me at 11 o'clock, you get up at half ten, and you don't want to meet me, just pick up the phone and let me know.'* (Community Navigator, Leicester).

### **The role of personality**

With much of the early intervention support centred around mentoring, navigators' personalities and backgrounds shaped the delivery. Across different sites, many navigators had direct experience with the police, criminal justice system and services, which made their method of communication with participants, as well as their provision of support, different from what was available before this intervention. As part of their transition to the role of navigator, many interviewees reported having undergone specialised training on counselling or trauma-informed approaches. However, some navigators indicated that they wanted to separate their professional image from the lived experience part of their practice, while others leaned on their lived experience as part of keeping young people receptive to their message. Regardless of the navigator's background, they were aware of the challenges that this cohort has been facing and of the long road that is ahead of them:

*'They're back in school. They haven't been in any trouble for quite a while. The parents are... find them much more pleasurable to be around, or whatever. They're a good influence on the community. That is really hard to do in six months, though. You might be able to only do one of those things in six months, like get them back in school.'* (Community Navigator, Greater Manchester).

Likewise, they stressed the importance of the interpersonal relationship between themselves and participants. Some navigators even acquired household items for programme participants with the hope of keeping them out of trouble. As this individual from Leicester shared:

*'So, he went [to] prison, and I went and picked a TV for him. So that's tucked in my bedroom now until he gets out of prison. But I do stuff like that because I think to myself, give him a TV. He might stay inside the flat [a] bit more instead of going out shoplifting.'*

The same navigator further explained the relevance of social media in being able to get some of those items for cohort members, given the wide accessibility of different items for little or no money:

*'He's got no TV, so I've actually got him a TV. It's actually in my bedroom at the moment, because I put it on Facebook because I tend to use Facebook a lot. Has anybody got a TV they don't want? Anybody got a washing machine they don't want? Because it's [the] power of Facebook. Some people are quite nice.'*

These small incentives appeared to not only have a significant impact on the lives of the target population but also helped to develop strong and trusting relationships, ensuring continued engagement with the programme – at least in these early days.

### **Views from the programme participants**

Participants from each site spoke very positively about the support intervention they were receiving. Demographic differences, such as age, gender or ethnicity, did not appear to affect perceptions of this support, and there were many instances where support was described as positively impacting recidivism.

*'Without [name of navigator], I would probably be locked up, I'm not going to lie, I'd probably be in prison.'* (Programme Participant, Greater Manchester).

The relevance of this support was evident among participants with a long offending history.

*'I've done a few years in jail [...] it's time to change because if I don't do it now, I never will.'* (Programme Participant, Leicester).

It also emerged strongly when linked to a reachable moment following an arrest.

*'I got arrested for assault, I was approached while I was in the cells, and I said, yes, I'll jump on board.'* (Programme Participant, Coventry).

Support impact was further apparent among participants nearing the age of 18:

*'Because I'm not young anymore. I'm 18 this year, so like if I get into trouble now, it's not like I will get into youth offenders again. I will go straight to prison, and I don't really want to be in prison.'* (Programme Participant, Leicester).

While the level of support varied between sites, most of it focused on providing advice and mentoring, as well as help in accessing various additional provisions, such as housing, employment, training and leisure. For younger participants (under 18), having a navigator with whom they could bond and who was able to create daily routines with them was useful in helping them change their behaviour.

*'[Name of navigator] put together drills so's I always had things to keep me occupied like, to keeps me out of trouble.'* (Programme Participant, Nottingham).

The interview findings also demonstrated the benefits of getting some practical support from the navigators and being taught behaviour-management skills, such as handling anger and frustration.

*'If I go into a short temper, then I have to punch something. So, I'll punch somebody or the door or wall [...] but since actually working with [name of navigator], I haven't done that [...]. He's taught me how to control myself.'* (Programme Participant, Nottingham).

### **3. Community**

The involvement of the community in the intervention has not been particularly evident from the navigators' points of view, but the community voice has been reflected by the lived experience of the navigators. They had the ability to integrate the community into their practice by connecting the participants to their local activity providers (e.g. boxing or soccer), sharing their own encounters with the criminal justice system or relaying to the individuals the community's views on offending. For example, a participant from Nottingham described their experience of the community being quick to react when they see him:

*'So I have gone and ordered my food in the [unknown] shop, but my mum needed something from the shops as well, from like the corner shop down the road. I have gone to the shop but a guy who's like an imam saw me in there and called the police. I were just at the tram lights, and they came speeding down the tram lights, hit me in my leg and then said, "[name] stop there." They pulled out their tasers, and I was like, "What are you trying to do? I'm not even trying to run," and they were like, "You are known for knife crime; you are known for this and that."'*

The lived experience navigators, who often resided in areas heavily affected by crime and had a 'status' in the community, have been used by some interviewees as leverage to gain credibility in conversations with young people or to make an impact on them and their behaviours.

*'I think, as I've said, and I know you don't like it, my, where I'm coming from back then has helped me to do what I do now. Coming from a youth work background and actually working in the, well, one of the most deprived areas in Wolverhampton has set me up on a pedestal to say, "Do you know what? I can do anything." If I want to do it, I can do it. I know for me, for engaging with young people, it's a skill that I've got. I've learnt it over the years, I've learnt it over many, many years and a lot of these young people out there do know who I am. So, it's a lot easier for me. Over 25, 30 years, I've been doing this now, so my name is out there. So, if that young person doesn't know me, guaranteed the parents or brother and sister will know who I am.'* (Community Navigator, Wolverhampton).

#### **Age as a potential risk factor for crime**

A recurring theme in the navigator interviews was participant age and the perception of the wider community that the 'younger generation' viewed offending as a means for acquiring status or money.

*'They've also got this badge of honour, they're knocking about with whoever, they're wearing these nice tracksuits. They've got the trendy trainers on. Then I don't think that they're that bothered about who they're upsetting, who they're hurting, it's an age thing.'* (Community Navigator, Leicester).

#### **Informal support**

Community intervention is challenging because, although most local residents want to express a moral voice and support individuals, there is reluctance, and sometimes fear, when engaging with those perceived as violent offenders. As one programme participant from Leicester described their experience of trying to join a community martial arts club:

*'All I got was... we will put you on the waiting list, [name] went in there and said I was on the programme, suddenly I was in.'*

This quotation demonstrates the initial pushback from the community given directly to the participant until the community navigator validated the individual (i.e. 'he's on the programme'). Community navigators, along with the police, are instrumental in developing initial grassroots relationships that will give them the confidence to say 'enough is enough' to violence and crime in their areas.

However, although still in the early phases, programme participant interviews provided some evidence of the positive impact that families are having on their engagement and desistance, especially the role of mothers. For younger participants, this has proven to be instrumental in the acceptance of support but also a motivating force in wanting to permanently move away from offending:

*'My mum and nana were already in the meeting. They said I should do it [programme], so I done it. I was like, yes. And the first day I done it, yes, it was good, it was good.'* (Programme Participant, Leicester).

The family also acted as informal agents to monitor participants' behaviours while on the programme:

*'Because mum stresses out, like, when I go out, now I'm doing it [programme], she will text and ask where I am and stuff.'* (Programme Participant, Coventry).

For older participants, romantic relationships were seen as significant in both, engagement with the programme and in desistance:

*'She's on my case constantly about staying out of trouble, that there's two of us now.'* (Programme Participant, Nottingham).

Thus, the impact of family and wider social relationships on participation in prosocial activities and desistance from crime should not be underestimated. It was evident from the interviews that those participants who were being supported by their social circle were more likely to engage with their navigators and less motivated to go back to crime.

## **How are local context and complexity affecting intervention delivery?**

### **1. Deterrence**

The complexity of developing and effectively implementing deterrence in community-based interventions meant that, in the early stages of delivery, how and when deterrence should be conceptualised and applied were embryonic. 'Soft' or general deterrence through messaging of potential consequences of reoffending was clearly in place, but other forms of 'hard' or specific deterrence, including disruption tactics by the police and local authorities, were inconsistently applied and, in some cases, minimal. Examples of such deterrence included a heightened police presence in the neighbourhood areas where participants were likely to go (e.g. Leicester) or navigators contacting a participant randomly through phone calls and asking where they were (e.g. Nottingham). There was also the threat from local authority agencies that housing/living benefits may be affected by their continuation of criminal activities (e.g. Coventry). As a community navigator from Leicester explained early in the programme implementation:

*'If people aren't engaging with us, then obviously we send them for disruption, but that's still kind of being worked out as to how we're going to do that.'*

Sites have generally developed their deterrence strategies more recently as the support offer has become more formalised. Differences in the backgrounds of community navigators impacted the types of deterrence strategies employed. Navigators with lived experience generally used soft deterrence messaging around offending consequences. This was normally contextualised as advice from somebody who 'has been there'. Police navigators also used soft messaging, but there was evidence that they were more likely to reinforce the possibility of formal disruption and targeted enforcement if a participant reoffended.

From the interview findings, formal disruption and enforcement were not widely evident. However, programme participants highlighted some of the proactive attempts at using deterrence techniques locally to prevent reoffending. Examples of this include electronically tagging participants who have requested it so they were able to prove where they have been:

*'The police contacted CIRV, said like, "he's got a tag, was he here at this time?" They go, "No," so they released me.'* (Programme Participant, Coventry).

Another desistance strategy used by the programmes was the provision of help with moving out of the area:

*'I'm with my nana, [navigator's name] worked it for me to get out because the people I was mixing with were getting me back into trouble'* (Programme Participant, Nottingham).

In Leicester, one community navigator moved their weekly check-in with a participant to a different day and time to prevent this individual from meeting up with another young person at that time.

Overall, from the initial findings, the deterrence messaging and desistance support seem to be grounded in the background knowledge of the community navigators. In Greater Manchester, for instance, the navigators have a lived experience of the system, so their messaging largely presents the consequences of reoffending in terms of the impact of being arrested on other family members:

*'[Navigator's name] told me, he said, if I got arrested for shoplifting now or if I did something crazy now, they'd probably just lock me straight up, and what would mum think?'* (Programme Participant, Manchester).

This contrasts with Coventry, for example, where the navigators are serving police officers, and their messaging is more directed toward the likelihood of police presence and disruption tactics if a participant reoffends:

*'I'm not talking to you like an idiot, so don't expect it back, you carry on with your life like this, and they [police] will be all over you see, stop and search, restraining the lot, so don't think it won't happen because it will.'* (Programme Participant, Coventry).

None of this, however, really speaks to a programme-specific deterrence approach; it is messaging around the implications of reoffending rather than swift and certain administration of consequences because they are a part of the programme.

## 2. Support

### Differences regarding the role of the 'lead' partner

Further to the relevance of navigators' personalities, which was discussed in the section above, the impact of slight differences in staffing and delivery model of the programmes emerged strongly within the interviews. For example, when discussing the initial engagement and building of rapport, most navigators indicated that programme participants were, at first, apprehensive about trusting them. However, sites that were utilising navigators with lived experience (Greater Manchester and Nottingham) were more likely to report quickness and efficiency in establishing this initial relationship than navigators who were primarily police officers (Coventry and Wolverhampton):

*'I've got a chap on our referral mechanism who has been referred in three times, he's told me to fuck off in school, he told me to fuck off at home, and he's been arrested and told me to fuck off as well.'*  
(Community Navigator, Wolverhampton).

In Leicester, the programme presented a unique combination of a navigator with lived experience alongside a 'case worker' – either a probation or a police officer. Their navigators shared frustrations of participants being reluctant to engage, or completely disengaging, upon involvement or mentioning of the case worker:

*'He was turning up when he's supposed to have turned up. He was sitting, he was talking to me. Then, as soon as I mentioned, right next, we need to meet [name], who was the police officer. That's it. Can't get hold of him. No phone calls, no texts.'* (Community Navigator, Leicester).

Consequently, Leicester navigators reported making active efforts to distance themselves from enforcement and the police involved in the programme.

Overall, it seems like relatability from shared experience led to an easier formation of trust between navigators and participants, on which effective mentoring support and needs assessment relied. As one community navigator from Nottingham said:

*'But I think with the lived experience innit, whatever situations come up innit because I've either seen it, lived it, or I've had friends that have been involved innit, done murders, been to visit them in jail, I've saw everything. So, I've seen everything, haven't I? So, when it comes to the thing, I think it helps even more, innit.'*

### Multi-agency partnerships

When it comes to the provision of external services, some sites, such as Leicester, had a much stronger relationship with those than others. As such, onward referrals were much more commonplace, using Youth Justice, employment support (Leicestershire Cares) and a designated contact within the Department of Work and Pensions to help participants with access to Universal Credit.

*'There's a lot of funding available in terms of the education, training and employment side of things.'*  
(Community Navigator, Leicester).

Preliminary findings indicate that Coventry and Wolverhampton also have therapeutic, employment and training support in place. On the other hand, Greater Manchester's provision of support was mentor-centric,

with limited external referrals. It relied heavily on Power2, a charitable organisation that employs navigators who have completed an array of training courses, to become, in a way, an all-encompassing support network for the participant.

*'So it was advanced online first aid, awareness of forced marriage, a basic online first aid, a conversations in the community training, FGM training, ACEs and early trauma training, how to safely use a computer monitor, manual handling, NSPCC child protection, outcomes star, paediatric first aid, prevent awareness course, prevention of gun and knife crime, safeguarding 16 to 25-year-olds with NSPCC, safeguarding which was in-house, suicide awareness, supporting children and young people, improvement of asthma care, tackling child modern slavery. Yes, they're the ones. And then there's also level two counselling, which is done over a period of time through a college. And then there's also child and adolescent's mental health, which is also through a college. So, we generally tend to do the counselling first, and once we complete that, then we do the child mental health level two as well.'* (Community Navigator, Greater Manchester).

Navigators in Greater Manchester also accompanied participants to activities, enabling them access to recreation, such as boxing, gyms and football clubs. However, at the time of writing this report, they had no additional provision for training, education, housing or employment support for participants outside of navigators liaising with those agencies.

*'Look, if you decide to partake in the programme, we can find something that you enjoy doing, like the boxing, the football, and I know things are tight at the minute. We do have a small budget, so we can pay for those for you. It gets you off the street.'* (Community Navigator, Greater Manchester).

Similarly to Greater Manchester, the interview findings for Nottingham demonstrate a lack of evidence on the provision of external services, such as employment, to programme participants. There, too, it seems like navigators are the all-encompassing supporters of individuals in the cohort.

### **Local differences from the perception of programme participants**

While the support options tend to be similar across each site, there are localised priorities in terms of how that support is delivered. This means that each site broadly offers similar support programmes (i.e. advice, training, counselling), but some (e.g. Greater Manchester) offer it predominantly through the navigators, whereas others (e.g. Leicester) have contracted specialised services and made external referrals. Nottingham, for instance, provides a lot of practical support with applying for travel cards, passports and employment CSCS documents:

*'They helped get me my provisional and forklift licence.'* (Programme Participant, Nottingham).

Leicester, by contrast, has a particular focus on mentoring support through engagement in team and contact sports:

*'Like, you see, the reason I went to kickboxing was for my anger. Yes, she's [navigator] done that for me to learn how to control me self.'* (Programme Participant, Leicester).

They also use community influencers with lived experience to offer advice and guidance:

*'There was a boxer which came, I think he got pushed out a window or something, and he got stabbed in the neck when he was doing stuff [...] because maybe 's he kind of gone through the same that I went through, it kind of clicked.'* (Programme Participant, Leicester).

Although all participants were positive about the support they received, initial acceptance and trust in that support were influenced by the background of the community navigator. As discussed, in sites that employed community navigators with lived experience, participants reported no initial apprehension to engage with them, primarily given their relatability to the individuals on the programme:

*'She [navigator] said that she was pretty much the same as how I was over the years. But I've turned my life around, and so can you.'* (Programme Participant, Greater Manchester).

This lived experience was particularly effective when the participant could personally identify with the community navigator, and in the example below, ethnicity had an additional impact:

*'He [navigator] said that my reality is that I'm a 15-year-old black boy, so that's like, it's automatically like a stereotype, kind of you get put under an umbrella as that type. [Name of navigator] knows how this feeling.'* (Programme Participant, Nottingham).

In Coventry and Wolverhampton, where community navigators and/or case workers are also serving police officers, there was a general apprehension about initial engagement:

*'Obviously, a bit anxious because of the police thing. This thing where the relationship that I've had with the police, I've had stuff where I've been sent to prison through no fault of my own. So, all my outlooks, full stop, the police, no, no.'* (Programme Participant, Coventry).

This perception, however, was soon dispelled, as the programme participant from Coventry recognised that:

*'He was not like a police officer as the way they are, you know.'*

This further supports the aim of the five sites to create a new identity for service provision and demonstrate that they are different to what was offered before. For younger participants, in particular, the relationships with navigators with similar life histories may be beneficial, as they may be able to identify more with them. Similarly, although age differences between navigators and their participants have not been explored, it is likely that participants will identify with someone closer to their own age rather than an older navigator who may appear more authoritative.

### **3. Community**

Navigators vaguely reflected on the local context and its potential impact on intervention delivery. Based on their views, the communities have not been actively intervening with the programme, but any potential desistance from crime, for the time being, was seen because of advice, values and examples given by the navigators with lived experience.

*'And even being a man in general in society's hard innit. You know it's hard, it's a hard thing, so trying to teach the boys to man thing. So that's what I try and do. Them old school values will get them. So, if they've got them old school values with all the madness, all the freaky... If I can leave*



*them with that bit, that's the bit they might want. And they can look back and think, "Yes, you know what? I know life's hard, but as a man, nothing's going to be easy innit." And nothing is easy, innit. It might take longer, you just put them values and all that stuff in there from now and help build them.'* (Community Navigator, Nottingham).

Navigators further reflected on using their past experiences to provide realistic advice for younger participants on how the criminal justice system operates, how to navigate through different processes, as well as the things to be aware of. In a way, they believed that this experience gave them credibility in the eyes of the participants. For example, some navigators reminded their young people of the negative sides of being involved with crime while telling them to keep themselves safe, find hobbies and keep themselves busy.

*'We've got to look at your friendship circles. Are these the right friendship circles? This is stuff that we're going to look at in the future once we've got to know you. Let's see if we can try and get you into some interests and hobbies where you can possibly make new friendships with better people, more positive people to be around.'* (Community Navigator, Coventry).

### **Building on the existing community relationships**

Many community navigators attributed their success in building rapport and trust with participants to their ability to identify directly with young people's experiences. This was further enhanced by the existing relationships that the navigators had with members of the community, ranging from participants' family members to other people in their area with the same experiences of crime and the justice system.

*'I went to see someone yesterday, and I know their mum and their mum's dad. She said, I know you, but she knew me as a different name. She knew me as my street name from back in the day. So, I knew her, and I know her dad because her dad knows me well. So, I knew her dad. So, I spoke to her and that helped engage me as well. Because I knew her, that helped the engagement quite a lot.'* (Community Navigator, Leicester).

Such connections and experiences also gave the navigators a greater understanding of the reasons why a young person might be driven toward certain groups or activities related to crime. Furthermore, many navigators mentioned that growing up in similar areas had been very important in building rapport and making the advice they give to the participants more personalised and realistic.

### **The use of community spaces**

Based on prior research from the US context, we expected the role of the community to manifest itself predominantly through the involvement of prominent community figures with programme participants and by the reiteration of prosocial norms and values through the community. While this has not been reflected in the navigator interviews, the use of community spaces emerged as an indicator of community involvement in the program. The navigators frequently reflected on the 'rebranding' of community spaces in a prosocial way and on their preference for using those buildings for meetings with the cohort. Home visits were reported as a viable option for first contact, mostly to make participants more comfortable, but most navigators reported that they were happy meeting with their participants in a communal space. This tended to be a fast-food restaurant (e.g. McDonald's) or a park if those spaces were safe for the individual in question.

*'But also, as well, we'll always make sure that, again, it's a safe space for both of us. So, if I don't meet them at their place or their home, what I tend to do is meet them in, like, say [a local place]. So, I know there that, somewhere like [a] quiet place, nine times out of 10, they'll be on the best behaviour as well.'* (Community Navigator, Greater Manchester)

Interestingly, though, these places had become normalised as violence hot spots, both through available intelligence and by the navigators. This was mostly likely due to their accessibility and familiarity with diverse groups of individuals, which, paradoxically, provides a person with a sense of security despite the high prevalence of violence and conflict among different groups that interact in those spaces. It would be valuable to gain further information on why and how these locations are not only connected to crime but also how they stop being hot spots for crime (Madensen et al., 2017) from the perceptions of the participants and the navigators. This would enhance our understanding of how to aid participants in disassociating the location from certain actions or groups (see also Fraser et al., 2024) and in creating prosocial connections to that space.

### **Views from programme participants**

From the programme participants' interviews, there was limited evidence of a community 'voice' impacting intervention delivery locally. Participants in Leicester, for instance, were joined up with community influencers, such as professional boxers and footballers, who talked to them about their lived experiences of offending and the impact it has had on them.

*'He explains about his brother dying and what he's been through to show not everyone has the brightest of life.'* (Programme Participant, Leicester).

Using a somewhat different approach, the CIRV team in Coventry have developed an employment contract with the local McDonald's:

*'So, for people that are on the CIRV programme looking for employment and stuff, they've got this contract with McDonald's to give them a job, to help them, you know?'* (Programme Participant, Coventry).

However, as demonstrated above, there is some indication that community is involved through activities organised by the programme or opportunities created by the navigators when engaging with different venues.

### **Is the intervention being delivered as intended?**

#### **1. Deterrence**

Progress toward the implementation of an effective deterrence strategy in the five sites has been variable but mainly reinforced through soft messaging by community navigators rather than physical disruption and enforcement by police or local authority personnel. Reasons for this may include the fact that the programme is still in the early stages, with a physical deterrence not yet needed, or that the support-deterrence nexus is still being developed.

*'I don't even think there's been much of a deterrent. I've not heard of anybody having people go round yet.'* (Community Navigator, Greater Manchester).

Programme participants from each of the sites confirmed in the interviews that they read or have been read a commitment contract prior to engaging with the intervention:

*'Yeah, it were a form I had to sign.'* (Programme Participant, Leicester).

However, most interviewees could not remember what the contract said regarding the deterrence element:

*'Yes, I do remember him speaking to me about that, but I can't remember exactly what he said.'* (Programme Participant, Nottingham).

Going forward, it might be beneficial if navigators regularly revisited this commitment contract to reinforce the deterrence message once it has been signed.

When discussing the actual consequences of the programme participants' reoffending, none of the individuals believed that support would be removed from them or even scaled back by their navigators. As a participant in Nottingham remarked:

*'Because he just knows, obviously, he's told me, like, when he was younger, how he grew up in a bad area. So, he knows and won't walk away.'*

As will be further discussed, even in instances of continued (re)offending while on the programme, there were no accounts of participants having had their support withdrawn:

*'If I've committed a crime, they'd see I've committed in that time they've not seen me, and they'll just go, "What happened? Why did you do it?" And then ask what they can do to help me stop doing it.'* (Programme Participant, Greater Manchester).

## **2. Support**

### **Needs assessment – local differences in accessing data/working with partners**

In each site, the participants' needs assessment was conducted in two ways: (1) in the panel meeting, where participants were determined to be suitable for the program and paired with a navigator, and (2) afterward, through the initial and continued engagement with the navigators, as well as the participants' own families and informal support circles. During the preliminary meeting, various agencies, such as safeguarding, education partners, police, healthcare officials and social workers, present available information about participants to make an informed decision on the best way forward for that individual. In Coventry and Wolverhampton, which are police-led, staff were also able to access individuals' records and professionals' comments through the police national computer, so there is not always a need to have all partners in the room.

In Nottingham, a less extensive amount of information initially comes through for participants, who tend to be referred to the programme by the police. A panel within the programme would then discuss referrals and assign navigators.

*'There's not much information at all. So, in terms of the referral coming through, I know the name of the young person, the address which they live, and also the offence which they've committed.'*  
(Community Navigator, Nottingham).

Upon assignment of caseload, navigators can access participants' and families' history of involvement with social care services. As the Nottingham programme is located within the council offices, the team can interact with other services situated in the same building and obtain information on participants before initial contact.

*'So, it could just be as simple as popping them to a different floor or maybe across the floor on my floor and just introducing myself to the individual that it is and making myself known that I'm going to be doing work with this young person and if maybe they have any recommendations, in regards to sensitive topics that shouldn't be addressed with the young person and any triggers that they may have just to get off on the best start as possible really.'* (Community Navigator, Nottingham).

### **Diverging from the programme – doing the 'right' thing**

As discussed in the previous sections, much of the early provision of support has been through mentoring. On occasions, however, this 'support' will go to an extent where it actively circumvents deterrence or enforcement implementation. For example, in Coventry, Leicester and Nottingham, some navigators stated that they would advocate, or had advocated, for participants in court, describing them to the judge as partaking in the 'voluntary' programme to affect sentencing.

*'But then if you come to court and you work with me, and we go to court... And I go in and advocate for them anyway... I've done it with most of them that's come through there, and not one of them's ended up getting sentenced to go jail because it's proven that you work on a voluntary basis innit.'*  
(Community Navigator, Nottingham).

A similar account was provided by a Coventry navigator.

*'I have absolutely no doubt that if they are engaging with CIRV, we would be in a position where we would be able to write a report to the courts, and they could possibly take it into consideration that since that particular arrest, they have been engaging in a positive manner and have done this, this and this.'*

In Nottingham and Greater Manchester, navigators have consistently communicated to participants that participation in the programme is voluntary, their support is unconditional, and participants can withdraw from the programme without any consequences. This should not elicit problems if the deterrence message is reinforced alongside the voluntary ethos of the programme (i.e. it is only voluntary and unconditional if you maintain desistance). A problem may arise when participants believe that the programme is something they can 'dip' in and out of as it suits them regardless of their offending behaviours.

*'So, it can be very difficult at times, but, like, I did mention before it is voluntary, so the young people are aware that if they don't see me, there's no real consequence that will come from it, but that's not really an issue because they do engage with me quite well.'* (Community Navigator, Nottingham).

*'It's just consistency. Just keep going, I guess. Just keep going. Because eventually they will, and if they genuinely really, really don't, and they go, "Listen. I've had enough. I don't want to do it anymore." We can try and re-engage them, but if they are genuinely... I'm done, and you've tried as many times as you can try without crossing that sort of... becoming harassment, if you like, then what else can you do?' (Community Navigator, Greater Manchester).*

Across the sites, there was also a reluctance to withdraw support or services from individuals who have offended or had a 'blip' while on the programme, demonstrating an aversion to implementing enforcement upon the cohort. As this community navigator from Greater Manchester described:

*'Whereas we definitely, in Manchester, we don't go in with the approach of, "If you do something, this will happen. You will be arrested." We don't do that approach.'*

Arguably, this strong emphasis on the voluntariness of participation, combined with a failure to communicate deterrence and enforcement messaging, has the potential to put participants who chose to disengage from the support package at significant risk of police intervention, as they are unaware of an increased likelihood of enforcement activities.

### **The effectiveness of support from the programme participants' view**

Support across all sites is both effective and broadly being delivered as intended. Participants were able to describe the availability of a wide range of support that included practical aspects, such as housing, employment and training needs; leisure opportunities, such as gym membership, boxing and team sports; advice and mentoring around anger management or social media influences; and help with court and probation procedures. Some participants were also receiving more targeted support around homelessness, drug addiction and domestic violence. Strong relationships that the participants formed with their community navigators were a key emerging theme in the success of this support:

*'Yes, she's [navigator] really, really good. She's so mumsy, which is nice.'* (Programme Participant, Leicester).

The navigators' around-the-clock reachability was also commented upon. As a participant from Coventry remarked:

*'When I'm going through a difficult time and think I'm going to reoffend, they're literally like a phone call away to calm me down.'*

This level of personal engagement is especially important for participants whose previous experience with support agencies has been largely negative:

*'It's much better than youth offenders because they don't really help you; you just go to the meetings and then do whatever work they tell you to do, and then you just go home. You only do it to keep them off your back.'* (Programme Participant, Nottingham).

### **3. Community**

Within the US context, the community within focused deterrence interventions is set out to be a pillar of support on its own, with key members advocating the effects caused by criminal activity (Newburn, 2002;

Scott, 2017). They would also reiterate the community's views on those involved in crime, as well as highlight their willingness to support the individual to successfully reintegrate into the community, provided they desist from crime (Newburn, 2002; Scott, 2017). Following the predominantly US-based literature, this was how we originally conceptualised the community aspect of focused deterrence for this evaluation.

However, qualitative data from the interviews with navigators did not support this understanding of the community among the five sites included in the evaluation. Navigators, albeit part of the community, distinguished themselves from their peers, often quoting their professional qualifications and identifying themselves through their status of mentors rather than as representing the community voice. The message of deterrence did not seem to reflect the community concept of morality either (i.e. how one's actions may affect the collective) but rather focused on that specific individual (i.e. one needs to stay out of crime for their own benefit). This deflected from the theoretical understanding and previously discussed 'moral voice' of the community (Crawford, 1998) since key members of the community were neither directly reinforcing prosocial norms nor communicating the deterrence message to the individuals on behalf of the wider community.

Having said that, it is also important to keep in mind that in transferring this type of intervention from the US to the UK context, the focus shifted both in terms of programme delivery (i.e. group versus individual-based intervention) and target areas (i.e. focused deterrence programmes in the US concentrate on specific areas where gangs operate, whereas the UK initiatives tend to encompass a wider geography with multiple violent groups). As such, it might be more challenging to identify those key community leaders who could be seen as the 'moral voice', as well as to create spaces where this message could be delivered.

However, findings from the interviews with programme participants do provide an early indication of a growing awareness within the communities of the focused deterrence programmes; it is likely that their engagement will increase over time. Programme participants were able to provide examples of leaflets and posters they had seen placed in community centres, libraries and surgeries, as well as t-shirts, hoodies and mugs with programme branding. Messaging about these programmes is slowly moving into the community space, with some participants talking about their friends and how they got to learn about the programme:

*'Yeah, it's bigger now. There's talk about it in school, and a couple of my friends have asked about it. It's better than YOP, so's it will get more popular as guys learn what they can get from it.'*  
(Programme Participant, Nottingham).

## **What was learned from how the intervention was delivered?**

### **1. Deterrence**

Swiftness, certainty, and severity of deterrence activities are most effective when a dedicated disruption and enforcement manager (with real-time intelligence) can liaise with community navigators and those tasked with the deterrence component of the programme. Effective deterrence interventions also require a 'buy-in' from all partners. This necessitates consistent messaging of what constitutes deterrence and clear lines of communication between navigators and enforcement officers so that the support-deterrence provision is joined up. This is a more resource-intensive approach, but the initial findings indicate that this is possible in practice and may be worth pursuing.

Similarly, a stronger focus on the disruption and enforcement element of the programme needs to be relayed to participants. This might include revisiting their commitment contract more regularly and having more transparency around what would happen if those agencies tasked with deterrence become involved. Soft messaging on the likelihood of being arrested and having to go to court seems effective, but the participants also need to know that the likelihood of their arrest is heightened because they are on the programme.

Based on Nagin (2013), one of the most effective levers against recidivism is the threat of withdrawal of support if the individuals continue to offend. Yet, according to the interview findings, none of the sites were using this lever effectively, at least not in these early stages. Even in cases where the participant admitted to reoffending, community navigators were unlikely to remove support and, occasionally, enhanced it. As a participant from Coventry remarked:

*'But like, when I've been arrested and stuff, I've told them I'm on CIRV, she [navigator] will find out what for and help and stuff.'* (Programme Participant, Coventry).

It is important to note a potential sampling limitation in that withdrawal of services is, according to the programme operating manuals, dependent on the severity of reoffending, with more severe reoffending being rarer and, thus, less likely to be observed in research interviews; therefore, this should not be taken as evidence that this 'lever' is not being pulled.

While the main ethos of all five sites is to provide another chance to individuals involved in violent crime and to enable desistance, the consequences aspect of the intervention did not emerge in these early interviews nearly as strong as the support side of the programme. This creates the potential for misuse of services by the participants and opens up the possibility for an even greater disappointment, even erosion of trust between the participants and their navigators, when, at some point, police enforcement does happen because, based on the programme design, it inevitably will (unless they fully desist).

## **2. Support**

### **Competing for limited resources**

Initially, when the programmes were developed, many sites experienced hostility from the existing services toward this new initiative. In Coventry, the community navigator shared that:

*'Some of the professionals were very negative toward us when we first started. We were brand new, and we've obviously come in and we've tried to reach out to as many professionals, communities, organisations that we can to explain about CIRV.'*

In the example above, some of the challenges were a result of fractured or weak existing relationships between partners that did not nurture an environment of understanding or create a space for coexistence, if not collaboration, of different initiatives working toward the same goal. As this individual continued:

*'To begin with, we were hit with a number of barriers where there were certain procedures and systems we had to go through in order to identify if a child or adult was engaging with that particular*

*service... for a while, there were some services that pretty much said, "Stay away from our individuals. We're working with them; you're not."*

As with any emerging multi-agency partnership, collaborations take some time to settle, and there is evidence that collaboration improved as the position of CIRV within the wider violence prevention environment became more established.

### **Differentiation from business as usual**

In response to the unwelcoming context that preferred the status quo, navigators across the sites actively tried to distance themselves from BAU services – mainly social workers – given the existing, strained relationships between the community and those services. This effort from the intervention teams across five sites to distance themselves from services was typified by the avoidance of the lanyard, the symbol of the 'professional':

*'I never wear my lanyard as well because I feel as though there's a lot of professionals out there you, kind of see, it's just another professional service, you've got a lanyard on, you know what I mean.'*  
(Community Navigator, Wolverhampton).

Some navigators provided examples of the actual clash they experienced with the individuals' social workers when it came to reintegration, as many times risk assessments from a social worker's perspective deemed participants too dangerous to be reintegrated for the time being, while navigators were aiming to explain the importance of going back to the community and being a part of it.

*'Also, another thing, because I've been speaking to them, I said, "Can't I engage them in the community?" They said, "No, he's too dangerous to engage in the community; it's too dangerous." Because they sent two workers out to follow him because they're scared for his wellbeing. They reckon that something's going to really bad happen to him [...] I think if I saw him in the community, he'd be more likely to engage with me.'* (Community Navigator, Leicester).

The findings also indicate the perceived importance of programmes to create a new identity for themselves, both in service provision and in the approach to working with this cohort. Navigators described the precarity of provision in BAU as detrimental to participants, as they felt that participants had been rushed through the system and not valued as individuals. Due to this, navigators stressed the importance of a patient and participant-centric approach when working with the cohort, especially when it comes to mentoring support.

*'But then you say to them, "Yes, but I'll..." Then you prove, "But I'm different." And this is what we are; we're different to everything, understand innit.'* (Community Navigator, Nottingham).

This approach seems imperative to the success of the programmes and centres on consistency, reliability and successful application of the support package, with navigators communicating that they will be there for the participants and put them first.

### **Tailoring the approach to each individual**

As discussed already, age was often used by the navigators as leverage to enhance the effectiveness of their message. For example, navigators would approach younger participants with a strong focus on sanctions and the systemic shift in service provision when the individuals reach 18 years of age, often saying that everything changes once one becomes an adult.



*'You've got to look at life, as life's what you make it and carry on with this behaviour you might think is fabulous at the moment, going out with your designer trainers on and your tracksuit and doing this and doing that. But think about it, 20 years down the line, when you've had enough of this lifestyle when you meet a nice girl, and you want to get married, and you want to buy a house, and you want to go abroad for your holidays, you're not going to be allowed to do that, because you've got all these convictions. It might all be super-duper fun at the moment while you're 16, 17, 18, but think about it in 20 years' time.'* (Community Navigator, Leicester).

However, many navigators admitted the immense amount of time invested into trying to build rapport and create meaningful relationships with their participants, which is something that the individuals and their families did not previously experience. A Nottingham navigator summarised it as:

*'So, this is how it should be naturally, where people, like you say, everything's time limited. And families... How can you rush somebody's emotions and feelings and stuff what they've gone through? It's a child innit, and everybody's got... Because remember, there's some you could do quicker, or you could build a relationship because they might just be more open, but then some, it's going to take time innit to trust a thing. Because remember, they don't really trust no-one anyway because they've always been done over one way or another.'*

### **Examples of how some participants perceived support**

Even in these early days, a few sites already noticed that some participants viewed the programme through the lens of transactional relationships. For example, a Coventry navigator discussed the expectation of the participant to get a KFC every time he does or says what was expected of him:

*'I'm thinking of an example of a young lad that started with one of our other navigators. The first [...] couple of times he met, he did what was asked of him, and then he said, "Where is my KFC now?" So, it was very much sort of he'd clearly worked with somebody that said, "Well, if you do this, I'll get you a KFC, and if you say that or do that, I'll get you a KFC." And I don't know whether it was his YOT worker of something like that he previously had, and obviously the navigator had to address it and say, "No, do you know what, I'm not here to do that.'"*

Similarly, the experience of one Wolverhampton navigator almost led to having the individual disengaged from the support offer:

*'So he was only really using us to get studio time because he said, oh he's interested in music... but, yes, he was using us initially for that, and then when we stopped it, because I said, "Well no because you weren't giving anything back to the programme." So we were looking to potentially disengage him, and once he knew that threat was there, and I said, "Well, I'm not taking you to the studio. You know, that's off the table until you sort yourself out," and he still hasn't been back. However, last week and this week we've enrolled him in college, so he had a bit of a lightbulb moment and just realised, actually, I do need the help.'*

In dealing with these instances, partial or total withdrawal of support, alongside clear messaging that genuine engagement is required, seemed to have been effective.

The findings from the interviews with programme participants indicate that the provision of support has been successfully tailored to the needs of an individual participant. Although this aspect is paramount in helping them move away from offending behaviours, it is the interpersonal relationships that were formed between the navigator and the individual that are shown as the most important in reconsidering one's involvement in violence. Previous support offers have often been allocated in an isolated and functional manner, without human intervention at the individual level. As a participant from Nottingham remarked:

*'I would say me seeing and talking to [navigator] on a weekly basis has kept me out of trouble [...] he makes the effort to come round my house just to say hi.'*

Having one person that the participants can rely on can sometimes be the only stable thing in that person's life.

*'She [navigator] will text me and be like, "Oh yes, where are you?" I tell her where I am and say what time I will come in. She then texts again to be sure I'm in. It's not checking up; she's from my branch, the same tree.'* (Programme Participant, Greater Manchester).

### **3. Community**

With the evidence on community involvement being very limited from the navigators' perspective, there is a space to create opportunities for further development and inclusion of communities in the future. A point for consideration might be the incorporation of the community moral voice in the deterrence message delivered through navigators and examination of whether this would affect the receipt and effectiveness of the message (i.e. considering the wider benefits of abstaining from violence, rather than focussing solely on personal gain). Lack of community involvement might also indicate a shift in the structure of the programme through policy transfer, with socio-cultural differences not permitting this involvement beyond what was presented in the current analysis. Further investigation on how the community might be involved in the intervention more actively would be interesting, taking into consideration the local and legal context of the UK, as well as of different site locations.

#### **What is business as usual in the sites?**

This section discusses the context of day-to-day operations (BAU) when tackling violent crime in the five sites before the introduction of a focused deterrence initiative. The findings emerged from semi-structured, online interviews with programme team members and stakeholders conducted via Teams during the summer of 2023, prior to the programme implementation. The aim of the interviews was to understand how each of the sites in the study approached violence reduction in their BAU models, as well as to examine the extent to which the three focused deterrence components (i.e. administration of consequences to deter undesirable behaviour; targeted support; and community as a messenger of a moral voice) were integrated into the existing frameworks, if at all.

The interview participants were purposefully targeted either through their involvement with developing (or supporting) the upcoming focused deterrence intervention or by being active in their local communities. The latter was predominantly through working in the voluntary sector, city council or faith group (hereby defined as stakeholders). Each interview lasted about an hour, and every respondent was asked the same set of questions, regardless of their role in the programme or the community. A total of 26 individuals were

interviewed for the baseline report across the five sites: 13 Programme Team Members and 13 Stakeholders. Data were analysed inductively, through an exploratory framework, using a thematic analysis approach (Braun and Clarke, 2006).

Overall, when looking at BAU in the five cities, the findings indicate that the introduction of VRUs in each site by the year 2020 enabled the development of formalised and responsive working partnerships between statutory and non-statutory agencies. While these relationships between the police service, local government, community and voluntary agencies were generally well-meaning, they can also appear weak and fractious. This can be due to, for example, differences in organisational priorities, limited resources and challenges in communication between partners. The next section will briefly reflect on BAU practices in the five sites, examined through the three pillars of focused deterrence: deterrence, support and community.

### **Business as usual deterrence**

In the baseline interviews, a recurring theme was the political climate in relation to deterrence. Service providers argued that there cannot be effectiveness in combating crime when legislation and policymakers fail to recognise the differences in local contexts and acknowledge offending behaviours that are specifically problematic in their areas. This led to many interviewees suggesting that the programmes implemented at that moment were not responding to the needs of their communities but targeted those behaviours that were generally seen as problematic through wider, national-level statistical evidence. Furthermore, across many public sectors, lack of funding and difficulties in staff retention emerged strongly. For example:

*'There's a huge turnover in police. Like, trying to get police to multi-agency meetings is really challenging. So, if we can't build relationships, I don't know how relationships can be built in communities.'* (Stakeholder, Greater Manchester).

When discussing the established practices for identifying individuals in need of violence prevention interventions, the findings from the baseline interviews highlighted the overreliance of statutory services on wider agencies, such as schools and voluntary services, to refer individuals who are or could become, involved in violence, as well as to carry out prevention activities and community policing on their behalf. This resulted in certain agencies being overstretched and/or addressing challenges that reached beyond their primary aim (e.g. the purpose of schools is education and socialisation, not violence prevention).

The swiftness of punishment, from the perspective of interviewees, was related to the way in which the criminal justice system manages crime. This was often perceived as launching short-term, yet reactive, tactics from the police in daily combat of crime, such as response policing or stop and search initiatives. Response policing was viewed as inadequate in fulfilling the celerity component when it came to incident management, with most of the sample reporting low levels of visible police presence. The participants also discussed court proceedings as an aspect of celerity. These were seen as backtracked, with many delays in charging or sentencing an individual. Court delays were interpreted as providing a positive ground for criminal behaviour to develop further, as the implicitly communicated message by the authority figures to those involved in violence and crime is that punishment might be applied, but there is a strong sense of uncertainty about its severity, celerity and certainty; undermining deterrence as a swift measure of justice. It is important to note, however, that not all sites had the same issue with court backlogs. Coventry, for example, introduced out-of-court disposals and successfully minimised the backlogs for the area, although

one of the programme delivery team members reflected on this as an attempt to *'ease the pressure on the court system'* but not necessarily helping in crime reduction:

*'We do a lot, I think, a lot of out-of-court disposal work, where we never used to before [...]. We've not got this long wait, in order to get stuff to court. [...] So, you know, we arrest them with large amount of drugs, they're on bail for 18 months, and you know, it almost, there's no point in doing anything by the time they actually get there if they ever get there. So, I think we want to do more out-of-court disposals to ease the pressure on the court system.'* (Programme Team Member, Coventry).

### **Business as usual support (provision of services)**

Despite extensive partnership arrangements between the police, youth justice (for those under 18), probation (for those over 18), childhood exploitation teams and neighbourhood task forces within the established violence reduction models (Hopkins and Floyd, 2022), not all VRUs and community safety partnerships secured a consistent approach to service provision. Based on the baseline interviews, this was in part due to a misallocation of funding, but also given the challenges with intelligence-sharing between agencies that led to gaps in timely intervention. Austerity cuts, for example, created the need to make difficult choices regarding the level of intervention that can be provided to a specific individual at a certain point in time. This was most clearly seen within the data in the level of provision for under-18s that quickly falls apart as individuals move from youth justice to probation at 18 years of age. Local governments also encountered stringent job cuts, which resulted in losses of experienced staff members and, in turn, skills shortages and high turnover rates. This was especially the case with those working in *'senior roles within social work, family welfare, youth justice and trauma-informed interventions'* (Stakeholder, Nottingham), further reducing the quality of expertise that these services can provide. Inadequate funding and austerity cuts directly diminished the ability of service providers to implement a programme and follow its schedule, which, paradoxically, their funding is dependent on. This resulted in an endless cycle of short-term interventions brought into the communities and a lack of long-term, sustainable, comprehensive provision of support.

## Allocating the resources

Programme team members in Coventry, Leicester and Nottingham recognised that their local authorities adopted a tiering and triage system for identifying levels of intervention and support needed for those involved in serious violence. Tier one, for instance, are universal services that are available to everybody and require no initial intervention, while tier four refers to direct, targeted, statutory intervention by local authorities through children's and adult family care plans. To be able to refer individuals and families to the correct level of intervention support, local governments rely on intelligence received from their various partners. This intelligence also helps in the triage process of identifying crime 'hot spots' and ensuring that engagement matches the level of need. As one programme team member in Coventry pointed out, much of this intelligence comes from the police, youth justice and probation services through recorded crime statistics, custody reports and investigations. Another programme team member in Greater Manchester identified additional sources of intelligence, such as the local authority's own child and adult health social care provision, as well as the educational sector's missing children's data, truancy rates, children in need statistics, safeguarding and child protection plan summaries. Relevant stakeholders can access wider intelligence from hospital admissions, ambulance visits, and local community and voluntary partners too. The collection and dissemination of intelligence is crucial for swift, certain and proportionate deterrence, as well as for providing a timely and appropriate level of support to those involved in violence. Yet, onerous form-filling and differing data capture systems by agencies further exacerbated data-sharing practices between partners and created barriers to access to support and/or the use of deterrence to address violent behaviour. This was experienced in addition to the loss of relevant staff; some sites highlighted that their police community support officers (PCSOs) had been moved to front-line duties, which created a significant gap in 'on-the-ground' intelligence. As one programme team member from Nottingham explained, when reflecting on local reduction in using the neighbourhood policing model:

*'It [neighbourhood policing] has reduced, it's starting to build back up a little bit now, it's not quite as bad as it was. But you used to have a team for each ward, basically, and you don't have anything like that now. So that meant... and it's obviously, their activity is different anyway, so when they were at their height, they were quite likely to have been into the youth club, got to know people.'*

This gap in soft intelligence could be detrimental to the proactive prevention of violence and crime and further deteriorate these delicate relationships between services and the community, given the lack of positive interpersonal encounters, as well as opportunities for collaboration and mutual understanding.

## Multi-agency partnership

As noted above, there are examples of strength in multi-agency partnerships in different sites, yet fragilities in these relationships were observed. For example, when agencies were seen to progress their own agenda over that of the collective, it was reported that some voluntary services occasionally felt like they were not perceived as equals to the rest of the partners and agencies involved. In addition, as technology has taken over, agencies and departments have become 'more remote' (Programme Team Member, Nottingham). This has led to situations where many discussions now take place via Teams, even if partners are in the same building, which can further strain interpersonal relationships between key players. Because of this, targeted support for individuals and families can become siloed rather than interconnected.

## Community involvement in business as usual

Findings from the baseline interviews indicated the existence of tensions between local communities and statutory services, mostly due to a community mistrust in the effectiveness of various violence reduction initiatives (which is partly because of the saturation from a constant influx of different, short-term initiatives – see section above on BAU support). This was especially prominent among migrant and culturally diverse communities, whose prior experience with predominantly social services tended to be poor because of increased tension around poverty and social exclusion.

*‘There’s a real aversion from a lot of people, definitely within the new and emerging communities, because of those huge cultural differences that are coming in.’ (Stakeholder, Nottingham).*

Baseline interviews also highlighted concerns among neighbourhoods that response policing was taking priority over violence prevention and that diversionary sentencing outcomes for violent crime offences were minimal. This, combined with severe delays in applying criminal justice sanctions, created a public perception that, although few offenders caused most of the violence, these individuals were not targeted strongly enough, allowing for such behaviours to flourish. This perceived lack of effectively done justice caused communities to ‘turn a blind eye’ and display unwillingness to report crime, which was in part also due to a fear of repercussions from those individuals if they were to do so. The apprehension of bystanders to work with the police eventually resulted in a community paradox: while there was a joint concern regarding the levels of crime and a lack of crime decrease, there was an equally strong nervousness about speaking to the police and contributing to the solution. The fear of being a ‘snitch’ and potentially bringing harm upon oneself was perceived as a big factor preventing locals from actively taking a stance against crime.

*‘It was one o’clock in the afternoon, and nobody’s curtains were open. So, what I say, “People sleep late in [area],” like that. And the worker with me started to laugh and said, “No, no, no, no. They never open the curtains cause if your curtains are open, you might have seen something, and therefore, if it’s been reported, you might have been the person that’s reported it. So, people don’t open their curtains.” So, some of our communities are living in darkness so that they don’t see what’s happening outside, so they can’t be accused of being the one who’s... who snitched.’ (Stakeholder, Greater Manchester).*

‘Turning a blind eye’ and general apathy to make a change in their neighbourhoods were further manifested through community services rejecting those individuals, most in need of support, from their local provision because the individual’s history of violence and crime could reflect negatively on the reputation of those services.

As with the findings from BAU deterrence and support, it was evident from the community aspect, too, that underlying each of these challenges was the ever-present impact of austerity cuts, which meant that both statutory and non-statutory agencies were competing for ever-diminishing resources while the quality of the support provided and focus on building a strong relationship with their communities took a backseat.

## Learnings from site implementation

This section describes implementation across the project and then at the site level. These observations are written in the present tense as they reflect ongoing activity, and some interviews were undertaken after the end of the early implementation period. They are based on interviews with programme leads, delivery team members and navigators. As the programme leads are few in number and, therefore, easily identifiable, no direct quotes have been used to illustrate their inputs.

Overall, all five sites faced initial issues with acquiring community and partnership buy-in for this programme. This often stemmed from the shortcomings of their BAU provisions and previous grant-based interventions, which were seen to come and go, creating an environment of distrust toward new initiatives. This resistance manifested in problems with bringing services on board, establishing a collaborative environment and aligning their priorities, which has been a very slow process (and, for some sites, one that is still in progress), as well as through an initial reluctance from the participants and families to engage with focused deterrence programmes. There were also certain challenges with managing different personalities and ensuring that all aspects of the programme, namely support offer *and* communication of consequences, are relayed to the participants with the same passion from all partners involved in the delivery.

The YEF funding process and associated timelines also created some barriers to the implementation of the programme. Several site leads described a long process of co-alignment and preparation between May 2022 and March 2023 that had a strong element of precarity because funding of programme implementation could only be confirmed once the Grants and Evaluation Committee had approved advancing to trial. Before this confirmation, sites were unable to recruit staff. While there were some assurances from the YEF during the preparation period that costs would be underwritten by the YEF for a period, most sites had been unable to recruit to their posts and were reluctant to commit the large amount of time required to recruitment while funding was not confirmed. The release of funds and confirmation of two years of delivery was accompanied by strong pressure to begin delivery by the end of the financial year (31<sup>st</sup> March 2022). In general, sites regarded this as the most stressful period in the project. More importantly, the rush to appoint staff had a detrimental legacy because sites did not have enough time to provide comprehensive support and training to such a diverse group of staff members with a range of professional backgrounds and prior experiences with the criminal justice system.

Cases eligible for the intervention are mostly identified through police systems and discussed in programme-specific, multi-agency review meetings, which tend to happen on a weekly or biweekly basis. For CIRV, however, there is an option of a referral into the programme. Once potential participants are identified, they are typically matched with the most suitable navigator, who then attempts to make contact. This can be done over the phone or face-to-face. So far, discussions with navigators predominantly focused on the support aspect of the programme, specifically getting participants involved in a sports programme, such as boxing or football. Some sites also offer in-house employment advice, but there is limited evidence of coordinating a comprehensive, holistic provision of services (e.g. mental health, housing, therapy/substance abuse support). While this is more prominent in, for example, CIRV and Leicester, in Greater Manchester and Nottingham, the navigator was more likely to assume the role of an all-encompassing, personal and professional supporter of a person. This may have been challenging for the navigators, who, despite having

introductory upskilling into, for instance, mental health support, are required to have a very diverse set of competencies and skills.

Regarding deterrence, early findings suggest that it is interpreted differently in the five sites, yet, in the instance of reoffending, all sites are seen to employ soft deterrence practices alongside support provision. There is a lack of coordination between undesirable behaviour and sanctions and a lack of communication of legal consequences for the continuation of offending. However, those sites with a designated role of a deterrence coordinator do seem to perform much more effectively than others in this segment, although no sites have so far demonstrated a reduction (or withdrawal) of navigator support as one of the levers that could be pulled.

To analyse the role of the community in successful implementation, refinement of what is perceived as 'community' for the current analysis has been essential. With the overall lack of involvement depicted through qualitative interviews with navigators and programme participants, concentrating on the extent to which the community perception comes through the navigators provides a better understanding of the data. The community 'moral voice' is, however, reflected in local initiatives that name and shame offenders:

*'I try going in that shop, she'll go, "Oh, no, sorry, love, you're on the Smart. We have a sticker on the window; basically, it's like pub watch.'* (Programme Participant, Nottingham).

Similarly, in Greater Manchester and Leicester, local groups invested in CCTV cameras to monitor their premises and the immediate areas:

*'If I'm in that area and the camera shows up, I know I'm going to get stopped and searched straight away.'* (Programme Participant, Nottingham).

While these initiatives were not a result of the intervention, they demonstrated a way in which the community signalled to the individuals that violence will not be tolerated and created no-go zones for crime. Thus, there is an indication that the community could create safe spaces and relay the 'moral voice' by sending clear messages that the individual could be caught and punished, despite the lack of evidence from the qualitative interviews on the community's direct engagement with the programme. None of the participants spoke about big faith groups or grassroots involvement either, but this is likely to develop as the programmes become more widely recognised.

Furthermore, in observing the community's moral voice, it is important to keep in mind that prior US and UK implementations have attempted to establish stronger involvement of the community in the intervention, yet it consistently appeared as vague across different initiatives. Even though the five sites presented in this report attempted to involve their local communities by informing them of the intervention initiative and of the potential relevance of their support in the reduction of violence, other than expressing dissatisfaction with the previous approach to violence through formal surveys or informal communication with service providers, community involvement remains vague for the time being.

Building on further community awareness of the program and its objectives could be beneficial, for example, through further advertisement of the services provided. Moreover, identifying key community members



(i.e. local neighbourhood associations, businesses or informal community key members) and providing more insight into what is being done and how the cohort can be more involved in the community would be important in further community support. In an attempt to integrate the community into the intervention implementation, support could be viewed as the incentive to engage the cohort with desistance from violence and, eventually, more positive behaviour. This desire to change one's behaviour through engaging with more positive activities has been seen in the navigators' current actions by enabling cohort members access to positive activities within the communities, such as exercising or being involved with sports clubs.

Community navigators' lived experience served as a valuable tool in building trusting relationships and good rapport with participants, particularly when it came to delivering a message of (soft) deterrence. While, in some instances, navigators would seek to reposition themselves through 'professionalisation' and training they received prior to programme delivery, this did not necessarily mean that they abandoned their lived experience; in fact, many still utilised it to enhance their success in rapport building with participants and in their provision of support.

Finally, while there is some aversion from programme participants toward working with police officers and navigators with a statutory service background, those with lived experience are perceived as more relatable and different to what the participants have experienced thus far from the system. Although the number of cohort members interviewed is very low (n=11), preliminary findings demonstrate predominantly positive feedback and satisfaction with the personalised service provided by the navigators, as well as the round-the-clock availability of a trusted adult, which, again, is not something they had before, at least not provided by the system.

Thus, while still in the early stages, there is some evidence of aspects that are working well (e.g. the individualised, tailored support), some that are developing in the right direction (e.g. multi-agency partnership and a range of services offered), some that clearly need a stronger prominence and more transparent communication to programme participants (e.g. deterrence), as well as some that could be better defined to enable greater inclusion in the programme (e.g. community).

## Conclusion

Table 15. Summary of the early implementation findings

<b>1. What was the rationale for the intervention?</b>	That a combination of deterrence and support may be effective in reducing group-related violence in urban areas in the US. This evidence has a number of limitations in its internal and external validity. Testing this type of intervention in a UK context is important as there has been rapid uptake of focused deterrence without robust testing of its implementation and efficacy.
<b>2. What was the baseline landscape?</b>	Cities emerging from COVID were facing high rates of violence, while BAU support services from statutory and voluntary sector services were insufficiently resourced to prevent rather than respond to violence.
<b>3. Early implementation overview</b>	All five sites were successful in designing interventions. Implementation has been moderately successful, although there are significant fidelity issues relating to the delivery of deterrence messaging.
<b>4. Who were the intervention cohorts?</b>	Typically, people aged 14 years and over living in cities who had a police record for a violent offence and who had multi-agency intelligence connected to group violence.
<b>5. What was the intervention?</b>	A focused deterrence intervention that combined a deterrence message, support to desist from violence, and expression of community anti-violence norms.
<b>6. Were the outcomes and measures fit for purpose?</b>	Outcomes are police-recorded violence against the person, time-to-offence and frequency of co-offending. These are appropriate for this intervention and cohort as they are only weakly susceptible to attrition or sampling bias, reflect the seriousness of the targeted behaviour and the data generating process and data collection is standardised across the multi-site environment.
<b>7. Is the current trial design suitable for full implementation?</b>	Full implementation is underway. Randomisation procedures have been successful, but the frequency and size of batches will require adjustment.
<b>8. What analytical methods should be used in a full definitive trial</b>	Regression analysis with the inclusion of covariates to adjust for the multi-centred nature of the trial will be appropriate. Survival analysis will be required to model time-to-offence.
<b>9. Will there be sufficient throughput to result in a well-powered RCT after</b>	Sufficient sample size is possible with amendment to study throughput but will require careful monitoring.

<b>two years of delivery?</b>	
<b>10. Who will the study cohort be?</b>	The early implementation sample matches that of the full implementation. However, it is advisable that eligibility criteria are tightened to ensure alignment of the theory of change with intervention activity.
<b>11. Will the interventions be delivered in a faithful, consistent and sustainable way?</b>	Fidelity to the components of a focused deterrence intervention has been modest in some sites, with a clear bias toward the 'support' component of the intervention over the deterrence message. Improvements in the consistency and delivery of the deterrence messaging were observed in the latter stages of early implementation, but these improvements must continue and be audited robustly.
<b>12. Is a realist framework feasible for a definitive trial?</b>	The realist framework has largely been successful in describing early implementation. Limitations in the feasibility of data collection with the cohort and access to secondary data meant that the 'for whom' component of the framework was more challenging to describe than the 'what works' and 'in what context'. Ongoing DSA activity will overcome this obstacle during the remaining trial period.
<b>13. What potential risks might a definitive trial face?</b>	The full trial faces moderate risks around sample size, effect size and intervention fidelity. Suggestions for mitigating these risks include: 1. tightening eligibility criteria; 2. increasing the rate at which the intervention cohort receives the deterrence/support message; 3. ensuring the prominence of deterrence messaging; 4. ensuring a clear separation of eligibility for T1 and T2 in Coventry and Wolverhampton; 5. focusing the support provision to ensure it is time-limited and focused on desistance from violence
<b>14. Limitations and generalisability to a definitive trial</b>	The early implementation results can, in general, be assumed to generalise to a definitive trial. The trajectory of the interventions and the trial was positive, with interventions becoming more faithful to the core components of focused deterrence, increasing throughput and recognising the need to narrow eligibility criteria to more recently active offenders.
<b>15. How did the delivery teams and the cohort experience the programme?</b>	Many programme participants who engaged with the support offer experienced the programme positively and in excess of BAU support. Few were able to articulate the goals of the programme, and almost none mentioned any threat of consequences for continued violence. Sampling bias is an acute risk to the generalisability of these findings. There was no evidence of racial disproportionality when assessed quantitatively or qualitatively at this early stage.
<b>16. Should the study continue as a full definitive trial?</b>	The project faces several threats that need to be adjusted to deliver a high-fidelity, well-powered, multi-centred RCT. Addressing these threats within the available timescales and resources will be

	challenging and will require a concerted effort from all project partners.
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## Interpretation and assessment of evaluation feasibility

This early implementation report describes 21 months of a 45-month collaborative project conception, development and delivery. The project was developed in response to a gap in the evidence base around the effectiveness of focused deterrence for a UK context and a pressing need to identify secondary and tertiary interventions that are effective in reducing violence among young people. While there is evidence of the effectiveness of focused deterrence in a US context, there are limitations to the internal validity of this evidence base and a significant dearth of process information and theoretical explanation of its mechanisms.

The programme of work in which the Another Chance Fund is embedded, the 'Agency Collaboration Fund', sought to implement and evaluate the effectiveness of focused deterrence as a multi-agency intervention for use with young people at risk of being involved in violence and led either by a VRU or the Office of the Police and Crime Commissioner (OPCCs). Past attempts to implement and rigorously evaluate focused deterrence in the UK had faced implementation difficulties or evaluation shortcomings, which demonstrate the challenges facing the programme. The project was allocated approximately £8.5m to trial and evaluate the intervention over five sites, with funding for two years of delivery. To support the development of an focused deterrence intervention, the YEF collaborated with experts to create a nine-point framework that was adapted to underpin the common features of the intervention across sites.

In March 2022, teams were appointed to implement and evaluate the project, and the project began in May 2022. Following a co-alignment phase, some components of the YEF-focused deterrence framework were amended to facilitate the competing demands of robust evaluation and the proposed mechanism of the intervention as a group-focused intervention. Sites developed interventions that focused on individuals and drew together a range of multi-agency partners to support the delivery of a focused deterrence intervention that combined deterrence messaging and the provision of services to support desistance from violence and included community support. In parallel, the evaluation team designed a summative and formative evaluation strategy (Protocol and Appendix I) that included an RCT and process evaluation. The scale of this activity should not be underestimated, particularly in light of the evidence of implementation failure in the US, past implementation failure in the UK, COVID recovery and austerity measures (outlined in the baseline section above). The trial is the largest-ever violence prevention RCT in the UK and the largest-ever RCT of focused deterrence.

The interventions were approved by the YEF Grants and Evaluation Committee in March 2023, and the randomisation of cohort members took place in May, with intervention following shortly after. The interventions continue to run, and this report covers the lessons learned from early implementation, as well as accounts of programme delivery and programme participation. Given that the project is continuing to run, this report seeks to assess its success to date and to identify risks for the future. In particular, it seeks to assess issues around the programme theory of change, generalisability of early findings to the full trial, intervention fidelity and the potential, at the end of project funding, to deliver a statistically well-powered trial that can provide an estimate of the effectiveness of focused deterrence in a UK context across multiple sites and explain what components of it worked, from whom and in what context.

## **Logic model and theory of change**

Based on the early implementation data, the intervention is, at a programme level, assessed as being broadly aligned with the underlying logic. This assessment has been considered with reference to the Generic Another Chance Pathway Model (as shown in Figure 1), which aggregates site-level activities in an accepted manner, and the movement of participants through various components of the intervention.

Some of the language in the CMO configurations has been revised to improve clarity and understanding. Clarifying the terminology is intended to simplify the concepts and help delivery stakeholders better understand the nuances of how the specific mechanisms are expected to operate and interact within various contexts. This modification is also meant to encourage deeper engagement with the underlying theory in ways that previous evaluations have failed to do, allowing a greater number of stakeholders to contribute to the evaluation.

Observations from the early implementation period have reinforced our confidence that the CMO configuration in place is an appropriate framework for understanding the intervention. Differences in delivery context between police and civilian organisations are emerging in preliminary data, and it is clear that these differences flow through to mechanisms, such as the credibility of deterrence messaging and comfort in its delivery, as well as proximal outcomes, such as perceived legitimacy of the mechanisms and their influence on violence. We will return to examine these configurations in later reports.

## **Intervention fidelity and organisational culture**

Almost every iteration of focused deterrence is a police-led intervention. Police have access to intelligence resources, staffing and resources that allow them to identify networks of individuals involved in violence and to use proactive tactics to engage with those target groups. In addition, providing general and specific deterrence is a core value of policing. In recent years, the scope of policing has expanded to include prevention, which has necessitated collaboration with statutory and voluntary sector partners who can provide support services that assist with preventing people from becoming involved in violence, providing alternatives to continued involvement in violence and helping individuals form connections to social institutions that facilitate desistance from violence. Importantly, police now include prevention and support within the scope of their activities, such as early intervention, but support services and voluntary sector organisations do not routinely attempt to implement deterrence, nor is general or specific deterrence a core value of their organisations.

In the Another Chance Fund project, focused deterrence is not led by policing but by VRUs/Partnerships. Except for interventions in Coventry and Wolverhampton, police play a limited role in delivery. Although that role has increased as sites have recognised the importance of delivering the deterrence component of a focused deterrence intervention, its absence or diminished role is notable. This is particularly the case where the initial contact with cohort members is delivered by community navigators. These delivery teams have expressed reluctance to combine a message of support with a message about the consequences of continuing to engage in violence and downplay the involvement of police in the programme. This reluctance is understandable when considered from the perspective of individuals with lived experience of violence and policing, who wish to model successful desistance from violence through support and prosocial activity

or who work in trauma-informed organisations that prioritise empathy and flexibility over consequences and social control.

### **Generalisability of early implementation findings to the full trial**

The programmes have all developed focused deterrence interventions that, when followed with high fidelity, deliver a focused deterrence intervention that is largely consistent with the components of a focused deterrence intervention. Given the high rate of implementation failure for focused deterrence projects in both the UK and the US, the creation and implementation of an intervention in all five sites is a remarkable achievement. The five 'T1' interventions are all designed to deliver the core components of the intervention in broadly similar ways (see Figure 1: Generic Another Chance pathway), are all amenable to the same evaluation design, and have very similar eligibility criteria and identical outcomes, setting aside concerns about fidelity described above. The formative evaluation sections above describe how the sites began from different points of origin and had different intervention contexts that would have prohibited the introduction of a standardised or manualised intervention.

Assuming a 20% relative reduction is the correct 'target' (i.e. that interventions do not routinely exceed this potential effect), it is likely that the statistical power of the project relies on the legitimacy of pooling data from the seven trials into a single multi-centred trial. That legitimacy rests on the assertion that the trials are all delivering the 'same' intervention. The lack of precision around 'same' is problematic, as it can be assessed at different levels of exactness. By taking the most liberal interpretation, T2s are delivering interventions consistent with focused deterrence interventions and have a similar set of mechanisms, reflecting the inherent flexibility in the model that is designed to accommodate local contexts. They are also subject to near-identical experimental conditions. However, a more conservative interpretation is that although the interventions are delivered similarly, there are meaningful differences in the referral routes, cohorts and contexts that have implications for the theory of change and experience of the intervention. Any decision to determine the degree of acceptable heterogeneity between sites should be taken in the context of a high rate of implementation failure for this type of intervention, with the resources and time that would typically be available for designing and delivering an intervention of this nature, local heterogeneity may be the cost of successful implementation. Depending on the likely achievable sample size and statistical power, which will emerge as the trial continues, a decision will need to be made by the YEF and the evaluators about the validity of including the T2 studies in a pooled analysis. This decision will need to weigh up flexibility in intervention fidelity against statistical power.

### **Evaluator assessment of evaluation feasibility**

The information provided in this early implementation report sets out a range of assumptions, requirements and challenges for the ongoing implementation of the Another Chance Fund project. A great deal of progress was made during the six-month early implementation period and has continued to be made during the interim period. That said, the project still faces a number of significant threats. The most important of these relates to programme fidelity and the internal validity of the experiment. The evidence for those threats stated below is presented throughout the document but summarised here before suggesting activities to mitigate these risks.

## **Eligibility criteria should be monitored to ensure that cohort members are actively engaged in violence and that the intervention is age-appropriate**

While the eligibility criteria are, in general, suitable for detecting individuals with a history of violence, they are too permissive to align with the programme theory of change. Consistent with taxonomies of life-course offending, many individuals commit crimes, including violence, in late adolescence and then desist without the need for formal intervention (Moffitt, 1993). This theory also observes that the lives of young people can change rapidly, meaning that the risk of being involved in crime can also change dramatically over a short period (Quetelet, 2003 [1831]; Hirschi and Gottfredson, 1983). When reviewing intervention cohorts, sites have found that many individuals meet the criteria when interpreted rigidly but observe that the person has desisted from offending for a significant length of time.

The theory of change for the intervention also has a reasonable lower and upper age limit: providing mentoring, skills and education training may be an effective path to desistance for a young person, but its potential may be limited in someone over 50 years of age who has met the eligibility criteria. Similarly, deterrence messaging may have an effect on a young person, but frequent exposure to this type of messaging leads to desensitisation toward that message, with or without consequences (Loughran et al., 2012). This issue is not limited to the upper age limit: there are ethical, theoretical and practical implications in delivering this intervention to young children. The implication of having too wide a set of eligibility criteria is that it results in a very wide range of intervention activities that become difficult to align with targeted intervention in a relatively short timeframe. In particular, age and history of offending are likely to be moderating factors in any intervention pathway. For a trial, the implications of this are that an intervention effect for one group can be lost in heterogeneous overall effects. More broadly, the inclusion of a wide range of groups can undermine the credibility and coherence of the intervention to team members, policymakers and the community.

These risks could be mitigated by narrowing the eligibility criteria time window to those actively engaged in violence (e.g. a violent offence in the past six months) and considering a narrowing of the age parameters for the intervention.

## **Contact and messaging must remain a priority of delivery**

The study flow detailed above clearly demonstrates that the flow of participants into the trial during the early implementation phase was substantial. However, most of the intervention cohort did not receive a focused deterrence intervention, and their inclusion in the final trial sample will have a diluting effect on the difference between the intervention and control groups, making it less likely that we can detect an effect under intention-to-treat conditions. The time lag between randomisation and contact also introduces differences within the intervention groups in terms of how quickly they are seen by intervention teams (which risks bias). While this bias can be adjusted for statistically, it undermines the integrity of randomisation because time becomes a potential confounder of the relationship between intervention condition and the outcome, particularly if the highest risk cases are prioritised, as we suspect they are.

The updated power calculations and sample size projections indicate that, optimistically, the trial will reach sufficient statistical power for an intention-to-treat analysis, but low rates of intervention fidelity threaten to dilute the effect size.



This risk can be mitigated through amendments to randomisation and delivery throughput:

- Monitor and potentially revise eligibility criteria as detailed above.
- Prioritise contact with eligible cohort members to deliver the deterrence/support message.
- Only send a batch for randomisation once all previous batch cases have been contacted.

The implications of these amendments will vary across sites, and they are not without difficulty. For example, narrowing eligibility criteria would reduce the pool of eligible individuals in the population. Prioritising contact over, for example, support provision will have implications for staffing as it will likely require a reallocation of resources from support activity to contacting the intervention cohort. Beyond resources, repurposing delivery team activity toward the delivery of focused deterrence messaging may result in a misalignment of skills or staff commitment to the activity. This risk is particularly acute with delivery staff who are already reluctant to emphasise the deterrence component of the intervention. The narrowing of eligibility criteria may also lead to a change in the age profile and needs of the cohort, which could have implications for contact, support and enforcement activity. However, we would anticipate that if narrowing eligibility criteria by age and recency of offending, at least support services would not need to deal with, in some cases, 50-year age gaps in those with whom they work.

**To ensure greater fidelity to a focused deterrence intervention, communication of consequences needs to be more frequent and more prominent**

Inconsistency in the delivery of the deterrence component of the intervention is a risk to intervention fidelity. In turn, this creates a risk to the homogeneity of the intervention, which has implications for statistical power. If there is poor fidelity to the intervention, then we will not be able to combine data from different sites, dramatically reducing statistical power. There is clear evidence that the deterrence message was minimised or not delivered at some initial contact with the intervention cohort. Delivery team members were, in some cases, unaware of the importance of a deterrence message to the fidelity of the programme and sometimes resistant to this component of the intervention. It should be noted that practice varied between sites and over time: some sites began to place a far greater emphasis on deterrence messaging and enforcement in the latter half of the early implementation period and now have robust enforcement activities in place. Even with this emphasis, however, delivery team members from statutory and voluntary sector organisations are often uncomfortable delivering a deterrence message and view it as incompatible with establishing rapport and engaging individuals with the support offered. There is also little evidence of a robust and predictable pathway to enforcement activity in most sites for those who reject the support offer and/or those who continue to engage in violence.

In order to have a high intervention fidelity, it is essential that delivery team members understand the components of focused deterrence interventions and deliver all components in doses appropriate to the intervention operating manual. Criteria and processes for the escalation of and/or referral to enforcement activity need to be more clearly defined and communicated to cohort members. Changing delivery mechanisms to redress this imbalance could have implications for staff morale, quality of delivery support and resource allocation, particularly when implemented alongside a greater division of labour toward contacting those in intervention and offering support.

## **Robustness checks will be needed to underpin the validity of pooling – imbalanced sample sizes in Coventry and Wolverhampton must be avoided**

Assuming a 20% relative reduction is the correct 'target' (i.e. that interventions do not routinely exceed this potential effect), the statistical power of the project relies on the legitimacy of pooling data from the seven trials into a single multi-centred trial. While the acceptable degree of heterogeneity in intervention delivery can be debated, the evaluation model in T2 for Coventry and Wolverhampton is different from the other five trials and is a risk to pooling. As importantly, it appears that the eligibility criteria for T2 are being interpreted liberally, resulting in a cannibalisation of the samples for T1.

It is unlikely that the issue of heterogeneity will be solved during the period of this trial. Accordingly, the statistical analysis will need to use a variety of robustness checks to provide a convincing explanation of intervention effects to supplement our primary pooling strategy. These could include a leave-one-out type analysis to provide a range of intervention effects and/or meta-analysing of the trials as individual studies. In these cases, avoiding heavily imbalanced sample sizes will help to reduce the overall uncertainty of these estimates.

## **Support package appropriateness and consistency need to be more explicitly focused on desistance from violence**

Delivery teams place emphasis on providing bespoke and needs-driven provision, which is consistent with a focused deterrence model, the theory of change and best practices in youth work and social services activity. However, a liberal approach to support provision has resulted in varying practices across sites. This includes such varied activities as mentors providing counselling, acquiring home appliances for cohort members, identifying employment opportunities and purchasing SEND assessments. Each of these can play a plausible role in an individual's path to desistance, but it is not clear how support provision is explicitly linked to desistance from violence, nor is it consistent with a time- and resource-limited intervention: rarely could cohort members and delivery team members articulate this connection. As noted earlier, support provision is also viewed by some delivery team members as incompatible with deterrence and enforcement activities. This requires further investigation, but the apparent disconnect between the mechanism of support and the outcome (violence) could be resolved through explicit record-keeping and communication of the support goals with cohort members.

It seems unlikely that support provision can be standardised, nor should it be, and focused deterrence models allow for flexibility; indeed, the bespoke nature of support may prove to be an important aspect of intervention success. However, the connection between violence and the support provision needs to be better articulated and recorded by delivery team members.

## **Future research and publications**

The YEF-focused deterrence framework, which originally underpinned the project, requires amendment to fit the UK policy context described above, as well as being amenable to robust evaluation. It is clear that there is insufficient group-based violence in the trial cities and, arguably, across the entire UK to facilitate a robust RCT of the original YEF focused deterrence framework that mandates groups as the intervention unit. The evolution of focused deterrence as a concept and increasingly liberal interpretations of the intervention across the world indicate that such an amendment is feasible and in step with violence prevention outside

a US context. The observations from this study, alongside the growing literature base on individual-focused interventions, both in the US and internationally, will support a revision to the YEF focused deterrence framework.

This report contains, arguably, the most comprehensive and careful articulation of a focused deterrence intervention. Although the UK context of the interventions developed as part of the project will not generalise to most focused deterrence interventions, it will have value for the future implementation of such interventions outside the US. As we have described above, the feasibility of transferring violence policy – particularly from the US, which has a very different violence, policing and social context to the UK – should be undertaken with caution. Research on policy transfer of violence interventions is emerging, such as the examination of the transfer to VRU from Scotland to England and Wales (Fraser and Gillon, 2023) or imagining how the effective banning of school exclusions would play out in London (Billingham and Gillon, 2023). A robust theory of change, such as that exemplified here, should be the starting point for related activity.

The CIRV interventions in Coventry and Wolverhampton, including the Northampton pilot (Kerr et al., 2021) that predates this project, are a useful source of data on the potential for manualising an intervention as they all followed a similar model. However, that model was accompanied by an individual who led the development of the programme in each of the three sites, so observed homogeneity would not be entirely attributable to a standardised operating model. A comparison of the similarities and differences between the three programmes would be a valuable research activity to answer the question of what the impact of context is on intervention homogeneity.

Annual reports for the project will be completed in September 2024, September 2025 and September 2026. The final report on the full implementation of the trial will be published in October 2027.

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## Appendices

A1–A7: TIDieR statements

B: Memorandum of understanding

C: Data protection considerations

D: Project team and stakeholders

E: Baseline interview schedule

F: Navigator and mentor interview schedule

G: Programme participant interview schedule

H: Reproducible code for power simulations

I: Formative evaluation strategy

## **Appendices A1-A7: TIDieR statements 1-7**

**The TIDieR (Template for Intervention Description and Replication) Checklist\*:**  
Information to include when describing an intervention and the location of the information

Item number	Item	Where located **	
		Primary paper (page or appendix number)	Other † (details)
1.	<p><b>BRIEF NAME</b> Provide the name or a phrase that describes the intervention.</p> <p><i>CIRV Coventry T1 (high-risk pathway)</i></p>	_____	_____
2.	<p><b>WHY</b> Describe any rationale, theory, or goal of the elements essential to the intervention.</p> <p><i>West Midlands Focussed Deterrence approach uses a police-led navigator approach. CIRV is a mechanism for identifying risk, being there when it matters (reachable moment), sequencing interventions that are more often than not already commissioned, and placing the young person into an actual opportunity. It will involve the identification of a cohort by police and supporting services. This cohort will be actively approached for the opportunity to engage in the programme. The goal is connecting them to an exit pathway from gangs, violence and county lines. When necessary, the approach also coordinates disruptive functions for those who are criminally active, yet fail or refuse to engage.</i></p>	_____	_____

**WHAT**

3. Materials: Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (e.g. online appendix, URL).

*Coventry envisages some form of 'contract' / commitment form that outlines in plain English what the programme seeks to achieve and what would constitute enforcement action etc. This will be in a variety of languages and ensured it is understood, regardless of one's communication or cognitive issues, through an intermediary where required. The CIRV programme is branded differently and will look and feel very different to what has happened before to ensure police and partners deliver a new message to individuals and groups to what has been communicated previously. This includes, but is not limited to brand, approach, and the fact that CIRV is based in a community setting and involves the community in its delivery by virtue of the voluntary sector partner.*

4. Procedures: Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities.

*The programme is holistic and focusses on the needs of the young person as opposed to that agency's obligations to that person (such as an education or criminal justice need). This factor is unique, allowing the programme to make sense of the complex partnership world around the young person and make best use of statutory and non-statutory services. One of the most crucial roles of CIRV is to sequence the various interventions and ensure that they are consistent with and pursuant of the objective set, as there might be conflicting priorities when several agencies are involved. For example, the school may be looking to apply a therapeutic intervention and at the same time housing may be pursuing an eviction, while the police may be*

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*doing something entirely different again. The Navigator must influence and lead where appropriate to ensure that there are no presenting obstacles from the agencies involved. The young person needs to understand their journey and need to feel that effective progress is being made towards their objective if they are likely to continue to work with the Navigator. Progress is regularly checked with the young person and how they feel about progress, including effective diagnostic measuring tools. It should be noted that no matter what the young person needs, it is the job of the Navigator to resolve that need with the young person, not to or for them.*

*CIRV also commissioned a separate community mentoring service with the intention of increasing CIRV capacity by having volunteer navigators support lower risk and lower need individuals. This is intended to have a secondary impact in that legitimacy of the programme will be enhanced as local people are provided an avenue of not just feeding back but also being part of programme delivery.*

*Lastly, the programme will be based within the community from a community building where those being supported and those delivering services are able to occupy neutral space and deliver and support alongside one another.*

*As far as disruption is concerned, this only happens after a tangible link to a violent crime and gang/ group linkage is established. Anyone being disrupted has also been offered the programme and has turned it down. The door to the programme is never closed and, providing the individuals are willing to work with a Navigator, that opportunity always remains open. In terms of the wider police force being briefed on the project, CIRV has a communication strategy but have already briefed key internal stakeholders and will be doing this on an ongoing basis. Where activity is required with an individual, a PNC marker is added to each person with specific instructions, so this risk is sufficiently catered for and mitigated against.*

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**WHO PROVIDED**

5. For each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background and any specific training given.

*A lot of attention is given to the use of language of the project (i.e enforcement, relapse, non-engagement etc) and what this might mean for individuals, which has been carefully considered in the approach to the team and the training CIRV will provide. The most important is to use the language that the target population understands, but also non-victim blaming and de-professionalising it to ensure it is palatable, conveys mutual respect, and is 'on the same level' as those the programme is supporting. This is a thread that runs throughout the programme and will be part of the training provided. CIRV will also train in cultural competence to ensure the language used is appropriate and not inadvertently offensive.*

*Furthermore, Barnardos are commissioned by West Midlands Violence reduction partnership and provide training to all CIRV staff on Trauma awareness and the impact of Adverse childhood experiences “ACEs” and Phoenix psychology are commissioned to provide:*

*Training to all CIRV staff on Trauma informed principles in practise.*

*Training to all staff on the personal impact of stress and dealing with repeat trauma.*

*Ongoing support at group and individual level regarding case management of cohort.*

*Ongoing psychological support for CIRV team members both a group and individual level.*

<b>HOW</b>			
<b>6.</b>	<p>Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group.</p> <p><i>Participants will have predominantly a direct, face-to-face contact with their navigator. Many will have contact with their navigator at least weekly, while others will be visited during reachable and teachable moments. Thus, those involved in gangs and group disputes will have the following contacts with the programme:</i></p> <ul style="list-style-type: none"> <li>- <i>In a teachable moment before referral</i></li> <li>- <i>In a teachable moment when already accepted by programme</i></li> <li>- <i>Via their navigator during regular, planned contact</i></li> <li>- <i>Via a call-in after an incident of serious violence from a disruption officer</i></li> <li>- <i>During a disruption interaction due to crime participation and non-engagement</i></li> </ul> <p><i>As indicated in the above list, the planned communication method and style is both targeted and specific to the audience it is trying to reach.</i></p>	_____	_____
		—	—
	<b>WHERE</b>		
<b>7.</b>	<p>Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features.</p> <p><i>Intervention can occur in a number of places, including the places of multi-agency triage, the participant's home, or community spaces.</i></p>	_____	_____
		—	—



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**WHEN and HOW MUCH**

8. Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose.

*As the intervention will be tailored to individuals' needs, the exact duration, intensity, and dose of contact will differ. Many will have contact from their navigator at least weekly, while others will be visited during reachable and teachable moments. Those involved in gangs and group disputes will have the following contacts with the programme:*

- *In a teachable moment before referral*
- *In a teachable moment when already accepted by programme*
- *Via their navigator during regular, planned contact*
- *Via a call-in after an incident of serious violence from a disruption officer*
- *During a disruption interaction due to crime participation and non-engagement*

**TAILORING**

9. If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how.

*The support component will be personalised, based on individual's unmet need. This will be assessed on an ongoing basis through their work with the navigator. Likewise, any active disruption activity will be proportionate to the subjects assessed level of risk and engagement in violent crime.*

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<b>MODIFICATIONS</b>			
<b>10.†</b>	If the intervention was modified during the course of the study, describe the changes (what, why, when, and how).	_____	_____
		–	–
<b>HOW WELL</b>			
<b>11.</b>	Planned: If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them.	_____	_____
		–	–
<b>12.‡</b>	Actual: If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned.	_____	_____
		–	–

\*\* **Authors** - use N/A if an item is not applicable for the intervention being described. **Reviewers** – use ‘?’ if information about the element is not reported/not sufficiently reported.

† If the information is not provided in the primary paper, give details of where this information is available. This may include locations such as a published protocol or other published papers (provide citation details) or a website (provide the URL).

‡ If completing the TIDieR checklist for a protocol, these items are not relevant to the protocol and cannot be described until the study is complete.

\* We strongly recommend using this checklist in conjunction with the TIDieR guide (see *BMJ* 2014;348:g1687) which contains an explanation and elaboration for each item.

\* The focus of TIDieR is on reporting details of the intervention elements (and where relevant, comparison elements) of a study. Other elements and methodological features of studies are covered by other reporting statements and checklists and have not been duplicated as part of the TIDieR checklist. When a **randomised trial** is being reported, the TIDieR checklist should be used in conjunction with the CONSORT statement (see [www.consort-statement.org](http://www.consort-statement.org)) as an extension of **Item 5 of the CONSORT 2010 Statement**. When a **clinical trial protocol** is being reported, the TIDieR checklist should be used in conjunction with the SPIRIT statement as an extension of **Item 11 of the SPIRIT 2013 Statement** (see [www.spirit-statement.org](http://www.spirit-statement.org)). For alternate study designs, TIDieR can be used in conjunction with the appropriate checklist for that study design (see [www.equator-network.org](http://www.equator-network.org)).

**The TIDieR (Template for Intervention Description and Replication) Checklist\*:**  
 Information to include when describing an intervention and the location of the information

Item number	Item	Where located **	
		Primary paper (page or appendix number)	Other <sup>†</sup> (details)
1.	<p><b>BRIEF NAME</b></p> <p>Provide the name or a phrase that describes the intervention.</p> <p><i>CIRV Coventry T2 (referral pathway)</i></p>	_____	_____
2.	<p><b>WHY</b></p> <p>Describe any rationale, theory, or goal of the elements essential to the intervention.</p> <p><i>West Midlands Focussed Deterrence approach uses a police-led navigator approach. CIRV is a mechanism for identifying risk, being there when it matters (reachable moment), sequencing interventions that are more often than not already commissioned, and placing the young person into an actual opportunity. The direction of control is with the police navigator and the approach is primarily designed to engage anyone who is (self-referred) to the programme and fits the selection criteria, connecting them to an exit pathway from gangs, violence and county lines. When necessary, the approach also coordinates disruptive functions for those who are primarily adults who have been referred, who are criminally active, yet fail or refuse to engage.</i></p>	_____	_____

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**WHAT**

3. Materials: Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (e.g. online appendix, URL). *Coventry envisages some form or 'contract' / commitment form that outlines in plain English what the programme seeks to achieve and what would constitute enforcement action etc. This will be in a variety of languages and ensured it is understood, regardless of one's communication or cognitive issues, through an intermediary where required. The CIRV programme is branded differently and will look and feel very different to what has happened before to ensure police and partners deliver a new message to individuals and groups to what has been communicated previously. This includes, but is not limited to brand, approach, and the fact that CIRV is based in a community setting and involves the community in its delivery by virtue of the voluntary sector partner.*

4. Procedures: Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities. *The programme is holistic and focusses on the needs of the referred person as opposed to that agency's obligations to that person (such as an education or criminal justice need). This factor is unique, allowing the programme to make sense of the complex partnership world around the referred person and make best use of statutory and non-statutory services. One of the most crucial roles of CIRV is to sequence the various interventions and ensure that they are consistent with and pursuant of the objective set, as there might be conflicting priorities when several agencies are involved. For example, the school may be looking to apply a therapeutic intervention and at the same*

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*time housing may be pursuing an eviction, while the police may be doing something entirely different again. The Navigator must influence and lead where appropriate to ensure that there are no presenting obstacles from the agencies involved. The referred person needs to understand their journey and need to feel that effective progress is being made towards their objective if they are likely to continue to work with the Navigator. Progress is regularly checked with the young person and how they feel about progress, including effective diagnostic measuring tools. It should be noted that no matter what the young person needs, it is the job of the Navigator to resolve that need with the young person, not to or for them.*

*CIRV also commissioned a separate community mentoring service with the intention of increasing CIRV capacity by having volunteer navigators support lower risk and lower need individuals. This is intended to have a secondary impact in that legitimacy of the programme will be enhanced as local people are provided an avenue of not just feeding back but also being part of programme delivery. Lastly, the programme will be based within the community from a community building where those being supported and those delivering services are able to occupy neutral space and deliver and support alongside one another.*

*As far as disruption is concerned, this only happens after a tangible link to a violent crime and gang/group linkage is established. Anyone being disrupted has also been offered the programme and has turned it down. The door to the programme is never closed and, providing the individuals are willing to work with a Navigator, that opportunity always remains open. In terms of the wider police force being briefed on the project, CIRV has a communication strategy but have already briefed key internal stakeholders and will be doing this on an ongoing basis. Where activity is required with an*

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*individual, a PNC marker is added to each person with specific instructions, so this risk is sufficiently catered for and mitigated against.*

**WHO PROVIDED**

5. For each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background and any specific training given.

*N/A*

*However, a lot of attention is given to the use of language of the project (i.e enforcement, relapse, non-engagement etc) and what this might mean for individuals, which has been carefully considered in the approach to the team and the training CIRV will provide. The most important is to use the language that the target population understands, but also non-victim blaming and de-professionalising it to ensure it is palatable, conveys mutual respect, and is 'on the same level' as those the programme is supporting. This is a thread that runs throughout the programme and will be part of the training provided. CIRV will also train in cultural competence to ensure the language used is appropriate and not inadvertently offensive.*

*Furthermore, Barnardos are commissioned by West Midlands Violence reduction partnership and provide training to all CIRV staff on Trauma awareness and the impact of Adverse childhood experiences "ACEs" and Phoenix psychology are commissioned to provide:*

*Training to all CIRV staff on Trauma informed principles in practise.*

*Training to all staff on the personal impact of stress and dealing with repeat trauma.*

*Ongoing support at group and individual level regarding case management of cohort.*

*Ongoing psychological support for CIRV team members both a group and individual level.*

## HOW

6. Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group.
- CIRV have made it exceptionally easy to refer into the programme. There is an online portal available to anyone at any time at [www.CIRV.co.uk](http://www.CIRV.co.uk) and anyone can refer a concern into this portal, whether that be a professional, parent or individual. There is also a 24/7 monitored phone. The ambition is to encourage as many referrals for assessment at the multi-agency triage as possible which causes the programme to be further upstream and less reliant on single service data sources to make decisions. Instead, an aggregation of data from partner sources is used as well as context and information from the referral and home visit. The mode of delivery will be predominantly face-to-face, working individually with programme participants.*
- Many of the group members concerned will be case managed and have contact from their navigator at least weekly, and many others will be visited during reachable and teachable moments. Thus, those involved in gangs and group disputes will have the following contacts with the programme:*
- *In a teachable moment before referral*
  - *In a teachable moment when already accepted by programme*
  - *Via their navigator during regular, planned contact*
  - *Via a call-in after an incident of serious violence from a disruption officer*
  - *During a disruption interaction due to crime participation and non-engagement*
- As indicated in the above list, the planned communication method and style is both targeted and specific to the audience it is trying to reach.*

<p><b>WHERE</b></p> <p>7. Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features.</p> <p><i>Intervention can occur in a number of places, including the places of multi-agency triage, the participant's home, or community spaces.</i></p>	<hr/>	<hr/>
<p><b>WHEN and HOW MUCH</b></p> <p>8. Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose.</p> <p><i>As the intervention will be tailored to individuals' needs, the exact duration, intensity, and dose of contact will differ. Many will have contact from their navigator at least weekly, while others will be visited during reachable and teachable moments. Those involved in gangs and group disputes will have the following contacts with the programme:</i></p> <ul style="list-style-type: none"> <li>- <i>In a teachable moment before referral</i></li> <li>- <i>In a teachable moment when already accepted by programme</i></li> <li>- <i>Via their navigator during regular, planned contact</i></li> <li>- <i>Via a call-in after an incident of serious violence from a disruption officer</i></li> <li>- <i>During a disruption interaction due to crime participation and non-engagement</i></li> </ul> <p><b>TAILORING</b></p>	<hr/>	<hr/>
<p>9. If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how.</p>	<hr/>	<hr/>



*The support component will be personalised, based on individual's unmet need. This will be assessed on an ongoing basis through their work with the navigator.*

**MODIFICATIONS**

**10.†** If the intervention was modified during the course of the study, describe the changes (what, why, when, and how).

N/A

**HOW WELL**

**11.** Planned: If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them.

**12.‡** Actual: If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned.

\*\* **Authors** - use N/A if an item is not applicable for the intervention being described. **Reviewers** – use '?' if information about the element is not reported/not sufficiently reported.

† If the information is not provided in the primary paper, give details of where this information is available. This may include locations such as a published protocol or other published papers (provide citation details) or a website (provide the URL).

‡ If completing the TIDieR checklist for a protocol, these items are not relevant to the protocol and cannot be described until the study is complete.

\* We strongly recommend using this checklist in conjunction with the TIDieR guide (see *BMJ* 2014;348:g1687) which contains an explanation and elaboration for each item.

\* The focus of TIDieR is on reporting details of the intervention elements (and where relevant, comparison elements) of a study. Other elements and methodological features of studies are covered by other reporting statements and checklists and have not been duplicated as part of the TIDieR checklist. When a **randomised trial** is being reported, the TIDieR checklist should be used in conjunction with the CONSORT statement (see [www.consort-statement.org](http://www.consort-statement.org)) as an extension of **Item 5 of the CONSORT 2010 Statement**. When a **clinical trial protocol** is being reported, the TIDieR checklist should be used in conjunction with the SPIRIT statement as an extension of **Item 11 of the SPIRIT 2013 Statement** (see [www.spirit-statement.org](http://www.spirit-statement.org)). For alternate study designs, TIDieR can be used in conjunction with the appropriate checklist for that study design (see [www.equator-network.org](http://www.equator-network.org)).

**The TIDieR (Template for Intervention Description and Replication) Checklist\*:**  
 Information to include when describing an intervention and the location of the information

Item number	Item	Where located **	
		Primary paper (page or appendix number)	Other <sup>†</sup> (details)
1.	<p><b>BRIEF NAME</b></p> <p>Provide the name or a phrase that describes the intervention.</p> <p><i>The Phoenix Programme (Leicester)</i></p>	_____	_____
2.	<p><b>WHY</b></p> <p>Describe any rationale, theory, or goal of the elements essential to the intervention.</p> <p><i>The overarching aim of the Phoenix Programme is simple: to make our communities safer by reducing the occurrence of serious violence and other associated crime. The Programme adopts a group based approach focusing on local networks involved in serious violence and associated crime across Leicester, Leicestershire, and Rutland. Through a multi-agency delivery team, the Programme balances the need for high levels of support to secure short and long-term change, with deterrence and enforcement action to manage any immediate risk of harm swiftly and effectively. Importantly, the Programme reflects the complexity of the issues at both an individual and network level and provides immediate, tangible and culturally appropriate support to those it seeks to benefit. The Phoenix Programme intentionally combines support from both local services and communities in</i></p>	_____	_____

*recognition of the critical role that both play in enabling behaviour change and to mitigate some of the challenges that participants may otherwise experience in navigating the local system of support.*

**WHAT**

- 3.** Materials: Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (e.g. online appendix, URL).
- Communication with participants takes place throughout their involvement in the programme. This includes individual-level communication, as well as broader community-level communication about the reasons for the programme, its aim, the support offered, and the consequences necessary to ensure the safety of participants and others. Key messages have been developed in collaboration with the co-design group, comprised of local community members who have experience of the criminal justice system and who act as a forum. In addition, Leicester have factored in dedicated resource through the VRN's Community and Young Person Involvement Officer to engage with community members and groups of young people who reside in the areas in which the target groups come from to collect qualitative insights on the key messages and methods of communication which are likely to be most effective. This will inform communication on an ongoing basis.*
- The messages will be used consistently albeit delivered in a tailored way. They emphasise safety and concern for participants (and their peers, families and communities), recognising the complexity of their situation, highlighting the offer of support but also outlining the consequences of not taking up the offer. It is important to have sufficient knowledge to personalise this message so the consequences matter to the participant and are likely to have a deterrent effect.*

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4. Procedures: Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities.

*It is widely recognised that desistance from serious violence, and crime more broadly, is a process rather than a destination with set-backs and relapse being common features. Participants engaged in the service and community support element of the Phoenix Programme should, therefore, be supported to think about, and plan, leaving the programme from the outset to ensure longer-term progress is not dependent on this programme alone. The combining of both service and community support in this element, together with the emphasis on connection in the Trilogy of Change, provides the flexibility and resource to support this.*

*The support component - delivered by Lead Workers from Probation, Youth Justice and Police and Community Navigators - involves the development of high quality, supportive relationships that focus on each participant's goals, and draws on a wide-range of internal and external service and community support to address participant needs, such as substance misuse, housing, counselling and education, training and employment.*

*The community component is embedded within the programme through the Community Navigators, the Community Oversight Group comprising of community leaders and those with lived experience of violence and the criminal justice system, and the approach that the Delivery Team will take with regards to working closely and collaboratively with community groups and services to support violence prevention and reintegration.*

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*The enforcement component - while drawing on a range of existing enforcement tactics - is different to business as usual because it will be coordinated by a Disruption & Enforcement Coordinator to ensure that this activity is tailored to individuals and groups, make use of the full menu of multi-agency tactics and continually aim to (re-)engage participants in the Programme.*

**WHO PROVIDED**

5. For each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background and any specific training given.

*Whilst the Delivery Team provides a dedicated resource to programme participants, the breadth of support and opportunities required to meet the programme's aims necessitates wider partnership collaboration. Relevant partners have been asked to specify the service that they can offer to participants and the timescales in which they can expect them to be delivered. Where possible, partners have agreed swifter access and identified Single Points of Contact to act as a 'team-around-the-team' and support closer, more effective partnership working. These arrangements are captured in partnership agreements between the core agencies and the partner organisations outlined below.*

*Partners who are contributing to the agreed service include:*

*Department for Work and Pensions/ Job Centre Plus; Turning Point (substance misuse provider); Integrated Care Board (physical health); Leicestershire Partnership Trust (LPT; mental health support); City and relevant District Councils Housing Departments; and City and County Council Early Help Services (family support provider).*

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*The agreed service is kept under constant review, and it is anticipated that this and the ‘team-around-the-team’ will expand as the programme continues to develop.*

*Participants who are subject to Youth Justice or Probation management will also have access to a range of other relevant services and interventions. The Phoenix Programme also connects with a wide range of other criminal justice services and programmes including local prisons, the Crown Prosecution Service (CPS), the local Multi-Agency Public Protection Arrangements (MAPPA), Integrated Offender Management (IOM) and the Safeguarding/Child Criminal Exploitation Hub.*

## **HOW**

6. Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group.

*Whilst the majority of communication with participants is at an individual level, their approach to entrance to the programme (e.g. a pre-identified cohort entering in stages) provides the opportunity to simultaneously engage and communicate with individuals who are commencing the programme at the same time.*

*Particularly relevant to this approach is that the Delivery Team will be proactive and persistent in their engagement with participants, continually looking for opportunities to engage/re-engage and reaffirm the messaging. The Delivery Team will use assertive outreach strategies and/or use reachable moments and spaces (e.g. custody suites, A&E department and school) to (re-)engage participants. As part of the Operating Manual, there is a menu of engagement tactics which the team will continuously develop.*

*These can be drawn upon by the Lead Workers and Community Navigators to facilitate direct and frequent communication with participants of the programme including:*

- 
- Face to face sessions two to three times a week with the Lead Worker and/or the Community Navigator in the early stages and a minimum of once a week thereafter
  - Being available to take calls and receive messages and emails, and offering 'out-of-hours' availability
  - Providing a choice of venue and having a suite of spaces in the community which can be used (e.g. youth, community or child centres)
  - Offering flexibility regarding the meeting day and time
  - Visiting a participant's home or community venues where they are known to spend time
  - Providing support (whether financial or practical) to attend sessions and meetings with the 'team-around-the-team'.
  - Responding to missed appointments with a visit, phone call or text message.
  - Liaising with organisations and community groups on their behalf to help them navigate the system (e.g. contacting utility companies, housing providers etc)

Where individuals do not have an electronic device, the Delivery Team will discuss the option of purchasing a device if it is likely to facilitate participation in the programme. The approach to communication with the target groups is different to existing ways in which statutory partners communicate because it has been informed by community members with lived experience, it is much more inclusive and flexible (for instance, the Delivery Team will have more capacity to visit participants in the spaces and places that they feel most comfortable and able to participate), and it will be tailored to the individual ensuring that it is more culturally sensitive (for example, the Delivery Team will have a wealth of information about the participant in terms of their demographics, needs and previous service involvement, and will have the time to plan their communication as part of the Triage, Allocation and Review Meeting).

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<p><b>WHERE</b></p> <p>7. Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features.</p> <p><i>The meetings between the individual and the Navigator will be flexible regarding the available location and time of day for the meeting. There will be a suite of spaces in the community which can be used (e.g. youth, community or child centres). The Delivery Team will use reachable moments and spaces (e.g. custody suites, A&amp;E department and school) to (re-)engage participants.</i></p> <p><i>The approach to communication with the target groups is different to existing ways in which statutory partners communicate because it has been informed by community members with lived experience, it is much more inclusive and flexible (for instance, the Delivery Team will have more capacity to visit participants in the spaces and places that they feel most comfortable and able to participate).</i></p>		
<p><b>WHEN and HOW MUCH</b></p> <p>8. Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose.</p> <p><i>Given the individual-focussed type of intervention, the number of sessions, their schedule, duration, and intensity will vary based on individual needs. However, the anticipated minimum length of time on the programme is six months. This is believed to provide sufficient time to reduce the risk of involvement in violence and associated crime but not necessarily to embed this progress in the long-term. The latter can be achieved provided there is a supported transition, an exit plan, which has secured the on-going</i></p>		



*service and community support necessary to support consolidating progress and an open-door policy to contact the team if and when viewed as necessary by former participants.*

*In the event of a former participant contacting the team, the relevant Lead Worker and/or Community Navigator (if still working within the team) should offer a meeting within one working day of the contact wherever possible. The support needed should be discussed and agreed with the Strategic Manager. As all participants' offending and victimisation will be monitored for 12 months after the programme, where there are concerns that a former participant has relapsed but not reached out to the team, they will be discussed as part of the Inter Agency Working Group's Referral and Review Panel. If they meet the eligibility criteria, then they will be considered for re-referral into the programme.*

## **TAILORING**

9. If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how.

*All three parts of the intervention are intended to be personalised through working with the navigator and/or lead worker. They are supposed to identify the unmet needs of individuals and, in working with them, offer opportunities where suited. The enforcement will be tailored to individuals and groups, to make use of the full menu of multi-agency tactics and continually aim to (re-)engage participants in the Programme.*

*In line with the core principles of the Phoenix Programme, feedback from participants (and their parents/carers) will be continuously and pro-actively sought. This is particularly important in the early stages of programme delivery wherein elements of the design may not meet participants' needs and*

*require adjustment as a result. Lead Workers and Community Navigators will regularly seek feedback from participants through their meetings and other contact which will include feedback on communication in terms of messaging and methods. When feedback indicates that a significant change to the design of the programme is needed (rather than individual adjustments to how workers and participants work together), this will be brought to the attention of the Strategic Manager who will escalate to the Inter Agency Working Group. The VRN's Programme Manager will maintain a feedback log for the programme which will include any action taken and when and how a response was provided to the stakeholder who raised it.*

**MODIFICATIONS**

**10.†** If the intervention was modified during the course of the study, describe the changes (what, why, when, and how).  
N/A

**HOW WELL**

**11.** Planned: If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them.

**12.†** Actual: If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned.

\*\* **Authors** - use N/A if an item is not applicable for the intervention being described. **Reviewers** – use '?' if information about the element is not reported/not sufficiently reported.

† If the information is not provided in the primary paper, give details of where this information is available. This may include locations such as a published protocol or other published papers (provide citation details) or a website (provide the URL).

‡ If completing the TIDieR checklist for a protocol, these items are not relevant to the protocol and cannot be described until the study is complete.

- \* We strongly recommend using this checklist in conjunction with the TIDieR guide (see *BMJ* 2014;348:g1687) which contains an explanation and elaboration for each item.
- \* The focus of TIDieR is on reporting details of the intervention elements (and where relevant, comparison elements) of a study. Other elements and methodological features of studies are covered by other reporting statements and checklists and have not been duplicated as part of the TIDieR checklist. When a **randomised trial** is being reported, the TIDieR checklist should be used in conjunction with the CONSORT statement (see [www.consort-statement.org](http://www.consort-statement.org)) as an extension of **Item 5 of the CONSORT 2010 Statement**. When a **clinical trial protocol** is being reported, the TIDieR checklist should be used in conjunction with the SPIRIT statement as an extension of **Item 11 of the SPIRIT 2013 Statement** (see [www.spirit-statement.org](http://www.spirit-statement.org)). For alternate study designs, TIDieR can be used in conjunction with the appropriate checklist for that study design (see [www.equator-network.org](http://www.equator-network.org)).

**The TIDieR (Template for Intervention Description and Replication) Checklist\*:**  
 Information to include when describing an intervention and the location of the information

Item number	Item	Where located **	
		Primary paper (page or appendix number)	Other † (details)
1.	<p><b>BRIEF NAME</b></p> <p>Provide the name or a phrase that describes the intervention.</p> <p><i>Another Chance (Manchester)</i></p>	_____	_____
2.	<p><b>WHY</b></p> <p>Describe any rationale, theory, or goal of the elements essential to the intervention.</p> <p><i>Serious violence in Manchester is multi-layered. Partners working directly with those involved in serious violence in Greater Manchester (GM) identified a range of ‘groups’. When commencing the analysis work for this, a broad definition of group was utilised that included all violent offending that was committed by two or more people together.</i></p> <p><i>Manchester wants to work with individuals and communities as part of its partnership approach to focused deterrence. Whilst statutory providers and commissioned services must play a role in helping to divert individuals from serious violent crime and offer support to do this, the individual must want to change, and the community they live in must support and reinforce that change. They must also support and reinforce the steps that will be taken by the police and enforcement agencies where there is a lack of willingness to change and the serious violent group offending continues.</i></p> <p><i>Manchester’s Mentor model aims to utilise community members who are respected within the community in which the individual operates, who will be a positive role model to provide an</i></p>	_____	_____

*alternative to involvement in youth violence. The Mentor will work with the young person (there will also be an adult focused mentor as part of the programme), to identify their needs as well as interests in order to match them with relevant services. Our plan ensures that through our model of support, we are compassionate and inclusive, the individual feels they have a voice which is recognised, that they are rewarded for good behaviour, but that there are clear boundaries which have robust responses if breached.*

### **WHAT**

3. Materials: Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers.

Provide information on where the materials can be accessed (e.g. online appendix, URL).

*Initial communication about the Another Chance support offer will take place between the individual and their mentor, joined by the police representative and potentially partner agency representative to present the programme and offer of support. Communication will be tailored to the individual, being mindful of speech, language and communication needs and ensuring the material is appropriate for the widest range of people at this stage. Where the individual is under 18, material will also be made available to their parent/carer.*

*The Mentor will be in regular contact with the individual and on hand 24/7 as and when needed. Manchester will also have a schedule of contact with all individuals in the programme. For those in the RCT stage, level and type of communication will be pre agreed with the evaluators so that the integrity of the programme is maintained. For those in the treatment phase, Manchester will share progress updates such as positive feedback from the services they are accessing and also any relevant opportunities they may wish to take up. This will be done via the mentor. There will be regular meetings with the community and hope to share positive good news stories that do not breach any data protocols. GMP will also have a schedule of contact relating to the enforcement arm as applicable, although they will build in home visits to reinforce the message that they are supportive of the individual accessing the support offer to stop serious violent offending. Identifying and engaging key community role models in reinforcing the importance of the programme will also be vital in delivering the programme. For example, 'AM', a current community*

*leader and youth worker in the Central Manchester area, has been involved in engagement events since the initial bid stage. They are a credible and heard voice amongst young people in their particular community, and are known by those young people to engage and work with the police and other services. This does not damage their community standing and ensuring they (and other leaders across key communities of concern) continue to be supportive of the purpose and messaging involved in delivering Another Chance is vital to deliver the community reinforcement of messaging on a direct and ongoing basis.*

4. Procedures: Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities.

*The support and services offered to the individual will be tailored to them, based on what is identified through sessions with the mentor. For example:*

- *Structured sessions exploring social and emotional skills*
- *Access to opportunities in education and employment*
- *Support to engage with sports/arts*
- *Consideration of wider family needs*
- *Access to e.g. drug and alcohol treatment*

*There will be a budget available for each individual who is mentored to enable access through spot purchasing or similar to whatever may support the individual. This might include, for example, specific courses, work clothes, sports sessions or travel passes. Where something is identified that is not available, the case worker will be able to engage with delivery partners who are commissioning bodies to feed the information and identify whether it is something to be considered for commissioning plans.*

*The definition of an individual's 'Engagement' with the Another Chance will remain broad. Once an individual has been visited and the offer of support made, they will not be considered as 'disengaging' with the programme until they commit a serious violent offence in a group-based dynamic. Even if support is continuously refused, and in those cases where individuals ask to not have the offer made anymore, they will not be considered to be disengaged (although no visits would be made to the house if they request this) until a relevant offence is committed.*

*Should an individual on AC commit one or more catalyst offences, immediate enforcement action will commence. This can, but will not always, also result in the removal of the support offer. The Panel holding the individual will make the decision regarding the support offer removal.*

*The catalyst offences are:*

*Violence with injury / Violence without injury / Domestic abuse / Homicide / Stalking and harassment / Possession of weapon offences / Robbery / Sexual offences, including rape / Public order offences such as inciting religious or racial hatred / Drug trafficking / Burglary*

*Enforcement options are not restricted to police activity but should be undertaken by any and all agencies that can provide the most appropriate response. Potential enforcement options should be discussed and recorded at the Partnership Panel meeting that the participant is referred into the programme, and reviewed and refreshed in line with each individuals review schedule. Stakeholders have been consulted on the types of services and support that is appropriate to this cohort. This has been mapped and providers prepped in anticipation of supporting the cohort.*

#### **WHO PROVIDED**

5. For each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background and any specific training given.

*Another Chance programme has its own Delivery Group to provide regular operational oversight of the programme. This consists of lead officers from Manchester Community Safety Partnership Team, Youth Justice, Complex Safeguarding, Greater Manchester Police, Probation, NHS Mental Health, Lived Experience adviser, Education, Community / VCSE representation as well as the GMCA delivery team comprising of the Children and Young People Principal, head of research, data analyst, policy and partnership officers, community lead and comms lead. All partners are responsible for ensuring that training has been completed and is up to date for their employees. Roles that are put out to tender will have a stipulation that up-to-date and relevant training, not limited to Safeguarding, trauma informed, and EDI are demonstrated as well as staff being fully vetted.*

*Key community partners will be engaged in delivering racial equity training, particularly in the context of their understanding of (through visiting) American Violence Interruption programmes. This*

<p><i>community partner has offered to provide sessions to delivery partners to share the learning from these visits, and explore what this means in the context of Another Chance in Manchester.</i></p> <p><b>HOW</b></p> <p>6. Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group.</p> <p><i>The Mentor will be in regular contact with the individual and on hand 24/7 as and when needed, face to face or via other communications means. Working with the cohort will be done individually and face to face contact will take place in a range of settings including the participant's home, office, or community venues.</i></p> <p><b>WHERE</b></p> <p>7. Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features.</p>	<hr/> <hr/> <hr/> <hr/>
<p><i>The mentor will be providing ongoing support to the individual, including linking in community initiatives and faith groups to help build roots within the community and a sense of social value so that the individual is able to desist from crime after the structure of the programme has concluded. The mentor will ensure that the individual is meeting their commitment as outlined in the contract; be it education, volunteer work, employment, extra-curriculum activities etc, whilst reinforcing positive messages and highlighting examples of people within the community as well as externally, role models who have turned their lives around. This will be done via telephone, face-to-face meetings, or whatever medium is a suitable, safe way to communicate. The mentor will also be communicating any positive and encouraging messages coming through from schools or areas of influence that will build the individual's confidence. The mentor will ensure that there are no barriers to the individual's engagement by identifying weak points ranging from needing bus passes to supporting the family. The mentor will also help the individual understand the wider implications on their family and network if they break the contract, thus resulting in the enforcement arm being activated. We will ensure that the mentor has appropriate qualifications including EDI and</i></p>	<hr/> <hr/>



*safeguarding. All staff will be required to pass a DBS check before working with the cohort. The mentor is expected to be available 24/7 to be responsive to the individual's needs.*

**WHEN and HOW MUCH**

8. Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose.

*N/A*

*Given the individual-focussed type of intervention, the number of sessions, their schedule, duration, and intensity will vary based on individual needs.*

**TAILORING**

9. If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how.

*The support part of the intervention is intended to be personalised through working with the mentors. They are supposed to identify the unmet needs of individuals and, in working with them, offer opportunities where suited.*

*The enforcement arm will also vary based on a wider set of circumstances around the individual, as discussed in q4.*

<b>MODIFICATIONS</b>			
<b>10.†</b>	If the intervention was modified during the course of the study, describe the changes (what, why, when, and how).  N/A	_____	_____
<b>HOW WELL</b>			
<b>11.</b>	Planned: If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them.	_____	_____
<b>12.‡</b>	Actual: If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned.	_____	_____

\*\* **Authors** - use N/A if an item is not applicable for the intervention being described. **Reviewers** – use ‘?’ if information about the element is not reported/not sufficiently reported.

† If the information is not provided in the primary paper, give details of where this information is available. This may include locations such as a published protocol or other published papers (provide citation details) or a website (provide the URL).

‡ If completing the TIDieR checklist for a protocol, these items are not relevant to the protocol and cannot be described until the study is complete.

\* We strongly recommend using this checklist in conjunction with the TIDieR guide (see *BMJ* 2014;348:g1687) which contains an explanation and elaboration for each item.

\* The focus of TIDieR is on reporting details of the intervention elements (and where relevant, comparison elements) of a study. Other elements and methodological features of studies are covered by other reporting statements and checklists and have not been duplicated as part of the TIDieR checklist. When a **randomised trial** is being reported, the TIDieR checklist should be used in conjunction with the CONSORT statement (see [www.consort-statement.org](http://www.consort-statement.org)) as an extension of **Item 5 of the CONSORT 2010 Statement**. When a **clinical trial protocol** is being reported, the TIDieR checklist should be used in conjunction with the SPIRIT statement as an extension of **Item 11 of the SPIRIT 2013 Statement** (see [www.spirit-statement.org](http://www.spirit-statement.org)). For alternate study designs, TIDieR can be used in conjunction with the appropriate checklist for that study design (see [www.equator-network.org](http://www.equator-network.org)).

**The TIDieR (Template for Intervention Description and Replication) Checklist\*:**  
 Information to include when describing an intervention and the location of the information

Item number	Item	Where located **	
		Primary paper (page or appendix number)	Other <sup>†</sup> (details)
1.	<p><b>BRIEF NAME</b></p> <p>Provide the name or a phrase that describes the intervention.</p> <p><i>Another Way (Nottingham)</i></p>	_____	_____
2.	<p><b>WHY</b></p> <p>Describe any rationale, theory, or goal of the elements essential to the intervention.</p> <p><i>Nottingham’s focused deterrence approach tackles the issue of serious youth violence by those involved in urban street gangs. These individuals, in many cases, live in deprived communities and have experience of multiple adverse childhood experiences and trauma. By working with those communities most affected, the programme aims to offer support and change community norms. Nottingham’s enforcement plan will tackle the exploitation of children by criminal gangs and disrupt the criminal activities associated with street gangs. In a graduated way it will rein in the behaviour of those who do not engage effectively. The support programme is a partnership with individuals to help them make and meet positive goals. Key elements are sustained support, reducing poor mental health, and providing effective employment support. All of this is underpinned by both a strategic and operational approach to intelligence and analysis.</i></p> <p><i>The intervention will support desistance from violence through a simultaneous provision of support and deterring violence. The provision of support will identify and address deficits to living violence-</i></p>	_____	_____

*free life. Engagement with services will be enhanced by the threat of heightened level of enforcement.*

**WHAT**

3. Materials: Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (e.g. online appendix, URL).

*Nottingham's approach to communication aims to avoid making grand, advanced claims and have a greater focus on dialogue and listening. An example are the Community Conversations, where the Difficult Conversations community organisation partnered with grassroots organisations met with local and targeted communities to discuss what they think their children need and what the barriers to change are.*

*Communication with the cohort will be on a one-to-one basis and personal, rather than through physical/informational materials. The navigator will be in frequent contact in a form that best suits the individual (SMS, calls and in-person). Although parents and carers may need interpreter support, the expectation is that cohort members will be generally English speakers. Where this is not the case, the navigator will be required to work flexibly to develop a solution involving community partners.*

*Face to face contact will take place in a range of settings including the home, office, community venues, school or cafes. The Project Risk Register identified a concern that those engaging could, by doing so, place themselves at risk from peers or from exploiting adults and communication will be*

*informed by this risk. This will also be factored into the communication by Police who will encounter individuals informally on the street but also in other settings such as curfew visits or arrest. Police will have a communication role targeted at organised criminal gang members where they are known to be exploiting children.*

*Print and electronic media will be used for broad messaging about the project, targeted at the wider community and practitioners. Community radio stations, Kemet and Dawn will be used as they already have a degree of trust in target communities and involve dialogue and feedback. Nottingham will not incorporate 'call-in' as used in the US, partly because where it has been attempted in the UK it was generally of no or with negative benefit and because it conflicts with the positive approach; Nottingham feel it is necessary to engage both those at risk and the communities they come from. Instead, there will be regular dialogue with individuals and groups.*

*Printed material to advise those involved with the Project, both individuals and families, will be drafted recognising a range of reading styles and incorporating illustrations to reinforce key points. Translations – or interpretation - will be provided on a case by case basis as literacy in a first language cannot be assumed and identifying the correct dialect may be important.*

- 4.** Procedures: Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities.

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*Working with both adults and children, Another Way project involves two lead support partners. For children, this is Targeted Youth Support workers from the City Council's Exploitation and Violence Reduction Team within Children's Integrated Services. This enables the Team to access information and services offered through the Council. For adults, the Council's Slavery and Exploitation Team provides a similar role including access to existing support programmes offered by Probation. This will be supplemented by a variety of support options from voluntary sector providers.*

*For example, feedback from communities is that meaningful employment is the single most important aid to moving away from involvement in criminality and Nottingham Jobs Fund has been able to offer the Project priority access to Equipped for Success, a programme with a track record of supporting 'hard to reach' young people into employment. Both Teams will have access to other training and employment programmes.*

*Highlighted by practitioners is the need for mental health support and the additional barriers this cohort faces in accessing it. This ranges from a reluctance to acknowledge issues to presenting to services with challenging behaviour. The Project is under negotiation with Head to Head service for a mixed provision offer. Experience in working with people in this situation is that the ability to spend small sums of money flexibly on matters such as food, travel, clothes or emergency accommodation can be very effective not only in building trust but in overcoming practical barriers to an individual taking control of their life.*

*The support programme is built on a personal development that is centred on the individual having agency and concomitant support from the Project. The NSD Panels and the practitioner relationships*

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*that they will strengthen are designed to enable support workers to advocate on behalf of individuals who come into contact with law enforcement and ensure, as far as possible, that the wider picture of the young person's journey is taken into consideration.*

*Key to Nottingham's enforcement strategy is that it needs to support the wider project aims and be tailored for individuals, including their age, whether they are under statutory supervision, and level of engagement with the programme. Non-compliant individuals will be highlighted and discussed at the Neighbourhood Safeguarding and Disruption meeting. Informed decisions will be made to ensure the safeguarding and diversion of young people identified at risk of Child Criminal Exploitation, Serious Violence and Knife Crime and classify the type of enforcement sanctions that may be required. The enforcement will be led by Neighbourhood Policing and supported by partners such as Social Care and Community Protection as well as other policing function such as Serious and Organised Crime. Enforcement action, where practicable, will be agreed at the NSDP, unless a swifter response will be required.*

*The Police will actively target and disrupt identified members of the USGs along with those on the periphery to disrupt violence, the supply of controlled drugs and criminal activities associated with street gangs. Every opportunity will also be taken by the Police and relevant partners to disrupt and tackle the exploitation of children. The gathering of intelligence and mapping of offenders will be conducted to ensure that all enforcement possible is undertaken to prevent them to operate and to restrict association and reduce peer pressure regarding the victimisation of children and young adults.*

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<p><b>WHO PROVIDED</b></p> <p>5. For each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background and any specific training given.</p> <p><i>N/A.</i></p> <p><i>Staff working with the individuals will have had a number of mandatory trainings focussing on specific mental-health, exploitation, modern slavery, safeguarding, communication strategies, and race equity. The specialist services provided will be administered by the professional practitioners with relevant training and qualifications.</i></p> <p><b>HOW</b></p> <p>6. Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group.</p> <p><i>Working with the cohort will be on a one-to-one basis. The navigator will be in frequent contact in a form that best suits the individual (SMS, calls and in-person). Face to face contact will take place in a range of settings including the home, office, community venues, school or cafes. The intervention will be done individually.</i></p> <p><b>WHERE</b></p> <p>7. Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features.</p>	<p>_____</p> <p><u>App.07, p.12</u></p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
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*Face to face contact will take place in a range of settings including the home, office, community venues, school or cafes.*

**WHEN and HOW MUCH**

8. Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose.

*N/A*

*Given the individual-focussed type of intervention, the number of sessions, their schedule, duration, and intensity will vary based on individual needs.*

**TAILORING**

9. If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how.

*The support part of the intervention is intended to be personalised through working with the navigators. They are supposed to identify the unmet needs of individuals and, in working with them, offer opportunities where suited.*

**MODIFICATIONS**

- 10.† If the intervention was modified during the course of the study, describe the changes (what, why, when, and how).

*N/A*

HOW WELL			
11.	Planned: If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them.	_____	_____
12.†	Actual: If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned.	_____	_____

\*\* **Authors** - use N/A if an item is not applicable for the intervention being described. **Reviewers** – use ‘?’ if information about the element is not reported/not sufficiently reported.

† If the information is not provided in the primary paper, give details of where this information is available. This may include locations such as a published protocol or other published papers (provide citation details) or a website (provide the URL).

‡ If completing the TIDieR checklist for a protocol, these items are not relevant to the protocol and cannot be described until the study is complete.

\* We strongly recommend using this checklist in conjunction with the TIDieR guide (see *BMJ* 2014;348:g1687) which contains an explanation and elaboration for each item.

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 Information to include when describing an intervention and the location of the information

Item number	Item	Where located **	
		Primary paper (page or appendix number)	Other <sup>†</sup> (details)
	<b>BRIEF NAME</b>		
1.	Provide the name or a phrase that describes the intervention.  <i>CIRV Wolverhampton T1 (high-risk pathway)</i>	_____	_____
	<b>WHY</b>		
2.	Describe any rationale, theory, or goal of the elements essential to the intervention.  <i>West Midlands Focussed Deterrence approach uses a police-led navigator approach. CIRV is a mechanism for identifying risk, being there when it matters (reachable moment), sequencing interventions that are more often than not already commissioned, and placing the young person into an actual opportunity. It will involve the identification of a cohort by police and supporting services. This cohort will be actively approached for the opportunity to engage in the programme. The goal is connecting them to an exit pathway from gangs, violence and county lines. When necessary, the approach also coordinates disruptive functions for those who are criminally active, yet fail or refuse to engage.</i>	_____	_____

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**WHAT**

- 3.** Materials: Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers.

Provide information on where the materials can be accessed (e.g. online appendix, URL).

*Wolverhampton envisages some form of 'contract' / commitment form that outlines in plain English what the programme seeks to achieve and what would constitute enforcement action etc. This will be in a variety of languages and ensured it is understood, regardless of one's communication or cognitive issues, through an intermediary where required. The CIRV programme is branded differently and will look and feel very different to what has happened before to ensure police and partners deliver a new message to individuals and groups to what has been communicated previously. This includes, but is not limited to brand, approach, and the fact that CIRV is based in a community setting and involves the community in its delivery by virtue of the voluntary sector partner.*

- 4.** Procedures: Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities.

*The programme is holistic and focusses on the needs of the young person as opposed to that agency's obligations to that person (such as an education or criminal justice need). This factor is unique, allowing the programme to make sense of the complex partnership world around the young person and make best use of statutory and non-statutory services. One of the most crucial roles of CIRV is to sequence the various interventions and ensure that they are consistent with and pursuant of the objective set, as there might be conflicting priorities when several agencies are involved. For*

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*example, the school may be looking to apply a therapeutic intervention and at the same time housing may be pursuing an eviction, while the police may be doing something entirely different again. The Navigator must influence and lead where appropriate to ensure that there are no presenting obstacles from the agencies involved. The young person needs to understand their journey and need to feel that effective progress is being made towards their objective if they are likely to continue to work with the Navigator. Progress is regularly checked with the young person and how they feel about progress, including effective diagnostic measuring tools. It should be noted that no matter what the young person needs, it is the job of the Navigator to resolve that need with the young person, not to or for them.*

*CIRV also commissioned a separate community mentoring service with the intention of increasing CIRV capacity by having volunteer navigators support lower risk and lower need individuals. This is intended to have a secondary impact in that legitimacy of the programme will be enhanced as local people are provided an avenue of not just feeding back but also being part of programme delivery.*

*Lastly, the programme will be based within the community from a community building where those being supported and those delivering services are able to occupy neutral space and deliver and support alongside one another.*

*As far as disruption is concerned, this only happens after a tangible link to a violent crime and gang/group linkage is established. Anyone being disrupted has also been offered the programme and has turned it down. The door to the programme is never closed and, providing the individuals are willing to work with a Navigator, that opportunity always remains open. In terms of the wider police force being briefed on the project, CIRV has a communication strategy but have already briefed key*

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*internal stakeholders and will be doing this on an ongoing basis. Where activity is required with an individual, a PNC marker is added to each person with specific instructions, so this risk is sufficiently catered for and mitigated against.*

**WHO PROVIDED**

5. For each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background and any specific training given.

*A lot of attention is given to the use of language of the project (i.e enforcement, relapse, non-engagement etc) and what this might mean for individuals, which has been carefully considered in the approach to the team and the training CIRV will provide. The most important is to use the language that the target population understands, but also non-victim blaming and de-professionalising it to ensure it is palatable, conveys mutual respect, and is 'on the same level' as those the programme is supporting. This is a thread that runs throughout the programme and will be part of the training provided. CIRV will also train in cultural competence to ensure the language used is appropriate and not inadvertently offensive.*

*Furthermore, Barnardos are commissioned by West Midlands Violence reduction partnership and provide training to all CIRV staff on Trauma awareness and the impact of Adverse childhood experiences "ACEs" and Phoenix psychology are commissioned to provide:*

- *Training to all CIRV staff on Trauma informed principles in practise.*

- *Training to all staff on the personal impact of stress and dealing with repeat trauma.*
- *Ongoing support at group and individual level regarding case management of cohort.*
- *Ongoing psychological support for CIRV team members both a group and individual level.*

**HOW**

6. Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group.

*Participants will have predominantly a direct, face-to-face contact with their navigator. Many will have contact with their navigator at least weekly, while others will be visited during reachable and teachable moments. Thus, those involved in gangs and group disputes will have the following contacts with the programme:*

- *In a teachable moment before referral*
- *In a teachable moment when already accepted by programme*
- *Via their navigator during regular, planned contact*
- *Via a call-in after an incident of serious violence from a disruption officer*
- *During a disruption interaction due to crime participation and non-engagement*

*As indicated in the above list, the planned communication method and style is both targeted and specific to the audience it is trying to reach.*

**WHERE**

7. Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features.

*Intervention can occur in a number of places, including the places of multi-agency triage, the participant's home, or community spaces.*

**WHEN and HOW MUCH**

8. Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose.

*As the intervention will be tailored to individuals' needs, the exact duration, intensity, and dose of contact will differ. Many will have contact from their navigator at least weekly, while others will be visited during reachable and teachable moments. Those involved in gangs and group disputes will have the following contacts with the programme:*

- *In a teachable moment before referral*
- *In a teachable moment when already accepted by programme*
- *Via their navigator during regular, planned contact*



- Via a call-in after an incident of serious violence from a disruption officer
- During a disruption interaction due to crime participation and non-engagement

**TAILORING**

9. If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how.

*The support component will be personalised, based on individual’s unmet need. This will be assessed on an ongoing basis through their work with the navigator. Likewise, any active disruption activity will be proportionate to the subjects assessed level of risk and engagement in violent crime.*

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**MODIFICATIONS**

10.† If the intervention was modified during the course of the study, describe the changes (what, why, when, and how).

\_\_\_\_\_

**HOW WELL**

11. Planned: If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them.

\_\_\_\_\_

12.† Actual: If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned.

\_\_\_\_\_

\*\* **Authors** - use N/A if an item is not applicable for the intervention being described. **Reviewers** – use ‘?’ if information about the element is not reported/not sufficiently reported.

- † If the information is not provided in the primary paper, give details of where this information is available. This may include locations such as a published protocol or other published papers (provide citation details) or a website (provide the URL).
- ‡ If completing the TIDieR checklist for a protocol, these items are not relevant to the protocol and cannot be described until the study is complete.
- \* We strongly recommend using this checklist in conjunction with the TIDieR guide (see *BMJ* 2014;348:g1687) which contains an explanation and elaboration for each item.
- \* The focus of TIDieR is on reporting details of the intervention elements (and where relevant, comparison elements) of a study. Other elements and methodological features of studies are covered by other reporting statements and checklists and have not been duplicated as part of the TIDieR checklist. When a **randomised trial** is being reported, the TIDieR checklist should be used in conjunction with the CONSORT statement (see [www.consort-statement.org](http://www.consort-statement.org)) as an extension of **Item 5 of the CONSORT 2010 Statement**. When a **clinical trial protocol** is being reported, the TIDieR checklist should be used in conjunction with the SPIRIT statement as an extension of **Item 11 of the SPIRIT 2013 Statement** (see [www.spirit-statement.org](http://www.spirit-statement.org)). For alternate study designs, TIDieR can be used in conjunction with the appropriate checklist for that study design (see [www.equator-network.org](http://www.equator-network.org)).

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 Information to include when describing an intervention and the location of the information

Item number	Item	Where located **	
		Primary paper (page or appendix number)	Other <sup>†</sup> (details)
1.	<p><b>BRIEF NAME</b></p> <p>Provide the name or a phrase that describes the intervention.</p> <p><i>CIRV Wolverhampton T2 (referral pathway)</i></p>	_____	_____
2.	<p><b>WHY</b></p> <p>Describe any rationale, theory, or goal of the elements essential to the intervention.</p> <p><i>West Midlands Focussed Deterrence approach uses a police-led navigator approach. CIRV is a mechanism for identifying risk, being there when it matters (reachable moment), sequencing interventions that are more often than not already commissioned, and placing the young person into an actual opportunity. The direction of control is with the police navigator and the approach is primarily designed to engage anyone who is (self-referred) to the programme and fits the selection criteria, connecting them to an exit pathway from gangs, violence and county lines. When necessary, the approach also coordinates disruptive functions for those who are primarily adults who have been referred, who are criminally active, yet fail or refuse to engage.</i></p>	_____	_____

	<b>WHAT</b>	
3.	<p>Materials: Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (e.g. online appendix, URL).</p> <p><i>Wolverhampton envisages some form or 'contract' / commitment form that outlines in plain English what the programme seeks to achieve and what would constitute enforcement action etc. This will be in a variety of languages and ensured it is understood, regardless of one's communication or cognitive issues, through an intermediary where required. The CIRV programme is branded differently and will look and feel very different to what has happened before to ensure police and partners deliver a new message to individuals and groups to what has been communicated previously. This includes, but is not limited to brand, approach, and the fact that CIRV is based in a community setting and involves the community in its delivery by virtue of the voluntary sector partner.</i></p>	
4.	<p>Procedures: Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities.</p> <p><i>The programme is holistic and focusses on the needs of the referred person as opposed to that agency's obligations to that person (such as an education or criminal justice need). This factor is unique, allowing the programme to make sense of the complex partnership world around the referred person and make best use of statutory and non-statutory services. One of the most crucial roles of CIRV is to sequence the various interventions and ensure that they are consistent with and pursuant of the objective set, as there might be conflicting priorities when several agencies are</i></p>	

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*involved. For example, the school may be looking to apply a therapeutic intervention and at the same time housing may be pursuing an eviction, while the police may be doing something entirely different again. The Navigator must influence and lead where appropriate to ensure that there are no presenting obstacles from the agencies involved. The referred person needs to understand their journey and need to feel that effective progress is being made towards their objective if they are likely to continue to work with the Navigator. Progress is regularly checked with the young person and how they feel about progress, including effective diagnostic measuring tools. It should be noted that no matter what the young person needs, it is the job of the Navigator to resolve that need with the young person, not to or for them.*

*CIRV also commissioned a separate community mentoring service with the intention of increasing CIRV capacity by having volunteer navigators support lower risk and lower need individuals. This is intended to have a secondary impact in that legitimacy of the programme will be enhanced as local people are provided an avenue of not just feeding back but also being part of programme delivery. Lastly, the programme will be based within the community from a community building where those being supported and those delivering services are able to occupy neutral space and deliver and support alongside one another.*

*As far as disruption is concerned, this only happens after a tangible link to a violent crime and gang/group linkage is established. Anyone being disrupted has also been offered the programme and has turned it down. The door to the programme is never closed and, providing the individuals are willing to work with a Navigator, that opportunity always remains open. In terms of the wider police force*

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*being briefed on the project, CIRV has a communication strategy but have already briefed key internal stakeholders and will be doing this on an ongoing basis. Where activity is required with an individual, a PNC marker is added to each person with specific instructions, so this risk is sufficiently catered for and mitigated against.*

**WHO PROVIDED**

5. For each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background and any specific training given.

*N/A*

*However, a lot of attention is given to the use of language of the project (i.e enforcement, relapse, non-engagement etc) and what this might mean for individuals, which has been carefully considered in the approach to the team and the training CIRV will provide. The most important is to use the language that the target population understands, but also non-victim blaming and de-professionalising it to ensure it is palatable, conveys mutual respect, and is 'on the same level' as those the programme is supporting. This is a thread that runs throughout the programme and will be part of the training provided. CIRV will also train in cultural competence to ensure the language used is appropriate and not inadvertently offensive.*

*Furthermore, Barnardos are commissioned by West Midlands Violence reduction partnership and provide training to all CIRV staff on Trauma awareness and the impact of Adverse childhood experiences “ACEs” and Phoenix psychology are commissioned to provide:*

- *Training to all CIRV staff on Trauma informed principles in practise.*

- *Training to all staff on the personal impact of stress and dealing with repeat trauma.*
- *Ongoing support at group and individual level regarding case management of cohort.*
- *Ongoing psychological support for CIRV team members both a group and individual level.*

**HOW**

6. Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group.
- CIRV have made it exceptionally easy to refer into the programme. There is an online portal available to anyone at any time at [www.CIRV.co.uk](http://www.CIRV.co.uk) and anyone can refer a concern into this portal, whether that be a professional, parent or individual. There is also a 24/7 monitored phone. The ambition is to encourage as many referrals for assessment at the multi-agency triage as possible which causes the programme to be further upstream and less reliant on single service data sources to make decisions. Instead, an aggregation of data from partner sources is used as well as context and information from the referral and home visit. The mode of delivery will be predominantly face-to-face, working individually with programme participants.*

*Many of the group members concerned will be case managed and have contact from their navigator at least weekly, and many others will be visited during reachable and teachable moments. Thus, those involved in gangs and group disputes will have the following contacts with the programme:*

- *In a teachable moment before referral*
- *In a teachable moment when already accepted by programme*
- *Via their navigator during regular, planned contact*
- *Via a call-in after an incident of serious violence from a disruption officer*
- *During a disruption interaction due to crime participation and non-engagement*

*As indicated in the above list, the planned communication method and style is both targeted and specific to the audience it is trying to reach.*

**WHERE**

- 7.** Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features.

*Intervention can occur in a number of places, including the places of multi-agency triage, the participant's home, or community spaces.*



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**WHEN and HOW MUCH**

8. Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose. \_\_\_\_\_

*As the intervention will be tailored to individuals' needs, the exact duration, intensity, and dose of contact will differ. Many will have contact from their navigator at least weekly, while others will be visited during reachable and teachable moments. Those involved in gangs and group disputes will have the following contacts with the programme:*

- *In a teachable moment before referral*
- *In a teachable moment when already accepted by programme*
- *Via their navigator during regular, planned contact*
- *Via a call-in after an incident of serious violence from a disruption officer*
- *During a disruption interaction due to crime participation and non-engagement*

**TAILORING**

9. If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how. \_\_\_\_\_

*The support component will be personalised, based on individual's unmet need. This will be assessed on an ongoing basis through their work with the navigator.*

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<b>MODIFICATIONS</b>			
<b>10.†</b>	If the intervention was modified during the course of the study, describe the changes (what, why, when, and how).  N/A	_____	_____
<b>HOW WELL</b>			
<b>11.</b>	Planned: If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them.	_____	_____
<b>12.‡</b>	Actual: If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned.	_____	_____

\*\* **Authors** - use N/A if an item is not applicable for the intervention being described. **Reviewers** – use ‘?’ if information about the element is not reported/not sufficiently reported.

† If the information is not provided in the primary paper, give details of where this information is available. This may include locations such as a published protocol or other published papers (provide citation details) or a website (provide the URL).

‡ If completing the TIDieR checklist for a protocol, these items are not relevant to the protocol and cannot be described until the study is complete.

\* We strongly recommend using this checklist in conjunction with the TIDieR guide (see *BMJ* 2014;348:g1687) which contains an explanation and elaboration for each item.

\* The focus of TIDieR is on reporting details of the intervention elements (and where relevant, comparison elements) of a study. Other elements and methodological features of studies are covered by other reporting statements and checklists and have not been duplicated as part of the TIDieR checklist. When a **randomised trial** is being reported, the TIDieR checklist should be used in conjunction with the CONSORT statement (see [www.consort-statement.org](http://www.consort-statement.org)) as an extension of **Item 5 of the CONSORT 2010 Statement**. When a **clinical trial protocol** is being reported, the TIDieR checklist should be used in conjunction with the SPIRIT statement as an extension of **Item 11 of the SPIRIT 2013 Statement** (see [www.spirit-statement.org](http://www.spirit-statement.org)). For alternate study designs, TIDieR can be used in conjunction with the appropriate checklist for that study design (see [www.equator-network.org](http://www.equator-network.org)).

## Appendix B: Memorandum of understanding

### ACF1 Evaluation activities and milestones

Sites have been fantastic in supporting the evaluation activity to date and for this we, the evaluation team, are extremely grateful. As we're moving into the delivery stage of the programme and there may be new faces across the partners, we wanted to share a document that describes what we will be doing over the delivery period, the timeline for this activity and where we will need your ongoing support.

We are pleased to say that the detailed evaluation plan has now been approved, published, and available here [[ISRCTN - ISRCTN11650008: Effect of focused deterrence violence intervention on adolescents and adults involved in violence](#)]. Registrations like this are really important as a way to say up front and publicly 'this is what we plan to do and we will stick to this plan', which enhances the trustworthiness of our research findings. A shorter summary of the evaluation is in [Appendix 1](#).

### Ways of working

*Values:* We try to work to a set of procedural justice values of neutrality, voice, trustworthiness and respect. We hope that you feel we have embodied these and that you have enjoyed and valued working with us as much as we have enjoyed working with you. We will continue to stick to these values.

*Minimising burden:* We know you have enough to be doing, so we will try to keep out of your way and make sure to minimise the burden on you by organising these ourselves as much as possible.

*Communication:* We (the evaluation team) will be your main point of contact for the evaluation and for what is covered in this document. We will continue to work closely with YEF and ensure there is consistency in our communications with you.

*Multi-site collaboration and evaluation consistency:* Working across multiple sites adds complexity, and as challenges emerge adjustments may be required. We will give you and the YEF as much notice as possible of any such adjustments. As the project should follow the protocol detailed publicly, we will aim to keep changes to the evaluation to an absolute minimum.

*Delivery consistency:* We recognise that as implementation proceeds, there will inevitably be adjustments that you may also need or want to make as the project develops. At the same time, we need to ensure that such adjustments don't drift away from the principles of Focussed Deterrence or undermine the integrity of the evaluation and, ultimately, the credibility of the evidence that generated. To minimise this and to ensure that we capture and changes, please could you send any proposed major amendments to your Operating Manual direct to us before these changes are made. This will allow us to understand what effects, if any, they might have on the evaluation. If there are any major changes and challenges, we will take these for discussion with the YEF at our regular catchups. Finally, there will be a formal quarterly check-in with the YEF Programmes team, some of which we will attend, to discuss progress and risks. Please note, this just relates to major changes. We know that minor changes and tweaks are inevitable and we will capture these

through our observations, your meeting records. If you are in doubt about whether a proposed change is a major or minor amendment, please contact us to discuss it.

*Commitment to randomisation:* We talked a lot about randomisation and noted the importance of sticking to the rules that we have developed, i.e. individuals in the control group must have no direct contact with the programme. We are confident that we all understand the importance of this but please do get in touch if anyone has any questions. **It is also very important that individuals are recorded in the right group and that people in both the control and intervention group can be identified from your records in two years' time.** We will be doing some spot checks on these during our observation weeks to make sure everything is running smoothly.

The next six months: Pseudo-pilot and 'stopping rules'

#### *Purpose and timing*

Although there will be no break in delivery of the intervention, the first six months of each trial is a 'pseudo-pilot' period. We call it 'pseudo' because unlike in other trials, there is not a formal break between the end of the pilot and the beginning of the full trial. We will look at data from this period, assess fidelity to the evaluation plan and suggest minor amendments to enhance the evaluation, if required. The pilot period will cover the first six months of delivery and end six months after the last site begins their trial (approximately January 2024).

#### *'Stopping' rules*

We will also use this pilot period to check whether any harm is being done by the intervention, so we can intervene if necessary. Similarly, we will want to intervene if we see large positive effects that suggest denying the control group the intervention would be unethical. This is standard practice in many trials and the criteria for stopping should be stated in advance.

For ACF1, based on a review of six months of data, a 'stopping' review will be implemented if:

- 1) Reoffending prevalence in the treatment group is equal to or more than 10 percentage points greater than the control group (e.g. 20% in treatment, 10% in control).
- 2) Reoffending prevalence is 15 or more percentage points lower in the treatment group than in the control group (e.g. 30% in control, 15% in treatment).

This asymmetry is because we want to be more cautious (sensitive) to negative effects than positive ones. The rules allow for site-specific differences but also mean that interim effects in one site will not determine the outcome for all sites. In the unlikely event that either rule is fulfilled, then the study will pause intake (recruitment) for one month to allow for options regarding progression to be tabled and agreed upon. The review will also look at the current rate of referrals and take up of the offer of services by young people in each site to assess progress against the targeted numbers of young people required to make the evaluation feasible. If either of the 'stopping' rules are met or referrals/take up are significantly below expected levels all parties (YEF, the evaluation team and the site team) will work together to discuss next steps. This might include work to modify, delay, extend or cancel activities as necessary.

## *Feedback*

The evaluation team will feed back the high-level results of the pilot to each site in a workshop about nine months after the start of implementation (around March 2024, to allow three months for the analysis of six months of data). This will cover any suggestions to improve the quality of the evaluation and fidelity of delivery, if appropriate, but will not share the interim offending outcomes (unless the observed effects fulfil a stopping rule), as this can sometimes interfere with delivery and affect motivation.

## Evaluation activities (now-end of intervention)

The following points detail the day-to-day activities that the evaluation team will be undertaking including what we will need from you and our commitment to you.

### **1. Baseline interviews [~two weeks prior to delivery]**

Up to five baseline interviews with delivery team(s) and local stakeholders, providing a snapshot of the pre-delivery environment and insight into violence and multi-agency cooperation in the city.

**Ask from sites:** Attend interview and facilitate contact with stakeholders.

**Commitment from evaluators:** Minimise burden to delivery teams and stakeholders.

### **2. Data sharing agreements with forces [May to December 2023]**

Establish data sharing agreements with the four police force areas so that we can access individual level data on the outcomes.

**Ask from sites:** Introduction to relevant data manager in local police force.

**Commitment from evaluators:** Minimise burden to delivery team, be efficient in negotiating access, involve delivery sites where required.

### **3. Community surveys [June to December 2023]**

Access data from community safety surveys in all areas (we will also have access to police data and hospital admissions but will get these ourselves). These surveys will be useful city-wide benchmark about community attitudes. Most cities have a version of this that we can adapt. An alternative is to run our own survey, but we are conscious that this might step on some toes in PCC offices.

**Ask from site:** Introduction to relevant data manager in PCCs or relevant office.

**Commitment from evaluators:** Seek to avoid duplication of effort, maximise data security, only use survey data for ACF1 evaluation.

### **4. Observation weeks [Delivery commencement to delivery end]**

Observation weeks will take place in each site every six weeks (approximately 17 per site in total). During these weeks a researcher will ask to sit in on team meetings, observe some meetings between the delivery team and clients and interview some of the intervention cohort and delivery team members where possible.

**Ask from sites:** Support organisation and permissions for observations and interviews.

**Commitment from evaluators:** Minimise burden, ensure data privacy, try not to get in the way of delivery.

### **5. Outcomes data [End of pilot period and six month intervals]**

To analyse the outcomes of the programme, we need outcomes data from each police force. As we will not have their personal information, sites will need to provide the forces with a list of identifiers (e.g. name, DOB) so that outcomes data can be extracted. This list will include the treatment and control group members

but not their group membership (we don't want the person extracting the data to know which group they were in). This output will need to be linkable (but not linked) to the delivery team's internal delivery data through a unique ID that we have discussed with sites. As we mentioned in the Protocol (Data protection content) this information needs to be sent to us every six months containing the latest updated version. A diagram of the data flow is included as Figure 1.

**Ask from sites:** Facilitate the extraction of outcomes data at two time points and link this data to site process data.

**Commitment from evaluators:** Ensure that data extraction is as simple as possible by providing a template; undertake a practice run with the person extracting the data; provide brief training on uploading data to the University of Hull Data Safe Haven airlock.

## 6. Process data [End of pilot period and six month intervals]

To analyse the outcomes of the programme, we need the following data: (i) group allocation, (ii) demographic characteristics and (iii) engagement data (intervention group only) for each individual in the outcomes data set. The list of this required data is in [Appendix 2](#). This output will need to be linkable (but not linked) to the outcome data through a unique ID that we have discussed with sites. As we mentioned in the Protocol (Data protection content) this information needs to be sent to us every six months containing the latest updated version.

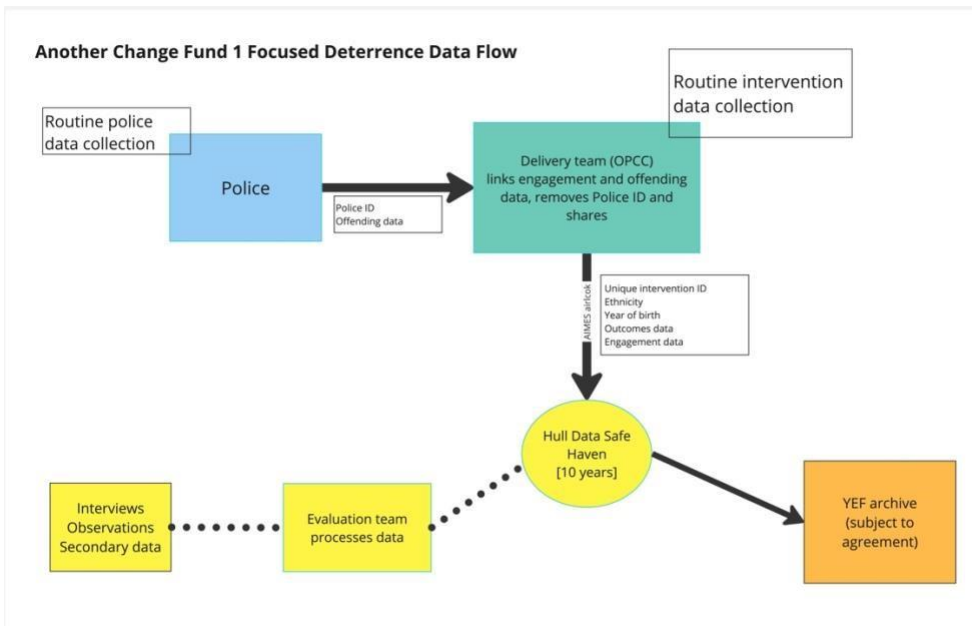
**Ask from sites:** Facilitate the extraction of condition, demographic and engagement data and link this data to site outcome data.

**Commitment from evaluators:** Ensure that data extraction is as simple as possible by providing a template; undertake a practice run with the person extracting the data; provide brief training on uploading data to the University of Hull Data Safe Haven airlock.

## 7. Archiving [End of evaluation]

To transfer evaluation data to the YEF secure data archive to allow tracking of long-term outcomes and quality assurance of the evaluation. The YEF will arrange a workshop on this in Autumn 2023. **Ask from sites:** To work with the YEF to develop a process for archiving in the ONS Secure Research Service that allows data linking while maintaining 'pseudonymisation'. This will require you keeping personal information on participants (e.g. names, dates of birth) linked to the unique ID for the duration of the evaluation and until archiving has been completed. This could then be used by the DfE to link individual participants to their unique pupil reference number (where available) and for this to then be used to track long term outcomes in public data sets in the YEF data archive.

**Commitment from evaluators:** To support this activity as your data processor.



**Figure 1. Evaluation data flow**

**Evaluation timeline and reporting**

Please note that these periods overlap because sites are running on slightly different timetables.

Time	Activity
April-July 2023	Baseline interviews
May-July 2023	First delivery commences
May 2023-January 2024	Pilot period
March 2024	Pilot report feedback workshop
November 2023-August 2025	Full trial period
May 2025-August 2026	Follow-up period
April 2027	Evaluation write-up period/Draft report due
October 2027	Publication of final report

## Appendix 1: High-level evaluation plan summary

### **Why are we doing this?**

Focused deterrence is an intervention designed to reduce violent offending among people already involved in violence. The intervention can take several forms, but at its core are three interacting components: enforcement by police, support to desist from violence and expression of non-violence community norms. In 2021, the Youth Endowment Fund created a framework describing a set of essential criteria for a focused deterrence intervention. The development of this framework was based on evidence from previous studies, interviews with professionals from the UK, USA, and Scandinavia, and input from an advisory group of experts. The framework was designed to allow for contextual variations across different locations, considering the history of focused deterrence programs. In 2022, five organisations in cities in England were each funded to develop a violence prevention intervention based on this framework with the commitment that the interventions would be evaluated rigorously. The evaluation worked with the organisations to support the development of acceptable interventions and to develop a robust study design to evaluate the effectiveness of the programme.

### **What is being tested?**

Participants will be randomly allocated to the violence prevention intervention or control groups (business as usual). The effectiveness of the intervention will primarily be assessed by comparing the number of violent offences perpetrated by the intervention group within 1 year of randomisation compared to those perpetrated by the control group. The secondary outcomes are involvement in group offending, which will be measured as the number of crimes attributed to the individual and one (or more) co-offenders within 1 year of randomisation, as well as time to offence, which is the number of days from randomisation to offence (right-censored if there is no offence).

#### *Intervention*

Each site developed their intervention based on the following six common components: (i) Identification; (ii) Eligibility; (iii) Contact and initial engagement; (iv) Services and Community Support; (v) Enforcement; (vi) Exiting the programme. However, each site will be following their own approach in each of these six components.

#### *Control or comparison group*

Individuals in this group will receive business as usual (BAU) for their city in terms of policing and access to statutory or community support provision.

### **How is it being evaluated?**

The evaluation design of this study is a realist randomised controlled trial consisting of a summative and formative evaluation. It includes some of the only randomised controlled trials of a focused deterrence intervention where no feasibility study or pilot has been undertaken and, because this is among the first evaluations to use individuals as the treatment groups, no estimate of effect is available. As described above, the evaluation design incorporates a pseudo-pilot after six months of delivery, at which point data will be examined to provide the estimates and knowledge that a typical pilot and feasibility studies would.



This will also provide an opportunity to examine differences in delivery and intervention experience across groups.

#### *Formative evaluation*

The formative evaluation uses a realist approach to explain how the study worked, in what context and with what populations. It examines the three mechanisms of Focussed Deterrence: deterrence, support and the interaction between deterrence and support. The data collection consists of qualitative and quantitative methods, including semi-structured cross-sectional and longitudinal interviews, observations, survey questionnaires, and routine outcome performance monitoring using administrative data provided by the sites.

#### **Research questions**

##### *Impact evaluation questions:*

- 1) What is the difference in the number of violence against the person offences attributed to individuals receiving the focused deterrence intervention, compared to similar individuals receiving business as usual support?
- 2) What is the difference in the time to a violent against the person offence (in days) attributed to individuals receiving the intervention in comparison to those of similar individuals receiving business as usual support?
- 3) What is the difference in the number of co-offending crimes (i.e. crimes involving two or more perpetrators) attributed to individuals receiving the intervention in comparison to those of similar individuals receiving business as usual?

##### *Process evaluation questions:*

- 1) To what extent were the critical components of the intervention received by the target population?
- 2) How did inputs contribute to the intervention functioning?
- 3) Who did the intervention work for and how?
- 4) How did local context affect intervention delivery?
- 5) To what extent was the intervention delivered as intended?
- 6) How did complexity affect intervention delivery?
- 7) How did proximal outcomes change?
- 8) Why did proximal outcomes change?
- 9) What was learned from how the intervention was delivered?

## Appendix 2 – Process data to be collected by sites

### **Initial screening**

Unique programme ID

Month and Year of birth

Gender

Post code (first three digits only)

Ethnicity (White, Black, Asian, Chinese, Other)

Date of referral (if applicable)

Source of referral (if applicable)

Date of eligibility assessment

Eligibility criteria A...k

Involved in group violence (yes/no/unknown)

Outcome of eligibility assessment (eligible/not eligible)

Number of violence against the person offences (agreed list of outcomes) per referred individual in 12 months preceding referral

### **Programme selection decision**

Selected for programme (yes/no)

Randomised (treatment/control)

Accepted into programme (yes/no)

### **Contact (1...k, i.e. there should be a 'contact' entry for every attempt)**

Date of contact attempt...k

Contact made...k

Date of contact made...k

Outcome of contact...k

Was this a repeat contact attempt...k

Consented to programme...k

GPS accepted [CIRV only] (yes/no)

Date consented to programme...k

### **Engagement (1...k, i.e. there should be an 'engagement' entry to every engagement meeting)**

Case worker ID

Engaged with support...k

Referred to support...k

Date referred to support\_k

Nature of referred service\_k

Date of engagement with support\_k

Outcome of engagement with support\_k

Referred to enforcement\_k

Reason for referral to enforcement\_k

Date of first referral to enforcement\_k

Nature of referred enforcement\_k

Voluntarily disengaged from programme...k

Date voluntarily disengaged from programme...k

## Appendix C: Data protection considerations

### Data protection

- *Include a data protection statement relevant to the project (i.e., not a link to the organisation's generic data protection policy). This may use information from the Memorandum of Understanding (if applicable), information sheets and privacy notice.*
- *Describe the privacy or fair processing notice made available to participants, specifying all the purposes of data processing, retention periods and parties with access to the data during and after the pilot. This includes providing information about the YEF data archive and sharing YEF's privacy notice (its guidance for participants). Provide relevant documentation in an appendix (e.g., information sheets, privacy notice, withdrawal forms).*
- *Describe relevant procedures for ensuring data quality, anonymity or confidentiality as applicable.*
- *Describe your approach to demonstrating GDPR compliance, including, but not limited to, how you will protect individual data subjects' rights, purposes for data processing, all parties with access to data (and reasons), retention periods.*
- *Specify data processing roles (controller, any processors) during the evaluation up to the point of data being deleted from all locations by the evaluator and/ or delivery team. (N.B. The YEF becomes data controller for the datasets archived at the end of the evaluation, once internal quality checks have been successfully completed.)*
- *If not already included above, specify your legal basis for processing personal data and, if applicable, special data, with reference to the **General Data Protection Regulation (Article 6 and Article 9, respectively)** and/ or the [Data Protection Act 2018](#).*
- *Provide a clear rationale for the legal bases selected for personal and special data, with reference to your organisational policies and the design of the specific evaluation project. If relying on legitimate interests, clearly specify what specific interests your organisation has in conducting the evaluation. These may include commercial interests, individual interests or broader societal benefits – please specify. (See [ICO guidance](#) for more information.)*

The study operates under the governance of the University of Hull research ethics policies. All primary data collection occurred under conditions of informed consent and, where appropriate, parental assent. All data are stored in accordance with their level of sensitivity. At minimum, data are stored on a University of Hull server and only accessible to project team members via a project Teams channel. Additionally, information containing participant contact details are stored in a password-protected folder within access limited to essential individuals (for example, where it is necessary for arranging interviews or for distributing vouchers in lieu of payment for participant interview time).

The evaluation consortium (led by University of Hull) is committed to protecting the privacy and confidentiality of our study participants. As part of our commitment to data protection, we (the research team) have developed the statement presented below to explain how we will collect, use, store and protect personal information in relation to the Another Chance Fund multi-centre randomised controlled trial.

The research team lead is Professor Iain Brennan ([i.brennan@hull.ac.uk](mailto:i.brennan@hull.ac.uk)) and the project coordinator is Dr Tia Simanovic ([t.simanovic@hull.ac.uk](mailto:t.simanovic@hull.ac.uk)). The data protection officer for University of Hull is Angela Clement ([dataprotection@hull.ac.uk](mailto:dataprotection@hull.ac.uk)).

### Collection of Personal Information

The study includes four forms of data collection that could include personal information:

*1. Contact information for participation:* We collect personal contact information from study participants during the recruitment process for the study to allow us to set up interviews. Individuals are asked to consent to the sharing of their contact details with the research team. This information may include participant name, age, gender, address and phone number. We only collect the minimum amount of personal information necessary to contact the participant for interviews and/or observations of intervention delivery, including obtaining parental assent to contact participants, and ensure that all personal information is collected in compliance with applicable laws and regulations. This information is stored in a password-protected folder on a University server and is stored separately from any other data collected through the study, which will prevent the participant's identity from being linked to study data. This contact data will be deleted upon completion of the project.

*2. Interview data:* Individuals who have agreed to participate in interviews (and, in case of children, their parent/guardian has also assented) provide informed consent for their interview data to be used as part of the study and participate in the interviews voluntarily.

*3. Police records:* For the pilot study, no personal data has been obtained from police records. However, data processing agreements are in preparation that will allow our access to personal information about study participants held by the four police forces involved in the study: West Midlands Police, Greater Manchester Police, Leicestershire Police and Nottinghamshire Police. This personal information will include information on criminal records. The information will not contain any names, full dates of birth or address details, but it will include individual ethnicity. The information will be linked to process data collected by the intervention delivery teams through a unique identifier.

*4. Intervention process data:* Intervention cohort members who engage with the programme consent for their pseudonymised data to be shared with the evaluation team. This consent is indicated in their standard consent documents.

In the longer-term, data on individual criminal records will be accessed via data sharing agreements with relevant police forces and stored in the University of Hull 'Data Safe Haven', which is an NHS Digital Toolkit and ISO27001:2013 compliant trusted research environment. However, no such data are used in this report.

### **Use of personal information**

We will only use personal information for the purposes of the study. This includes retrospectively assessing eligibility and analysing the results. Individuals will only be identified using a unique reference number: names, date of birth, full post codes or other information that could be used to identify a person will not be available to us. The personal information will not be used for any other purpose.

### **Storage and protection of personal information**

All personal information collected for the study will be stored securely and confidentially in a secure Data Safe Haven, accessible only to the evaluation team through a two-factor authentication process. We will take all reasonable steps to ensure that personal information is protected against unauthorised access, loss, misuse or disclosure. Personal information will be stored for ten years after the end of the trial.

## **Your rights**

Individuals have the right to access, correct, update or delete their personal information held by us. They also have the right to withdraw their consent for the use of personal information at any time. As we will not be able to identify the individuals in our data set, if they wish to exercise any of these rights, they should contact the relevant police force.

## **Legal basis**

We will process personal information about trial participants under the UK General Data Protection Regulation (GDPR) and the Data Protection Act (2018).

Under the UK General Data Protection Regulation (GDPR) Article 6, processing personal data in the absence of individual consent is permitted if it is necessary for the legitimate interests pursued by the controller or a third party, except where such interests are overridden by the interests, rights, or freedoms of the data subject, as outlined in Article 6(1)(f). The Data Protection Act 2018 further clarifies that legitimate interests can include commercial interests, individual interests, or broader societal benefits, but the processing must be necessary and balanced against the rights and freedoms of the data subject (Section 8(1)(f)).

Individual ethnicity is a form of 'special category' data that requires additional justification. Article 9(j) of UK GDPR provides a condition whereby individual ethnicity can be processed on the basis of Archiving, research or statistics. In addition, the use of ethnicity in this study is to assess for equality of opportunity and treatment across ethnicity groups.

We have assessed the applicability of the legitimate interest basis for processing personal information and identified that the processing is necessary and that individual interests do not override the legitimate interest.

## **Legitimate interest**

We are processing the data to address a research question that cannot be answered sufficiently using self-report or other sources of information about violent behaviour. The benefits from processing this information relate to advance understanding of the effectiveness of violence prevention activity that could reduce violent harm in society. In the absence of this processing, there is a potential that violence prevention activity would be misdirected or harmful to society. Our study has received ethical approval from University of Hull and we will use a very high standard of data security to prevent the risk of any data loss or disclosure. The AIMES Data Safe Haven product is NHS Digital Toolkit and ISO27001:2013 compliant.

*Necessity:* Processing personal information about violent offending is the most suitable process for determining the effectiveness of violence prevention initiatives. Police records are a standardised and well-documented indicator of violent offending that are consistently used to measure the impact of interventions. The application of a highly rigorous randomised controlled trial methodology means that the processing of the data provides the best possible indication of the effectiveness of these interventions. Other approaches, such as using self-reports on offending, offer value about individual experience, but suffer from risk of response bias and low response in a way that undermines their suitability as a source of information for testing the average effect of the intervention.

*Balancing:* The research team processing the data will have no relationship with the individual and will not be able to link personal information with any individual. The data are highly sensitive and private, but the

steps taken to guard the identity of the individual through the use of a unique identifier and absence of other personal information, combined with high levels of information security protocols that will be employed, and a legal agreement between the data controlling police force and the University of Hull, provide suitable levels of protection of personal information. There is a societal expectation that Universities undertake research to improve societal wellbeing and security, which may include the processing of personal information using appropriate safeguards to protect individual identities, including those of children. As the data provided to us will not include any personal identifiers, we are unable to offer an opt-out for the processing of personal data as identifying individuals would not be possible. Any opt-out would be required at the point of the original data controller, the relevant police force.

### **Data processing**

Data on police records will be shared by the four police forces with the research team at six monthly intervals. Under the terms of data sharing agreement, a data set will be uploaded to a secure 'airlock' provided by AIMES Ltd., a third-party data security provider. The data set will be linked to records supplied by the intervention delivery teams using a unique identifier. The data set will be used to generate descriptive statistics and to analyse the effect of the programme on violence outcomes. The data will be processed at pre-defined intervals in accordance with the project statistical analysis plan. All processing will take place within the Data Safe Haven platform and only summary statistics and images will be extracted from the secure environment in accordance with University of Hull Data Safe Haven procedures. To facilitate the potential for follow-up analyses, the data will be stored in the Data Safe Haven facility for ten years following completion of the project in 2026.

## Appendix D: Project team and stakeholders

### Project team

#### **Coventry:**

Daryl Lyon – Chief Inspector; Neighbourhood Policing & CIRV Programme Lead

Zeba Chowdhury – Criminal justice & exploitation delivery manager

Lisa Yates-Laughton – site lead for Coventry

#### **Wolverhampton:**

Daryl Lyon – Chief Inspector; Neighbourhood Policing & CIRV Programme Lead

Zeba Chowdhury – Criminal justice & exploitation delivery manager

Clive Baynton – site lead for Wolverhampton

#### **Leicester:**

Grace Strong – Head of prevention, Leicestershire Police

Stevie-Jade Hardy – formerly Head of data, evidence, and evaluation, Violence Reduction Network;

Leicester, Leicestershire and Rutland

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### Evaluation team

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The evaluation team advised and supported the implementation and delivery of the intervention but were not involved in the development of any of the programmes or the overarching YEF framework. Likewise, the project leads in each site and the delivery team are not involved in the evaluation of any of the programmes or the project overall. The funder, Youth Endowment Fund, have reviewed the project evaluation strategy documents but will not contribute to any conduct, analysis or reporting of the trial, except to make comments on report drafts at different stages of the evaluation.

The funder of this evaluation is the Youth Endowment Fund. The project funding is provided by their Another Chance Fund 1 scheme. Youth Endowment Fund contributed to discussions about the study design and made a recommendation to their Grants and Evaluation Committee about the provision of continued support for the project to progress to the Implementation and Evaluation stages.

No conflict of interest has been declared by the evaluators.



## Appendix E: Baseline interview schedule

**Topic:** Baseline interview schedule

**Population:** Delivery leads and community stakeholders

**Sampling:** All population

**Frequency:** Cross-sectional

**Timing:** Up to two weeks before delivery

### Pre-amble:

In this interview we would like to describe the characteristics of [insert city] and the context in which the focused deterrence programme [local programme name] will be delivered. We will be using available quantitative data to contextualise some of the factors we discuss today, so there is no expectation of you providing any facts about the area and the context and no right or wrong answers. We are simply interested in your take on things as they stand in the weeks before delivery. As the programme develops, we will return to some of your answers and ask how you think things have changed and to what extent, if any, they can be attributed to the programme activity or the intervention itself.

1. How would you describe the [city] in terms of its violent crime? / Tell me about violence in the city?
2. In your experience, what types of violence are the most problematic? [this does not have to be the type of violence being focused on in the project]
3. Who is perpetrating these types of violence?
4. How would you describe **group** violence in the city?
5. In your opinion, what do the public feel is the cause of violence in the city?
6. Who do the public feel should be responsible for preventing violence?
7. In terms of group/gang violence, what intelligence and data do statutory services - police, VRNs, social services, probation etc. - use to understand the nature of group/gang violence in the city? What is the quality of this intel? Is the available data used well?

**We are also interested in local relationships between police, other public services and the general population in [city].**

8. What is the relationship like between the police and the population of the city in general?  
[prompt: do the public trust the police - fair and competent; do the public feel the police do a good job; are there any common issues with policing in the city; are these issues historical/current?]

9. What is the relationship like between the police and the communities from where the [local programme name] cohort is drawn?  
[prompt: do the public trust the police - fair and competent; do the public have any common issues with policing in the city; are these issues historical/current?]
10. What is the relationship like between statutory services and the population of the city in general?  
[prompt: do the public trust the police - fair and competent; are there any common issues with policing in the city; are these issues historical/current?]

### **Business as usual**

11. Besides this programme, can you describe what 'business-as-usual' violence prevention activity is for the people of the city?  
[prompt: what types of violence interventions are currently going on in the city? What is your opinion of their effectiveness?]
12. What is 'business-as-usual' enforcement [deterrence and consequences] for people involved in violence? Who gets 'enforcement' (or not)? Who delivers it?
13. What is 'business-as-usual' support? Who gets support (or not)? Who delivers this?
14. Are there any programmes that target a similar population to [local programme name]? To what extent do you envision this might interfere with the [local programme name] and in what ways?
15. How do services in the city identify people who might benefit from violence interventions? Is this process fair? Is it efficient?
16. In your experience, how do people who are reached for violence prevention activity respond when approached?
17. The [local programme name] will be delivered by [police/not police]. Do you think this programme could be led by [not police/police]? Is who 'leads' it important?

## Appendix F: Navigator 1<sup>st</sup> interview schedule

### Navigator 1<sup>st</sup> Interview

#### Preparation

1. ***You get the call that an individual has been assigned to you, is there any preparation that you do before you meet them for the first time?***

Follow Up Question: Are they assigned to you on an ad hoc basis or following some kind of protocol?

Follow Up Question: What kind of information do you have about the individual before meeting them?

Follow Up Question: Does the extent of the information you receive about the participant vary? (What effect does this have?)

Follow Up Question: Does your preparation vary based on the time of the day, the amount of time you have to get to them, the area, and what trial they are in?

Follow Up Question: What kind of paperwork is involved in this preparation?

Follow Up Question: Have you had any specific training to be a navigator?

Follow Up Question: What's running through your head as you go to meet them for that first time?

Follow Up Question: Are you likely to know participants from previous contact/meetings?

Follow Up Question: Are there any circumstances when you would ask not to be their navigator?

#### First Contact

2. ***Can you tell me in as much detail as possible what happens in that first contact with a typical (high-risk) referral?***

Follow Up Question: Where is this meeting likely to take place?

Follow Up Question: How would you normally dress?

Follow Up Question: What is your approach on the first contact with a participant (formal/informal etc.)?

Follow Up Question: What are you trying to achieve in that first contact?

Follow Up Question: How does the individual normally behave towards you? (aggressive/passive)

Follow Up Question: What type of things do they say to you?

Follow Up Question: What's the hardest part, generally, of that first contact?

Follow Up Question: What information do you leave them with? Do you have any resources? Do you leave a phone number?

Follow Up Question: Do you have any leeway as to how the custody officer progresses an offence if the participant has been arrested? Can you get them out of custody?

Follow Up Question: Can you explain to me the concept of a "reachable moment", what would be your understanding of it? How is this explained to the participant, if at all, and what do their reactions range from?

Follow Up Question: At what point do you determine that the first contact is finished?

Follow Up Question: How do you determine a good (or a bad) first contact?

3. ***Can you run me through a first contact from start to finish?***
4. ***How are the participants usually engaging?***
5. ***What is the general approach that you use to get somebody to participate in the programme?***

Follow Up Question: When you're attempting to get someone to join the program, do you use questions which are scripted and you've been trained to say, or do you decide what to say on the spot?

Follow Up Question: What 'hooks' or 'incentives' do you offer them, if any?

Follow Up Question: Are these 'hooks' likely to change from person to person (based on their background etc.)?

Follow Up Question: How much digression do you have on the approach? Do you follow a protocol? What leeway do you have?

Follow Up Question: Do you think it matters being a police-officer/community support worker etc. as a navigator?

Follow Up Question: What are the challenges of the participant knowing that you are a police-officer/community support worker etc.?

6. ***How do you keep participants engaged in the programme?***

Follow Up Question: What is your expectation of a person on the programme?

Follow Up Question: How do you incentivise them?

Follow Up Question: How does the deterrence aspect of the program work?

Follow Up Question: How do you implement the deterrence and consequences? Do you know what will trigger a person? Do you know what to take away?

Follow Up Question: What is the importance of you keeping someone on the program?

Follow Up Question: What is a good first week on the program?

Follow Up Question: How do you know when they start to become disinterested in the program?

Follow Up Question: How would you go about getting them back on board?

Follow Up Question: How important is building a strong relationship with participants?

Follow Up Question: Do you think the programme works for most participants, why (not)?

## **Post Meet**

7. ***After you have finished a first contact, what processes do you follow?***

Follow Up Question: What kind of paperwork do you have to keep?

Follow Up Question: How often will you meet up?

Follow Up Question: Do you write a report?

Follow Up Question: Do you interact with business support?

Follow Up Question: Are there any notes added to the individual's file?

Follow Up Question: What is the general procedure of maintaining contact after that first meeting/contact?

Follow Up Question: At what point does the case end? Tell me something that would prevent you closing a case?

**(Only for CIRV)** Follow Up Question: Is there any difference between trial one and two cases administration-wise?

## Services

### 8. *How do you feel about the multi-agency partnership aspect of the programme?*

Follow Up Question: How are services negotiated once a participant is engaged? How do you assess needs?

Follow Up Question: How do you work with other agencies on the programme? Do you talk to them, or is it through business support?

Follow Up Question: Do you feel you have good relationships with other services on the programme?

Follow Up Question: Are there any challenges with getting in touch with the agencies?

Follow Up Question: Do you have any difficulties working with the agencies?

### 9. *Finally, if given an opportunity, would you change anything about the programme?*

**Thank you.**

## Appendix G: Programme participant interview schedule

### Getting to know you.

Just tell me a little bit about your hobbies/sports, what you are interested in? How long have you been involved in these interests? How did you get into them? Do you do them alone or as part of a club or with friends? Would you describe yourself (shy/outgoing).

### Demographics. To help understand how the programme works for different people could you tell me...

How old are you?

What race do you identify best as?

And your gender?

### Theme 1 - Thoughts on FD

#### You recently joined the [insert name] program.

1. **Can you tell me why you decided to be a part of this program?**
  - a. And what is it like to be in this programme?
  - b. How would you describe the programme; what do you need to do in this program?
  - c. What is the program for; what is it supposed to do?
  - d. What's your role in the program? How do you know that these are your duties? How do you feel about these requirements? Are there any consequences if you don't do some of these tasks?
  - e. And what about the police, do you know if the police is involved in this program? Did you have any contact with the police in this program?
  - f. Why might the police become involved in the program?
  
2. **How do you think the people running the programme view/see you, think of you? (Police, service providers, navigators)**
  - a. Can you describe to me the interactions/relationships you have with these different people?
  - b. Do you know any of them from before? How did their attitude toward you change since you started the program, if at all (maybe in how they are talking to you or working with you)? How/in what ways?
  - c. Is there anything that you like about how the [insert the person who seems to be mentioned the most – navigator? Someone from the support program] is working with you? What?
  - d. Is there anything that you really dislike about how the program is treating you? What?
  
3. **Do you think that the programme is working for you? How/why (not)?**

- a. Have there been times when you thought about leaving the programme? Could you tell me about that?
- b. What has made you stay the program?

**Theme 2 - Support & Services** *à there might be a need to change the word “support” to something that will be clearer to the participants, especially the younger ones.*

**4. Could you tell me a bit about the support you got? (What services you have been offered)**

- a. Have you started any of these? Who have you met with already?
- b. And what are some of the areas of your life where you may be needed some help/support before you started this program?
- c. Who/how was it decided what type of support will be given to you? (Probe to what extent the participant had a say in services offered)

**5. How much would you say that the support suits your needs?**

- a. What else would you like to have support with if anything?
- b. How much would you say that the support you are getting is personalised, made especially for you and your needs?
- c. Can you describe to me in what ways these services work for you? Or if not, why not?
- d. How is this different to what you received before you became a part of [insert program name]?

**Theme 3 – Offending & deterrence.**

**6. Just remind me, how did you become involved in the programme?**

- a. What was your life like back then? (There are ways to introduce these two questions – for example, from what I understand, [insert name] program is there to prevent young people from being involved in violence)
- b. To what extent were you involved in violence when this program was offered to you?
- c. How did you first hear about the programme?
- d. How did you feel about the first meeting?
- e. What were you told?
- f. What did you think about what was said to you?
- g. How did this initial meeting make you feel about your behaviour?
- h. How much more did you think about being arrested after this meeting?
- i. Did you believe what was said to you?

**7. Without naming anybody, could you describe to me your past experience with violence?**

- a. What about any violent crime groups, or gangs, what experience do you have with those?

- b. To what extent would you say you are still involved in some of those groups? Why (not)?
  - c. How do you feel about being involved in these activities now, since you have started the program?
  - d. To what extent do you feel that this programme might help you step out of violence? Is that something you would be interested in?
- 8. Finally, I just have a few more questions about your friends. Again, without naming anyone, do you maybe know if any of your friends or someone from a different group/gang is also in this programme?**
- a. How did you find out that they are in this program?
  - b. What do they know about your involvement if anything?
  - c. What effect do you think this program might have on them? What about on your wider peer-group, those crime groups you were a part of, that we discussed earlier?
  - d. Would you recommend this program to your friends still involved in violence? If so, what do you think they would say?

**Just looking towards the future, what are your ambitions? Where would you like to see yourself in 5 years' time?**

- 9. Thank you. So, just to sum everything up, what was it like to be interviewed today?**
- a. How did it make you feel to talk about some of these issues, for example, violence? The program? Your participation?
  - b. Is there anything you would like to add or any questions you would like to ask me?

***Ending the interview***



## Appendix H: Reproducible code for power simulations

```
# Pilot stage power calculations

# FD ACF1 power calculations
# Simulation for Poisson distribution with 80% zeroes (count variable)

library(MASS)
library(tidyverse)
library(plyr)
library(VGAM)
library(summarytools)

# Parameters
n <- 1677 # Total number of observations
num_sims <- 1000
p_zero <- 0.8 # Proportion of zeros
shape <- 5 # Shape parameter for Pareto distribution
min.value <- 1 # Minimum value (scale parameter) for Pareto distribution
# Generate indicators (0 for zero, 1 for Pareto)
indicators <- rbinom(n, size = 1, prob = 1 - p_zero)
# Generate Pareto distribution values for non-zero observations
pareto_values <- rpareto(sum(indicators), shape = shape, scale = min.value)
# Combine zeros and Pareto values
final_data <- ifelse(indicators == 1, pareto_values, 0)
d <- 0.91

##### Don't change anything below this line #####

id<-seq(1,n,1) # create ID variable beginning at 1
indicators <- rbinom(n, size = 1, prob = 1 - p_zero)
# Generate Pareto distribution values for non-zero observations
pareto_values <- rpareto(sum(indicators), shape = shape, scale = min.value)

# Combine zeros and Pareto values
t1_outcome <- round(ifelse(indicators == 1, pareto_values, 0))

condition = sample(c(0,1), replace=TRUE, size=n) # randomly allocate each case to treat/ctrl

t1_risk = t1_outcome + rnorm(n, sd = sqrt(shape) * 1.2) # generate 'risk' variable correlated with
baseline outcome
risk = cut(t1_risk, breaks = c(-Inf, 2.5, 5, Inf), labels = c("low", "medium", "high")) # turn t1_risk into
integers
```

```

# Quick check on correlation between risk and baseline
risk_numeric <- as.numeric(risk)
cor(t1_outcome, risk_numeric)

##test that simulated data and model are functioning

# Simulate one data set
simdata<-as.data.frame(cbind(id, condition, t1_outcome, risk)) # create data frame

simdata <- simdata %>%
  mutate(t2_outcome = ifelse(condition==1, t1_outcome*d, t1_outcome))

# simdata <- simdata %>%
#   mutate(round(t2_outcome = ifelse(condition==1, t1_outcome*d, t1_outcome),0))

# Check distributions are right: t1_outcome should equal t2_outcome for condition==0 and should
# t2_outcome should be t1_outcome * d for condition==1

simdata %>%
  group_by(condition) %>%
  summarise_at(vars(c(t1_outcome, t2_outcome)), list(name = mean)) %>%
  summarise(t2_outcome_name/t1_outcome_name)

simdata %>%
  ggplot(aes(x=t2_outcome)) +
  geom_histogram()

freq(simdata$t2_outcome)

#
# # Run model once
# reg<-glm.nb(t2_outcome ~ condition + t1_outcome + risk, data = simdata) # regression equation
#
# # Outputs of model
# summary(reg) # get outputs of model
# output<-summary(reg)$coefficients # get object containing model coefficients
# coefs<-output[,1] # create object with coefficients
# ps<-output[,4] # create object with p-values
# results<-c(coefs, ps) # merge coefficients and p-values
#
# names(results)<-c('Intercept_coef', 'condition_coef', 't1_outcome_coef', 'risk_coef', 'Intercept_p',
# 'condition_p', 't1_outcome_p', 'risk_p') # give useful names to results

```

```

#
# results # output results to check

# mean_control <- simdata %>%
# filter(condition==0) %>%
# summarise(mean = mean(t2_outcome))
# mean_intervention<-simdata %>%
# filter(condition==1) %>%
# summarise(mean = mean(t2_outcome))
# sd <- sd(simdata$t2_outcome)
# cohen_d <- (mean_control - mean_intervention)/sd
# cohen_d

## Create function that simulates data and runs model sims number of times

# generate a function 'regression_sim' that simulates the data, runs the regression model and
stores estimates and p-values

set.seed(123)
regression_sim <- function(simNum, n, b0, b1, b2, b3, p0, p1, p2, p3) {

  id<-seq(1,n,1) # create ID variable beginning at 1
  indicators <- rbinom(n, size = 1, prob = 1 - p_zero)
  # Generate Pareto distribution values for non-zero observations
  pareto_values <- rpareto(sum(indicators), shape = shape, scale = min.value)

  # Combine zeros and Pareto values
  t1_outcome <- round(ifelse(indicators == 1, pareto_values, 0))

  condition = sample(c(0,1), replace=TRUE, size=n) # randomly allocate each case to treat/ctrl

  t1_risk = t1_outcome + rnorm(n, sd = sqrt(shape) * 1.2) # generate 'risk' variable correlated with
baseline outcome
  risk = cut(t1_risk, breaks = c(-Inf, 2.5, 5, Inf), labels = c("low", "medium", "high")) # turn t1_risk
into integers

  # Quick check on correlation between risk and baseline
  risk_numeric <- as.numeric(risk)
  cor(t1_outcome, risk_numeric)

  ##test that simulated data and model are functioning

  # Simulate one data set

```

```

simdata<-as.data.frame(cbind(id, condition, t1_outcome, risk)) # create data frame

simdata <- simdata %>%
  mutate(t2_outcome = ifelse(condition==1, t1_outcome*d, t1_outcome))

# Run model once
reg <- glm.nb(t2_outcome ~ condition + t1_outcome + risk, data = simdata) # regression equation

# Outputs of model
summary(reg) # get outputs of model
output<-summary(reg)$coefficients # get object containing model coefficients
coefs<-output[,1] # create object with coefficients
ps<-output[,4] # create object with p-values
results<-c(coefs, ps) # merge coefficients and p-values

names(results)<-c('Intercept_coef', 'condition_coef', 't1_outcome_coef', 'risk_coef', 'Intercept_p',
'condition_p', 't1_outcome_p', 'risk_p') # give useful names to results

return(results)

}

# regression_sim(1, n, b0=results[1], b1=results[2], b2=results[3], b3=results[4], p0 = results[5], p1
= results[6], p2 = results[7], p3 = results[8]) # set parameters for one simulation

sims<-ldply(1:num_sims, regression_sim, n, b0=results[1], b1=results[2], b2=results[4],
b3=results[5], p1 = results[6], p2 = results[7], p3 = results[8]) # create a dataframe called 'sims'
that holds the results of the simulations

power<-sum(sims$condition_p<0.05)/num_sims # power is the proportion of p-values for
'condition' that are less than 0.05
power # calls 'power'

sims %>%
  ggplot(aes(x=condition_p)) +
  geom_histogram(binwidth=0.005, aes(fill = condition_p<0.05)) +
  xlab("Distribution of simulated p-values") +
  ylab('Frequency of p-values') +
  labs(title = paste0("Simulated power calculation", ' n=',n, ' d=', d, ' simulations=', num_sims)) +
  annotate("text", x=0.75, y=200, label= power, size=10)

ggsave(paste0("Simulated power calculations", Sys.Date(), ' n=',n, ' d=', d, ".png"))

```

```
library(beepR)
beep(sound = 6)
```

```
#####
```

```
plot <- read.csv('Pilot power simulation results.csv') %>%
  # select(-d) %>%
  dplyr::rename(relative_change = X1.d) %>%
  mutate(d= as.factor(d))
```

```
plot %>%
  ggplot(aes(x=n, y=power)) +
  geom_line(aes(colour=d), linewidth=1) +
  geom_point(aes(colour=d), size=1) +
  geom_hline(yintercept = 0.8) +
  labs(title = 'Statistical power across five effect sizes', subtitle = 'Based on 1,000 simulated tests per
data point', x='Total sample size (combined control & treatment groups)', y='Achievable statistical
power', color = "Relative reduction") +
  scale_color_hue(labels = c("40%", "30%", "20%", "10%")) +
  scale_x_continuous(breaks=seq(0, 5000, 125)) + # Adjusted this line for breaks every 125 units
  theme_light()
```

```
ggsave("Pilot stage simulated power calculations.png", width = 25, height = 18, units = 'cm')
```

## Appendix I: Formative evaluation strategy

**Youth Endowment Fund  
Another Chance 1  
Programme Formative Evaluation Strategy v4.0  
October 2023**

**Paul McFarlane  
Will Graham  
Iain Brennan  
Alex Sutherland**



**Effective Date: 25th October 2023**

**Version No: 4.0**

## Document Version Control and Review

Version No:	4.0
Effective Date:	25th October 2023

Authorship and Approval		
Name and Designation	Author/Reviewer/Approval	Date
Evaluation Team	v1.0 Author(s)	31st October 2022
	v1.0 Reviewer	
	v1.0 Approval	

Document Revision History		
Version No	Date	Summary of Revisions
1.0	31st October 2022	Initial creation/New document
2.0	7th December 2022	Creation of v2.0 addressing v1.0 feedback comments
3.0	4th September 2023	Creation of v3.0 with project updates
4.0	25th October 2023	Creation of v4.0 from YEF comments on v3.0

## Programme Formative Evaluation Strategy v4.0

### 1.0 Introduction

This final revision to the programme's formative evaluation strategy complements the [published summative evaluation protocol](#), reflects the progress made in the preparation and early implementation phases of programme delivery at each site and deals with Youth Endowment Fund (YEF) comments on v3.0. It represents a better understanding of the theoretical dimensions, mechanisms and limitations of both the intervention and the evaluation.

To date, the programme's primary delivery activities have been focused on developing the treatment condition at the five sites located in Coventry, Leicester, Manchester, Nottingham, and Wolverhampton. In each case, the intervention has been designed in alignment with the nine criteria outlined in the [Youth Endowment Fund Focused Deterrence Framework](#). Participants have been randomly assigned to either the treatment or control (business-as-usual) conditions. This assignment was based on pre-established inclusion criteria relating to participants' histories of involvement in violence.

Aligned to realist principles, the framework for the evaluation of the treatment condition has now been developed and is structured around three interconnected configurations: (a) the 'targeted enforcement' mechanism; (b) the 'individualised support' mechanism; and (c) the 'community validation' mechanism (see Section 1.7).

### 1.1 Background

The Agency Collaboration Fund 1 (ACF1) is a multi-site, multi-partner programme commissioned to evaluate how the intervention, focused deterrence, affects violence in high-risk population groups. This document describes the programme formative evaluation strategy, i.e., the high-level evaluation framework that will be relied on to explain how the programme was developed and implemented in various local contexts.. The evaluation strategy is based around two key questions: (i) what are the important components that contribute to the successful implementation of a focused deterrence framework (e.g., ways of operating, partnership models, community engagement) to reduce youth violence? and (ii) how might a focused deterrence framework be utilised most effectively in various socioeconomic and local contexts to reduce youth violence?

In terms of the wider context, we recognise that disparities are present across various sectors in the UK, with individuals from Black, Asian, and Minority Ethnic (BAME) backgrounds experiencing overrepresentation, particularly in the criminal justice system. Studies indicate that Black individuals are more likely to be victims of violent crime and to be stopped, searched, arrested, and imprisoned than their White counterparts. This pattern of overrepresentation is often associated with systemic biases and socioeconomic conditions that have historically affected minority communities. Similarly, in education, students from particular ethnic minorities and people from lower socioeconomic backgrounds often face disparities in the provision of education. This includes lower levels of attainment, higher rates of exclusion, and less access to higher education opportunities. Language challenges, cultural differences, and a lack of focused support for these children are all factors that contribute to these variations. In employment, inequities are also visible, with BAME people experiencing higher unemployment rates and being



underrepresented in senior positions. Even when working, they frequently face a salary disparity compared to White coworkers.

Another source of concern is health inequity, with minority groups and people from disadvantaged areas facing poorer health outcomes, reduced life expectancy and limited access to healthcare services. The COVID-19 pandemic highlighted these inequities, with BAME populations facing greater infection and fatality rates due to factors such as frontline employment, multigenerational households and pre-existing health problems. To address them, the government, institutions and communities must work together to establish more inclusive policies and interventions that are customised for all individuals, regardless of their background.

Given this, the programme's complexity poses a risk for fully knowing how the intervention might work, for whom, and in what context. Although the literature on multi-partner violence prevention initiatives in the UK is limited, [the wider literature](#) on complex interventions demonstrates the importance of acknowledging that an intervention can work through multiple latent mechanisms, each of which can be affected by changing contexts and local conditions in which the intervention is delivered. For a community violence prevention intervention, these contextual factors include the effect of interactions between and within local systems (e.g., local political support, local partnership structures, governance and power dynamics, availability of appropriate levels of funding for stakeholders), social situations (e.g., rates of community violence, disproportionality, levels of investment in services), norms (e.g., community trust in statutory services, especially law enforcement), values (e.g., street codes, commitment to family) and relationships (e.g., history of local engagement with services, local access to resources, population demographics). All of these characteristics have the potential to randomly interact, affecting the way in which a planned intervention is implemented at the sites and being experienced by population groups and communities that might be disproportionately exposed to violence.

Although impact evaluation via a randomised or quasi-experimental study design can give valid estimates of the effect of an intervention on an outcome, without a concomitant understanding of local context and implementation, the potential for wider scaling of an intervention is limited. To address these challenges, we have selected a realist randomised controlled trial evaluation strategy ([Bonell et al., 2012](#)) that combines the nuance of realist evaluation with the robust inferences afforded by a randomised controlled trial methodology. In brief, [realist evaluation](#) is a theory-based evaluation method that emphasises understanding how an intervention causes change and, as far as possible, describing how that causal mechanism varies across contexts and populations. Realists may suggest that an estimation-focused method such as a randomised controlled trial is epistemologically incompatible with a theory-based method such as realist evaluation. However, [recent advances in evaluation research](#) have proposed setting aside these disputes in favour of a pragmatic solution where a realist randomised controlled trial offers the greatest insight into how and if a complex intervention works. We will use the tools of realist evaluation for both the programme-level and site-level formative evaluations.

## 1.2 Overview of focused deterrence

Focused deterrence, often referred to as 'pulling-levers' was developed as a problem-oriented policing project to deal with serious gang violence in Boston in the mid-1990s by [a team of academics](#). Focused deterrence interventions target "[very specific behaviours by a relatively small number of chronic offenders](#)

[who are highly vulnerable to criminal justice sanctions”](#) and [“directly confront offenders and inform them that continued offending will not be tolerated and how the system will respond to violations of these new behaviour standards”](#).

The concept of general deterrence is central to our understanding of how risks are perceived by offenders by deploying traditional and non-traditional law enforcement tools to directly communicate incentives and disincentives to targeted offenders ([Kennedy 1997](#)). These incentives can take a variety of forms, but most often involve local support to disengage from violent groups and to desist from violence ([Braga et al., 2019](#)). Support can be provided by a range of individuals as well as organisations in the statutory, voluntary and private sectors. Disincentives are usually provided by law enforcement agencies but can involve a range of other ‘levers’ available to statutory services, such as the legal denial or rescinding of existing support. As such, focused deterrence can have a multi-agency component that draws together a wide selection of resources that may support disengagement and desistance.

The intervention framework employs both incentives and disincentives, reflecting its multifaceted nature. Multiple organisations will deliver various components of the intervention, which can work together or operate independently. This multi-agency, multi-component approach adds a high degree of complexity to the intervention. The systems activated to change individual violent behaviour in the community are numerous and were not initially designed to work together. This context, with its interdependencies among social, cultural, economic, and political factors, is characteristic of a complex intervention. Understanding this complexity is crucial for our evaluation strategy, and it is integrated throughout. Our current grasp of the intervention's complexity is detailed in Section 3.3 and is also theorised in the programme-level theory of change. We anticipate that the data gathered from sites will help to improve and enrich our understanding of the complexity of the intervention as we progress through the early implementation phase.

### **1.3 Evidence base and theoretical limitations**

Our current understanding of the evidence base on the likely effects of focused deterrence is that it is based on weak study designs. [Braga et al.'s 2019](#) systematic review concluded that while focused deterrence may be effective, the evidence base needs to be more rigorous and the causal contribution of each component of the intervention needs to be better understood. However, none of the studies included in the review were randomised controlled trials, pre-registered, or pre-specified and most had too small sample sizes to make reliable population inferences. Furthermore, we take the view that the studies varied in terms of the outcomes used, levels of aggregation, and inferences made. The treatment units in prior research were typically groups ranging in size and structure, and the outcome measures used varied from narrowly to broadly defined violent crimes. The comparison groups also varied depending on the outcome being analysed. The studies are highly susceptible to biases, including false positive results and incorrect attribution of regression to the mean as treatment effects (see protocol for more detail). A significant publication bias also exists, which, when adjusted, diminishes the effects of these quasi-experimental studies. As a result, claims of a strong evidence base for the effectiveness of focused deterrence are overstated. As such, one of the goals of the realist design of this programme formative evaluation strategy is to develop a more nuanced understanding of the contribution of each of the three components to any observed effects.

**Table 1: Phase names for the programme evaluation**

<b>Phase</b>	<b>Name</b>	<b>Date</b>
Phase 1	Coalignment	April 2022-June 2022
Phase 2	Preparation	July 2022-May 2023
Phase 3	Delivery Early implementation - Pilot	June 2023-November 2023
Phase 4	Delivery Full implementation	December 2024-December 2025
Phase 5	Follow-up and write- up evaluation	December 2025-July 2027

#### **1.4 Aims of programme formative evaluation strategy**

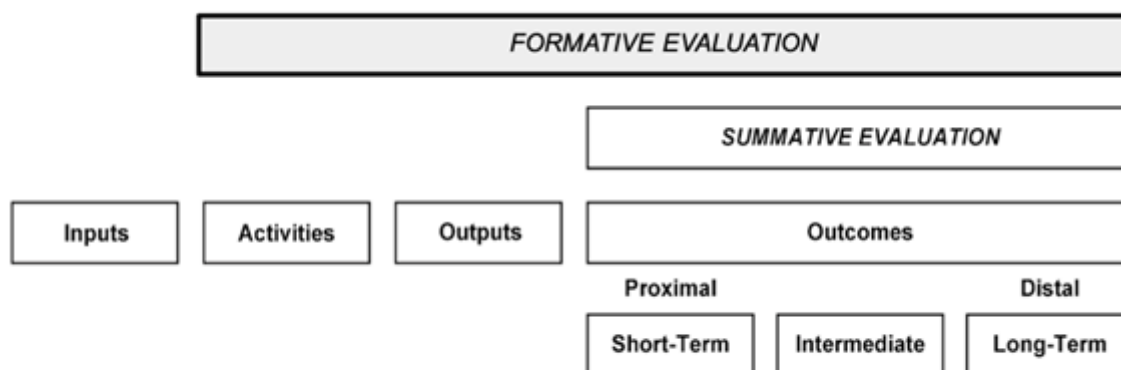
As set out in previous versions, the aims of the programme formative evaluation strategy are aligned with the three principles of YEF evaluation, which are: (i) developing a better understanding of the evidence for implementing focused deterrence in a UK context; (ii) producing replicable lessons for future interventions; and (iii) optimising the fund's value for young people at risk of violence. In accordance with these principles, this strategy has, to date, generated the following programme-level output:

- Co-creation of a (i) programme-level theory of change and (ii) site-specific theories of change that reflect pre-implementation expectations about the intervention (shared with YEF);
- A narrative description of implementation plans of the intervention across multiple sites, including information about detailing the fidelity of the implementation of the YEF framework (included within protocol);
- Early identification of issues and lessons learned related to theories of change and practical implementation of the intervention;
- Providing YEF with clear and timely reporting on progress with sites to troubleshoot problems early and produce a clear account of site-level implementation (system health checks); and
- Developing a rubric to detect early progress and decide whether proximal outcomes are trending in the desired direction (see table of proximal outcome measures in Appendix B).

## 1.5 Scope and operationalisation of the evaluation strategy

Figure 1 sets out how the scope of the programme formative evaluation strategy relates to the programme theory of change inputs, activities, outputs and proximal (short-term) outcomes. Typically, a formative evaluation will consider the effect of the intervention on proximal outcomes. However, at the request of YEF on review of version 1, process data will be collected related to the effect on intermediate and long-term outcomes.

**Figure 1: Scope of formative evaluation**



The scope of the strategy will be operationalised by nine realist formative evaluation questions (FEQ). The approach, data source and methods to answer each of these questions are set out in Section 2 below.

The programme level formative evaluation questions are:

FEQ 1: To what extent were the three components of the intervention, as required by the YEF framework, received by the treatment population groups?

FEQ 2: How did inputs contribute to the intervention functioning?

FEQ 3: Who did the intervention work for and how?

FEQ 4: How did local context affect intervention delivery?

FEQ 5: To what extent was the intervention delivered as intended (Fidelity)?

FEQ 6: How did complexity affect intervention delivery?

FEQ 7: How did proximal outcomes change?

FEQ 8: Why did proximal outcomes change?

FEQ 9: What was learned from how the intervention was delivered?

## 1.6 Target population

The population groups targeted by the ACF1 YEF FD intervention are '[those associated with groups involved in serious youth violence](#).' In this case, "youth" refers to those individuals between the ages of 10 and 24, regardless of sex, gender, ethnicity, or social background. However, the study now includes individuals ranging from 14 to 40 years old, extending beyond the YEF's defined age limit for youth. This broader age range has been selected because focused deterrence interventions typically target adults, and the

intervention's effects may differ across age groups. To address both components of the YEF remit, the decision was made during the preparation phase to include both children and adults in the study, and as such, the formative evaluation will examine differences in intervention effects and experiences between these two groups.

### 1.7 Programme theory and evaluation approach

The programme formative evaluation strategy adopts a realist approach and will assess the components of the intervention and measure them against the defined proximal outcomes across varying local contexts. Central to this strategy is the development of a pre-defined [programme theory of change](#) (P-ToC). The P-ToC, was co-created by evaluators and implementers during Phase 2 and incorporates the requirements related to nine core elements of the [YEF FD framework](#), making allowances for local complexity and context. Based on the research that has already been done on focused deterrence, the P-ToC explains what we know at this stage about the theoretical processes that are supposed to make the change that the intervention wants to happen.

A key component of the realist nature of this evaluation is the high-level context-mechanism-outcome (C-M-O) configurations that have been co-created prior to the early implementation phase. These C-M-O configurations provide the analytical basis for the formative evaluation strategy. In this instance, the mechanism component is not a variable [but is used to explain anticipated participant reasoning and responses](#) to the deployment of intervention resources and activities in different contexts. In other words, mechanisms provide credible assertions regarding generative causal links between intervention inputs, activities, outputs, and likely observable effects (e.g., outcomes and impact).

As recommended by an external expert (Prof Chris Bonnell, London School of Hygiene and Tropical Medicine, UK), the evaluation will use a limited number of C-M-O configurations centred on generally accepted 'big' ideas that have been previously used in the literature to plausibly explain three ways in which the focused deterrence intervention might activate new mechanisms to inhibit violent crime-generating processes. This includes targeted enforcement, the provision of individualised support, and community validation of the intervention.

As shown in Table 2, these propositions have been developed into three high-level C-M-O configurations: (a) the targeted enforcement mechanism; (b) the individualised support mechanism; and (c) the community validation mechanism. These configurations will be used to capture the complexity of the intervention and develop a set of downstream realist causal propositions that can be tested in local 'observable' contexts. These C-M-O configurations will thus be used to provide the framework to guide data collection, according to realist principles.

**Table 2: High-level C-M-O configurations (v2.0)**

<b>Context</b>	+	<b>Mechanism</b>	=	<b>Proximal outcome(s)</b>
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Heterogeneity in local resource availability and deterrence activities	[Targeted enforcement] An increase in legitimate targeted deterrence activities affects perceptions of certainty of arrest and punishment	Normative and instrumental non-violent modifications and engagement with individualised support
Variance in resource allocation, coordination, engagement, collaborations and spectrum of available support services	[Individualised support] Increase in availability of improved individualised support packages, providing pathways to desistance and increasing perceptions of benefits	Sustained engagement with pathways to desistance and reorientation towards legal and social norms
Decrease in levels of community confidence in local policing and statutory and non-statutory support services	[Community validation] Social amplification of community moral voice, characterised by peer and familial influences, informal social controls, collective efficacy, and communicating shared values and beliefs, affects normative compliance and behaviour modification	Increase in legitimacy and support for intervention and enforcement activities to achieve normative compliance

Table 3 shows how the YEF core elements have been aligned to the three high-level conceptual mechanisms: targeted enforcement, individualised support, and community validation.

**Table 3: Core components of YEF FD framework**

<b>YEF Core Component</b>	<b>Mechanism(s)</b> (to deliver essential component)
Focused deterrence must address serious youth violence where there is a clear group dynamic	Individualised support; community validation; targeted enforcement

Focused deterrence must be targeted to those associated with groups involved in serious youth violence	Individualised support; community validation; targeted enforcement
Focused deterrence must include an inter-agency working group made up of law enforcement, community and support services representatives	Individualised support; community validation; targeted enforcement
Focused deterrence must include high-quality, structured intelligence gathering and analysis	Individualised support; community validation; targeted enforcement
Focused deterrence must include a special enforcement operation that is swift, certain and includes group consequences	Targeted enforcement
Focused deterrence must include direct and frequent communication with target groups	Individualised support; community validation; targeted enforcement
Police partner: to deliver open, transparent and respectful policing and communicate swift, certain, and credible consequences of violence	Individualised support; community validation; targeted enforcement
Support services partner: to coordinate and mobilise a breadth of services with fast response times	Individualised support
Community partner/s: to express norms, expectations, and aspirations, support violence prevention and increase engagement in support services.	Individualised support; community validation

### 1.8 Primary, secondary and proximal outcomes

The programme evaluation is now focused on collecting data related to the theorised causal linkages between implementation activities, outputs and outcomes set out in the programme-level theory of change. In terms of evaluating overall programme impact, the primary outcome measure is the number of offences of violence against the person attributed to an individual within one year of randomisation. Secondary outcome measures include: (i) the number of days between randomisation and a recorded offence of violence against a person with a PNC disposal outcome relevant to the evaluation; and (ii) when there is a co-offender, the number of ‘any’ recorded offences attributed to an individual with a PNC disposal outcome relevant to the evaluation.

At the end of the pseudo-pilot and at six-monthly intervals during full implementation phases, the evaluation team will collect data related to proximal outcome measures (see Appendix B) to observe whether the site interventions and likely effects are trending in the desired direction. Proximal outcome data will be collected through interviews with participants and project team members and from administrative data. As shown in

Appendix B, the formative evaluation strategy will use a common set of proximal outcomes to facilitate site-to-site comparisons and maximise early learning opportunities.

### **1.9 Inclusivity, equity and cultural sensitivity**

The programme formative evaluation strategy acknowledges that the implementation of the intervention in behavioural and social settings that typically have higher rates of violence may result in stigmatisation or disproportionate targeting of individuals, groups, or communities. Consequently, the evaluation will collect preliminary data on evidence of inclusivity and the risk of racial disparity during early and full implementation (Phases 2 and 3).

This information will be used to examine proportionality and racial equity across the life cycle of the programme including (i) eligibility criteria, (ii) selection and referral of individuals, (iii) assessment outcomes, (iv) engagement activities and outcomes, (v) referral activity to support and (vi) to deterrence pathways, (vii) engagement with support services, (viii) perceived suitability of those services, (ix) deterrence activities, (x) perceived fairness of those deterrence activities and (xi) graduation and exiting of the programme.

Data for these will be drawn from a combination of process data and cohort interviews. Denominators will be derived from a combination of census and open-source police data. In several cases, the denominator for these judgements is itself likely to be racially biased. In such cases where adjustment for such biases is not possible, such as baseline patterns in rates of criminal charge across ethnic groups, such biases will be noted and carried forward to inform subsequent judgements of proportionality and bias in the pathway and in the use of statistical models of the trial outcomes.

The evaluation team has engaged a researcher with significant experience of researching with young black men, including those involved with the criminal justice system to lead team workshops on researching with this population and to support the development of appropriate research questions, methodologies and analytic techniques. This researcher's support will be fundamental when analysing the qualitative data obtained through interviews with the intervention cohort. While the research team cannot adopt a sufficiently nuanced racial lens through which to interpret the data, they will have a partner who can.

Through consultation with LERGs and race equity advisers, research questions will be critically reviewed for the presence of implicit bias or inappropriate assumptions. All research materials will be assessed in terms of their appropriateness for the sampled population. In particular, sampling methods and materials for interviews with a sample of the target population will be subject to ongoing scrutiny.

The evaluation will proactively try to include participants from all groups within local communities while acknowledging the difficulties associated with realist evaluations and research more generally. For instance, the evaluation team has been engaging with members of local communities by attending Independent Advisory Group (IAG) meetings in order to seek their support and guidance and gain a better understanding of how to identify and remove obstacles to engaging with hard-to-reach groups (e.g., legitimacy, trust, cultural sensitivities, language). To support this criterion, it is intended that IAGs appoint members of the local community as "pathfinders" to work together with the evaluation team.



In addition to engagement with IAGs, local evaluation reference groups (LERG) and expert advisors have been consulted on all evaluation questions, measures and interview schedules, with an emphasis on inclusiveness and equity. The evaluation is guided by the principles of trustworthiness, neutrality, voice, and respect, and all evaluation materials and processes will be prepared and reviewed with these values in mind. Evaluators will work with sites to help mitigate the occurrence of targeting or affecting any group disproportionately. Defining differential engagement patterns is rather simple; however, identifying targeting patterns is more difficult and will require access to more data, which will be discussed in ongoing interviews with delivery teams, stakeholders, and participants.

### **1.10 Outputs and deliverables**

All outputs will be delivered in accordance with the terms of the YEF Project Evaluation Agreement dated 25th July 2023.

**Table 4: Phases of programme evaluation strategy**

Phase	Evaluator Activity	Output <sub>1</sub>
1. Baseline starting conditions 2. [completed]	<ul style="list-style-type: none"> <li>• Review baseline starting conditions and local context by conducting site-level interviews with stakeholders</li> <li>• Draft programme theorised description of the intervention</li> <li>• Assess local descriptions of intervention, causal assumptions, theories of change and logic models against YEF FD framework to identify gaps in theory, logic and assumptions</li> <li>• Complete benchmarking of inputs, outputs and proximal outcomes to generate baseline indicators and make assessment of potential issues related to race equity in evaluation methods and data collection (see Section 2.5)</li> <li>• Critically evaluate and address potential racial biases in research questions and measurements</li> </ul>	1;2
3. Early implementation 4. [on-going]	<ul style="list-style-type: none"> <li>• Review early implementation phase</li> <li>• Assess whether proximal outcomes are trending in desired direction</li> <li>• Make recommendations for programme functioning and quick improvements to delivery of intervention</li> <li>• Review programme theory of change and C-M-O configurations</li> <li>• Recommend to YEF suitability for progression to full implementation</li> <li>• Assess race-equitable delivery of early implementation and feed back observations to YEF and sites</li> </ul>	3; 4; 5; 6
5. Full implementation 6. [awaits]	<ul style="list-style-type: none"> <li>• Collect longitudinal data using range of corroborative methods</li> <li>• Monitor race-equitable delivery of intervention and incorporate assessment in feedback to sites and YEF</li> </ul>	7; 8
7. Progression to summative evaluation 8. [awaits]	<ul style="list-style-type: none"> <li>• Complete formative evaluation of programme and each project site</li> <li>• Complete pre-post-programme theory of change</li> <li>• Recommend to YEF progression to summative evaluation</li> </ul>	9

## **2.0 Formative evaluation design**

The formative evaluation will employ a mixed-methods design combining qualitative and quantitative methods to answer the formative evaluation questions (see Section 1.5). This design has been approved by the University of Hull's Faculty of Arts, Cultures and Education Ethics Committee. The rationale for selecting this design is that early qualitative data can and has now been used iteratively to discover and theorise important context-mechanism-outcome configurations. These configurations are used to develop hypotheses about what might work, for whom, and in what circumstances. Data will be collected and analysed on these configurations to answer the evaluation questions. Additionally, qualitative methodologies will be employed to record developing changes in implementation, intervention experiences, and unanticipated or complex causal pathways. Equally, the early identification of implementation and participation barriers using quantitative administrative data is also a crucial aspect of the approach for evaluating the programme intervention. For instance, if routine monitoring data indicates that the intervention is not reaching targeted population groups or that relatively few members from minority ethnic groups are not participating, interviews, focus groups, or self-completion questionnaires can be undertaken with stakeholders and potentially participants to identify and implement measures to mitigate process barriers and moderate these effects of the intervention.

### **2.1 Data collection methods**

The evaluation team researchers will use a range of methods to collect longitudinal, cross-sectional, and pre-post data from multiple corroborative data sources, including delivery stakeholders, participants, project documents, administrative records, etc., We anticipate that, for practical reasons, data collection will be weighted towards the use of semi-structured interviews and observations. Below are the methods we are likely to use during the formative evaluation (we do not offer descriptions and definitions of these methods):

- Semi-structured interviews
- Ethnographic observation
- Routine performance monitoring using administrative data
- Survey questionnaires

Table 5 provides an overview of the implementation and process evaluation methods and provides a comprehensive guide for data collection from each of the groups involved in the intervention. It outlines distinct approaches for adult and child participants, project leads, the delivery team, and other stakeholders, both statutory and voluntary. The table specifies the type and number of participants (though numbers are yet to be determined), the methods of data collection (interviews or observations), and the settings in which these data will be collected. It also sets out the frequency of data collection, which is either cross-sectional or longitudinal, and the analytical methods to be employed, primarily thematic analysis and descriptive statistics.

Importantly, Table 5 aligns the formative evaluation questions (FEQs) relevant to each sample group, aimed at exploring critical programme dimensions such as the intervention's effectiveness, the role of local

context, the contribution of various inputs and the complexities affecting delivery. In each sample group, researchers will use customised sets of questions during interviews or observations, designed specifically to align with the overarching FEQs. These question sets, containing a list of exploratory themes, are derived from the programme's theory of change and are further nuanced by a series of sub-evaluation questions (SEQs), which are set out in Appendix A. The SEQs serve a complementary role by offering detailed, context-specific insights to bolster the broader themes explored through the FEQs, increasing the likelihood of generating a comprehensive understanding of the theorised C-M-O configurations and the intervention's impact.

## **2.2 Data sources**

We are aware of the well-known shortcomings and biases related to police-generated data. The evaluation will therefore gather administrative and routine performance data from various sources. These sources include police records, crime reports, meeting minutes, site management records, school exclusions, community impact assessments, community surveys, health records, demographics and more. Each data source will comply with site-level data sharing agreements and data protection impact assessments.

## **2.3 Analysis**

The qualitative and quantitative data will be analysed to develop a common understanding of how, why and for whom did the intervention work for in varied local contexts. The flexibility and depth of the longitudinal qualitative data that will be collected is a fundamental strength of the programme formative evaluation design, allowing evaluators to investigate complex processes and unexpected outcomes from a realist perspective. It will be an iterative process to collect and thematically analyse these qualitative data against a defined conceptual framework. Theoretically, this means that emerging inductive topics can be explored in greater detail throughout data collection during the project lifecycle. Where practicable, the demographic profile of researchers collecting data will be representative of the participant population group.

Specifically, qualitative data will be entered into the NVivo software tool. The qualitative data will be thematically analysed. A set of a priori codes will be utilised to identify both emerging and recurring themes and concerns. This will be an iterative process in which these themes will also be utilised to analyse and compare data throughout the project's lifecycle, thereby establishing strong links between these data and future theories or hypotheses. These data will also be combined with other evaluation components. In this case, the objective is to leverage quantitative data collected on process components such as fidelity, hypothesised configurations of contextual influences, mechanisms, and outcome measures.

To ensure the validity of the formative evaluation, several steps will be taken to minimise researcher bias. First, all data will be anonymised and analysed against a pre-defined conceptual framework, ensuring a consistent approach and limiting personal interpretations. Second, an iterative approach will be employed, allowing for the refinement of insights and ongoing checks of emerging themes. Third, every set of data will be analysed by two independent researchers to provide multiple perspectives. Fourth, all researchers will have undergone training on race equity and bias awareness with a subject expert and will engage in reflexive and equitable practices to mitigate potential biases. Fifth, if needed, an internal peer review process will be

put in place to question and confirm interpretations. This will make sure that we have a complete and fair picture of how the intervention worked.

In regard to the summative component, qualitative process analysis data may serve predictive or post-hoc explanatory purposes. In other words, if these data are analysed prior to the summative analysis, they could provide prospective insights into why evaluators may anticipate favourable or negative overall intervention effects. For example, longitudinal qualitative data collected relating to proximal outcomes should, in advance, indicate whether there are likely to be observable effects on longer-term outcomes. Qualitative data may also contribute to the creation of hypotheses regarding the emergence of variety in outcomes; for instance, if particular groups of young people or communities appear to have responded to the intervention or its components better than others. Similarly, these data can be used as potential indicators for negative disparities latent within the intervention. Community stakeholders will be provided with the opportunity to be involved in interpreting the data in their local contexts. Capturing these data is vital to the programme's fidelity.

**Table 5 : Implementation and process evaluation methods overview <sup>2</sup>**

Sample group	Type	Collection method	Location	Frequency	Analytical method	Formative evaluation question
> 17-year-old participants	Treatment group	Interview	Home, community or delivery team setting	Cross-sectional / longitudinal	Thematic analysis	<b>FEQ 3:</b> Who did the intervention work for and how? <b>FEQ 4:</b> How did local context affect intervention delivery?
<18 participants	Treatment group	Interview	Home, community or delivery team setting	Cross-sectional / longitudinal	Thematic analysis	<b>FEQ 3:</b> Who did the intervention work for and how? <b>FEQ 4:</b> How did local context affect intervention delivery?
>17 participants	Treatment group	Observation	Home, community or delivery team setting	Cross-sectional / longitudinal	Thematic analysis	<b>FEQ 1:</b> To what extent were the critical components of the intervention received by the target population? <b>FEQ 2:</b> How did inputs contribute to the intervention functioning? <b>FEQ 5:</b> To what extent was the intervention delivered as intended?
< 18 participants	Treatment group	Observation	Home, community or delivery team setting	Cross-sectional / longitudinal	Thematic analysis	<b>FEQ 1:</b> To what extent were the critical components of the intervention received by the target population? <b>FEQ 2:</b> How did inputs contribute to the intervention functioning? <b>FEQ 5:</b> To what extent was the intervention delivered as intended?
Project lead / delivery team	NA	Interview	Delivery team or community setting	Cross-sectional	Thematic analysis	<b>FEQ 2:</b> How did inputs contribute to the intervention functioning? <b>FEQ 4:</b> How did local context affect intervention delivery? <b>FEQ 5:</b> To what extent was the intervention delivered as intended? <b>FEQ 6:</b> How did complexity affect intervention delivery?

						<b>FEQ 8:</b> Why did proximal outcomes change? <b>FEQ 9:</b> What was learned from how the intervention was delivered?
Stakeholders (statutory / voluntary)	NA	Interview	Delivery team or community setting	Cross-sectional	Thematic analysis	<b>FEQ 2:</b> How did inputs contribute to the intervention functioning? <b>FEQ 4:</b> How did local context affect intervention delivery? <b>FEQ 5:</b> To what extent was the intervention delivered as intended? <b>FEQ 8:</b> Why did proximal outcomes change? <b>FEQ 9:</b> What was learned from how the intervention was delivered?
Project lead / delivery team	NA	Observation	Delivery team or community setting	Cross-sectional	Thematic analysis	<b>FEQ 4:</b> How did local context affect intervention delivery? <b>FEQ 5:</b> To what extent was the intervention delivered as intended? <b>FEQ 6:</b> How did complexity affect intervention delivery?
Stakeholders (statutory / voluntary)	All treatment population will be sampled	Observation	Delivery team or community setting	Cross-sectional	Thematic analysis	<b>FEQ 2:</b> How did inputs contribute to the intervention functioning?
Routine admin data	All routine process data will be included	Routine data collection	N/A	Longitudinal	Descriptive statistics	<b>FEQ 1:</b> To what extent were the critical components of the intervention received by the target population? <b>FEQ 2:</b> How did inputs contribute to the intervention functioning? <b>FEQ 3:</b> Who did the intervention work for and how? <b>FEQ 5:</b> To what extent was the intervention delivered as intended? <b>FEQ 6:</b> How did complexity affect intervention delivery?

## Appendix A

### FEQ 1: To what extent were the three components of the intervention, as required by the YEF framework, received by the treatment population groups (Compliance)?

Aim: Early identification of whether project sites are meeting **identification**, **engagement** and **retention** goals. Participants from target populations are recruited and enrolled in the intervention and monitored using a participant tracking tool. Participant data may reveal challenges with, for example, identification, recruitment and referral processes and ability to retain participants.

Indicators of intervention reaching participants	sub-evaluation questions
Resourcing	What local resources were available to ensure the intervention reached the intended number of participants?
	How were local communities represented in the resourcing of the intervention?
	What were the local resourcing challenges affecting delivery?
	How was the intervention funded and resourced?
	Did you rely on 'in-kind' support to resource the delivery team? If so, how much?
	What are your plans for ensuring a sustainable resourcing model? How sustainable is your resourcing model?
Identification	How was the target population defined?
	What data were used to identify target population groups (i.e., those eligible for randomisation)
	What extent was the target population group representative of the wider population?



	How was race equity assessed and maintained in the identification of target population groups.
Engagement	How were participants recruited?
	What intervention component was used in their recruitment?
	What was the most successful approach in recruitment?
	Did the recruitment of participants follow the specified process in the local delivery plan?
	What was different (compared to BAU processes) about how young people affiliated to groups/violence were identified?
	What proportion of the eligible population had a link to group violence?
	What was the recruitment method for each individual?
	What was the distribution and combination of selection criteria for each individual?
	How was race equity assessed and maintained in the participant recruitment process?
	To what extent was the distribution of recruitment outcomes racially proportionate?
	Retention
What was the pathway followed through the intervention (flowchart)	
How was race equity assessed and maintained in the retention of target individuals?	
To what extent were retention outcomes racially proportionate?	
Inclusion	What was the individual-level data on inclusion, eligibility and nature of group violence?
	How was gang or group membership defined?

	How was the racial equity of gang or group membership assessed and maintained?
Contact	To what extent did contact with participants follow the specified process in their local delivery plan?
	What communication methods were used to initiate contact with participants (e.g., phone call, email, letter, in-person visit)?
	Who made initial contact with participants, e.g., police, navigators, etc.?
	What training did those initiating contact with participants receive for this role?
	How representative were these individuals in making initial contact with the participant group?
	How was the racial equity of the communication method assessed and maintained?
Referral	What proportion of initial contacts led to referrals into the programme for control or treatment?
	Where relevant to site programme, what referral pathways were available into the programme
	Where relevant to the site programme, what was the distribution of referral sources?
	What factors were used to assess risk (e.g., school exclusion, already-allocated social workers, etc.)?
	How were navigators or support workers used?
	How were community members used?
	How was consent to participate in the programme obtained?
	How was the racial equity of referral mechanisms and processes assessed and maintained?
	To what extent were referral outcomes racially proportionate?
Follow-up	What were the follow-up processes used to retain participants on the programme?

	What was the distribution of follow-up attempts with each individual?
	What was the criteria for deciding to follow up with participants?
	How was the racial equity of follow-up efforts assessed and maintained?
	To what extent were follow-up outcomes racially proportionate?

**FEQ 2. How are inputs contributing to the intervention functioning?**

**FEQ 3: Who did the intervention work for and how?**

Aim: Early identification of whether sufficient resources and input processes are available to implement the intervention at local project sites and of the beneficiaries of the intervention.

ToC input categories	Indicators	sub-evaluation questions	
Personnel	Sufficient staff to deliver intervention, e.g. programme manager, navigators, analysts, support services, enforcement, community, voluntary, statutory	How did you ensure that you had sufficient staffing resources? What did you do in the event of understaffing?	
	Staff recruitment	How were staff identified and recruited?	
			What was the value structure you set for the delivery team (e.g., neutrality, equity)?
			What skills were identified as essential to the delivery of the intervention?
			What skill gaps did you have?

		What structural process did you have to unblock or overcome to recruit staff?
		How did you ensure you selected the right staff for the project?
	Staff training	What were your training needs?
		What training was provided to the staff on the delivery team? What training was provided regarding race equity?
		What knowledge gaps did you have that impacted the delivery of the intervention?
		What gaps in knowledge were there in relation to race equity? How did these affect planning and delivery?
	Case management	How quickly did you identify suitable cases?
		What systems or processes were used to capture data about case management and exit from the programme?
		How were cases triaged or risk assessed? What methods or frameworks were used?
		Who was present during the triage/risk assessment discussions?
		What was the typical length of time between the initial offer of support and individual access to that support?
		What was the distribution of the caseload?
		Did you face any challenges with the volume of cases and case management? If so, what were they?
		How much time was allocated to each case per week, including face-to-face and admin?

		How were cases closed? What was the process?
		What was the average time each case was in the programme?
		How did participants exit the programme?
		What support was provided to participants upon exiting the programme?
	Supervisory structures	What were the supervisory structures to manage the progression of cases?
		How often were case supervisory meetings held? Who were these chaired by? Who was present?
		How did these structures change during the project?
	Size of core delivery teams	What was the structure of the core delivery team?
		How did the size of the delivery team change during the project?
	Information	Police intelligence
Partner intelligence		What processes did you have to gather partnership intelligence? Did you consider those processes to be effective?
Community intelligence		What processes did you have to gather community intelligence? Did you consider those processes to be effective?
Analysis		How many analysts were in the delivery team?
		How were the analysts used?
		How did their role change during the project?

		How were all the sources of intelligence analysed and evaluated? By analyst or team? How was race equity built into these processes?
Referrals	Schools	How many referrals were from schools and education stakeholders?
	Police	How many referrals were from the police?
	Individual	How many voluntary referrals?
		How did these individuals access the self-referral process?
	Family	How many referrals were from family members or guardians?
	Trigger offence	How many referrals were from trigger offences?
	Statutory services	How many referrals were from statutory services?
	Voluntary services	How many referrals were from voluntary or third-sector services?
Services	Partnerships	What was the extent of your partnership agreements?
		How effective were local partnership agreements?
		How could these local agreements be improved?
	Availability when needed	Were partner agencies available when needed to manage or progress cases?
	Accessibility	How accessible were support services provided by partner agencies?
		How were support services aligned to the individual needs of participants? In what way was race equity considered in the provision or offer of these services?
		What were the take-up rates? What were the completion rates, if applicable? What were the barriers?

Funding	Sufficient for delivery	How did funding contribute to the delivery of the intervention?
		How much has been spent so far?
		How did you prioritise your funding allocation?
		How much was spent vs. forecast?
		How much of your core delivery team is funded 'in-kind'?
		In what areas could efficiency savings be made?
		How could the intervention be delivered at a reduced cost?
	Local funding support	What level of local funding support did you have?
	Central funding support	What level of central funding support did you have?
		How well did you manage costs?
What were the challenges and risks related to funding structures?		
Organisational	Leadership support	Did the project have robust organisational structures in place for support, escalation and challenge?
		What leadership support did the project have? Was this sufficient?
	Monitoring/oversight	What were the high-level governance and oversight arrangements? Were these effective?
		How did these structures change through the project?
	Data systems	What data systems did the project need?

	Data sharing/access	What data sharing requirements were required?
		What challenges were there in relation to data systems, sharing and access?
Space	Appropriate for intervention activities	How was 'space' given to deliver the intervention?
Time	Sufficient staff time to deliver intervention	Were staff given the appropriate time to deliver the intervention?
	Sufficient supervisory time to manage intervention	Were supervisors given the appropriate time to deliver the intervention?
Experience of intervention	How did the treated population describe the intervention?	To what extent did each of the following theories contribute to any change?
		1. Deterrence (General)
		2. Procedural Justice, Police Legitimacy, Trust
		3. Social Control (establishment of trusted relationships, positive socialisation, removal of antisocial peers)
		4. Reduction in Strain (e.g., overcoming social and economic deficits, gaining skills, experience, or qualifications)
		5. Differential Association (e.g., group disengagement, positive self-worth through socially acceptable metrics, replacement of group maintenance factors)
		6. Turning Points in Life



**FEQ 4: How is local context and complexity affecting intervention delivery?**

Aim: Early identification of whether conditions related to the local context have been identified sufficiently. Context is defined as relating to (i) individual capacities, (ii) interpersonal relationships, (iii) institutional settings, and (iv) wider structures and systems.

Level	Context	Factors	sub-evaluation questions
1	Individual capacities	Attitudes	What is the evidence of a shared value structure across the delivery team?
			What was the shared value structure?
			What are the attitudes of participants and local community groups towards the police?
			What are the attitudes of the community towards the necessity of the intervention?
		How was race equity maintained through the project?	
		Knowledge	What knowledge gaps did the team have that affected delivery?
		Skills	What skill gaps did the team have that affected delivery?
2	Interpersonal relationships	Lines of communication	How effective was communication between stakeholders? How could this be improved?
		Administrative support	How effective was the administrative support? How could this be improved?
		Professional relationships	How effective were the professional relationships between stakeholders? How could these be improved?
		Contractual arrangements	What contractual arrangements were there between stakeholders for delivery? What terms were agreed upon? What were the associated challenges?
3	Institutional setting	Culture and norms	What evidence was there of a commitment to change behaviours or reduce youth violence in the delivery team?

			What evidence was there of a commitment to act beyond BAU in providing support and services to participants?
		Leadership	How open were senior leaders to the project?
			How open were senior leaders to innovation to reduce youth violence?
		Governance	How effective were governance and accountability structures? How could these be improved?
4	Wider structures and systems	Political support	What political issues affected the delivery of the intervention (e.g., relationships with the local PCC, mayor, etc.)?
			Where was the delivery team located (e.g., VRU, OPCC)?
		Availability of funding	How did the availability of funding affect the delivery of the intervention (e.g., YEF staged release)?
			How effective were relationships with co-funders?
		Supporting policies	What local policies supported the delivery of the intervention?
		Competing policies/influences	What local policies opposed the delivery of the intervention?

**FEQ 5: Is the intervention being delivered as intended?**

**FEQ 6: How does complexity affect intervention delivery?**

Aim: Early identification of whether the components of the intervention are being delivered according to the YEF FD framework and what changes are required to accommodate local context and population requirements.

- **[Fidelity/adherence]:** How has the intervention been delivered with fidelity/adherence to YEF guidance?

- **[Dosage]:** How much of the intended intervention has been delivered?
- **[Quality]:** How well were the different components of the intervention being delivered?
- **[Reach]:** What was the rate of participation by the intended population?
- **[Responsiveness]:** What extent did the participants engage with the intervention?
- **[Intervention differentiation]:** What extent were the intervention activities sufficiently different from existing practices?
- **[Adaptation]:** What changes were needed to accommodate context and population requirements?
- **[Complexity]:** How have the characteristics of complexity affected the delivery of the intervention?

<b>Fidelity dimension</b>	<b>Description</b>	<b>sub-evaluation questions</b>	<b>Data source</b>	<b>Method</b>	<b>Measures</b>
Adherence	The extent to which the intervention was delivered according to YEF guidance and Theory of Change	How was the intervention delivered, adhering to the YEF framework and local delivery plan?  How much emphasis was placed on each element of the intervention (e.g., enforcement, community, support)?	Delivery team	Interviews Surveys Focus groups Observation Self-report tools	Methods for delivering intervention  Activities for delivering intervention  Content of intervention delivered to participants
		How much did the delivered intervention adhere to the local Theory of Change?	Delivery team	Interviews Surveys Focus groups Observation Self-report tools	
Dosage	The difference between the	How much of the intended intervention	Delivery team	Interviews Surveys	Number of interventions

	amount of intervention delivered and the amount that the intervention model recommended	was delivered to participants?		Focus groups Observation Self-report tools	Frequency and duration  Time spent delivering intervention
Quality	The expertise with which delivery teams implement intervention	How well were the different components of the intervention delivered?	Delivery team	Interviews Surveys Focus groups Observation Self-report tools	Implementer enthusiasm Preparedness Clarity of expression Interaction Responsiveness Use of relevant examples
Responsiveness	The way in which participants react to or engage with the intervention	To what extent did the participants engage with the intervention?	Delivery team	Interviews Surveys Focus groups Observation Self-report tools Routine data collection	Level of participation in intervention  Level of interest in intervention by participants  Perceptions about relevance and utility of intervention
		How satisfied were participants with the intervention?	Participants	Interviews Surveys Focus groups Self-report tools	
Differentiation	The degree to which the critical components of the intervention are	To what extent were the intervention activities sufficiently different from each other?	Delivery team	Interviews Surveys Focus groups Observation	Degree in change from similar violence reduction interventions

	distinguishable from each other and from other violence reduction programmes	To what extent were the intervention activities and Theory of Change sufficiently different across sites?	Delivery team	Self-report tools Interviews Surveys Focus groups	Rationale for difference in intervention across sites  Perceptions about relevance of intervention in other violence reduction programmes
		To what extent were the intervention activities sufficiently different from other violence reduction programmes?	Delivery team	Interviews Surveys	
Adaptation	The type of changes needed to adapt the intervention to reflect local operating context and complexity	What changes were needed to accommodate the local context and population requirements?	Delivery team	Interviews Surveys Focus groups Self-report tools	Rationale for modifications to adapt to local context  Content of intervention requiring change  Perceptions as to why modifications were required
Complexity	The degree to which the characteristics and behaviours of complexity changed delivery of the intervention	What is the evidence for the characteristics and behaviours of complexity?  How did the complexity affect the delivery of the intervention and the	Delivery team	Interviews Surveys Focus groups Observations Self-report tools	Non-linearity: Effects of inputs on outputs or outcomes are not proportional  Adaptation: Learning in response to implementation of intervention

		<p>likelihood of proximal outcomes?</p> <p>How well were the challenges related to complexity understood during the implementation of the intervention?</p> <p>How were these challenges anticipated and managed during implementation of the intervention?</p>			<p>Path dependency: Actions based on decisions that proceed them</p> <p>Emergence: Unexpected higher-level outcomes that cannot be predicted from lower-level actions</p> <p>Feedback: Positive feedback leads to acceleration in change to effect of intervention and outcomes</p> <p>Self-organisation: Higher-level outcomes occur due to autonomous decision-making at lower-levels</p> <p>Tipping point: Point where interventions Outcomes dramatically change</p>
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## Appendix B

### Proximal outcome measures

**FEQ 7. How** are proximal outcomes changing?

**FEQ 8. Why** are proximal outcomes changing?

Aim: Early identification of whether proximal outcomes are changing and trending in the desired direction for the intervention, and what is known about why they are changing, i.e., what mechanisms are being activated and by whom.

<b>Proximal (short-term) outcomes</b>	<b>Intended to increase or decrease</b>	<b>sub-evaluation questions</b> (has it increased or decreased so far—is it better or worse?)	<b>Benchmarks</b> <sup>3</sup>	<b>Data sources</b>
Increase in community confidence in local policing	Increase	To what degree has the intervention led to an increase in community confidence in local policing?	Baseline 1	CSEW; PCC routine and annual surveying data; Community impact assessments
Increase in community confidence in local statutory services	Increase	To what degree has the intervention led to an increase in community confidence in other local statutory services?	Baseline 2	PCC routine and annual surveying data; Community impact assessments
Increase in community and partnership working	Increase	To what degree has community and partnership working changed during the delivery of intervention?	Baseline 3	Prospective survey with delivery team
Increase in understanding of local violence patterns	Increase	To what degree has understanding of local violence patterns and dynamics increased during the delivery of the intervention?	Baseline 4	Police/LA intelligence inputs/outputs re. gang/group/individual violence

Increase in identification of young people at risk of violence	Increase	To what degree has understanding of local violence patterns and dynamics led to an increase in identification of young people at risk of violence?	Baseline 5	Police/LA intelligence inputs and outputs gang/group/individual violence
Increase in referrals to intervention programme	Increase	To what degree has the number of referrals of participants within the population group increased?	Baseline 6	Routine police data
Enforcement methods applied to participants who refuse to modify behaviour	Increase	What percentage of the intervention population was targeted with enforcement methods?	Baseline 7	Routine process data
Decrease in local school exclusions	Decrease	To what degree has the intervention decreased local school exclusions in the population age group? PRU	Baseline 8	Annual exclusions data (18 months lag but might be able to get it from LAs)
Decrease in local hospital admissions	Decrease	To what extent has the intervention decreased local hospital admissions for violence in the population age group?	Baseline 9	Fingertips data (12m lag; A&E data may be available)
Decrease in violence participation	Decrease	To what extent has the intervention decreased participation in acts of violence in the population age group?	Baseline 10	Police.uk (1m lag); routine police data; geographical component
Decrease in violence victimisation	Decrease	To what extent has the intervention decreased violence victimisation in the population age group?	Baseline 11	Routine police data
Decrease in group violence	Decrease	To what extent has the intervention decreased group violence in the population group?	Baseline 12	Routine or bespoke police data
Increase in support services provided to participants	Increase	To what degree has the intervention increased the services offered to population groups?	Baseline 13	Routine data; LA or third sector data



Increase in data sharing between stakeholders	Increase	To what degree has the intervention increased? data sharing between intervention stakeholders?	Baseline 14	DSAs; routine data
Increase in number of arrest for violence	Increase	To what degree has the intervention increased the number of arrests for violent offenses?	Baseline 15	Routine police data