



Focused Deterrence

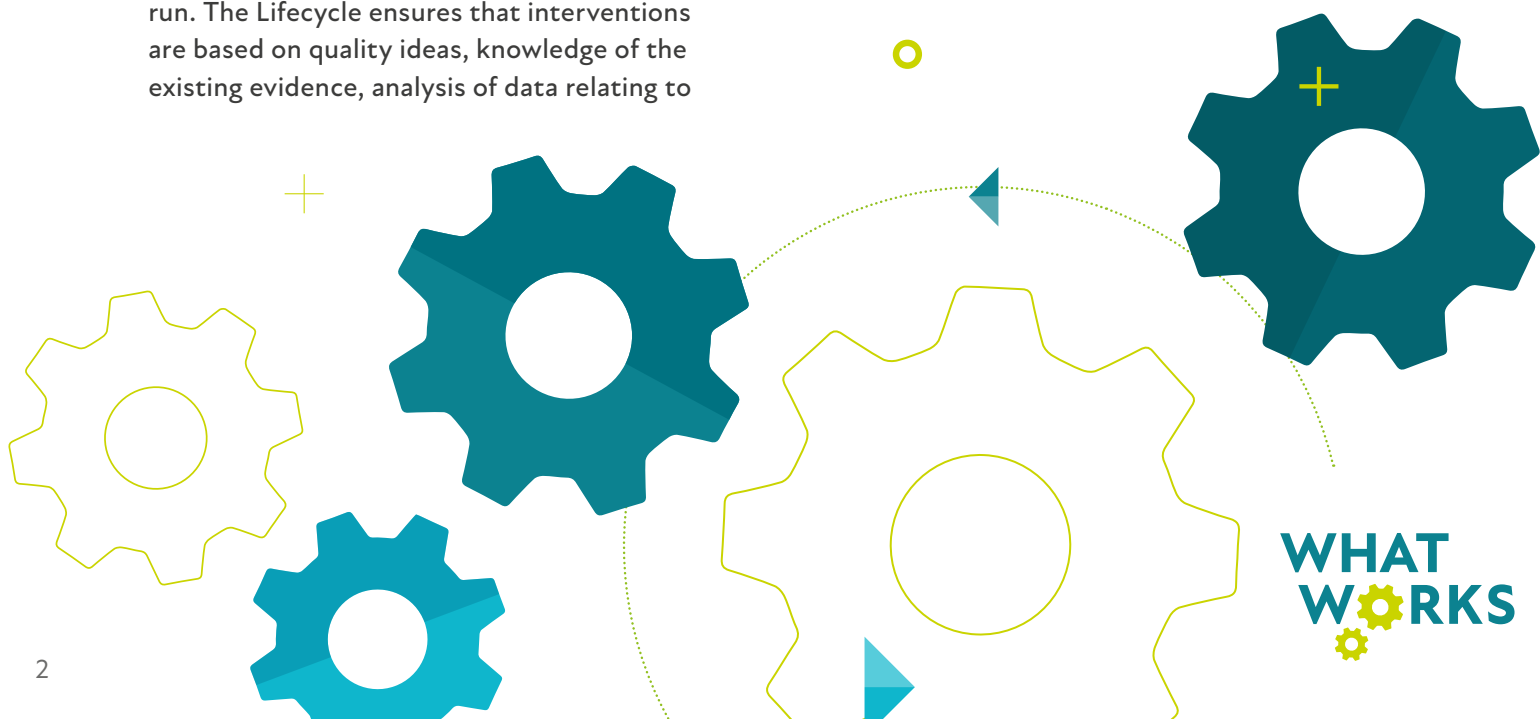
An evaluation of the Focused Deterrence intervention project, presenting findings from twelve months of delivery.



What is the What Works Series?

Welcome to Thames Valley Violence Prevention Partnership's "What Works" series; a collection of publications which present the results from our intervention evaluations and relevant pieces of research.

- A key role of the Violence Prevention Partnership programme is to invest our Home Office grant into the testing of new intervention approaches; funding not only their delivery in our local areas but to run robust evaluations of those interventions, adding to the evidence base around what works in preventing violence.
- We aim to gather evidence on the effectiveness and impact of interventions in preventing or reducing violence. That evidence is then played back to our local partnership systems to provide learning, and to inform the system change that is needed if we are to shift our focus towards higher impact intervention and diversion approaches.
- Our evaluations and research also contribute to a growing national evidence base, through formal academic publication and sharing with bodies such as the Youth Endowment Fund and the wider network of Violence Reduction Units (VRUs).
- Each of our interventions has been through a rigorous research and design phase, using our Research Project Lifecycle which puts in place a structure around which the highest quality of research projects can be designed and run. The Lifecycle ensures that interventions are based on quality ideas, knowledge of the existing evidence, analysis of data relating to cohort design and expected caseload, and well-documented design decisions. This ensures that the way that we implement and deliver the intervention is consistent, and enables us to deliver the right test of an intervention that is based on evidence, and that can actually be implemented in the real world. This also allows us to run multiple concurrent Randomised Control Trials (RCT), the gold standard approach to determining what works.
- Through the Thames Valley "What Works" series of publications, we provide all our partners with an accessible, yet complete, summary of key findings from our research. We aim to identify next steps and to assist in identifying how the learning could be applied to wider local services, to support that longer term, sustainable approach to preventing and reducing violence in our communities.
- For clarity, this is our local approach and is separate to other "what works" approaches being undertaken by other bodies, such as the Youth Endowment Fund. Although we will be sharing our evaluations accordingly to contribute to the wider evidence base.



What are we testing?

Each of our interventions or research exercises has been carefully designed around a clearly defined test methodology, cohort and research question. We have used our Research Project Lifecycle to ensure that we deliver an efficient, evidence-based intervention in a way that it can be tested in the real world using the most rigorous research methods possible. More detail relating to our Research Project Lifecycle can be found at Appendix A on page 19.

This report summarises the findings of our trial of the Focused Deterrence intervention, following the completion of 12 months in the intervention by all individuals in the trial. This report comprises all outcomes that have occurred during the time that the intervention has been delivered and provides strong evidence for the impact of such an approach.

For the purposes of the Focused Deterrence project:

- A randomised controlled trial was conducted to test this approach
- The treatment cohort was made up of 45 young people aged under 25 who had been involved in repeat knife offending, or knife and violent or sexual offending

▶ Does offering them social care-led problem solving, to provide immediate support in ways that suit them, alongside a procedurally-just policing deterrence approach, reduce reoffending in the treatment cohort?

What do we mean by procedurally-just policing?

Procedurally-just policing relates to delivery of policing that would be seen by the person being policed as being fair. This is achieved through; including dialogue that encourages participation in the proceedings prior to decisions being made, through the response being proportionate to what has been done, and this being understood so that the motives of the police are seen to be trustworthy, and by the authority demonstrating dignity and respect throughout the interaction.

In our delivery of focused deterrence, the above factors were achieved by meeting with the young person to start with, before the program of problem solving was delivered to talk with them around what the program was and the fact that enforcement would be done if they keep on offending, allowing the young person to ask questions and talk. This also meant that the young person could see that the police were trying to find a way to help them, not just arrest them, but that they understood the consequences of recidivism.

During the delivery, police and the care workers worked closely to discuss all cases and what was occurring, so that a proportionate and fair response could be delivered if incidents of criminal behaviour did occur. This knowledge of the police involvement in the problem solving activity the young people were benefitting from also reinforced that police were respectful of their lives and more realistic in expectations of behavioural change. In the majority of cases, the policing response was dramatically lower than it would have been in the absence of focused deterrence.

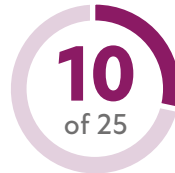
Previous research evidence has shown that people who feel they have been dealt with in a procedurally-just way are much more likely to accept decisions made by authorities and are more likely to allow more intrusive police tactics. This additional legitimacy of the policing response aids police by providing more operational flexibility.

Key Findings Summary

Engagement



young people aged **under 18** engaged with the support offer



young people aged **over 18** engaged with the support offer

Overall experimental findings – all age groups

54% reduction in crime harm as a suspect

39.8% reduction in knife offending as a suspect

28.2% reduction in violent crime as a suspect

28.5% reduction in violence and sexual crime as a suspect

21.4% reduction in other non-police initiated crimes as a suspect

36% reduction in violent crime as a victim

Sub-group analysis – only those in the 11-17 age group

70% reduction in crime harm as a suspect

59% reduction in knife offending as a suspect

Social care-led person-centred problem solving, conducted in a long term in-depth manner where a trusting relationship is built with the case worker, supported by a procedurally-just policing response, appears to reduce offending and victimisation in the most serious crime types by a large and significant amount.

Key to findings

▶ **Statistically significant** – less than 5% likelihood the finding was due to chance

▶ **Not statistically significant** – more than 5% likelihood the finding was due to chance, but collectively they show positive results

What is Focused Deterrence?

Focused Deterrence is included in the Youth Endowment Fund Toolkit and rated as a High Impact intervention. It is an approach to violence reduction that was first developed in the USA in the mid-1990s. Traditionally, it delivers a support-first approach which recognises that those involved in violence have themselves been victims, exposed to trauma and challenging life circumstances. Their behaviour is often driven by victimisation, self-protection and exploitation.

Alongside support, it aims to create opportunities for re-engagement with the community, including families, education and employment, whilst combining this with a sword of Damocles style deterrence approach, using clear communication of the consequences to continued violence or reoffending with continued communication by the police, and swift enforcement in response, if required.

In this trial, this does not mean additional enforcement on an individual; only the appropriate procedurally-just policing as necessary, with regular communication to the individual and wider partners.

It was deemed necessary to test whether focused deterrence would in fact be effective in a cohort of knife offenders in the UK, as there had been no randomised trials of focused deterrence style approaches conducted in the UK, and our levels of criminality in the Thames Valley differ significantly from those of large cities in the US with high prevalence of gun-related homicide; Milton Keynes is not Chicago

- In the Thames Valley, a Focused Deterrence intervention was designed with Milton Keynes Council's Contextual Safeguarding Team and Thames Valley Police's local Problem Solving Team. This was implemented in February 2023 and places much more emphasis on the person-centred problem solving approach and contextual safeguarding; led by social care and supported by police. A dedicated case worker with a manageable caseload (20-25 young people) was allocated to each individual for 12 months, and each individual receives the intervention for a full 12 months.
- £150,000 of delivery funding was provided by the Violence Prevention Partnership which has funded two dedicated case workers, and a coordinator within the council's Safeguarding team. Thames Valley Police also identified dedicated resources to support and the case workers were managed under existing structures within the children's social care team. Each case worker can manage around 20-25 individuals at one time at an estimated cost of around £2,000 to £2,500 per case, plus management and coordination cost which would reduce with scale of delivery.
- The caseload was split between two age groups; with one case worker allocated to those aged 11-17 and another allocated to those aged 18-25.
- At an individual level, the case workers created new relationships and built trust and confidence. They created a tailored support offer to the individual, with ongoing contact to maintain their engagement. Throughout the programme, new support offers were added; such as allocation of a social worker, engagement with new positive activities, education support, referral to health and mental health assessment, and Speech & Language assessment.
- Alongside the case work, partners worked together through the coordination of multi-agency review panels, using a risk-based approach to managing individuals, which ensured a regular and joined-up response.
- Thames Valley Police continued to manage any live investigations, reoffending and intelligence, communicating their activity and participating in multi-agency case work review panels. Their policing activity relating to anyone on the cohort was not increased.

Cohort and Trial Methodology

This intervention has been tested using a randomised controlled trial methodology to provide the best evidence of whether this approach works, and the cost-benefit of the approach.

The cohort for this intervention was split across two age ranges; 11 to 17 and 18 to 25 years old.

At the start of the trial, it was not known how many cases would be an appropriate caseload for each caseworker to be able to deliver the high level of personalised problem solving that this intervention provides. Therefore, the start of the trial was staged to ensure that new cases were added once the caseworker knew they were able to deliver the level of treatment that was required of them. The level of caseload that was found to be manageable whilst still allowing for high quality of problem solving was 20 for the 11-17 cohort and 25 for the 18-25 cohort.

Data from Thames Valley Police systems were used to identify a cohort of individuals who met the criteria to enter the programme. The criteria is:

▶ **Young people (11-25) who have had at least one knife offence as a suspect in the past 12 months and one of another knife offence, a violent offence, or a sexual offence as a suspect in the past 24 months**

This cohort of individuals showed a high likelihood to be suspected of further offences, based on analysis of previous years' data for the same cohort, and ensured a consistent level of offender who both police and social care viewed as being at high risk of committing serious violent offences.

They were all:

▶ **Either repeat knife offenders, or knife offenders who have also shown propensity to conduct violent or sexual offence**

Individuals who were already under case management by MARAC, MATAAC or PREVENT were not eligible to be in the cohort as we did not want to interrupt their in-depth case management.

Individuals were then randomised into two groups; treatment cases would be allocated to a case worker and receive the intervention on top of business-as-usual services, whilst control cases would continue to receive business-as-usual services but would not receive allocation to a Focused Deterrence case worker.

The level of funding available was only sufficient to deliver the intervention to 45 children and young people at once, and our risk assessment mechanisms in this area are not capable of identifying which of this cohort would be most at risk of offending. Therefore, randomisation was deemed to be the most ethical manner of determining which cases would receive treatment, especially given that we need to establish whether this intervention works, and to what extent it is effective. In addition, those cases that were randomised into the control group did not receive any less support than they would otherwise be able to access, this was a comparison between business-as-usual plus focused deterrence and business-as-usual.

The first cohort of 45 were monitored for a period of six months following the completion of the treatment period. The intervention is funded until 31 March 2025, and the choice of members of the cohort has been rolled out to business-as-usual delivery with caveats that the eligible cohort will remain the same, and cases can be chosen by a panel of police and social services staff. Caseloads will remain the same for the caseworkers, to ensure that they are not given too many cases which would prevent the high quality of problem solving that has been delivered to date.

The Intervention

In practice, once an individual has been added to the intervention cohort, they are allocated to one of the two case workers (one for each age group), who conduct in depth problem solving that can incorporate anything that the case workers believe will assist that young person to thrive and to desist from criminal behaviour. This will be supported by a procedurally-just policing response (see our definition on page 3).

When a child or young person enters the treatment cohort, they are allocated to one of the two caseworkers, and both police and the caseworker compile the information that is known in each organisation's systems about that person to discuss at a multi-agency meeting. These multi-agency panels are conducted on a monthly basis, and each panel reviews all new cases, and then at least ten cases that the teams decide to bring to the panel for discussion. Colleagues from within the council and the police review data such as incidents, missing episodes, intelligence on activity and as a collective they discuss and agree their respective response plans to each individual. Every case, regardless of risk level, is reviewed by the panel at least every three months. All cases are formally reviewed by the social care team (caseworkers and their management) each month.

Following entry to the cohort and discussion at the panel, each child and young person receives two visits; first from the case worker, to introduce themselves and what the support offer is that is being provided, and second from the police, to inform them that they have been placed on this programme due to their repeat knife offending or knife and violent offending, and whilst police will need to investigate any crimes that have happened in the past, if they engage with the support offer and do not continue to offend then the police will not manage them intensively. However, if they do continue to offend, their offending will be investigated efficiently and effectively and criminal justice outcomes will be sought, as befits the offence. Therefore it is a clear offer of support, along with a procedurally-just policing offer alongside this.

The case workers meet with the individuals as often as they are able, maintaining contact and meeting with them throughout. The vast majority of support offers are pre-existing activities and are not funded through the programme, so this makes use of existing pathways for delivery of service. There was a small discretionary fund that the caseworkers could apply to for small amounts of money for activities or travel if needed, though this was not additional money, it was an amount left over once all three salaries had been accounted for.

Over time, the case workers have identified where the need is greatest, have found new provisions, and have created tailored support packages that aim to meet the needs of the child or young person, and encourage their ongoing engagement. The case workers were given the freedom to work with the individual to identify their needs and, where relevant, the needs of their family. They were then given the freedom to work with any agency, or any available service, alongside their support in completing tasks and working through issues.

▶ **It was a social care led, person-centred problem solving intervention which was both long term and in-depth, and that was supported by a procedurally-just police response to ensure that the individual knew that they would be treated fairly and that the case worker cared and could be trusted to work for them, but that there would be consequences to further criminal behaviour.**

Most importantly, in addition to activities, courses and referrals to other services, the case workers work closely with the child or young person and their families, becoming a trusted adult in that person's life. This trusted relationship, from a person who is not there to sanction them and that persists for a year of allocation, is not usually something that public sector agencies are able to provide. The case workers also offer their own time as advocates for the young people, for example accompanying them to appointments or throughout the criminal justice process. It is not only the support activities they arrange but it is also the relationships they form.

In parallel to the support offer was the policing activity. For some, this involved streamlining of investigations into incidents where the individual has been the offender or the victim. At other times it was providing assistance with locating the young person if they have gone missing, or considering/acting upon intelligence relating to the young person when intelligence was received. Data sharing was improved to ensure that the case workers were apprised of any interactions between the young person and the police; including arrests, missing episodes and intelligence where appropriate and safe to do so. This ensured they understood the status of any investigations, what may be happening in the wider criminal justice process and allows for reinforcement that the police are still present and interested, even if there is no immediate further action. Where it was relevant and felt fair, the police also continued to communicate with the individual directly, and in all cases the policing team were active participants in the multi-agency panels to ensure that all practitioners, particular case workers, are fully apprised which has helped strengthen the communication with the young person.

In the event of reoffending, there is no sanction applied to the attendance of any aspect of the support programme (except should they be detained in custody as part of the process). Their case worker continued to encourage and facilitate the support-first approach, despite any criminal proceedings.

On completion of the 12 months, their case worker will conclude their support and the relationship they have ends. They will have worked to transition the young person to continue with any aspect of the support package where possible. As a result of being part of the Focused Deterrence programme, the child or young person may retain professional support such as a nominated social worker that was allocated during the programme, but not the case worker.

Findings

Crime count and harm

All our data analysis is based upon datasets held by Thames Valley Police recording systems on the individuals within the treatment cohort and control group.


For the purposes of this report, we are presenting findings which include calculated Crime Harm scores and the individual recorded crime counts in which an individual was considered a suspect, in either:

- Knife-related crime
- A violent crime (offences including assault without injury, through to homicide. Including robbery.)
- A violent or sexual crime (All violent crime plus all sexual offences from assault to rape).
- Other non-police initiated crimes. (Non-police initiated crimes include all crimes except those, like drugs, which only usually get recorded because police found them rather than the public reporting them)


Crime Harm scores are calculated using the Cambridge Crime Harm Index, applied to the individual crimes committed by those in our treatment cohorts and control groups. This is a robust and commonly used methodology which compares the harm of a particular crime type in proportion to another.

Analysis showed a:


53.5%
reduction in
crime harm



39.8%
reduction in
knife related crime




28.2%
reduction in
just violent crime



28.5%
reduction
in violent or
sexual crime



21.4%
reduction
in non-police
initiated crime



These are all incredibly strong indicators that this approach has a dramatic and marked effect on reducing offending. Even where the reductions have a higher likelihood that they may have occurred by chance (their statistical significance), all of these findings are still in the same direction; that of reductions in crime.


Furthermore, all analyses were conducted using an intent to treat methodology which means that all of the treatment cases are included in the treatment group results, even if they did not engage. Therefore it is likely that these results would improve further if higher levels of engagement could be gained in the 18-25 year old cohort.

Victimisation

We also undertook analysis using the same approaches but looking at the amount of crime where those in the treatment cohort and the control group were victims. This is because we know there is a strong overlap between being an offender and a victim, particularly with violent crime.

While the statistical significance of our findings was low, with more than 25% likelihood relating to victimisation occurred by chance, across all age groups there was a:

36.3% reduction in victimisation
in violence crime



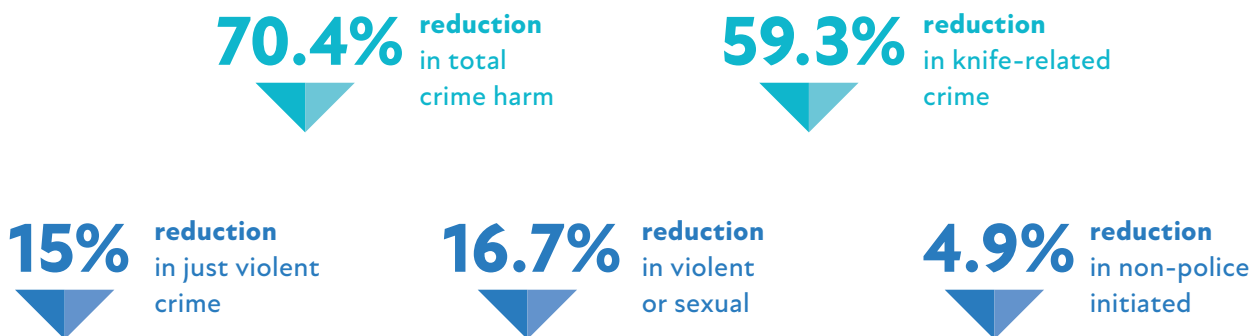
Sub-group analysis – 11-17 year-old cohort only

We have also undertaken a further analysis of a sub-group of treatment cohort, looking specifically at those aged 11–17, where 17 out of the 20 individuals actively engaged with the intervention.

We did not undertake this analysis with the older 18-25 group due to the lower treatment integrity where their active engagement with the intervention was 10 engaged out of the 25.

Crime harm:

The levels of statistically significant crime reduction are even higher in the 11–17 age group cohort, showing the following results:



Victimisation

The sub-analysis of the 11-17 year-old cohort's victimisation shows the following results:



And while these results were not statistically significant as was 11% likely to have occurred by chance, that reduction in knife-related victimisation in 11 to 17 year-olds represents a massive reduction in the risk of serious injury or death associated with being a victim of a knife offence.

Data analysis tables

We have included all data tables associated with our analysis at Appendix B.

A note on statistical significance

Statistical significance simply helps us to determine whether the results of an experiment are likely to be true, and not just due to random chance. Traditionally in scientific literature, $p < 0.05$ is used as a cut-off to indicate that this finding is less than 5% likely to have occurred by chance. This is the point we have used to determine statistical significance.

However, this cut-off can be moved, and might not even be essential depending on what is being evaluated, the level of cost and benefit, and the ease of implementation. In other words, if all of the findings are going in the same beneficial direction, the implementation is not expensive, and the potential benefits are a massive reduction in negative outcomes then we may choose to be much more flexible with the traditional values for significance as it is not the main important factor. There are other things, such as all findings going in the same direction, that may improve trust in the findings and give much greater confidence than through the use of statistical significance alone.

Key to findings

Throughout this document where we have presented key findings we have colour-coded them according to their level of statistical significance:

- ▶ **Statistically significant** – less than 5% likelihood the finding was due to chance
- ▶ **Not statistically significant** – more than 5% likelihood the finding was due to chance, but collectively they show positive results

What was delivered?

Due to the fact that this was a person-centred problem solving approach where the case workers could, within reason, undertake any activity that they and the young person believed would help with their ability to thrive and not re-offend, it is useful to examine the types of activity that were undertaken. This would also allow for resourcing and provision to be examined in the areas identified, to better fit the complex needs of the young people requiring care and support from public sector organisations.

Support to 11–17 year-old cohort

| Type of Support |
|--|
| Support to access education/employment |
| Allocation of Social Worker |
| CAMHS Referral |
| SALT (Speech and Language) Assessment |
| YJS Worker |
| Allocation of a Youth Worker |
| 1:1 Knife Crime Work |
| Referral to Sports Worker |
| Additional financial support to access positive activities |
| NRM Referral |
| Young Person Mapping |
| Criminal Exploitation Worker-Young Person |
| Drug and Alcohol Service |
| Mentor |
| SAIT (Specialist Assessment and Intervention Team) |
| AIG (Advice Information and Guidance) |

Support to 18–25 year-old cohort

| Type of Support |
|--|
| 1:1 Knife crime work |
| Referral CAMHS / Adult Mental Health Support |
| Support to access education and employment |
| Support to access Probation |
| Allocation of Social Worker |
| Mentor |
| Support to access GP/ health appointment |
| Allocation of Youth Worker |
| SALT assessment |
| Support around budgeting |
| Housing support |
| Safety planning with parents/ carers |
| Young person Mapping |
| Drug and Alcohol Service |

What does this mean?

These findings show a massive reduction in serious violence and knife related crime, and the use of a randomised controlled trial allows us to conclude that this is due to the intervention.

Social care-led person-centred problem solving, conducted in a long term in-depth manner where a trusting relationship is built with the case worker, supported by a procedurally-just policing response (see our definition on page 3), appears to reduce offending and victimisation in the most serious crime types by a large and significant amount.

If we were able to deliver the same standard of treatment across a larger cohort of children and young people, the potential to see a reduction in knife offending of over 50% is massive, and would have a dramatic impact on the safety of young people, as well as leading to a significant reduction in direct costs for police, probation, courts, prison service and health service, as well as likely additional benefits from the problem solving which may also provide reductions in future workload and cost for child services and other public sector agencies.

While other metrics may not have met a threshold for statistical significance, they are all positive indicators and give a degree of confidence that the intervention does have the desired impact. As such, as there are no backfire impacts as a result of the intervention upon the individuals, and if it is cost effective to deliver achieving positive statistical significance may not be an importance consideration. The lack of backfire effects is consistent with other trials of focused deterrence worldwide.

Initially, expectations with regard engagement rates had been low. This is a cohort of particularly challenging and challenged individuals with complex needs and yet it has been encouraging to see the vast majority, 17 out of 20, of the younger under 18 cohort engage with some aspect of the support package offered.

With the older age group, that engagement was lower with just 10 out of 25 engaging. The ability to establish and maintain contact became far more challenging with the older group. For example; two young people entered the secure estate, one person's mental health needs led to their being withdrawn due to suitability of the support offer, one individual who remains outstanding wanted by the police, and seven individuals at the point of this analysis who have been uncontactable and are remain not located by either case worker or the police.

Whilst most support offers in this implementation were pre-existing activities and were not funded through the programme, we recognise the benefit of having a small discretionary fund in case there are activities that do not cost much but that would add a lot of benefit, such as transport to an interview when the caseworker was not available. In addition, it would be worth exploring whether it is possible to add in provision over and above that which is statutory for mental health referrals, Autism and ADHD assessments, and speech and language assessment, as these were all raised as areas of need in the cohort, but we are aware that the provision of these often involves long waiting lists.

These findings build upon the interim findings that were identified following 6 months of delivery; already at that point there was a statistically significant 57% reduction in the prevalence of being a suspect in a knife related crime. Whilst we have not yet had the opportunity to examine whether these effects degrade over time after the young people leave the treatment cohort, this provides extremely strong evidence that this approach of delivering person-centred problem solving by a youth worker with a manageable caseload and freedom

to solve problems with flexibility is effective at reducing criminal behaviour even in offenders who have committed knife related offences.

The support offer has grown as the intervention has gone on, indicating that there has been genuine problem solving, centred around the young person's needs rather than what is easily available. Common support offers included the need for referral into other services for particular needs, including Child & Adolescent Mental Health Services (CAMHS), assessment and support with learning difficulties, autism and ADHD, and Speech & Language Therapy. These are areas where provision traditionally has very long waiting lists and that could benefit from additional attention when establishing support services for the future.

The consistency in case worker and the comparatively long-term commitment given has allowed for a very detailed problem-solving approach to be taken, with a freedom to act upon any aspect of their life where it was felt benefit could be made. This has enabled comprehensive and individualised responses for some of the most complex and vulnerable young people in Milton Keynes.

Implications for wider adoption and next steps

The results of this trial are extremely positive, and we encourage all local partnerships to review the learning and consider mechanisms to implement this approach.

Ideal implementation would involve either a replication of this research to ensure the findings are repeatable, or an experimental implementation in order that the manner in which it is implemented can be assessed for efficacy, and to ensure that a similar level of delivery is achieved.

The important things to take away from this, if implementing a version of this, are that it is a person-centred problem solving approach, ideally based in children's social care, and this is supported by a procedurally-just police response if there is continued offending. It is the view of these authors that it would be less effective if implemented within policing, or within a voluntary or community sector partner as they would have less easy access to data and additional services.

It is also incredibly important that the case workers remain able to conduct in depth problem solving and to work intensively with the young people, and that they are not allocated more cases than would be manageable for a high quality delivery of service. **Based on our pilot testing, it is recommended that a maximum caseload of 20-25 should be used.**

It would be great to see this research replicated and expanded upon in other areas, as whilst these findings are strong and resilient, this is the first randomised trial of its type in the UK and it is a small cohort trial which would benefit from larger replications.

Case Studies and Testimonials

Case Study A

A is 16. He had several ongoing investigations and missing episodes, where he had been exploited and involved in County Lines. He was subject to bail conditions due to pending drugs supply offences and could not leave his house without a parent or professional. He lived at home with his mother, however this relationship was fractured and he was subject to a Child Protection Plan under the category of Neglect.

The FD co-ordinator completed four sessions of knife crime work with A, exploring his concept of safety and how this could be achieved without a weapon. Following this work, A was in some situations where he felt unsafe. However, he maintained that he did not carry a knife. Since his engagement there has been no intelligence to suggest that he is carrying/has carried a knife.

The focused deterrence co-ordinator offered intensive and flexible support to A, whereas other professionals may not have been able to accommodate this. This allowed A to access his boxing classes and through these a work experience opportunity, despite the restrictions of his bail.

In terms of enforcement, A's drug offences were being investigated by the Stronghold team, a drugs unit of Thames Valley Police. Having recently been found not guilty, as the bail conditions lift, the co-ordinator will support A to maintain a pro-social routine. He will receive support in next steps into training and employment. He can also continue with boxing and a gym membership has been funded through the sports worker at Milton Keynes Council.

A's social worker commented:

"I have seen a real up-take in engagement from young people on focused deterrence and I think it is useful for the young people to have a worker who is not a social worker. With two of the young people, there was a significant reduction in their contact with the police."

"The FD Coordinator role has greater flexibility and can be creative in the way that it engages young people and the support provided."

"The Focused Deterrence role offers a specialised and targeted approach that can be particularly effective in reaching and positively impacting those at risk of involvement in criminal activities. By having the ability and time to foster relationships with existing youth services, they help create a more holistic, all round support system for vulnerable young people."

Case Study B

B (14) was selected for Focused Deterrence due to several reports that he was carrying a knife and he had 10 ongoing investigations. Attendance at schools was poor. He described school as “hectic” and said, “there’s no point in going, I don’t learn anything.” He said that feeling “bored” contributed to his offending; he spent most of his time in the community with unhelpful peers and engaging in anti-social activities. His homelife was challenging.

The co-ordinator organised a multi-disciplinary meeting to identify a plan to re-engage B in his education. They worked with B to identify what motivates him – construction lessons, the points system and enrichment. The school used this to provide incentive and support. In addition, the co-ordinator took B to school twice a week. After work begun in April 2023, the safeguarding lead at school reported a *“huge improvement in B’s attendance, and noticeable improvement in his outward behaviours and attitude towards others.”*

The co-ordinator also extended their support to the mother who was struggling with her mental health and in caring for B. Mum reported feeling “stronger” within herself thanks to this support. By September, she said that home life had improved - *“I’ve found the balance in being authoritative and supportive, B stays home more and the way we speak to each other is better.”*

B voiced that the consistency from the Focussed Deterrence role makes it *“more supportive”* than other services. He explained that he has had *“too many social workers”* and *“can’t trust them anymore because they always change”*. He said that his FD co-ordinator *“understands him better”* than other professionals. He partially attributed this to the number of visits he has with his co-ordinator (currently 2x a week) which allows for more meaningful conversations.

Going forward, the co-ordinator will continue to support B with his education and encourage him to establish some pro-social goals. A meeting is already in place to discuss work experience opportunities. The co-ordinator will also explore other positive activities that B can engage in when he’s not at school. B is currently on the waiting list for an ADHD assessment, and the co-ordinator will encourage him to engage with CAMHS.

Police Testimonial

At the start of the intervention, a comment was made between policing colleagues that they did not think that many of the cohort would engage with the intervention as they were all offenders who were frequently on their briefings and were tough to work with. However, they went on to say that they were very surprised that the children did engage. They noted that as time passed and the intervention was delivered these individuals stopped appearing on briefings; they just weren’t being suspected of the same crimes.

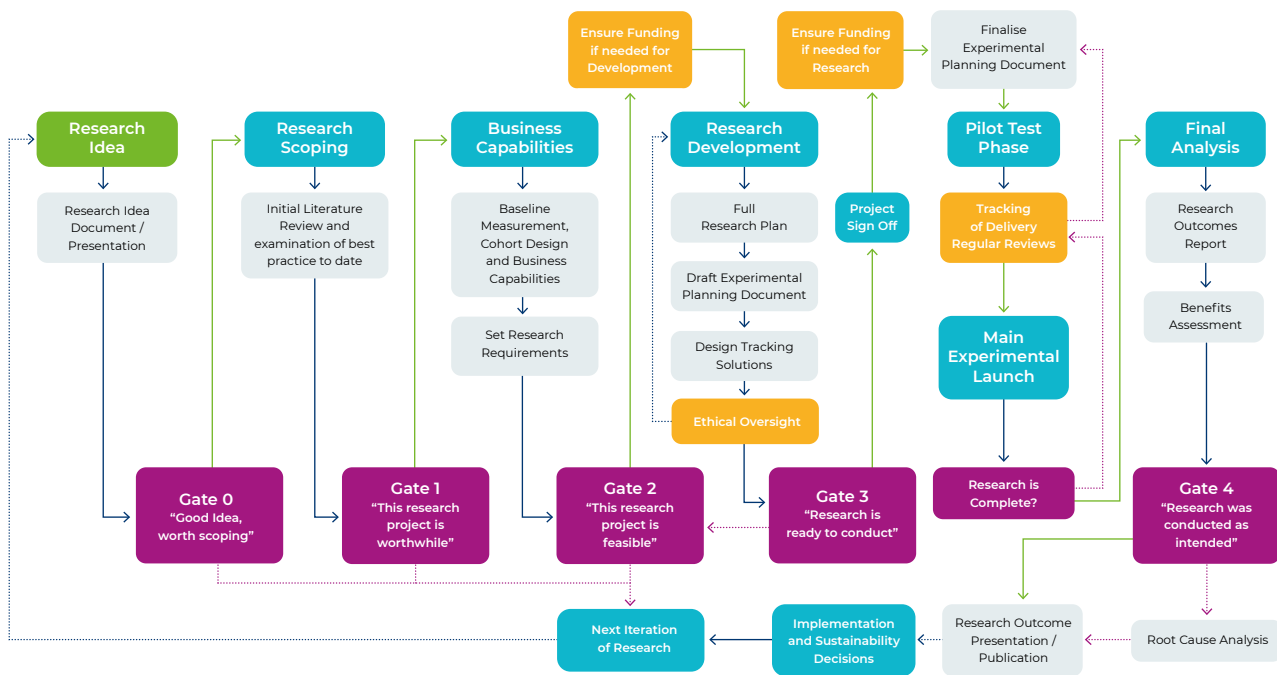
Appendix A: Our Approach: The Research Project Lifecycle

In order to avoid some of the pitfalls often associated with public sector research projects, which often lead to not being able to say what works, or what effect has been had for the money or resource invested, we developed the Research Project Lifecycle.

This is a project management approach to running research projects in the public sector, and allows for the research management team to pause at each stage to ensure that it still meets the needs of the organisation, that it is based in best evidence, that it is possible and feasible to run, and that it is well planned, ensuring the best and most ethical test of something that can actually be implemented.

This approach has enabled Thames Valley Violence Prevention Partnership to conduct multiple concurrent high quality interventions, including six randomised controlled trials in a range of different areas.

Embedding a “what works” approach



Reference: Adapted from Olphin, T.P.A., (2023). *Research Project Lifecycle: A Structured Approach to Conducting Research in the Public Sector*, Reading, UK: Thames Valley Violence Reduction Unit. © Crown Copyright 2023

Appendix B: Data analysis tables

All ages

| All ages – Crime Harm and count as Suspect | Treatment | Control | Percentage change from control | T test results | Likelihood of chance* |
|---|-----------|---------|--------------------------------|---|-----------------------|
| Total Crime Harm as a suspect | 221.86 | 477.57 | -53.50% | t = -2.1094 df = 128.04 p-value = 0.03686 | Less than 5% |
| Knife related crime count as a suspect | 0.38 | 0.63 | -39.80% | t = -1.4076 df = 127.47 p-value = 0.08084 | Less than 10% |
| Violent crime count by suspect | 1.24 | 1.73 | -28.20% | t = -1.2439 df = 106.57 p-value = 0.1081 | Less than 11% |
| Violent and Sexual crime count by suspect | 1.29 | 1.8 | -28.50% | t = -1.2498 df = 104.21 p-value = 0.1071 | Less than 11% |
| Non-police initiated crime count as a suspect | 2.47 | 3.14 | -21.40% | t = -0.94324 df = 95.391 p-value = 0.174 | Less than 11% |

| All ages – Crime Harm and count as Victim | Treatment | Control | Percentage change from control | T test results | Likelihood of chance* |
|--|-----------|---------|--------------------------------|---|-----------------------|
| Total Crime Harm as a victim | 236.26 | 268.67 | -12.10% | t = -0.252 df = 89.244 p-value = 0.8016 | More than 80% |
| Knife related crime count as a victim | 0.11 | 0.16 | -31.70% | t = -0.71556 df = 124.58 p-value = 0.4756 | Less than 50% |
| Violent crime count as a victim | 0.4 | 0.63 | -36.30% | t = -1.0878 df = 109.94 p-value = 0.2791 | Less than 30% |
| Violent and Sexual crime count as a Victim | 0.49 | 0.66 | -26.20% | t = -0.79202 df = 110.21 p-value = 0.43 | More than 40% |
| Non-police initiated crime count as a Victim | 0.98 | 0.85 | 15.20% | t = 0.4363 df = 78.277 p-value = 0.6638 | Less than 70% |

* Percentage likelihood the finding occurred by chance

Statistically significant – less than 5% likelihood that the finding occurred by chance

Not statistically significant – greater than 5% likelihood that the finding occurred by chance

Under 18s

| Under 18 - Crime Harm and count as Suspect | Treatment | Control | Percentage change from control | T test results | Likelihood of chance* |
|--|-----------|---------|--------------------------------|---|-----------------------|
| Under 18 - Total Crime Harm as a suspect | 175.78 | 594.47 | -70.40% | t = -2.482 df = 67.702 p-value = 0.01555 | Less than 5% |
| Under 18 - Knife related crime count as a suspect | 0.35 | 0.86 | -59.30% | t = -1.9075 df = 67.581 p-value = 0.03036 | Less than 5% |
| Under 18 - Violent crime count by suspect | 1.75 | 2.06 | -15.00% | t = -0.47355 df = 43.838 p-value = 0.3191 | Less than 40% |
| Under 18 - Violent and Sexual crime count by suspect | 1.8 | 2.16 | -16.70% | t = -0.52804 df = 43.305 p-value = 0.3001 | More than 30% |
| Under 18 - Non-police initiated crime count as a suspect | 3.5 | 3.68 | -4.90% | t = -0.15573 df = 37.878 p-value = 0.4385 | More than 40% |

| Under 18 - Crime Harm and count as Victim | Treatment | Control | Percentage change from control | T test results | Likelihood of chance* |
|--|-----------|---------|--------------------------------|---|-----------------------|
| Total Crime Harm as a Victim | 398.23 | 299.87 | 32.80% | t=0.40867 df = 27.952 p-value = 0.6859 | More than 60% |
| Total Knife Crime count as a victim | 0.05 | 0.2 | -75.00% | t = -1.5785 df = 67.998 p-value = 0.1191 | Less than 20% |
| Total Violent Crime count as a Victim | 0.55 | 0.74 | -25.7% | t = -0.59794 df = 36.005 p-value = 0.5536 | More than 50% |
| Violent and Sexual Crime count as a Victim | 0.75 | 0.78 | -3.80% | t = -0.08868 df = 37.5 p-value = 0.9298 | More than 90% |
| Non-police initiated crime count as a Victim | 1.2 | 0.94 | 27.70% | t = 0.67598 df = 33.642 p-value = 0.5037 | More than 50% |

* Percentage likelihood the finding occurred by chance

Statistically significant – less than 5% likelihood that the finding occurred by chance

Not statistically significant – greater than 5% likelihood that the finding occurred by chance

Authors and Referencing

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Contact Us



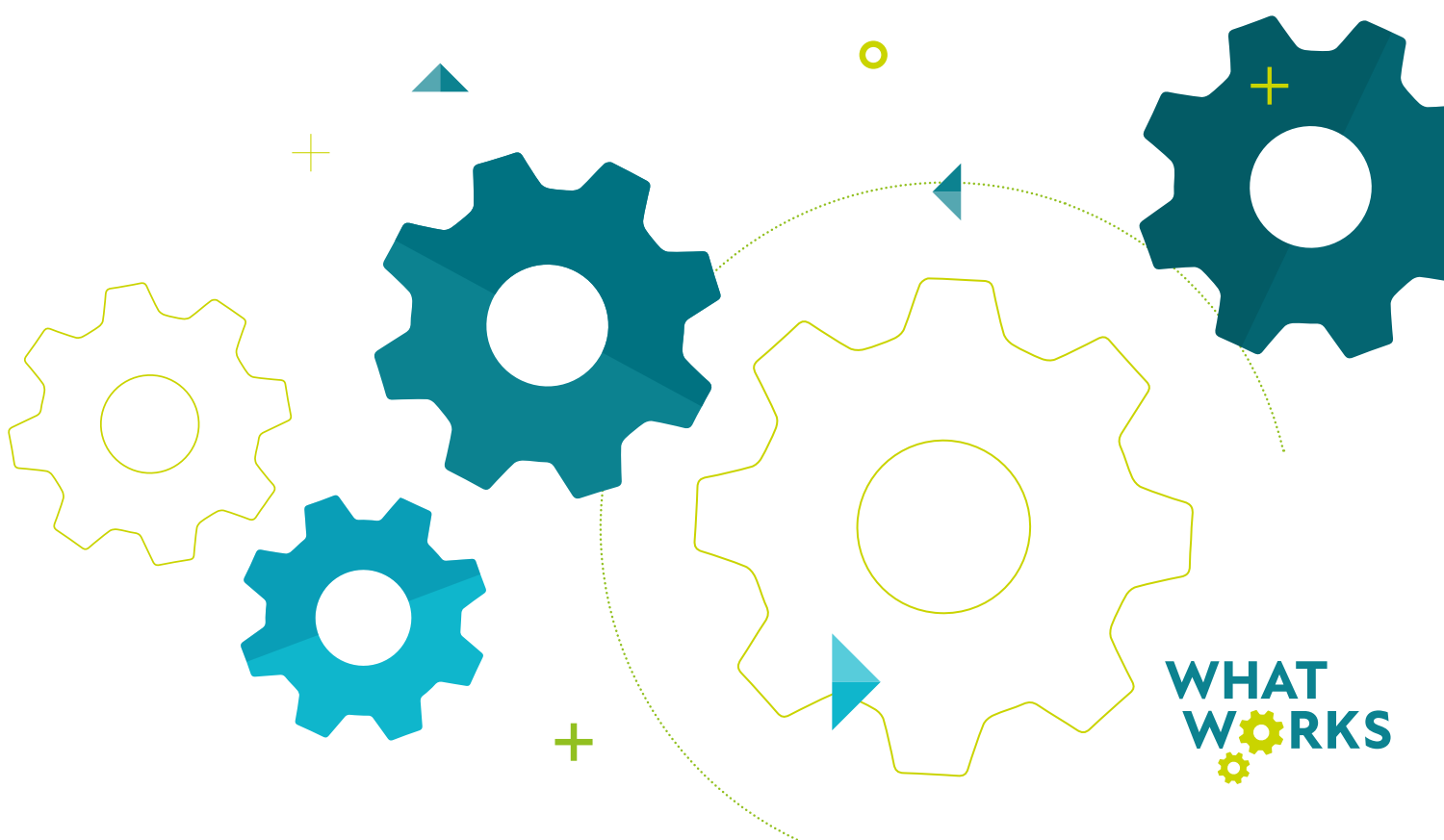
If you have any questions please contact the core programme team via vpp@thamesvalley.police.uk



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