



FUTURE DIRECTIONS: A FOCUSED DETERRENCE PILOT

INTERIM EVALUATION

IN PARTNERSHIP WITH



SOUTHAMPTON YOUTH
JUSTICE SERVICE



SOUTHAMPTON
CITY COUNCIL



Executive Summary

Context

The Future Directions pilot started in July 2025 and has been running for 8 months. During this time, data has been recorded by both police and Southampton Youth Justice Service (YJS) tracking a cohort of 30 young people on the focussed deterrence (FD) intervention. The FD intervention is a violence reduction approach that uses deterrence messaging and enforcement, desistance support and community influence.

Method

A two-arm, parallel-group Randomised Controlled Trial (RCT) was conducted. Eligible individuals were identified by the inclusion criteria were randomly assigned to either:

- Intervention Group: allocated to a Young Person Practitioner (YPP) and receives the FD programme on top of treatment as usual.
- Control Group: receives treatment as usual.

The primary outcome of the study was the number of serious violent (SV) suspect incidents and arrests of the cohort. There were four additional secondary outcomes explored, along with collection and analysis of qualitative data.

Early findings

The data collected is from only six full months of the intervention running and it is therefore too early to draw any concrete conclusions. However, reductions were seen across all police recorded measures in these initial 6 months for both the treatment group and control group. No significant difference was found between the groups at this stage, however greater decreases were seen for the treatment group.

- SV flagged arrests decreased by 61%
- Knife crime flagged arrests decreased by 100%
- Arrests had decreased by 69%
 - One young person who had 14 arrests 6 months prior to the intervention had 3 recorded during the intervention period (78% decrease).
- Missing episodes decreased by 60%.
 - Those with the highest missing episodes had all decreased by between 91% and 100%.
- Cambridge Crime Harm Index (CCHI)[1] for arrest occurrences decreased by 20%
- CCHI scores for suspect occurrences decreased by 47%
 - 41% harm decrease for violence with injury occurrences
 - Meanwhile the control group had an increase of 107% for all suspect occurrences

In the first three months of the intervention, 87% of the treatment group (27, 13% increase) were in education or applied for college, two in employment and only one not in education, employment or training (83% decrease).

Successes

Interviews undertaken with key stakeholders identified having the right people for the roles and joined up working (between the police and Youth Justice) as being key successes of the intervention so far.

“(YPPs) have been incredible, their relationship building skills, being creative in their thinking around how they engage...being able to advocate for them (the YP) and challenge when others might be on quite a different page with things”

Furthermore, feedback from the young people mentioned their YPP helping them get back into education, get onto the Pathway to Construction course (CSCS) or getting them involved in other positive activities.

“(YPP) from Future Directions has helped me get on CSCS course, helped me try get a job, help me get out of bed, sticking to the routine, not letting me down and doing the most she can”

Challenges and opportunities

Resourcing was highlighted as a challenge, including the need for a coordinator for the YPPs to assist with admin requirements e.g. referrals, and for an FD manager role exclusive to the project rather than alongside normal workload. From the police side, additional resourcing was needed for swift justice to be achieved, since as it stands there are competing demands and organisational bottlenecks preventing this.

Buddi tags[2] have been used as a means of deterrence for this cohort, with one cohort member having one on for 6 weeks and another for 3 weeks. This has supported them by giving them an excuse to distance or remove themselves from peers who are committing criminal offences and/or anti-social behaviour. There is also space for greater signposting to be available for training, work experience or other activities for the YP.

[1] [The Crime Harm Index – Cambridge Centre for Evidence-Based Policing Ltd.](#)

[2] [GPS electronic tags – monitoring young people at risk of criminal exploitation and repeat offending | College of Policing](#)

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Acknowledgements

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We are also grateful for the contribution of Dr Liam Satchell from the University of Portsmouth who assisted with the statistical analysis and reviewing the report as a consultant to the VRU.

Introduction

Southampton was highlighted in the 2024 Serious Violence Strategic Needs Assessment[1], as accounting for 25% of the total volume of serious violence in the HIPS (Hampshire, Isle of Wight, Portsmouth and Southampton) area in 2023/24. This is a disproportionate amount as Southampton accounts for 13% of the HIPS population, highlighting that serious violence is a more prevalent issue in this area of Hampshire. In their Children, Violence and Vulnerability report on exploitation and gangs (2025)[2], the Youth Endowment Fund (YEF) highlighted focused deterrence as a coordinated approach that works to help prevent violence and exploitation amongst young people.

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 support services.

The support component involves an FD case worker providing tailored support aimed at helping individuals change their behaviour to be more prosocial. Support may include access to education, training, and employment; referral to health services; help with undiagnosed speech and language needs; intensive work on the risk of serious violent crime; and helping individuals navigate social services. In the present project a Young Person Practitioner (YPP) will deliver the support component to young people.

The enforcement component involves dedicated police engagement delivering a message of proportionate, fair, and just policing. This is focused on deterring offending, supporting positive change, reducing risk, and promoting safeguarding. Clear communication ensures that individuals understand that there will be consequences to involvement in serious violent crime. Any outstanding or new crimes will be promptly investigated, and where a young person is no longer suspected of committing a crime, they will not be treated as if they have. In the present project an FD Police Constable will deliver the enforcement component.

Community engagement involves collaboration with community groups, organisations, and local residents to help design, deliver, and implement strategies for reducing violence. This may include regular reviews and adapting strategies to respond effectively to emerging risks and barriers; developing non-traditional partners and community guardians; and involving young people in productive community activities. For this pilot project this strategy will also include the use of Contextual Safeguarding Practitioners to assess extra-familial risks and enhance safety in context.

Future Directions is the name given to the FD pilot being run in Southampton. The aim of this pilot project is to conduct a randomised controlled trial (RCT) to investigate the effectiveness of FD on reducing serious youth violence in young people in Southampton under 18 years of age. This will be compared with a business-as-usual condition.

This will support a meaningful evaluation of the FD strategy in Southampton and allow comparison of outcomes with similar programmes in other local authorities and police forces. If successful, the intervention could see a wider roll-out. The findings from the project may also be used to support the implementation of the FD strategy in other local authorities and police forces.

Background

A systematic review of published evaluations[3] indicated that FD is associated with a modest reduction in violence outcomes. While this statistic is encouraging, the existing evidence is almost entirely based on US interventions. In the UK, efforts to implement FD have been 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[4]. Both West Midlands Violence Reduction Unit (VRU) and Thames Valley Violence Reduction Partnership (VRP) have completed evaluations for FD in 2024, with Wiltshire Council's Young People's Service completing their evaluation in 2025.

In an RCT funded by the YEF and the Home Office and led by West Midlands VRU, FD was implemented across five sites in England (Leicester, Manchester, Nottingham, Coventry and Wolverhampton). 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). YEF and the Home Office have funded an RCT to evaluate the effectiveness of FD across these five sites.

The early implementation report published in October 2024[5] produced the following key conclusions:

- Testing the efficacy of FD in the UK is important as there has been rapid uptake despite a limited evidence base for this context.
- Implementation had been moderately successful, although there were some significant fidelity issues, particularly relating to the combined delivery of deterrence messaging with a support offer.
- 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.
- 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, increasing the speed at which young people are engaged in the intervention after randomisation and strengthening the deterrence element.

Thames Valley VRP published their FD evaluation in September 2024[6]. An RCT 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.

The report follows the completion of 12 months by all individuals in the trial and provides strong evidence for the impact of such an approach.

The key findings found that 85% of young people aged under 18 engaged with the support offer, compared to 40% of those aged over 18. For all age groups, there was a 54% reduction in crime harm as a suspect, 39.8% reduction in knife offending as a suspect and a 28% reduction for both violent crime and violence and sexual crime as a suspect.

Finally, the Wiltshire evaluation (June 2025)[7] indicated that the FD project was highly effective in reducing both offending and missing episodes among the target cohort. The FD cohort showed a 90% reduction in offending behaviour, considerably higher than the comparator group's 78% reduction in offending behaviour. There was a reduction in missing episodes for 88% of the cohort, compared to 79% of the comparator cohort. The project was particularly effective for high-risk young people with entrenched offending behaviours, likely due to the combination of enforcement pressure, consistent engagement, and tailored support.

These evaluations provided an evidence base for the effectiveness of FD which has been utilised in the current report. Furthermore, as Thames Valley and Leicestershire are two of Hampshire's most similar force areas, it suggested that the intervention could be similarly applied.

Objectives of the project

Based on this previous work, the project objectives are as follows:

1. To reduce serious youth violence in Southampton through the use of an FD strategy.
2. To investigate the effectiveness of the FD strategy on reducing serious youth violence using an RCT.
3. To ensure fidelity in delivering the FD strategy to the intervention group.
4. To obtain high quality data and to conduct a thorough analysis of the data to support and inform evidence-based decision-making regarding future roll out or expansion of the FD strategy.
5. To inform future policy around reducing serious youth violence in Southampton.

Intervention Description

Scope of the intervention

The purpose of the intervention is to define consistent, safe, child-centred processes for the Future Directions pilot. This combines relational, young person-centred support and proportionate policing responses to reduce serious youth violence in Southampton – which are in line with FD, Contextual Safeguarding and Child First[8] approaches.

The final sample was taken from the population of young people in Southampton meeting the inclusion criteria. The sample size identified was 62 young people, 30 in the treatment group (FD) and 32 in the control group (business as usual). Justification for these numbers comes from the funding that was available.

The inclusion criteria were as follows:

- Young person aged 11–18 living in Southampton - must be at least 6 months prior to 18th birthday at point of selection.
- In the last 12 months a suspect in GBH level or above assault, Robbery or Possession of Knife, Offensive Weapon or Firearms.
- Multi-agency professional judgement identifying involvement in serious youth violence risk/harm but where above suspect criteria has not been met (e.g. they may have been arrested for common assault or affray), however multi-agency information suggests risk is likely to be ongoing and/or likely to escalate.

Funding

The intervention is funded by £200,000 of the VRU's budget, along with some in kind funding from police, youth justice and Young Peoples' Service. The existing Contextual Safeguarding Team in Southampton was expanded beyond 1 FTE Manager and 4 FTE staff, who had a focus on responding to context and enhancing safety in spaces where the young people spent time (peer groups, outside spaces, schools etc.), to the following:

- 1 FTE Dedicated Police Inspector-Policing Lead for Serious violence - In Kind Police funding.
- 1 FTE Dedicated FD Police Officer-Policing Lead for FD Enforcement - Funded by VRU costing £60,000.
- 2 FTE Dedicated FD Case Workers -FD Lead for Support - Funded by VRU costing £106,000.
- 0.2 Speech and Language (SALT) Specialist (1 day a week) - FD Specialist Health Support- Funded by VRU costing £15,000.
- 0.5 Tutor to provide bespoke one to one offer of English and Maths with linked accreditation – Funded by the VRU costing £13,000.

There is also a cost for training and development support – trauma informed, child first approaches across teams. This is also funded by the VRU costing £6,000.

Roles within the project

The roles within the project have been split into Young Person Practitioner (YPP), Police and VRU, along with the governance and monitoring roles which apply to all those involved (contact VRU for full role profiles).

The YPP role leads on the support pillar of FD, by ensuring the young person (YP) has bespoke support in place and is safeguarded, while working with the police on the enforcement aspect and recording any critical moments. They are also responsible for engagement and communication aspects of the project, including agreeing the engagement approach for FD children and their parents/carers and wider communications with key partners.

The involved PC and police inspector are responsible for determining a fair and proportionate enforcement response where offences occur. The PC completes joint visits with the YPPs to communicate the deterrence message and help to rebuild the YP's relationship with the police. They will also ensure timely information sharing to YJS where any YP have come to police attention.

The VRU staff involved in the project are responsible for strategic oversight and evaluating the FD intervention. The project is governed and monitored through both strategic and operational meetings, alongside case study reviews and supervision reviews between the YPPs and the FD team manager. Co-location of police and YJS allow for maximised partnership working, and professional challenge and peer-based reflection is provided by the contextual safeguarding team.

Risk Management

Due to the cohort involved in the intervention, it is essential that appropriate risk management procedures are put in place. In the event of problem escalation or a critical moment (e.g. arrest), the responses are as follows (contact VRU for detailed risk management process).

The YPP will immediately check-in with the YP, face-to-face if this is safe or by phone. Discussions will occur with the FD PC around risk and with the FD manager to complete a case discussion. The FD PC will assess if a proportionate deterrence message or enforcement is needed, keeping the YPP informed. Finally, any significant blockers or challenges will be escalated to the Head of Service (HoS) and Deputy District Commander (DDC).

In addition to the above, a risk register was utilised throughout the intervention to track arising risks in service delivery, resourcing and finance. Each risk was given an owner/lead and was risk assessed, risk reduction measures were put in place and progress of risk mitigating actions were tracked. To address consent and confidentiality risks, consent from parents was obtained for all young people under the age of 16, and all data collected was required to be confidential to protect the identities of involved young people.

There was also a risk of the intervention impacting family/community relationships, particularly where there are cultural considerations around working with police and youth justice. For this reason, the FD PC wears plain clothes when completing joint visits with YPPs.

The most prevalent risk for the intervention is that the cohort identified are at risk of further offending whether they accept the offer of support or not.

Future Directions Process

The FD process is as follows:

1. Identify cohort of young people who meet criteria.
2. Cross-reference data (police, YJS, social care) to check bias, context to ensure appropriate to include.
3. If systemic or contextual factors (e.g. exploitation, self-defence) identified, adjust approach rather than exclude.
4. Anonymise cohort for random selection process for pilot and control group.

The YPP will contact the identified young people (and parent/carers) to arrange initial visit to explain the offer:

- Purpose: voluntary, relational support and police clarity on risk.
- Duration: up to 12 months (minimum 6 months anticipated).
- Support offer: weekly contact, young person led-planning, critical moment responses, access to education, training and employment (ETE) support, tutor, mentoring, speech & language, positive activities.
- Confidentiality and data sharing: shared with FD PC and Contextual Safeguarding team as needed.

If the offer is accepted, the consent form will be signed. If the young person declines support, contact will be regularly attempted whilst the intervention is running and their behaviour will continue to be monitored and responded to by police (contact VRU for detailed process). If re-engagement occurs at a later stage, the offer can still be progressed.

Oversight

Weekly operational meetings allowed for a process review to ensure that the police officers and YPP were happy with the running of the intervention. Following this there would be individual case discussions with each YPP, mentioning any challenges they were facing in terms of engagement or any critical incidents that had occurred. The strategic oversight meetings started weekly then moved to fortnightly, involving all key strategic staff. These meetings focused on the high-level strategic aspects of the intervention, ensuring that the partnership roles are working effectively and that delivery was on track.

The importance of the joined up working between the police and YJ cannot be underestimated. During case discussions, any concerns raised can be immediately actioned or have an action plan created by the relevant individual present. Having a member of the police available to look at police data in real-time means any questions related to an arrest can be answered. Likewise, YPPs can feedback on the YP's experience of custody to help the police take a more trauma-informed and child-centred approach. This is also the case for YJ and education, whereby the YPPs can be directed to the best person to contact within different schools to meet the needs of the young people.

Method

A two-arm, parallel-group RCT was conducted. Eligible individuals were identified by the inclusion criteria were randomly assigned to either:

- Intervention Group: allocated to a YPP and receives the FD programme on top of treatment as usual.
- Control Group: receives treatment as usual.

This study employed a mixed-methods design, using both qualitative and quantitative data. Intention to Treat (ITT) analysis was used. Our data sources are as follows:

- Semi-structured interviews with YPP case workers, police officers, and other stakeholders.
- Routine performance monitoring using administrative data.
- Police offending data.

An ethics form was submitted to BOBHI[9] Public Health Research Ethics Committee delivered by the University of Southampton and partners to receive their feedback on the RCT. Their comments have been considered in this report.

Outcomes

The primary outcome of the study will be the number of serious violent offences committed by the cohort. This will be quantified by the count of suspect incidents and arrests flagged as serious violence of individuals in the treatment and control group during the intervention period. This allows us to assess the impact of the intervention on reducing violent behaviour.

The secondary outcomes are as follows:

- Number of knife related offences – Count of knife related suspect incidents and arrests of individuals in the treatment and control group during the evaluation period.
- Crime Harm Score – A measure of the severity of offence (using the Cambridge Crime Harm Index [10]) to capture the overall harm caused, not just frequency, to assess impact of the intervention on harm of offending.
- Time period to first offence – The duration in days from the start of the intervention to the first recorded offence, to assess whether there is any delay to the onset of offending behaviour.
- Attendance in education and employment – School attendance, exclusions, and education, employment and training (EET) status, to explore potential positive behavioural or social outcomes beyond offending.

Qualitative data was collected from content analysis of the case discussions held during weekly operational meetings, as well as the semi-structured interviews undertaken with key stakeholders. Analysis of engagement logs and critical moments was undertaken to establish any themes.

Early Impact

Data collected over the intervention period has been taken from 11/08/25 – 16/02/26 since this is the point at which all cohort members started to have contact with their YPP, to the point when the final data pull was completed. Pre-intervention data was collected for the cohort for the 12 months prior to FD commencing (01/07/2024-06/07/2025).

When analysing the pre-intervention data collected for both groups, no significant differences were found. This suggests that randomization was successful in determining two groups that could be justifiably compared during the intervention period (contact VRU for full pre-intervention and intervention period data per cohort member).

The following data is from only six full months of the intervention running. Therefore, it is too early to draw any concrete conclusions. Furthermore, since the business-as-usual (BAU) offer is based on the risk level of the individual, members of the control group have not had a standardised experience and would have had differing levels of engagement with professionals. This again limits the robustness of comparing the two groups to determine the effectiveness of FD.

Total police recorded incidents (Aug 2025 – Feb 2026)

The following police data is taken from the pre-intervention and intervention period so far, split by the measures recorded by police as incidents on their records management system (RMS). These include suspect incidents (where the YP has been a suspect in an offence), aggrieved incidents (where the YP has been a victim of an offence), arrests, and missing episodes. Data for voluntary attendance (VA; a formal interview for suspects, conducted under caution, but not under arrest), stop searches, and intelligence (information received by the police on the YP) was also collected (contact VRU).

Within the first two months of delivery (Q2, Aug-Sept), the treatment group recorded 50% fewer suspect incidents than the control group. This trend was consistent across the other recorded incidents with the treatment group showing 40-87% fewer victim, arrest, VA, intel, Stop Search incidents and missing episodes.

In Q3, the treatment group remained lower than the control other than for victim incidents, VA and missing episodes. However, the increase in missing episodes is largely driven by a single YP, who accounts for 6 of the 13 incidents. Increases observed for the treatment group between Q2 and Q3 across most incident types are similarly skewed, with one YP having been a victim of crime 7 out of the total 9 incidents. Furthermore, the Q2 period is not reflective of the full three months due to intervention data only being taken from 11/08/25, when most of the cohort would have had their initial FD visit.

In Q4 we can see a decrease across all measures from Q3, however once again this quarter is not reflective of a three-month period due to when the final data pull was completed. Despite this, the decrease in missing episodes was 92% for the treatment group and the treatment group remains lower than the control group across all measures other than suspect incidents for this period.

The table below displays the suspect, aggrieved, arrest incidents and missing episodes per quarter.

Table 1. Suspect, aggrieved, arrest incidents and missing episodes per quarter

	Suspect		Aggrieved		Arrested		Missing	
	Treatment	Control	Treatment	Control	Treatment	Control	Treatment	Control
6 months prior	132	109	15	30	36	35	77	22
Q2 (Aug-Sept)	10	28	1	13	2	2	17	8
Q3 (Oct-Dec)	23	31	9	9	5	12	13	1
Q4 (Jan-Feb)	16	12	2	3	4	5	1	5
Intervention total	49	71	12	25	11	19	31	14

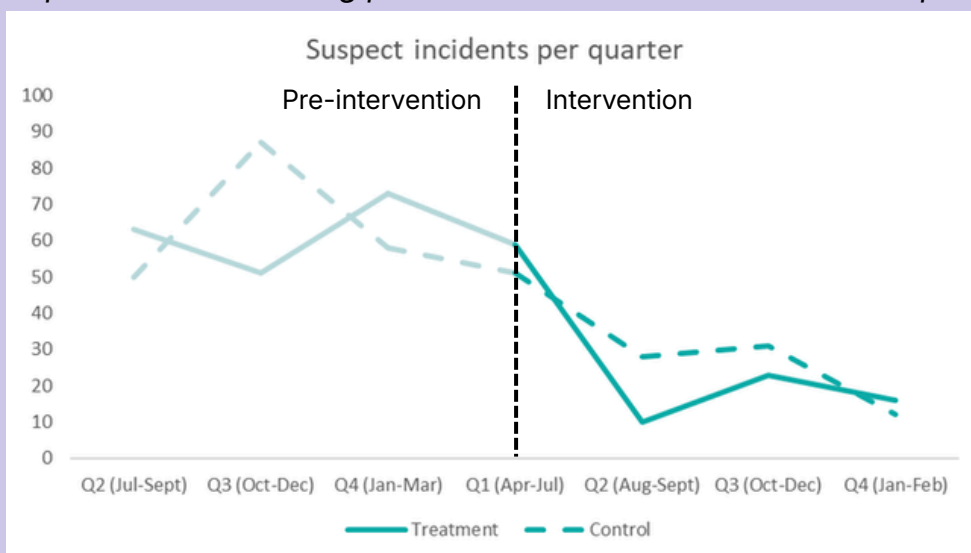
Suspect Incidents

Compared to the six months prior, suspect incidents for the treatment group decreased by 63% (83) in the intervention period. There were also fewer individuals with recorded suspect incidents during the intervention period (16, 53%) than the previous 6 months (27, 41% decrease). Meanwhile, the control group had 31% more suspect incidents (71) than the treatment group (49) in the intervention period.

Most individuals (12, 75%) had fewer than 5 suspect incidents, while the remaining 4 accounted for 55% of total incidents (27). This included one YP responsible for 11 incidents (22%). Similarly, in the 6 months prior, 4 individuals accounted for 67 suspect incidents (61%), with one YP alone responsible for 27 (24%). Most members of the treatment group saw a decrease in suspect incidents in the intervention period compared to the 6 months prior (70%, 19).

The graph below shows the change in suspect incidents per quarter, with the dashed black line signifying the start of the FD intervention.

Chart 1. Suspect incidents during pre-intervention and the intervention period

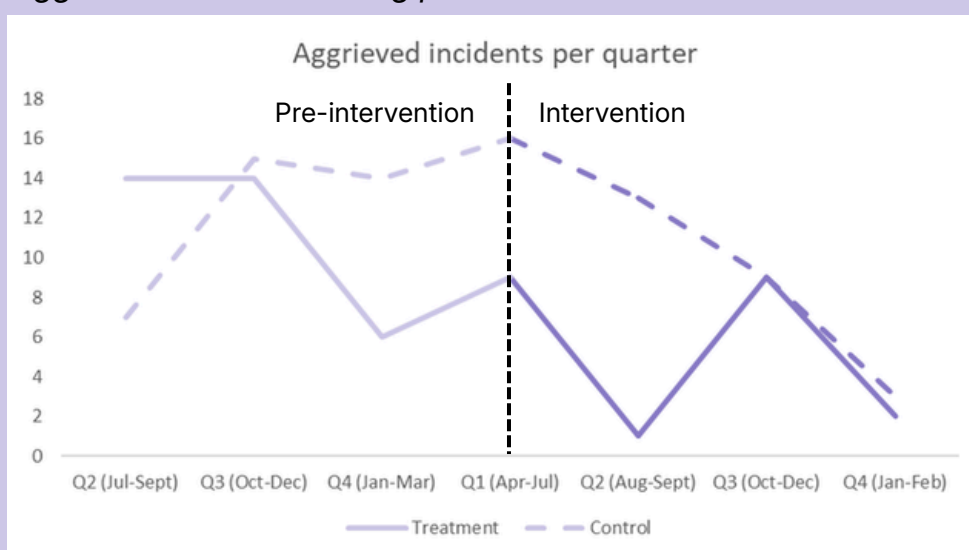


Aggrieved Incidents

There were 5 members of the treatment group with 12 aggrieved incidents over the intervention period, 3 fewer individuals than the 6 months prior (37% decrease) and 3 fewer incidents (20% decrease). Whereas, twice as many control group members had been a victim over the intervention period (10, 32%) than the treatment group (5, 17%), and there were more than twice as many incidents (25, 52% more than the treatment group).

Of these, 2 (40%) had been a victim more than once, with one YP having 7 aggrieved incidents. Meanwhile, 5 (50%) members of the control group had been a victim more than once, with one YP having 7 aggrieved incidents. This suggests that there was a greater amount of repeat victimisation experienced by those in the control group, however this group had more individuals with aggrieved incidents in the 6 months prior (55%, 17) compared to the treatment group (27%, 8).

Chart 2. Aggrieved incidents during pre-intervention and the intervention period



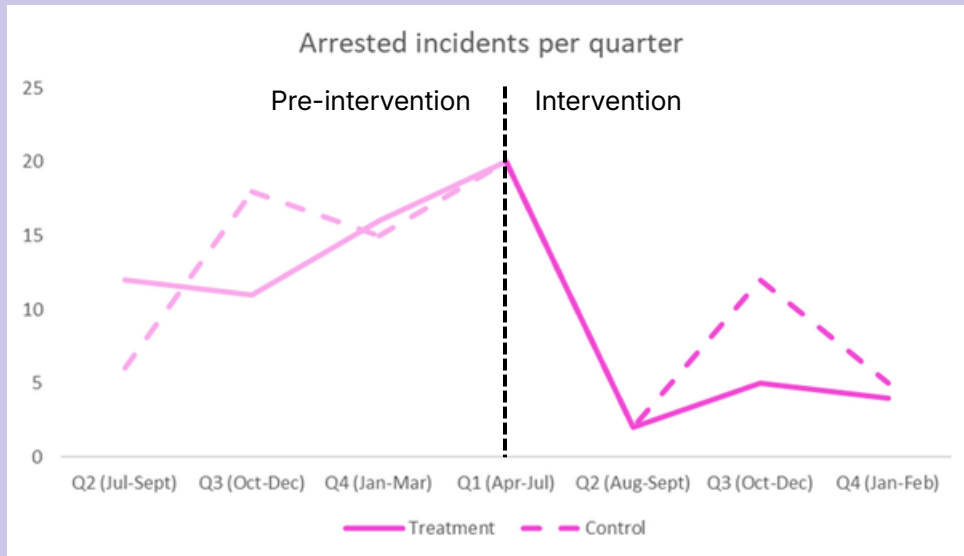
Arrests

While 16 members of the treatment group had been a suspect in the intervention period, half of these (8) had been arrested in this time with 11 arrests total.

This is a decrease from the 6 months prior, where there had been 36 recorded arrests (69% decrease) for 16 individuals (50% decrease). Meanwhile, 11 control group members (58%) had been arrested 19 times over the intervention period, 42% more incidents than the treatment group.

All had been arrested between 1 and 3 times, and 81% of cases (13) saw a decrease in arrest incidents in the intervention period compared to the 6 months prior. Most notably, one YP with 14 arrests during the 6 months prior had 3 recorded during the intervention period (78% decrease).

Chart 3. Arrests during pre-intervention and the intervention period

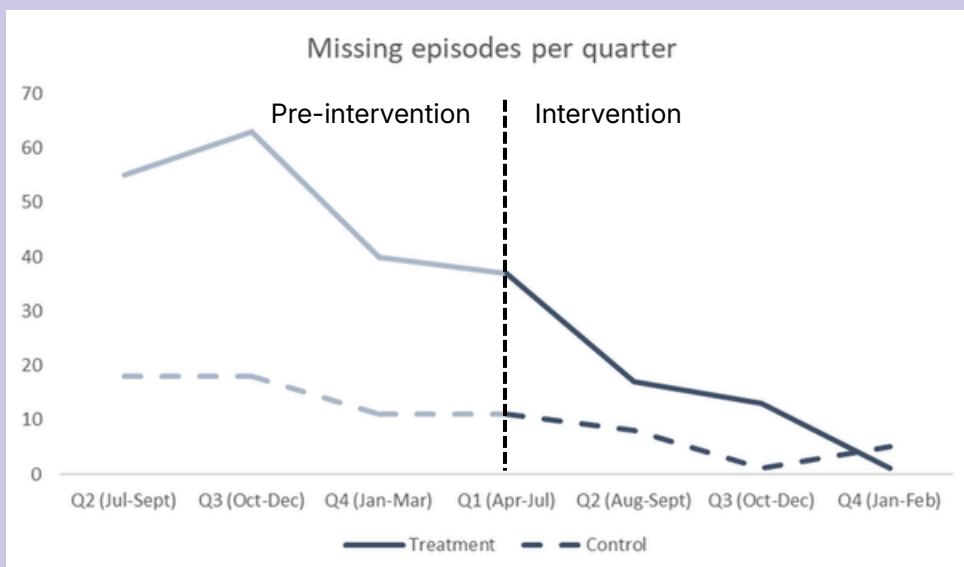


Missing Episodes

There was a 54% decrease in treatment group members with missing episodes in the intervention period (6), and total missing episodes had reduced by 60% (46) compared to 6 months prior. One YP was responsible for the majority of these with 22 episodes (71% of the total 31).

Most of the treatment group saw a decrease in missing incidents over the intervention period compared to the 6 months prior (84%, 11). Those with the highest missing episodes had reduced by between 91% and 100%.

Chart 4. Missing episodes during pre-intervention and the intervention period



Voluntary Attendance (VA), Stop Search and Intelligence Incidents

Only 3 (10%) members of the treatment group had completed voluntary attendance (VA) once or twice, with 4 incidents recorded in total, compared to 5 (16%) control group members completing VA. Treatment group VA incidents had decreased by 60% compared to the 6 months prior (10 incidents).

Stop searches had been completed 22 times over the intervention period for the treatment group, with 27% of individuals (8) having been stop searched between 1 and 6 times. This is a 49% decrease from the 6 months prior where there were 43 stop searches recorded. Meanwhile, the control group had been stop searched 55 times over the intervention period, 150% higher than the treatment group.

Half of the treatment group (50%, 15) had a total of 151 intelligence incidents between them, with 5 individuals having 111 between them (74% of all intel) and over 12 each. This a 43% decrease from the 6 months prior to the intervention, where 83% (25) of the cohort had a total of 267 intelligence incidents between them. Comparatively, two thirds of the control group (64%, 20) had a total of 299 intelligence incidents between them, almost twice as many incidents as the treatment group (198% more).

Statistical analysis

In our statistical analysis we found that everyone in the treatment and control group improved over time. There were not clear whole sample effects of the intervention. However, looking into the data, there was lots of variability between individuals, and those with the higher initial incidents received the greatest impact through engaging with the intervention (see Appendix 1 for full statistical analysis details).

Arrest and missing incidents both decreased significantly for both the treatment and control groups. For the number of arrests, those in the treatment group who were being arrested most frequently had a larger decrease over time than those who were not being arrested as often. Similarly, those who were missing most frequently prior to the intervention saw larger decreases in missing episodes than those who had 5 or fewer missing episodes. The control group also saw a decrease but generally had lower missing episodes to begin with.

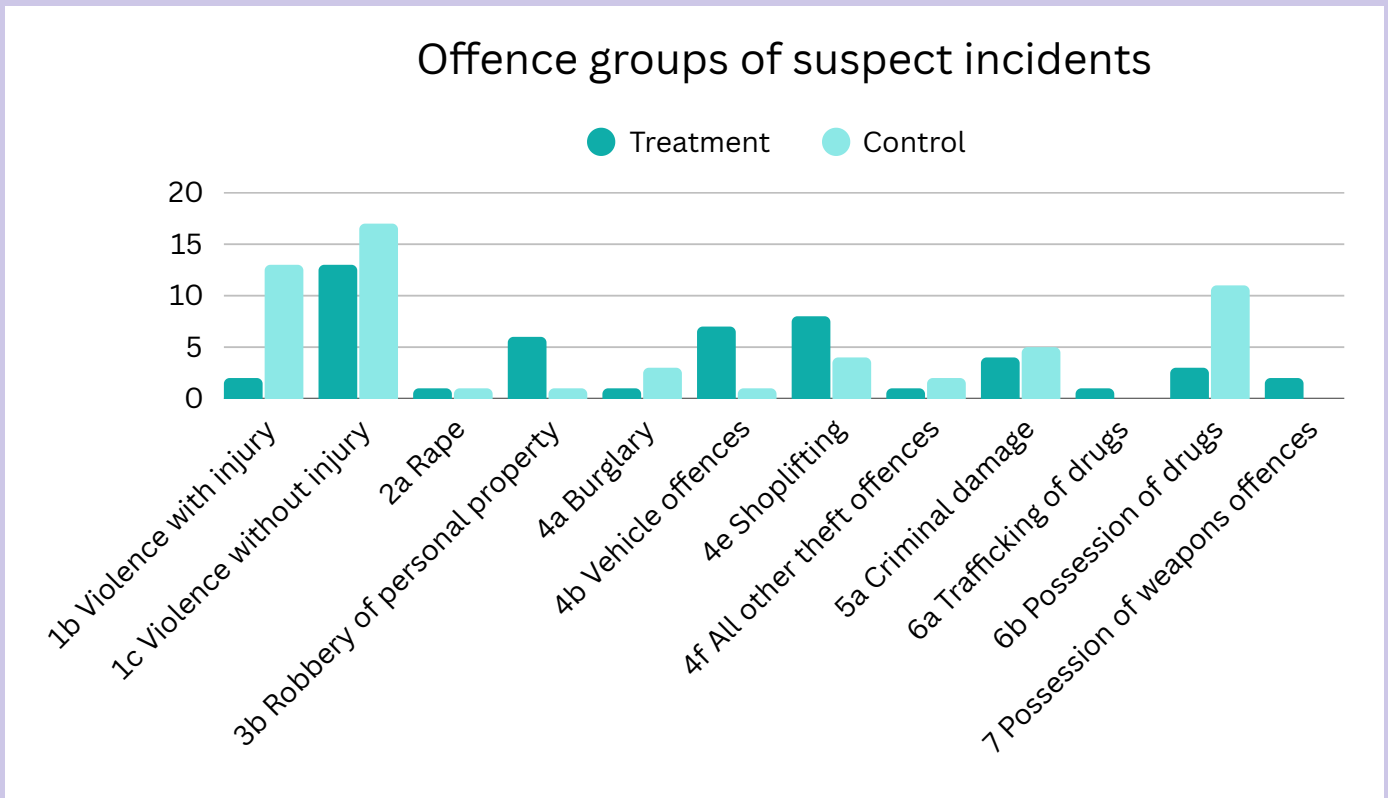
Total Incidents by Offence Group

It was important not only to explore the number of incidents recorded for both groups, but also the types of offences that were being committed. The graphs below show the distribution of suspect, aggrieved and arrest incidents by offence group, as recorded by the police (contact VRU for full data).

The most common group for suspect incidents was violence without injury, with 13 incidents (27% of total) between 8 members of the treatment group. There were 28 incidents during the 6 months prior (21% of all incidents), meaning there was decrease of 53% over the intervention period. This was also the most common group for the control group with 17 incidents (24% of total) between 8 cohort members. However, the control group also had 13 violence with injury incidents while the treatment group only had 2 (85% less).

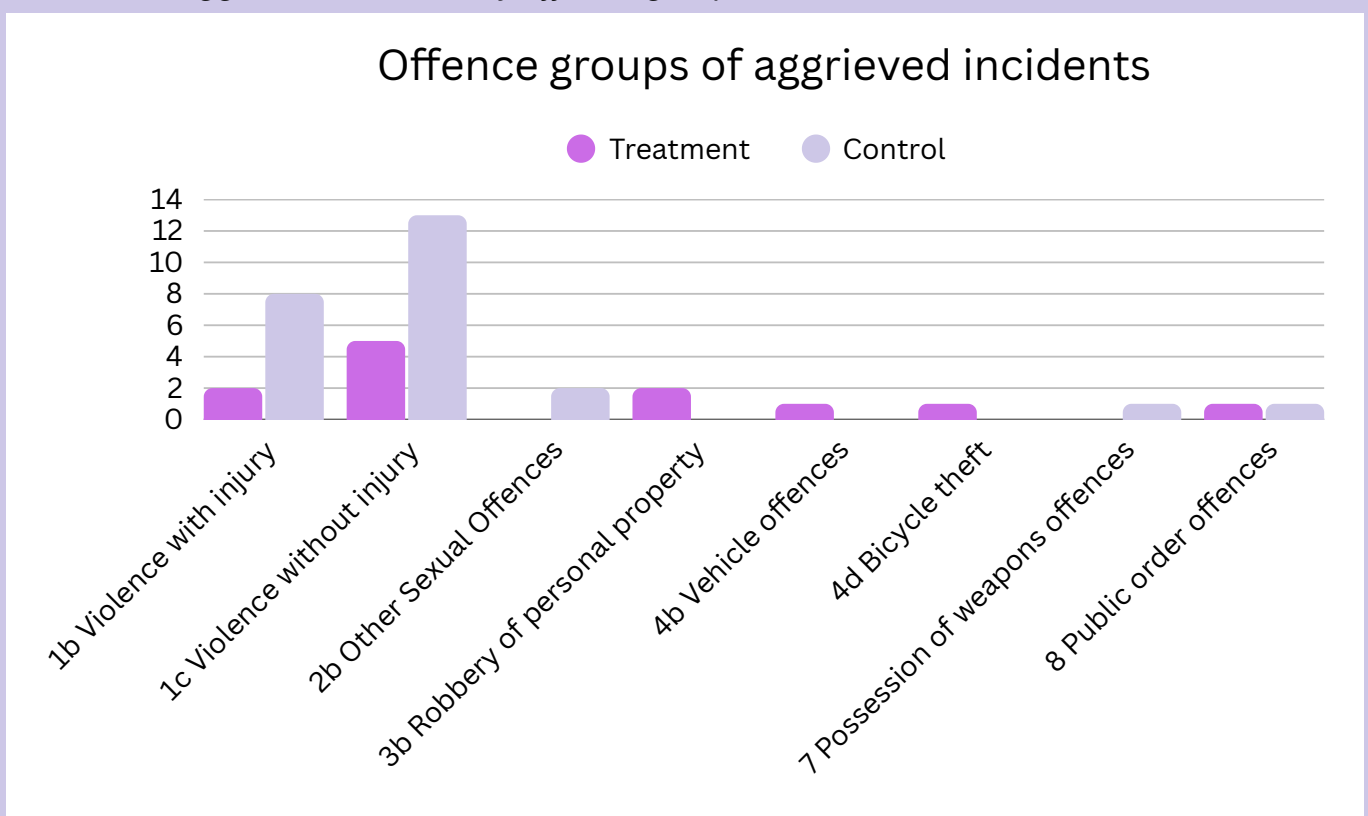
The chart below displays the suspect incidents for both groups during the intervention period.

Chart 5. Suspect incidents by offence group



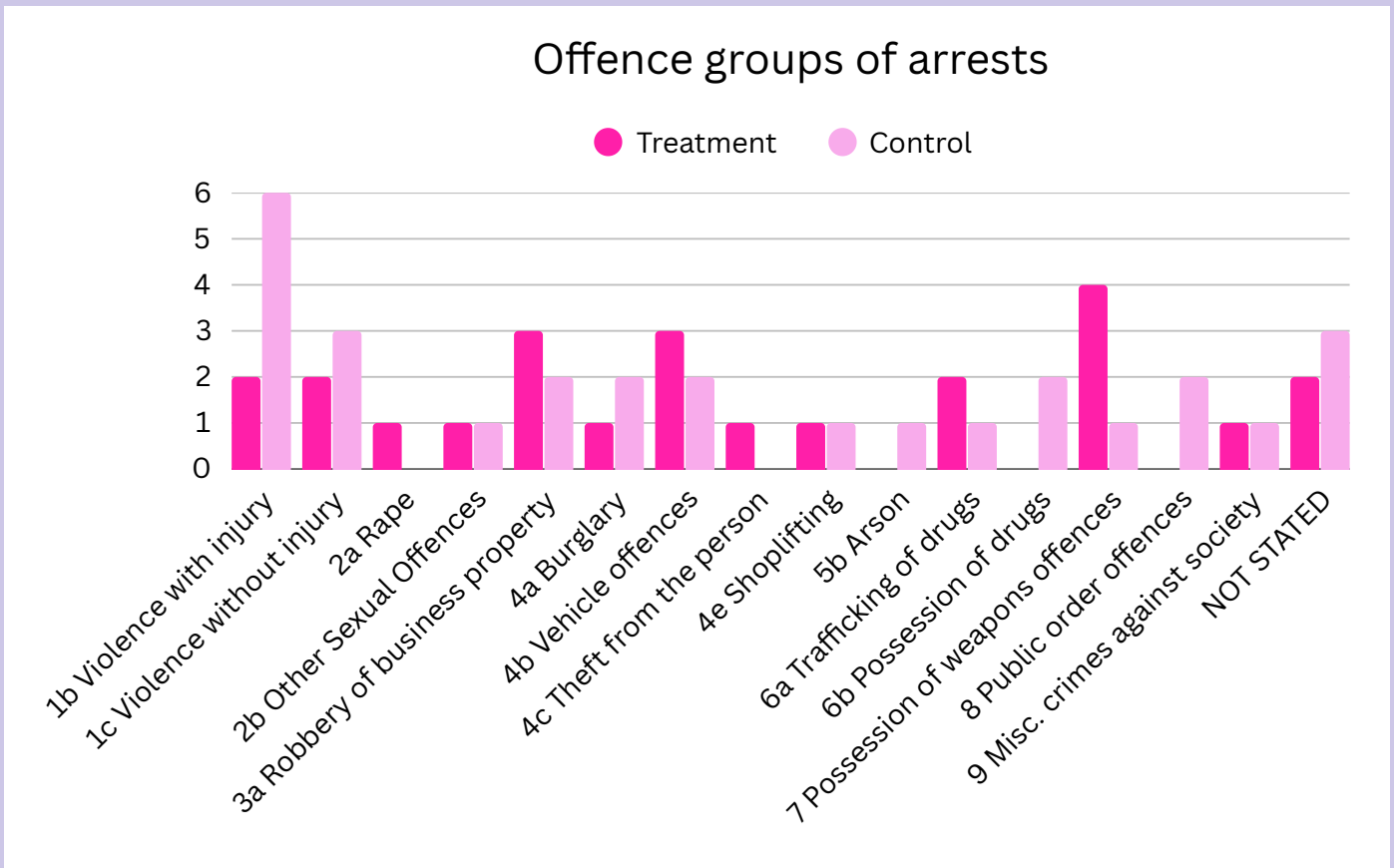
For the aggrieved incidents, 5 violence without injury incidents were experienced by 4 members of the treatment group (80% of those with aggrieved incidents), with one having been a victim more than once. This is similar to 6 months prior where 9 violence without injury incidents were experienced by 7 individuals, with 2 having been a victim more than once. Violence without injury was also the most common for the control group, with 13 incidents experienced by 8 members of the cohort (90% of those with aggrieved incidents), 260% more than the treatment group (see chart below).

Chart 6. Aggrieved incidents by offence group



The most common type of offences for arrests in the treatment group were robbery of business property, vehicle offences and possession of weapons offences. Of those who had been arrested in the intervention period, 75% (6) had been arrested at least once for one of these offences. During the 6 months prior, violence without injury and criminal damage were the most common offence types for arrests, and 44% (7) had been arrested at least once for one of these offences. Comparatively, the most common offence groups for control group arrests were both violence against the person offences (9, 47% of all arrests). This group had 300% more violence with injury arrests (6) than the treatment group (2) and 30% more for violence without injury (3).

Chart 7. Arrests by offence group



Primary Outcome

The primary outcome of the study was to examine the number of violent offences committed by both groups. This was explored by looking at whether an incident had a serious violence (SV) flag when recorded by the police. This will allow us to assess the impact of the intervention on reducing violent behaviour.

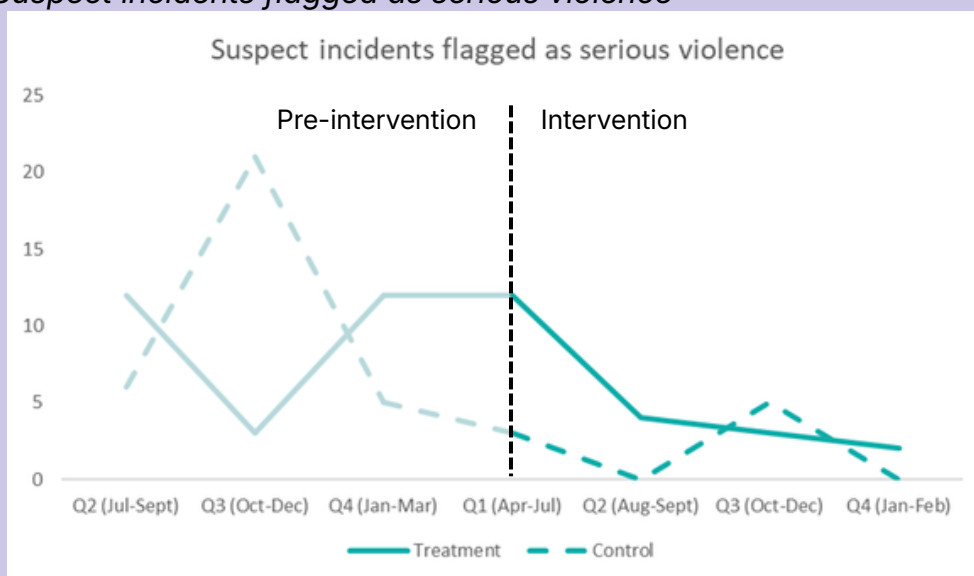
The table below displays the number of suspect, aggrieved and arrest incidents with the SV flag.

Table 2. Incidents with a serious violence flag per quarter

	Suspect		Aggrieved		Arrested	
	Treatment	Control	Treatment	Control	Treatment	Control
6 months prior	24	15	1	4	13	11
Q2 (Aug-Sept)	4	0	0	1	2	0
Q3 (Oct-Dec)	3	5	3	1	2	5
Q4 (Jan-Feb)	2	0	1	0	1	0
Intervention Total	9	5	4	2	5	5

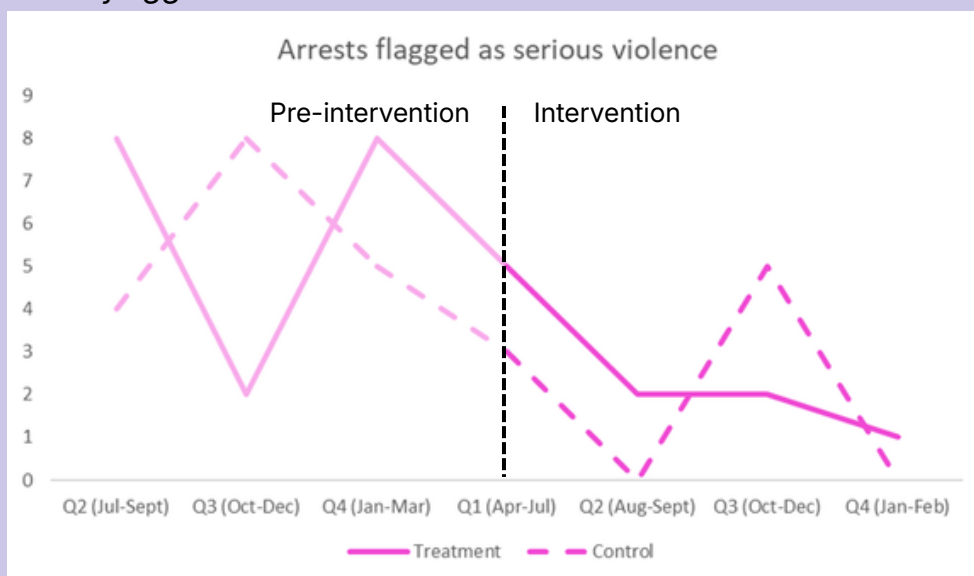
Of all the suspect incidents, 9 (18%) were flagged as SV compared to 24 (18%) in the 6 months prior (62% decrease). The control group had 44% fewer suspect incidents flagged as SV; 5 (7%) were flagged as SV in the intervention period compared to 15 (14%) in the 6 months prior (67% decrease). The offence types for both groups were possession of weapons, robbery offences and violence with injury offences.

Chart 8. Suspect incidents flagged as serious violence



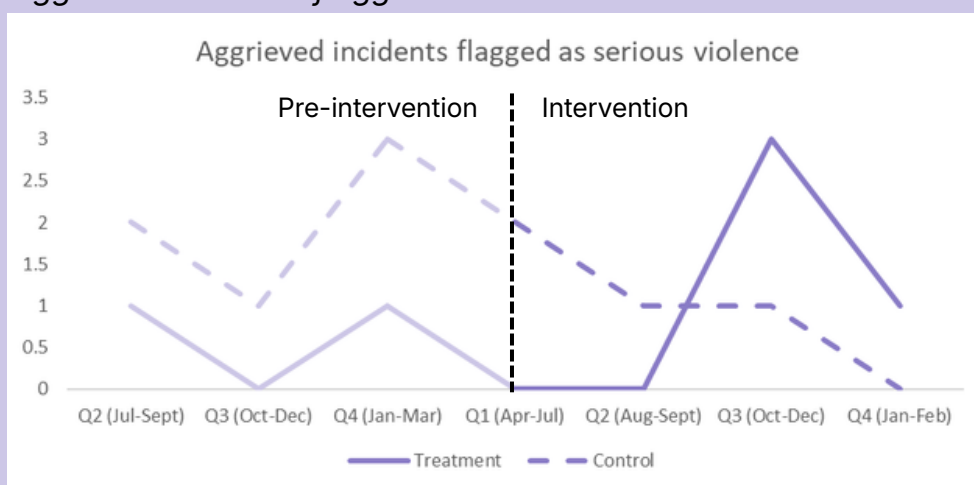
The incidents resulted in an arrest in 5 cases (55%), compared to 13 (54%) in the previous 6 months (61% decrease in arrests) for the treatment group. Meanwhile, all control group offences resulted in an arrest in the intervention period compared to 11 (73%) in the previous 6 months. As the overall recorded arrests fell, those flagged as SV also saw a decrease. However, alongside this, proportionate decision making from the PC and YPPs meant voluntary attendance (VA) was used in certain cases.

Chart 9. Arrests flagged as serious violence



For aggrieved incidents, there were 4 (30%) flagged as SV, three of these for one individual, and the offence types were violence with injury and robbery of personal property. Meanwhile, only one (7%) aggrieved incident was flagged as SV in the 6 months prior (Q3 and Q4), for a possession of weapons offence. The control group had 50% fewer aggrieved incidents flagged as SV (2, 8%) for violence with injury and possessions of weapons offences. This was a 50% decrease from the previous 6 months (4, 13%).

Chart 10. Aggrieved incidents flagged as serious violence



Secondary Outcomes

Number of knife related offences

When exploring incidents with a knife crime flag, both the control and treatment group had a greater number of knife crime flagged suspect and arrest incidents prior to the intervention period.

For the treatment group, there were reductions of 100% for aggrieved and arrested incidents with knife crime flags and a reduction of 90% for suspect incidents with only 1 in the intervention period compared to the previous 6 months. Meanwhile, the control group had 5 knife related suspect, aggrieved and arrested incidents. However, compared to the prior 6 months there were reductions of 71% for suspect incidents, 50% for aggrieved incidents and 50% for arrested incidents.

Table 3. Incidents with a knife crime flag per quarter

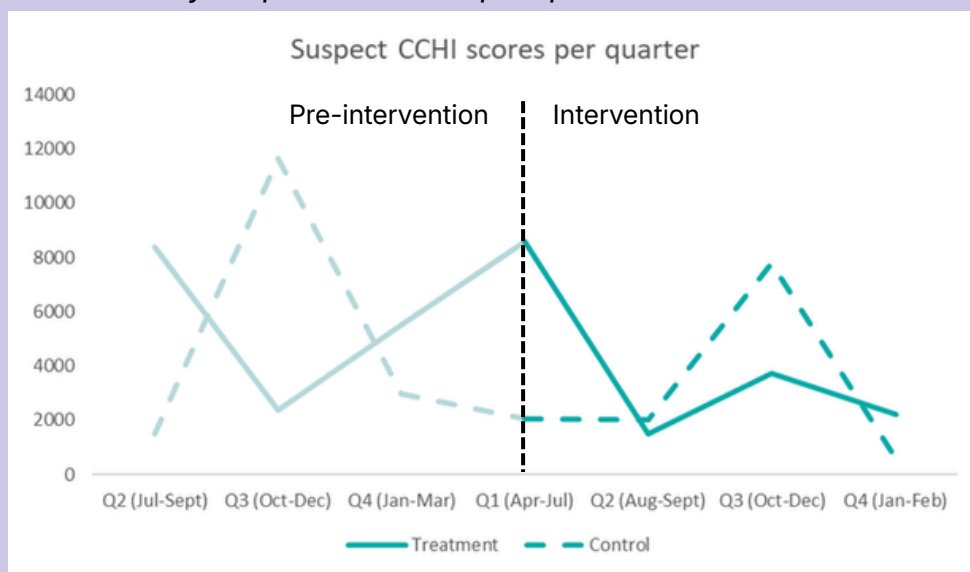
	Suspect		Aggrieved		Arrested	
	Treatment	Control	Treatment	Control	Treatment	Control
6 months prior	10	7	1	2	4	4
Q2 (Aug-Sept)	0	0	0	0	0	0
Q3 (Oct-Dec)	0	2	0	2	0	2
Q4 (Jan-Feb)	1	0	0	0	0	0
Intervention Total	1	2	0	1	0	2

Crime harm score

Whilst the number of violent offences committed was the primary outcome explored, it was also important to explore the Cambridge Crime Harm Index (CCHI) score for the suspect, aggrieved and arrest incidents. This score is a measure of the seriousness of crime harm to victims, a larger score signifying greater harm caused. This is also a useful measure for the police as higher harm crimes will often require more time and resources. The charts below display the total CCHI score for both groups over the quarters (contact VRU for full data).

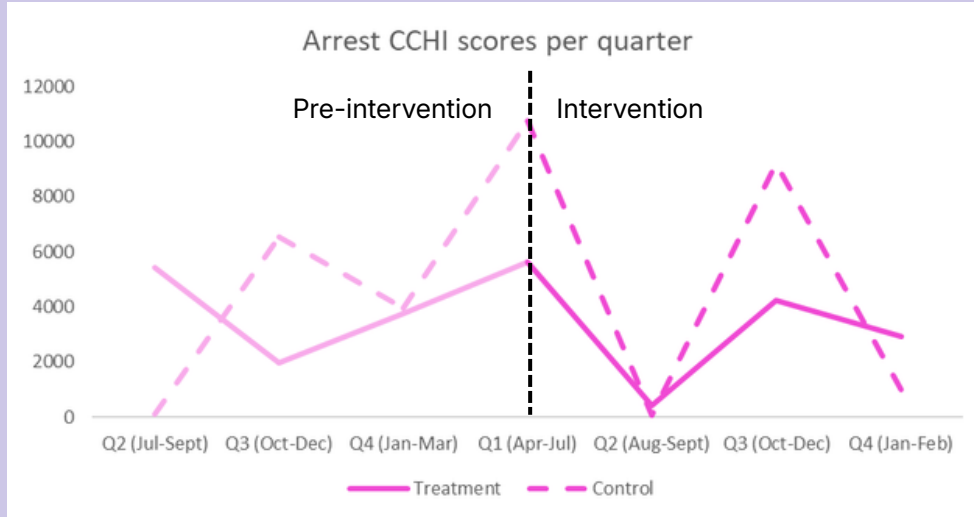
The treatment group had a 47% decrease in CCHI scores for suspect incidents whereas the control group had an increase of 107% over the intervention period compared to 6 months prior. For both groups, the incidents with the highest harm scores were violence with injury, rape and robbery of personal property. Most notably, there was a 41% harm decrease for violence with injury incidents, compared to a 205% increase for the control group.

Chart 11. CCHI score of suspect incidents per quarter



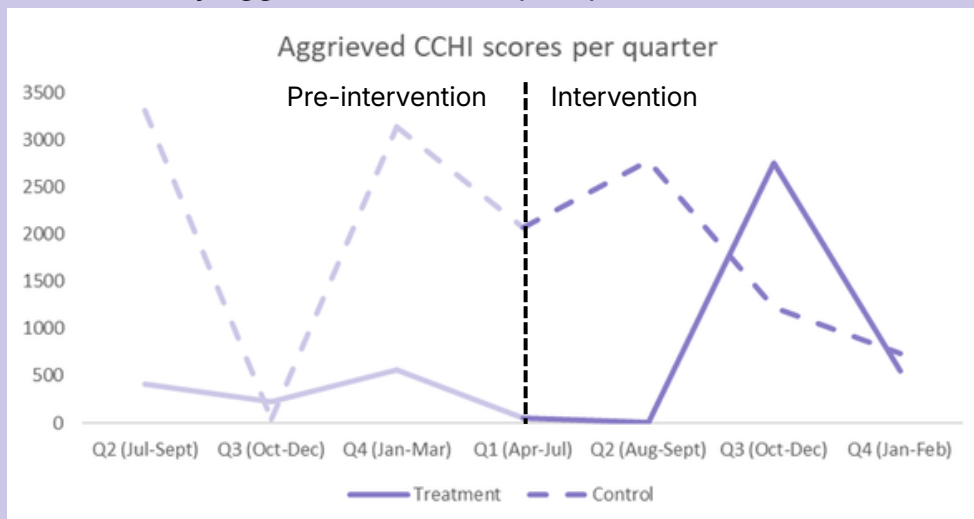
There were also decreases in CCHI scores for arrest incidents, 20% for the treatment group and 30% for the control group over the intervention period compared to the previous 6 months. There was a 64% harm decrease for rape arrest, however there were also increases for violence against the person offences. While both groups saw decreases in CCHI scores for both suspect and arrest incidents, the treatment group had a larger decrease overall.

Chart 12. CCHI score of arrests per quarter



For aggrieved CCHI total, the treatment group increased by 438% in the intervention period compared to the previous 6 months. This was due to a higher CCHI score for violence with injury, with one YP experiencing two incidents of GBH (1095 CCHI score for each). Without this individual, there would have been a 20% increase in CCHI scores. Meanwhile, the control group had a decrease of 9% for the CCHI of aggrieved incidents compared to 6 months prior, with the highest harm for both violence with and without injury.

Chart 13. CCHI score of aggrieved incidents per quarter



To explore whether individuals committing the most offences were also causing the most harm, each YP was given a ranking based on their combined CCHI scores. The CCHI scores for suspect and arrest incidents were combined (as these refer to harm caused) while the CCHI scores for aggrieved incidents were ranked separately (harm experienced).

Of the 5 individuals ranking highest for suspect and arrest CCHIs in the treatment group, 4 had also ranked in the top 5 for most incidents across all measures. In this case, it would suggest that over the intervention period, those committing the most offences were also committing offences with the highest harm in the treatment group.

Compared to the pre-intervention period, only two individuals remained in the top 5 (nominals 8 and 5). The remaining three had all ranked lower for harm scores for suspect and arrest incidents, suggesting that the intervention helped to decrease the amount of harm caused by individuals who were previously causing the most harm.

Table 4. Treatment group members with the 5 highest suspect and arrest CCHI scores

Rank	Nominal Number (Treatment)	Suspect CCHI	Arrest CCHI	Total Incidents Rank
1	25	3286	3285	3
2	8	1830	2510	2
3	5	730	732	8
4	14	1106	365	4
5	9	48	59	1

For the CCHI of aggrieved incidents, two individuals in the top 5 for aggrieved CCHI are also in the top 5 for suspect and arrest CCHIs (nominals 8 and 25). This suggests that some of the individuals causing the most harm are experiencing the most harm themselves.

Two individuals in the top 5 CCHIs for aggrieved incidents in pre-intervention were also highest for the intervention period (nominals 4 and 8). The remaining three had not had any aggrieved incidents in the pre-intervention period.

Table 5. Treatment group members with the 5 highest aggrieved CCHI scores

Rank	Nominal Number (Treatment)	Aggrieved CCHI
1	8	2565
2	4	547
3	25	182
4	23	10
5	29	3

For the control group, only one individual ranking highest for CCHIs of suspect and arrest incidents had also ranked in the top 5 for incidents across all measures (nominal 58). This was the same for the pre-intervention period, suggesting that for the control group, those committing the highest harm offences weren't necessarily the ones committing the most offences overall.

Table 6. Control group members with the 5 highest suspect and arrest CCHI scores

Rank	Nominal Number (Control)	Suspect CCHI	Arrest CCHI	Total Incidents Rank
1	58	5518	4420	1
2	60	3286	3285	8
3	50	369	1095	11
4	52	373	336	10
5	46	38	365	6

For the CCHI scores of aggrieved incidents, none of the individuals in the top 5 were also in the top 5 for suspect and arrest CCHIs in the intervention period. This suggests that for the control group, those who were causing the most harm were not necessarily experiencing the most harm themselves.

Table 7. Control group members with the 5 highest aggrieved CCHI scores

Rank	Nominal Number (Control)	Aggrieved CCHI
1	44	1470
2	32	1095
3	54	658.5
4	38	567.5
5	35	376

Time period to first offence

In the first two months of the intervention, five members of the treatment group had recorded suspect incidents. The remaining 11 had their first recorded incident in the second three months of the intervention.

For arrested incidents, two offended in the first two months, five in the following three and 1 in the last two months.

Table 8. Treatment group members' days until their first suspect incident and arrest

Treatment Group	Suspect	Average days until first suspect incident	Arrested	Average days until first arrest
Q2 (Aug-Sept)	5	15.2	2	18.5
Q3 (Oct-Dec)	11	87.8	5	82.4
Q4 (Jan-Feb)	0	-	1	144

For the control group, over twice as many young people had a recorded suspect offence in the first two months of the intervention period (260% more). A further four had their first incident in Q3 while the remaining two didn't have a recorded suspect incident until the final 2 months.

For arrested incidents, the pattern is more similar to the treatment group, with two arrested in the first two months followed by 8 in Q3. Finally, one young person was arrested for the first time in the final two months.

Table 9. Control group members' days until their first suspect incident and arrest

Control Group	Suspect	Average days until first suspect incident	Arrested	Average days until first arrest
Q2 (Aug-Sept)	13	21.4	2	24
Q3 (Oct-Dec)	4	102.3	8	114.8
Q4 (Jan-Feb)	2	172.5	1	148

Despite the control group having higher average days until the first incidents, a greater number of those in the treatment group had their first incident in Q3 as opposed to Q2. This suggests that the intervention may have delayed the onset of offending behaviour.

Attendance in education and employment

For this outcome, it is important to caveat that only 14 members of the treatment group (47%) were under the age of 16 by the end of the intervention period covered by the data. This will have potentially impacted their willingness to be involved in education, if they weren't already, as they may instead have been looking for employment.

Education data was collected by Southampton YJS throughout the FD intervention. In the three months prior to the start of FD (Apr-Jun 2025), 80% of the treatment group (24) were in mainstream education, alternative provision or had applied for college, and 20% (6) not in education, employment or training (NEET). For the control group, 66% (21) were in some form of education and 31% (10) were NEET.

In the first three months of the FD intervention (Jul-Sept 2025), the treatment group had 87% (27, 13% increase) in education or applied for college, 2 in employment and only one NEET (83% decrease). Part of the YPPs role is to be in contact with the education and skills manager and assist the cohort members with enrolment if they were not attending school, therefore the FD intervention has likely had an impact on the decrease of those not in education, employment or training. Meanwhile, for the control group who were experiencing business as usual, 44% (14, 33% decrease) were in education and 53% (17, 70% increase) were NEET.

By Q3, there was a 22% decrease to those in education in the treatment group (21), and employment or training had increased to 7 (350% increase). As education and employment act as protective factors it has been important for the YPP to continually support the cohort members with progressing job and college applications when they have completed their GCSEs. For the control group in Q3, there was not much change other than two YP who were NEET being enrolled into college, and one YP going from mainstream education to NEET.

Table 10. Individuals in education, employed or NEET per quarter

Quarter	In education*		Employed		NEET	
	Treatment	Control	Treatment	Control	Treatment	Control
Q1 (Apr-Jun)	24	21	-	-	6	10
Q2 (Jul-Sept)	27	14	2	-	1	17
Q3 (Oct-Dec)	21	15	2	-	7	16

*Mainstream, alternative provision, college, applied for college or elective home educated

Of the cohort members attending education, their attendance levels vary. Of the 20 treatment group members who had their attendance recorded in the three months preceding FD, only 2 (10%) had 75% attendance or higher. The majority had between 10% and 74% attendance (75%, 15) with 15% (3) having less than 10% attendance. For the control group, 50% (8) had less than 10% attendance, with the remaining 7 having between 10% and 74% and one having more than 75%.

In Q2, 2 treatment group members had 100% attendance (13%), however 44% (7) had less than 10% attendance for this quarter. The control group had 6 with less than 10% attendance (54%), 36% with 10%-75% (4) and only one with 100% attendance. There was no great change for attendance in either group in Q3.

Table 11. Attendance in education per quarter

Quarter	<10%		10%-74%		75%-100%	
	Treatment	Control	Treatment	Control	Treatment	Control
Q1 (Apr-Jun)	3	8	15	6	2	1
Q2 (Jul-Sept)	7	6	7	4	2	1
Q3 (Oct-Dec)	8	4	6	4	2	1

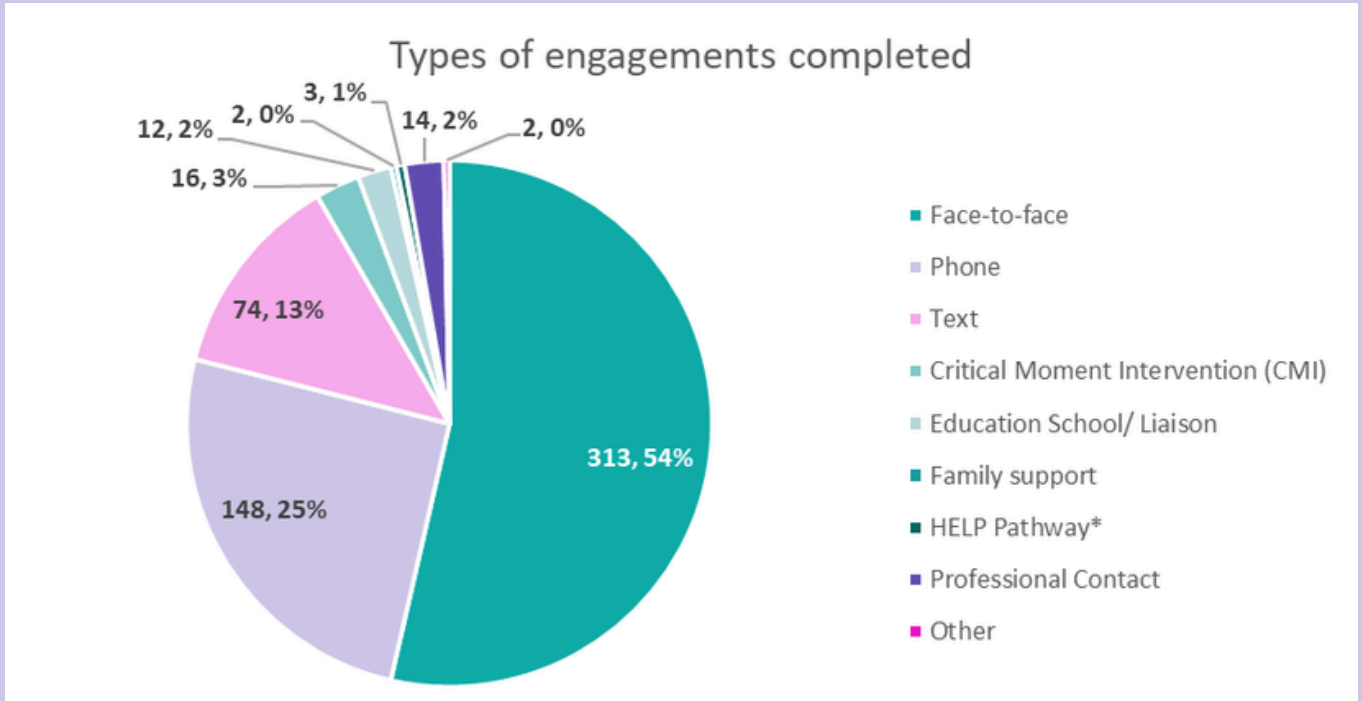
Only four members of the treatment group had recorded school exclusions during the intervention period compared to five in the three months prior to FD. Meanwhile, 8 members of the control group had recorded exclusions three months prior to FD starting and only one had recorded exclusions during the intervention period.

Engagements

Throughout the intervention period, the YPPs tracked their engagements with the young people. This kept track of how often the YP had been engaged with, either by phone or in person and what was discussed/what activity was completed (contact VRU for full breakdown of engagements per cohort member). It is important to note that all members of the treatment group engaged with FD to some extent, suggesting that engagement wasn't a result of whether they were open to services previously but due to the efforts of the YPPs and PC to build rapport and provide a tailored approach.

Face-to-face (FtF) engagements were the most common (300, 53% of all engagements), followed by phone calls (148, 26%) and texts (74, 13%). All but one individual had had an FtF engagement (29, 97%), while 90% (27) had phone engagement and 87% (26) text. There was a large variability with the number of FtF engagements, with each cohort member having between 1 and 25, with an average of 10.8.

Chart 14. Types of engagements completed with the treatment cohort

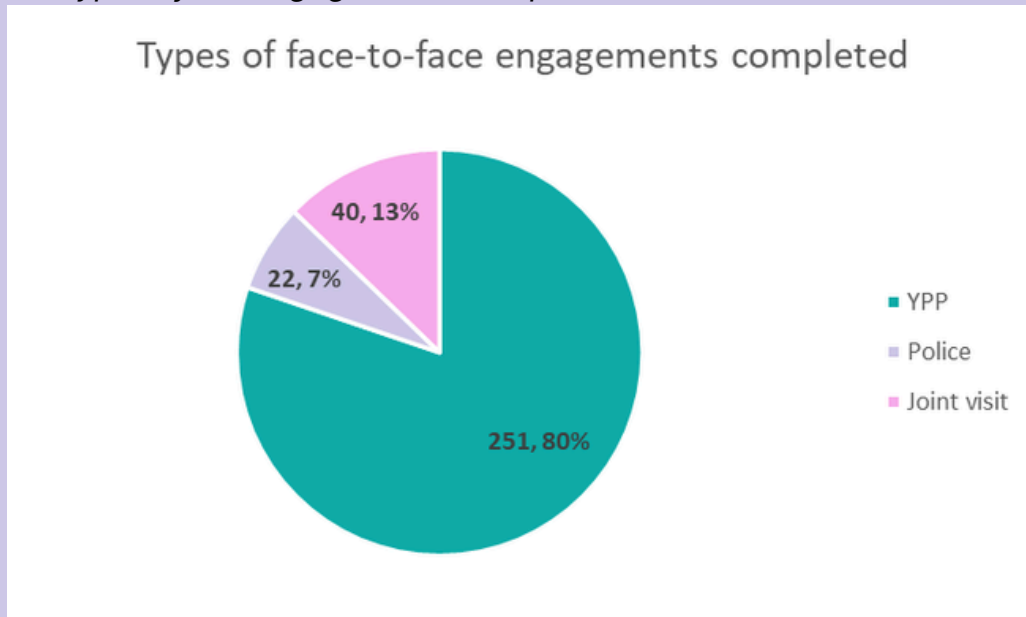


*The HELP Pathway is an internal YJS strategy meeting

The chart below breaks down the FtF visits into YPP alone, police alone and joint visits. Over three quarters of FtF visits completed were YPP alone (251, 80%), with far fewer joint visits (40, 13%) and police visits (22, 7%). Furthermore, 90% (27) cohort members had YPP visits, 70% (21) had a joint visit and only 47% (14) had a police visit.

The number of visits also varied between cohort members, while the majority (53%, 16) had fewer than 10 YPP visits, the remaining 14 individuals had between 10 and 23 each. Of those who had joint visits, the majority had fewer than 5 (89%, 17), with the remaining two having 5 and 8 joint visits each. Finally, 86% of cohort members (12) who had police visits had one or two each, with the remaining two having 4 each.

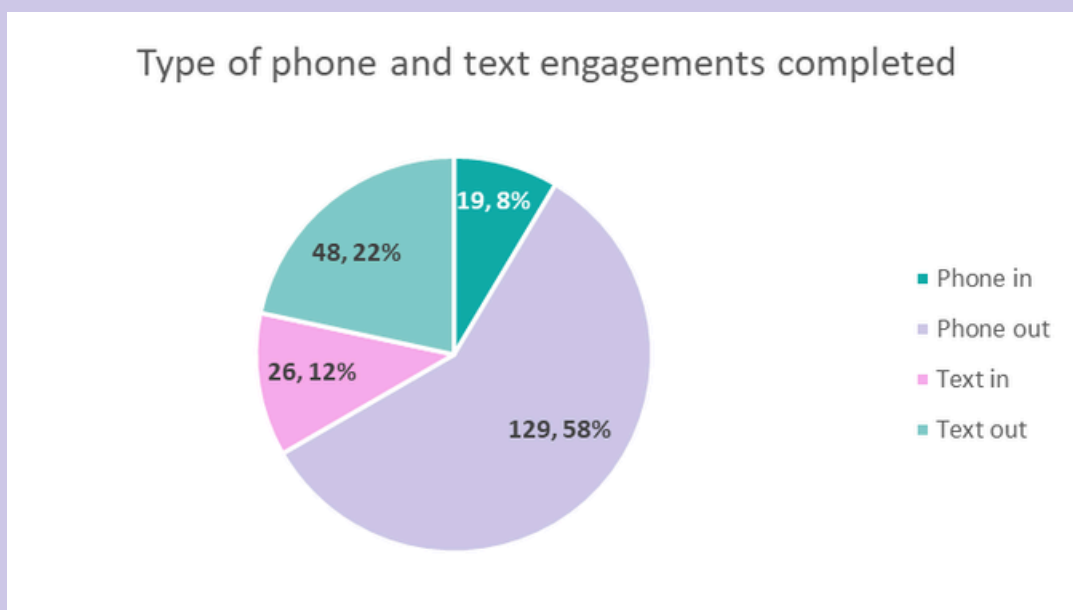
Chart 15. Types of FtF engagements completed with the treatment cohort



When looking at the types of phone and text engagements (see chart below), phone calls out to the cohort member were most common (87%, 129) compared to calls in (13%, 19). Similarly, texts out (65%, 48) were more common than texts in (35%, 26).

All but three cohort members (90%) had received between 1 and 10 phone outs from their YPPs, evenly split between those receiving fewer than 5 (52%, 14) and those receiving more than 5 (48%, 13). Only 37% (11) of the cohort had called in to their YPP, all between 1 and 4 times. YPPs had texted out to 77% (23) of the cohort, all between 1 and 4 times, while 43% (13) had texted their YPP also between 1 and 4 times.

Chart 15. Types of phone and text engagements completed with the treatment cohort



Critical Moments

Over the 6 months of the intervention running, 11 cohort members had recorded critical moments (contact VRU for breakdown of incident type, what response was given, and how responses were rated).

Overall, most critical moments had YPP visits as the response (14, 45%), with 32% (10) having joint visits with police and 16% (5) having police visits. This follows the same pattern as general engagements with cohort members, where the majority were YPP visits, followed by joint visits and fewest police visits.

There didn't appear to be a consistent response type for any incident type other than school exclusions which only had YPP responses. For all other types of incidents, the response type varied. It is also worth noting that of the 11 cohort members who had recorded critical moments, 55% (6) were the individuals who had more than one joint visit (6 of the total 7).

The response to critical incidents also received a rating (see criteria below). The average response rating was 3.7 meaning that for most young people they were able to engage and some positive impact was felt by the YPP/PC. None of the individuals actively dismissed the response they received following a critical moment.

Table 12. Critical incident response scoring

1	Individual is actively dismissing the intervention and not engaging with PC/YPP
2	Individual has expressed interest, but is not yet fully engaging with the intervention
3	Individual is engaging, however there is no current sign of any positive impact to risk of offending
4	Engagement is working and some positive impact is felt by PC/YPP
5	Engagement has made a significant impact and engaged professionals feel the risk of reoffending is reduced as a result

Support Offered

The types of support offered to the treatment group members over the intervention period is in the table below. These offers were tailored to the young people based on what the YPPs deemed appropriate.

Table 13. Types of support offered to members of the treatment group

Support offered	Number of YP	% of treatment group
Bespoke advice	30	100%
Skills/education support	26	87%
Pro-social identity	25	83%
Positive activities	23	77%
Practical assistance	22	73%
Trust building (in professionals)	19	63%
Employment support	13	43%
Substance Misuse support	13	43%
Specialised exploitation support	11	37%
Stable housing	10	33%
Mental Health support	6	20%
Financial support	1	3%
Domestic Violence support	1	3%

All members of the treatment group were provided with bespoke advice over the course of the intervention period, while the majority were also offered skills/education support, positive activities, practical assistance, pro-social identity support and building trust in professionals.

Qualitative findings

Qualitative data was collected through discussions in the weekly operational meetings and through interviews with key stakeholders. Weekly operational meetings were attended by all key stakeholders involved with the intervention and focussed on those with the highest risk and/or need at that point in time.

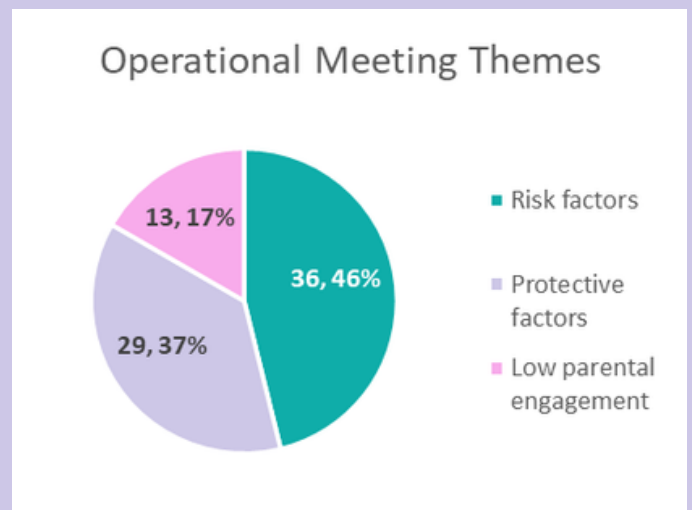
Weekly Operational Meetings

Using the qualitative data collected in the weekly operational meetings, three main themes emerged regarding the progress of the young people. These are taken from 20 (67%) members of the cohort as the weekly discussions did not include all 30 members.

The themes are:

1. Risk factors: including not wanting to attend school, not wanting to engage with professionals, neurodiversity and drug use.
2. Protective factors: including employment, training, tutoring, involvement in sports, and expressing an interest in school or gaining other skills e.g. driving licence.
3. Low parental engagement: including a lack of communication between the parent and the YPP, the parent or carer lacking oversight of the young person, and the parent potentially enabling the young person's behaviour by viewing them as a victim.

Both risk and protective factors were discussed most frequently, with risk factors emerging as the most discussed theme in discussions regarding 18 members of the treatment group (90% cohort members, 46% of total recorded themes) of the cohort. This is to be expected as the wider context of the YP will have a direct impact on their offending behaviour, therefore one of the key aspects of FD is to identify these risk factors and address them where possible.

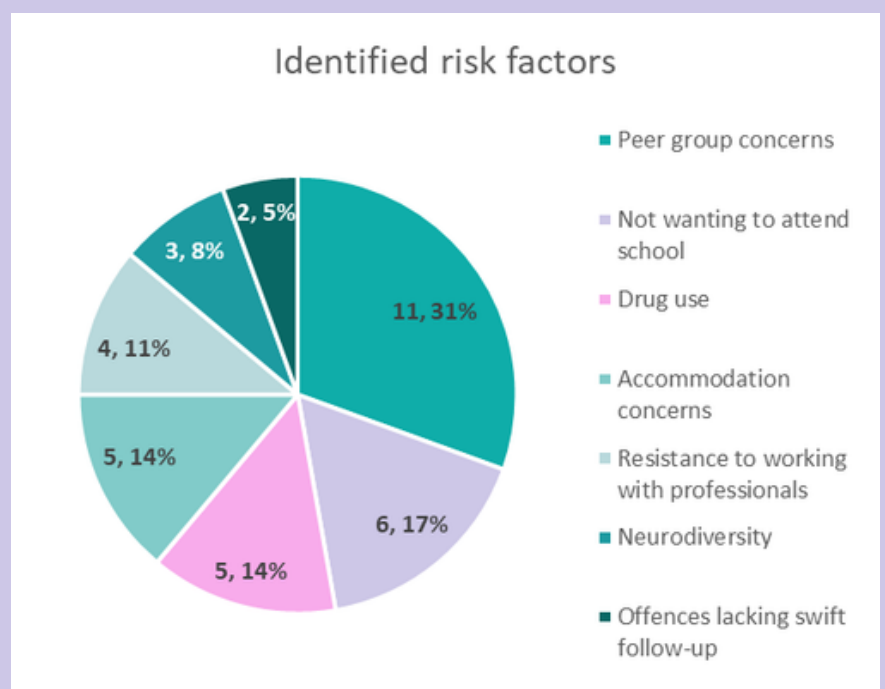


The most common risk factor discussed in meetings has been the peer groups of the young people (55% of cohort members, 14% of all themes). As our sample is small and all from one area, we know that there are friendships between and within the treatment and control groups. This can be challenging as it means cohort members are potentially more likely to commit offences with their peers who also have a history of offending. Despite this, we have seen cohort members make efforts to distance or remove themselves from peers who are committing criminal offences and/or anti-social behaviour since FD began. Similarly, there have been cases of cohort members making disclosures to their YPP about the behaviour of another YP, which can be difficult to follow up on without jeopardising the relationship between YP and YPP. However, these disclosures provide useful additional insight into these groups of YP where police intelligence may be limited.

Another prevalent risk factor has been the YP not wanting to attend school, with 27% (8 including alternative provision and elective home educated) of the cohort not attending mainstream school since the start of FD. However, even in cases where the young people are attending school, there have been some challenges around their behaviour, resulting in internal exclusions or suspensions. This then causes risk around what they will be doing instead of being in school, highlighting the importance of school/college as a protective factor.

Another related concern is the potential for a parent to decide to home school their child. This would limit the amount of oversight the child is receiving and means they are not able to access the same opportunities as their peers who are attending school or college.

Other risk factors identified for a minority of the cohort are neurodiversity and drug use. One YP has attended an autism assessment since the beginning of FD with his YPP.



Meanwhile there have been concerns around drug use, especially due to some cohort members committing drug related offences. In instances where neurodiversity or potential drug use is identified, the YPP can get the YP fast-tracked into support.

Protective factors were the second most common theme, covering 36% of all recorded themes and the most common protective factor being training, employment or other skills. For example, YP can be fast-tracked onto the Get Ready for Construction programme delivered by The King's Trust if they are deemed suitable and motivated, as this is also funded by the VRU. This gives the YP the opportunity to become employed once they have completed the course and gained their Construction Skills Certification Scheme (CSCS) qualification. It has been encouraging to see that cohort members currently not in education have expressed an interest in this course to their YPP, with 8 cohort members having attended so far. One member of the cohort has started a job on a construction site after receiving help from his YPP for his CV.

“(YPP) from Future Directions has helped me get on CSCS course, helped me try get a job, help me get out of bed, sticking to the routine, not letting me down and doing the most she can” – quote from a YP

Finally, a low engagement from the parents of cohort members has been the least common but still prevalent as a theme within discussions (17% of all recorded themes, although more frequent at the beginning of the intervention). For some parents, they have been unhappy with the idea of having the YPPs or police officers in their home, often due to an ingrained distrust of the police or statutory services in general. This has prevented opportunities to engage with the young person and has caused delays in understanding their needs. This is also the case when the YPPs have called parents on the phone or texted them, as they have been ignored or told to call back at another time. This again prevents progress being made with the young person.

Other sub-themes include the parent having a lack of oversight of the YP, specifically being unaware if they are out of the house in the late evening or not knowing who they're with when they do go out. Furthermore, a minority of parents in the cohort view their child as the victim and as a result may be unintentionally enabling their offending behaviour. In these cases, it has been essential for the YPPs to build rapport with the parent to help them understand the FD process and how it aims to deter their child from crime. To help with this, a parent non-violent resistance (NVR)[11] group was run during the intervention to benefit the parents of certain YP on the cohort by providing support.

Stakeholder Interviews

Qualitative data was also collected from interviews with key stakeholders involved in the FD project. Stakeholders included involved YJS staff, speech and language (SALT) and tutoring staff, contextual safeguarding, education, police and VRU staff involved both directly and as part of strategic oversight. There were 15 interviews completed over February and March 2026, with 5 main themes identified (derived from 24 sub-themes).

These themes are:

1. Process challenges: interviewees mentioned difficulties with the FD process due to resource constraints and competing demands.
2. Model fidelity: some aspects of the FD model were well developed but other aspects fell short.
3. Right people: interviewees highlighted the success of the YPPs and PC was a result of their personalities and previous experiences.
4. Joined up working: co-location and joint visits were important for the success of the FD intervention.
5. Training and awareness raising: the need for greater buy-in from strategic leaders and better understanding of FD across agencies.

Process challenges emerged as the most mentioned theme in stakeholder interviews, present in all but one interview and covering a third of all themes (mentioned by 93% of interviewees, 32% of total recorded themes). Since this is a pilot of the FD programme in Southampton, it is unsurprising that process challenges occurred as this was a new way of working for all involved stakeholders.

The most common process challenges identified were the need for additional resourcing and that more guidance was needed during early implementation. Additional resourcing included the suggested need for a coordinator for the YPPs to assist with admin requirements e.g. referrals, and for an FD manager role exclusive to the project rather than alongside normal workload. From the police side, additional resourcing was needed for swift justice to be achieved, since as it stands there are competing demands and organisational bottlenecks preventing this. Other resourcing concerns were around the ability to continue engaging with children who had moved out of area, and that evidencing of work cannot be prioritised due to high workloads.

Interviewees said they needed more guidance as the initial approach to FD was unclear and there had been no business modelling. Some mentioned being unsure how their role fitted into the model and what was being required of them, while others said there should have been more discussions around the shared principles and values of the intervention.

Other process challenges included organisational obstacles not unique to FD, such as the need for better opportunities for training/work experience for the young people. As it stands, there are only a handful of organisations in Southampton that offer this and therefore it is unlikely that these will be appropriate for every young person. Another challenge identified was that FD cohort members still needed greater prioritisation in terms of access to services e.g. education, SALT, CAHMS. However, interviewees also questioned how this could be done without deprioritising other YP. Finally, the YPPs noted that the cohort of 15 was difficult to manage, especially due to the differing levels of risk. For future roll-out, this will be taken into consideration to prevent staff burnout.

Model fidelity was the next most common interview theme (mentioned by 53% of interviewees, 18% of all themes), with interviewees mentioning examples of good fidelity as well as aspects of the FD model not being fully utilised. Some interviewees felt the FD offer wasn't that different to BAU in Southampton. Whilst this limits the ability to justifiably compare the FD intervention to BAU, it suggests that the BAU offer in Southampton is strong anyway and therefore the control group were unlikely to have been at a disadvantage.

Other elements where fidelity to the model was lacking were around the Child First principles and the community engagement pillar of FD. Interviewees felt that the Child First approach had not been utilised as effectively as it could have been, primarily from the enforcement perspective. However, one interviewee mentioned that where the focus is on being child-centred, the victim and the crime that has been committed can be lost. Similarly, where the primary focus of the intervention had been on enforcement and support, the community engagement element has not been well explored. One interviewee mentioned that the ambition for community involvement would be to see each of the wards developing community plans, and having assets and partners discuss issues in those communities.

“(The Child First approach) is something that we should do but...because everyone's focused on the child, they forget that they're actually committing crimes. There is a victim at the end of the day as well.” – quote from a key stakeholder

Finally, two aspects where model fidelity has been strong were the YPPs and PC providing consistency and stability for the young people, and the families of the YP also being supported. Interviewees noted the importance of being a consistent presence in the young people's lives, allowing them to act as a trusted adult and provide the young person with some stability that they may not have in their home lives. One stand-out reflection was that the YPPs “step up” in situations where other adults in the young person's life may pull away e.g. when they are arrested. This consistency is therefore an essential aspect of FD, especially if the YP is not open to any other services. YPPs also mentioned being in regular contact with certain parents to offer support and advice when needed.

“I think a lot of them have experience maybe when things do go wrong. That's when then other adults in their life have started to pull away. So for us to then do the opposite and kind of step up and be able to be there, I think has been a really important part of the project.” – quote from a key stakeholder

The themes of having the right people for the roles and joined up working were mentioned by 73% of interviewees (both 19% of all themes). Having the right people for the roles specifically referred to the YPPs and PC having the right personalities and previous experiences to work effectively with the young people. This was particularly important for the PC to be able to challenge the anti-police beliefs ingrained in a lot of the YP because of their previous experiences. Likewise, for the YPPs it was important for them to build a good rapport with the YP to allow them to open up and speak to them as they may not have been able to with other professionals

“All of us in the team have some form of lived experience...it was a lot easier because you could understand some of the experiences or be able to relate to some of the experiences that young people have been through” – quote from a key stakeholder

For joined up working, interviewees mentioned the value of having the PC co-located within YJ to allow for efficient problem-solving discussions. Additionally, the ability to complete joint visits has created space for trust in the police to be built, as well as ensuring that the support and enforcement messages are aligned.

“(Co-location) enabled us to have more joined up problem solving discussions... the speed of the information sharing and the ability just to have really agile conversations around who should respond...what do we need to take into account” – quote from a key stakeholder

Joined up working with services across YJ allowed for multi-agency success. This included engaging with children who had previously refused or had been known to police but had not yet been open to any services. For education, this included managing to get a YP to attend school or a tutoring session after a long period of absence. Furthermore, partnership buy-in and positive feedback were received for the FD intervention.

The final theme of training and awareness raising was mentioned by 53% of interviewees (9% of all themes). Interviewees suggested that awareness of the FD intervention was limited amongst those not directly working in the intervention. For police specifically, interviewees reported that the FD cohort are only a small percentage of their work and that enough comms have gone out about it, but recipients have limited time to read and understand these. Regarding training, interviewees reported that prior to the launch of FD there had been limited opportunities for joined up training, meaning that the team had to develop in action. For other involved partners such as the SALT specialist, those with greater time constraints could not attend training, meaning their knowledge of her role was more limited.

Discussion

The police recorded data covered in this report is only for 6 full months of the intervention running and it is therefore too early to draw any concrete conclusions. However, reductions were seen across all police recorded measures in these initial 6 months for both the treatment group and control group. No significant difference was found between the groups at this stage, but greater decreases were seen for the treatment group. As a result, it is important to focus on the narrative around the results and what progress has been made for each of the YP involved.

Successes

Within the 8 months of the intervention running so far there have been notable successes. Whilst the data shows a significant reduction in arrest incidents as well as missing episodes, there has also been progress around education/work opportunities and addressing the needs of the young people.

With the support of their YPP, cohort members have attended autism and ADHD assessments, and others have agreed to have tutoring or mentoring sessions. This is particularly important for the young people who aren't attending school or college as it will give them the opportunity to have some form of education and then be able to go into employment when they are old enough. Similarly, for other young people who are not attending school or college, they have expressed their interest in being involved in activities such as sports or looking to complete their driving theory. Such activities should act as protective factors by giving the young people something to work towards (see Appendix 2 for case studies mentioning involvement in activities).

Another key success has been 8 cohort members having engaged with the Get Ready for Construction course (CSCS qualification) so far, with one having passed and the remaining still in the process of completing their tests. This has been positive for their professional development and will allow them to pursue a career in construction. This again is especially for those not in education as they are involved in a prosocial activity (see Appendix 3 for examples of feedback from the young people).

Additionally, whilst it is discouraging to see members of the cohort being arrested, progress has been made in relation to informing the YPPs when an arrest occurs, so they are able to visit the young person in custody. This again provides a way of ensuring that the young people are being respected and treated in a trauma-informed and child-centred manner. This also provides opportunities to strengthen the relationship between the young person, their family members and YPP as a reachable moment to build rapport. Where no family member was available, the YPP has stepped in as the appropriate adult (AA), again strengthening the relationship between the YP and YPP.

Another successful aspect of the FD intervention is the mental health support that can be provided to the young people. When members of the cohort have expressed that they are struggling with their mental health, the YPPs are able to utilise their contacts to fast-track them to support. This was especially important in an instance where a young person had previously had a negative experience with CAMHS and was therefore referred to a different support option.

Challenges

The workload of the YPPs has been a significant challenge, especially when managing high risk individuals who are involved in multiple incidents, such as one YP who had 11 suspect incidents during the intervention. As mentioned in the interviews, the differing levels of risk meant that the majority of the YPP's time was taken up attending to incidents, limiting their capacity for other activities. Hence, consideration needs to be taken around having a cohort of 15 and whether this is feasible depending on this risk level of the YP.

Instability around accommodation has also been a challenge for this cohort, specifically for those in foster care and other placements. In these cases, it is hard to determine where the young person is spending their time as often the carer will not know where the young person goes or who they are with. There is therefore a risk around exploitation that needs to be considered.

Another challenge identified has been the young peoples' resistance to make disclosures to the police or even to their YPPs. This is especially important where there is concern that the young person is being exploited, therefore it is essential for disclosures to be made to keep them safe. However, the young people may be concerned about the repercussions they may face if they provide information to the police, and as these individuals have a poor relationship with the police already, they may not believe that they will be protected by them.

Finally, as mentioned in the weekly operational meetings, there have been challenges around the peer groups of the young people, specifically when they are friends with other cohort members. The YPPs have been able to encourage some cohort members to distance themselves from certain peers due to their offending behaviour, however this has not always been successful. Furthermore, where peers are not in the FD cohort there is more limited intel on them, making it harder to determine how this may influence the FD member. This however does provide an opportunity for future work to focus more on the community around the young people, as some will be local to one another.

Opportunities

Buddi tags^[12] have been used as a means of deterrence for this cohort, with one cohort member having one on for 6 weeks and another for 3 weeks. This has supported them by giving them an excuse to distance or remove themselves from peers who are committing criminal offences and/or anti-social behaviour. The tag provides a physical reminder that the individual's movements are being tracked by the police, therefore this should deter them from spending time with other young people who are likely to be offending.

There is also space for greater signposting to be available for training, work experience or other activities for the YP. The YPPs have been successful in helping cohort members to get involved with boxing and other sporting activities, but these won't be for everyone. Filling the YP's time with positive activities has been utilised for deterrence, especially when they can attend these activities with peers.

Concluding remarks

Whilst it is too early to definitively say whether there has been a significant reduction in serious youth violence due to the FD intervention, there have been many positive early impacts identified. The data collected up to this point not only highlights the positive work of the YPPs and PC in engaging with the YP, but also the strength of the BAU offer in Southampton for those not receiving FD.

For future rollout of FD in other areas, it should be considered whether the intervention may be more impactful for those higher risk individuals who have offended most recently. The data appears to suggest that those identified from pre-intervention data as being at the highest risk of offending, had the largest decrease in offences during intervention period. Meanwhile, the qualitative data suggested that those offending less often were engaging well and required assistance from their YPP with education or other referrals, rather than support to prevent reoffending.

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- [6] [What-Works-Focused-Deterrence-FINAL-6-1.pdf](#)
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- [8] [What is Child First? - Youth Justice Resource Hub](#)
- [9] Berkshire, Oxfordshire, Buckinghamshire, Hampshire, and the Isle of Wight
- [10] [The Crime Harm Index – Cambridge Centre for Evidence-Based Policing Ltd.](#)
- [11] [A therapeutic model that understands and addresses the parenting of children with challenging behaviours Non Violent Resistance \(NVR\) parenting approach | Oxford Health CAMHS](#)
- [12] [GPS electronic tags – monitoring young people at risk of criminal exploitation and repeat offending | College of Policing](#)

Appendices

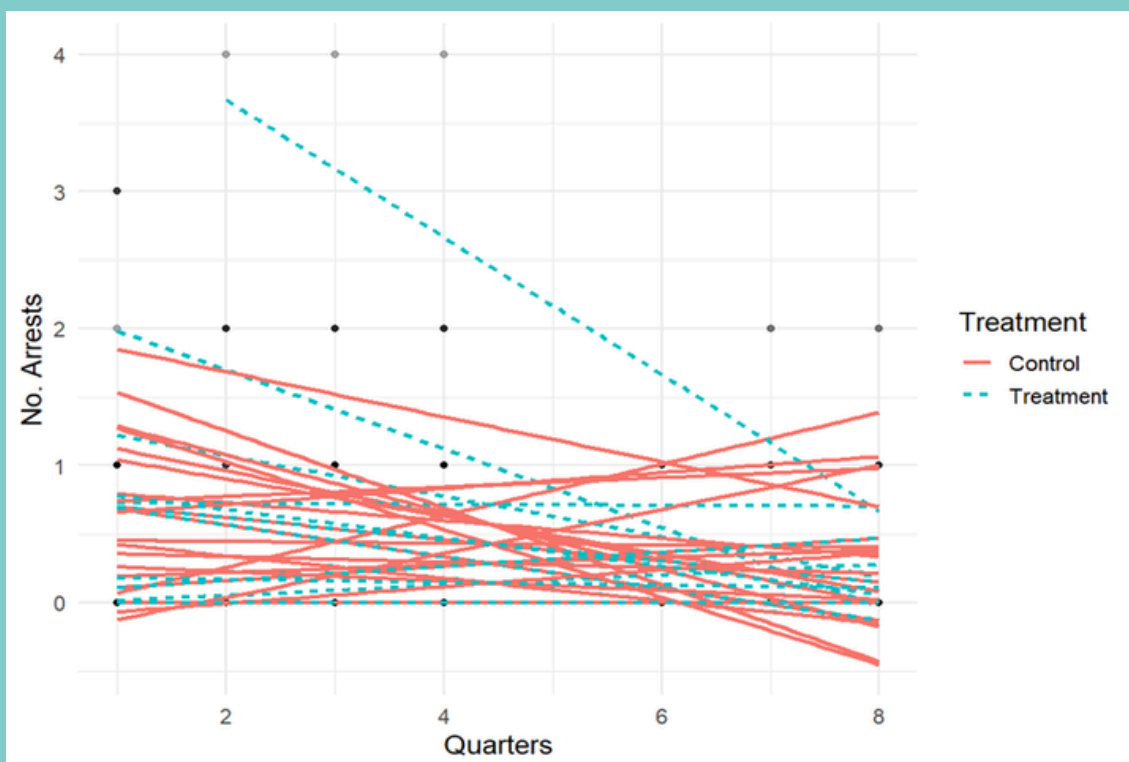
Appendix 1 – Statistical Analysis

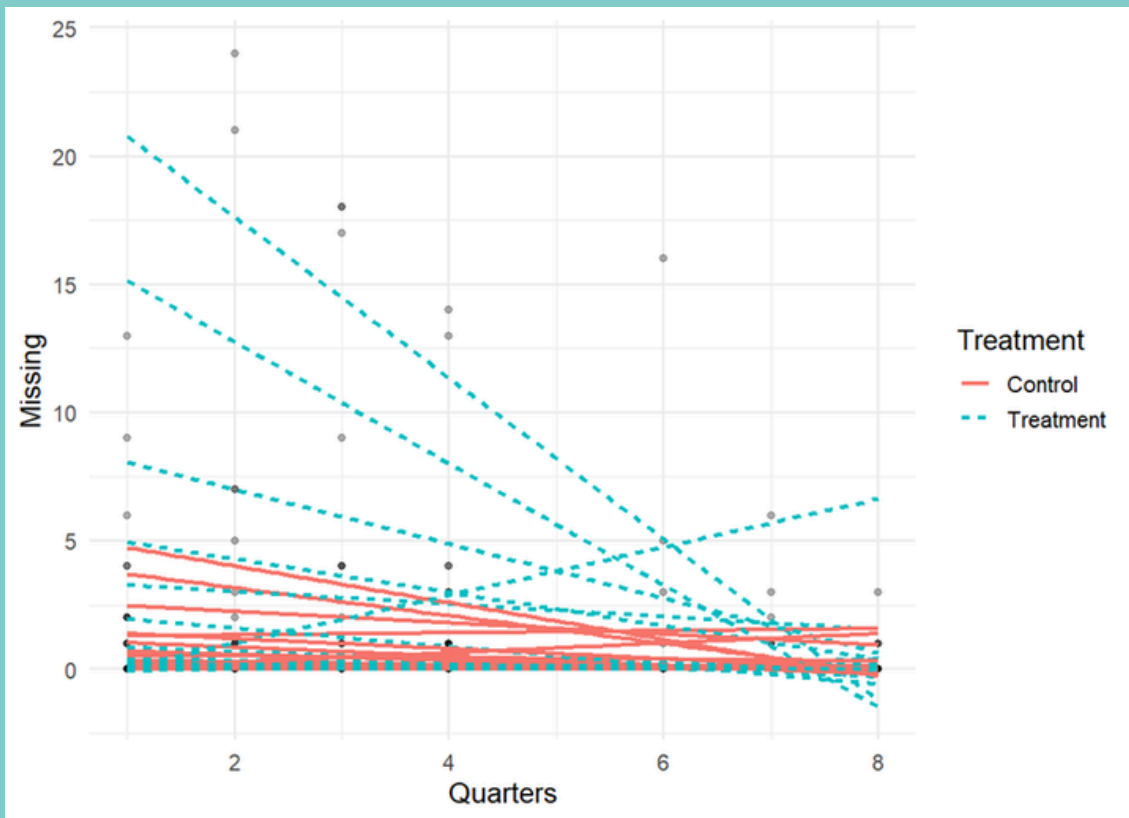
We conducted a series of Zero-inflated Negative Binomial Mixed Effects Models. These statistical tools allow us to model the effect of the intervention and change over time on the Arrest and Missing frequencies data. These models also allow us to use all cases of data (so no variable is averaged) to understand the trajectory of every individual in the dataset.

The overall findings were that the whole sample generally changed over the observed quarters, significantly decreasing in the number of Missing (Est= -0.22, $p= 0.024$) and Arrest (Est= -0.14, $p= .013$) events. However, there was no statistically significant difference between treatment groups for Missing (Est= 1.33, $p= .154$) and Arrest (Est= -0.34, $p= .525$) events. Nor was there an interaction, with no notable evidence of treatment affecting the change over time for Missing (Est= -0.12, $p= .382$) and Arrest (Est= 0.02, $p= .876$) events. In both cases individuals were notably varied in their event intercepts, meaning that there was a high variance in the impact of different individual cases in the dataset for Missing (Intercept= -1.99, Variance= 5.79) and Arrests (Intercept= -0.46, Variance= 0.62).

Taken together, there was evidence that all individuals in the sample improved over time (including those in the control condition). However, there was notable variation in the way individuals contributed to the dataset. Inspection of the figures demonstrated some individuals, with high counts at the start, lowered through the trial. Whereas, many individuals did not have room to change by decreasing, with high 'no behaviour rates'.

The graphs below map the trajectories of each YP for arrests and missing episodes, with the intervention period starting from quarter 5.





When looking specifically at the CCHI scores for suspect, victim and arrest incidents, the table below displays these modelled as both linear and ordinal effects.

	Aggregate effects in study as estimate (p value)		
Predictor	Main effect Time	Main effect	Interaction
As linear			
Suspect	-2.14 (.875)	138.56 (.161)	-26.37 (.173)
Aggrieved	-4.88 (.452)	-84.98 (.095)	10.46 (.257)
Arrest	-15.92 (.226)	-47.35 (.622)	3.92 (.834)
As ordinal			
Suspect	-0.19 (.075)	0.09 (.913)	-0.08 (.510)
Aggrieved	-0.16 (.032)*	-0.54 (.369)	-0.05 (.680)
Arrest	-0.19 (.127)	-0.45 (.593)	0.00 (.980)

Appendix 2 – Case studies

Child E

Child E gave clear and confident feedback that the relationship with his Youth Practitioner has been transformative in shaping his behaviour and sense of self. He expressed this by saying, "I don't know how, but she has changed my brain!" suggesting a deep, internalised shift in his thinking patterns and emotional responses.

The child described his practitioner as someone who listens and helps him reflect, in contrast to past experiences with authority figures like teachers, who he felt only responded punitively when he was in trouble. He emphasised that this difference in relational approach was central to his progress, noting that the practitioner helped him "think through his actions and how he saw himself!"

Participation in the programme's activities, especially through the youth club and Saints initiative, was described as "brilliant." These provided routine, structure, and positive emotional outcomes. The child shared that after youth club, he would typically go home, eat, and go to bed, limiting opportunities to engage in risky or anti-social behaviour. On some occasions, he was so fulfilled and physically tired from the activities he stated 'that he skipped eating altogether and went straight to sleep'!

He saw continued engagement in youth club as vital to staying on a positive path and expressed a strong wish for it to run every night. This reflects a clear understanding of what helps him maintain positive behaviour and highlights the importance of consistent, structured activities in sustaining identity change. The child also reflected on his relationship with the police, stating that while it had been poor in the past, it was improving as his behaviour changed. This shows early signs of identity shift influencing how he is perceived and how he interacts with external systems/authority.

Early Impact

Child E's feedback reinforces the importance of trusting, non-punitive relationships in supporting children to reframe how they see themselves. The practitioner's role in creating a safe space for reflection appears to be instrumental in shaping pro-social behaviour and identity development.

The project's focus on meaningful, engaging activities not only provides structure and purpose but also acts as a protective factor against offending and violence. The child's feedback suggests that further embedding and expanding opportunities like the youth club and continuing to work through a relational, identity-based lens are critical to supporting sustained desistance and positive life outcomes.

This also reflects the need for services to prioritise what we want more of in children's lives, rather than just what we want less of, and to continue developing work that builds positive self-identity, routine, and community connection.

Child C

Child C reflected positively on his relationship with his youth practitioner, identifying it as a key influence in his current engagement and progress. He felt that the recent home visit with the police and practitioner was supportive and that the practitioner's leading of the meeting demonstrated genuine care for his wellbeing.

Child C highlighted that participation in the project's activities, particularly boxing and the support from Saints, had been beneficial. He noted that these opportunities gave him something constructive to focus on and helped him channel his energy in a positive way. The tailored support to help him re-engage with education, improve school attendance, and address his learning needs was also seen as helpful.

He stated the SALT assessment was hard work and tiring, but understood how this might help him communicate with teachers/teacher communicate better with him.

While Child C expressed that he enjoys school, he shared that not being allowed to spend time with friends during school hours was difficult for him emotionally. He stated he was not allowed out at social time (breaks) and this appeared to reinforce a perception of being seen as a 'naughty boy' at school.

A significant part of the discussion focused on self-reflection. Although Child C couldn't name a specific factor helping him stay out of trouble, he engaged in a conversation around identity shift. This aligns with research on using an identity lens with children in the criminal justice system, which suggests that helping children adopt a more positive, pro-social identity can support desistance.

He reflected on how his involvement in boxing and his relationship with his girlfriend are contributing to a change in behaviour (and although not verbalised, it could be inferred a shift in identity). He described how his girlfriend disapproved of him fighting when going out and how boxing provided a healthy outlet for that energy/met the need for the buzz from fighting. He also noticed a decrease in negative encounters with the police, attributing this to going out less frequently and behaving differently when he did. Child C observed that respectful engagement by police made a significant difference in how children respond, and he acknowledged that when treated with respect, he responded more positively. He stated this was frequently NOT his experience with the police, but noticed that as he has changed his behaviour, the interactions have become more positive. Again, inferring that behaviour change is linked to identity shift, which is informed by relational interactions with others.

Early Impact

The project's approach, combining future-focused, meaningful activity with consistent practitioner relationships and targeted reintegration support, appears to be facilitating early progress in Child C's journey away from offending. The development of a more positive self-identity, supported by trusting relationships and pro-social roles (e.g., schoolboy, boyfriend, boxer), is beginning to have an observable impact on his behaviour and outlook. In turn, this is also improving safety and outcomes for the general public, specific and potential victims of crime and violence

Child B

I met with B today. Despite the earlier conflict in the hub involving another child, he engaged extremely well throughout our conversation, demonstrating a willingness to participate in support.

B reported that he has been involved with the FD service for approximately two months, and described the experience as "really helpful." He identified the following elements of practice as particularly beneficial:

- Support
- Care
- Consistency
- Commitment to improving his life
- Flexibility

These characteristics directly reflect Child First Youth Justice principles, specifically the emphasis on building positive, trusting, and pro-social relationships, offering needs-led support, and ensuring that intervention is constructive, developmentally appropriate, and strengths-based. B's feedback evidences that he is experiencing the service as something done with him, not to him, which aligns with a focus on collaboration to support the development of pro-social identity.

B highlighted that participation with the Saints Foundation has been “the best element” of his support so far. He stated that he enjoys attending each week. This aligns with evidence showing that positive activities, community partnerships, and structured pro-social opportunities increase engagement and support desistance for children.

Perceptions of Policing and the importance of a child first approach

B also discussed his experiences with the police. He reported that he consistently feels the response from police is punitive, and not focused on helping him as a child. He described feeling that officers “see him as the problem,” recounting an incident in which he was assaulted and, after retaliating, was placed in handcuffs and arrested. He also stated that he has been stopped and searched at least six times on suspicion of carrying a knife. Each time the search outcome was negative, leading him to feel that he is being targeted.

B expressed that he wishes the police would begin from a position of trying to keep him safe, rather than seeing him as a threat. This feedback is consistent with research underpinning Child First practice, which highlights that:

- Children in the justice system often experience criminalisation through enforcement-first responses.
- Stigma and labelling increase the likelihood of further system contact.
- Children’s perceptions of being unfairly targeted can erode trust in professionals, reducing their willingness to seek help when vulnerable.

His experiences reaffirm the importance of all agencies working in a child-centred, welfare-oriented, and rights-respecting manner.

What Could Be Improved?

When asked what could be improved about his current support, B responded: “Nothing.” He stated that his worker listens to him and supports him with whatever he needs. He gave the example that if he needed help with education, training, or employment, his worker would always provide that support.

This demonstrates strong alignment with Child First principles of:

- Putting the child’s needs, wishes, and identity at the centre
- Prioritising participation and collaborative decision-making
- Offering personalised and flexible support pathways

B’s sense of being heard, valued, and supported provides evidence that the current intervention is building safety, trust, and hope, all of which are core to constructive, desistance focused interventions within FD.

Southampton Children and Learning Making the Difference Exemplar

Where were we?

SH was known to FD but had completely disengaged for over two months. He was going missing daily and overnight, with little understanding of where he was or who he was with. Very limited engagement with his social worker, raising concerns around safety and exploitation. Reports suggested he was working informally, increasing vulnerability. Concerns linked to contextual risks in St Mary's and associations with a group of young Afghan males. His cultural and religious needs were not being fully recognised or embedded into planning SH was arrested for attempt murder on 14/12/2025.

What was the aim?

The aim was to keep SH safe while protecting others and safeguarding the wider community, alongside strengthening his self-esteem, identity and emotional safety. We sought to ensure his cultural and religious beliefs were fully understood and embedded into all planning, while developing a robust bail package that allowed him to remain safely in the community. Our goals included reducing missing episodes, exploitation risks and unsafe peer associations, improving engagement with FD, YJS, social care and education, and addressing his mental health needs such as sleep difficulties, low mood and historic trauma.

What did we do?

YPP carried out regular unannounced visits during periods when SH was missing, helping us build a clearer picture of his movements and daily patterns, while outreach by FD Youth Worker and support from NPT offered further insight into where he was spending time. Rosanna assisted him to attend his college induction and, when he became frustrated with the initial offer, sourced alternative education alongside tailored maths, English and driving-theory sessions, which increased to three per week due to his motivation, as well as completion of the CSCS course. Following SH's arrest on 14 December 2025, FD and YJS jointly developed a culturally informed bail package that embedded his religious needs, including adjusting timetables for prayer times. CAMHS involvement was encouraged to address sleep, low mood and emotional wellbeing, and safer employment pathways in recognition of his financial vulnerabilities. Close partnership with London services ensured continuity of safeguarding and reduced exploitation risks, while consistent multi-agency messaging improved boundaries and reduced confusion. Throughout this work, we were mindful that SH's past trauma and experiences of corruption in his home country have fostered a deep mistrust of authorities, meaning safeguarding conversations had to be delivered with sensitivity, respect and cultural awareness. Strategic discussions considered how cultural, religious and traditional factors might influence any S47 processes, including the taboo and shame associated with sexual abuse, the pressures of honour, and masculine norms that may prevent boys from viewing themselves as victims. This approach strengthened our ability to adapt safeguarding processes to better meet SH's needs and ensured that our interventions were trauma-informed, culturally competent and responsive to the barriers he faced.

What difference have we made?

Through coordinated work across YJS, FD, social care and London partners, SH was able to remain on bail rather than be remanded, providing a more proportionate and cost-effective outcome. The smooth transition to London accommodation offered stability, allowed him to attend the mosque regularly, and supported his cultural identity and wellbeing. Engagement improved significantly, shifting from complete disengagement to consistent participation in maths, English and driving theory sessions up to three times a week. Multi-agency collaboration strengthened safeguarding, giving professionals a clearer understanding of his routines, risks and vulnerabilities, and reducing exploitation concerns through consistent messaging. Adjustments such as incorporating prayer times increased trust and reduced his perception of engagement being punitive. Access to a London-based exploitation project introduced positive pro-social modelling and a culturally competent male role model, while CAMHS input supported sleep, mood and emotional regulation. SH began opening up about finances, work pressures and trauma, and the stability provided by coordinated planning helped establish routine and reduce missing episodes.

Appendix 3– Feedback from FD cohort members

- “(YPP) helped me with getting into the CSCS course and PASMA. Like, talking about education and helping me get back into education. Talking about me getting arrested and how much worse it could be in future. And yeah just like helped me out”
- “(YPP) from Future Directions has helped me get on CSSCS course, helped me try get a job, help me get out of bed, sticking to the routine, not letting me down and doing the most she can”
- “I want to talk about how working with (YPP) has helped me as it was a good way. She got me out of the house a bit, you know what I mean. It was a good way to like, entertain me. I’m really glad that I have her as she’s an adult and she understands me, she understands the teenager life and she doesn’t judge.”
- “(YPP) has been helping me at school, like understanding my feelings and how to control it. That’s at school. In the community she teach me to understand the concept of friendships and relationships, how to control my anger and all of that. At home, she teach me how to respect my mum more, listen to her, to understand why she doing that. She really helps me. My behaviour got better a lot, I mean like by a lot. Yeah she really helped me out.”
- “(YPP) helped me with driving test, with CSCS card and that. She [helped me to] understand [about] the weapons and helped me with that and everything.”

Since you have been with C, he has become totally different boy. You have helped in ways I don’t think you even realise. He loves his days going out with you and really enjoys your company and for C that is very rare. Normally he loses interest very quick in people and things but he hasn’t with you. You get C like no one else has before. As a whole family we would like to thank you so much for everything you have done and are still doing for him. (Parent)