



Hidden Victims Programme Final evaluation report

May 2021

Prepared by: Dr Colin Baker University of Gloucestershire Oxstalls Campus SC117 Gloucester GL2 9HW cmbaker@glos.ac.uk

Executive Summaryi
1.0 Introduction1
1.1 Evaluation aims and objectives1
1.2 Purpose of this report1
2.0 Methods
2.1 Introduction
2.2 Evaluation framework
2.2.1 Staff experiences
2.2.2 HV programme data collation4
2.2.3 Beneficiary case study analyses4
2.2.4 Infobuzz partnership survey
2.2.5 Assessment of Infobuzz Family (client) evaluation forms4
3.0 Key findings
3.1 Staff experiences5
3.1.1 Innovative practice
3.1.2 Responsive support6
3.1.3 Coping and resilience
3.2 HV programme data8
3.2.1 Beneficiary evaluation data11
3.3 Case studies11
3.3.1 Scenarios
3.3.2 Intervention14
3.3.3 Outcomes
3.4 Partnership survey15
3.5 Hidden Victims and the Covid-19 Pandemic16
4.0 Summary of evaluation findings23
4.1 Staff experiences23
4.2 Programme data23
4.3 Case studies24
4.4 Limitations24
4.4.1 Sample24
4.4.2 Evaluation focus
4.4.3 Bias
5.0 Recommendations
6.0 Appendices
Appendix A – qualitative feedback from beneficiary evaluations
Appendix B – quantitative data from beneficiary evaluations27

Contents

List of Figures

Figure 1: Overview of staff interview themes	5
Figure 2: Beneficiary evaluation data: Sense of control, purpose and happiness (%)	12
Figure 3: Beneficiary evaluation data: Perceptions of impact on family (%)	13
Figure 5: Overview of case study themes	15
Figure 6: Level of involvement with HV programme (%)	15
Figure 7: Perceptions concerning role (%)	17
Figure 8: Communication (%)	18
Figure 9: Involvement (%)	19

List of Tables

Table 1: Hidden Victims programme domains	2
Table 2: Overview of data collection methods	3
Table 3: Overview of beneficiaries	10
Table 4: Summary of programme impact	22

Executive Summary

Introduction

The Hidden Victims (HV) programme is an innovative approach that works with offenders and their families to create opportunities for change that help break the cycle of crime. The University of Gloucestershire was commissioned by Infobuzz in May 2019 to undertake a summative evaluation of the programme in order to understand the types of impacts achieved by the HV programme. This report presents the evaluation findings.

Main findings

Target beneficiaries

Beneficiaries had experienced extremely challenging life situations including trauma, shame and depression and anxiety. Participation in the HV programme represented a journey along which beneficiaries were able to make a number of adjustments which helped them to address, manage and resolve ongoing issues. HV staff was critical to successful interventions, building trusting, supportive and communicative relationships with beneficiaries that provided the foundations on which purposeful action was possible. Flexibility, honesty and the ability to experiment in a sensitive manner helped HV staff develop approaches that were responsive to participants' needs.

Participant evaluation forms indicated that beneficiaries were positive about the programme, there being strong agreement that people's situations had improved as a result of their work with Infobuzz in addition to feelings of positivity and being better able to cope. Respondents were less certain that they or their family members were less likely to engage in risky behaviours.

Headline figures (% agree)

•	Would recommend Infobuzz to a friend	97.5%
٠	Feelings of positivity	82.3%
٠	Better able to cope	83.5%
٠	Family unit was stronger or more stable	81.0%
٠	Participant or their family's mental health had improved	67.1%
٠	Participant or their families were better informed	84.8%
٠	Less likely to engage in risky behaviours	46.8%

Staff experiences

Staff perceived that the HV programme was innovative and distinct from other services. Active case management ensured a strong approach to assessments and simple and effective referral processes which, together with care plans and staff supervision, meant that the programme was responsive, flexible and adaptable. Collaboration with other services was an essential feature and the restorative approach empowered staff to create a space in which plans were negotiated with participants.

Partnership working

This component investigated Infobuzz's relationship with wider stakeholders including aspects of communication, role clarity and involvement. In total, 15 responses were received to a partnership survey, the majority being very clear that Infobuzz supported children, offenders and their families and schools to ensure children received the support they needed. Respondents were less aware that Infobuzz supported prison visits and accepted referrals into the organisation's programmes. Communication was perceived as informative but not necessarily regular. The majority indicated that

they had received support for offenders and their families, children (including in school), although most had not received help and advice from the probation service or received support for prison visits.

COVID-19 pandemic

Coronavirus emerged in Wuhan in China in December 2019, and reached the UK shores in early 2020 resulting in an all-encompassing government-enforced lockdown from 23rd March 2020. This obliged all schools, colleges, universities as well as many workplaces to close in an attempt to control the spread of the virus. Infobuzz's main concern was to maintain its focus on the HV outcomes and the financial implications of the pandemic on families who may not have had stable incomes i.e. those on zero-hour contracts.

The pandemic placed considerable additional strain on the management and delivery of the HV programme as it sought to respond to the challenges that emerged. As with many other organisations working with vulnerable people Infobuzz was forced to cease face-to-face activities between staff and participants. In response, Infobuzz provided additional staff support to deliver new topics and creative ways of working including the use of Zoom to support one-to-one sessions and COSHH training to ensure transmission risks, where relevant, were addressed.

Families faced a number of additional challenges due to the pandemic including a lack of equipment for zoom meetings (in some families), sense of isolation, concerns over mental health and family dynamics, the struggle to educate children at home (including lack of equipment, space and time), and a lack of food and essential items.

A package of activities was devised by Infobuzz. Direct support included funding for equipment, resource packs and food parcels supplied to participants and families, mental health resources including creative art activities, extra COVID funding from existing funders and agreements with schools to allow access to support HV children in school. Other support included working with stakeholders, including the CIC 'Long Table' in Stroud who delivered nutritious and locally-sourced frozen meals (cooked by chefs), delivered to young people and families.

Recommendations for the organisation

Recommendation 1:	Infobuzz act as an advocate for active case management approaches promote wider adoption and effective evaluation-informed practice that focuses on a trust-based restorative approach;
Recommendation 2:	Provide time to explore and understand histories, people's fears and associated behaviours, and the links to other services.
Recommendation 3:	Provide time for and emphasis on the development of relationships between organisations and agencies seeking to support young people in order to develop better coordinated and effective responses;
Recommendation 4:	Develop and sustain effective communications concerning the organisation's activities to ensure stakeholders are familiar with the type and scope of activities provided;
Recommendation 5:	Ensure programme evaluation frameworks are developed in parallel with programme delivery plans in order to ensure methodologies are compatible with complex interventions and to support training in and around data collection activities;
Recommendation 6:	Adopt communicative approaches to evaluation management approaches and flexible research designs that incorporate opportunities for practitioners to assist with data collection with support from researchers;

Recommendation 7:	Build on evidence acquired in this evaluation to explore further opportunities to support the mental health and risky behaviours of beneficiaries and their families;
Recommendation 8:	Continue to explore and develop robust staff support mechanisms to assist with case reviews and staff wellbeing;
Recommendation 9:	Continue to provide an adaptive approach to the level of intervention that fits around the complexity of the family or individual circumstances;
Recommendation 10:	Continue to provide an accelerated reintegration back into the service for past beneficiaries and their families if future challenges arise.

Acknowledgements

I would like to express gratitude to Anne Young, Carolyn Mills and all Infobuzz colleagues who supported the evaluation. Timely and effective communication are essential for any programme evaluation and the proactive and supportive relationship with the HV team assisted with implementing the evaluation so that its progress was sustained, even in the face of significant challenges during 2020 and 2021.

Thanks also to all the HV participants who completed the evaluation forms and for all of those who took the time to respond to invitations to interviews and to take part in the surveys.

Recommended citation: Baker, C. (2021). *Evaluation of the Hidden Victims programme for Infobuzz, Gloucester – Final Report*. Gloucester, University of Gloucestershire.

1.0 Introduction

Infobuzz provides a number of important services to support families and young people to deal with a range of challenges. The Hidden Victims (HV) programme is an innovative approach that works with offenders and their families to create opportunities for change that help break the cycle of crime. Infobuzz secured Big Lottery funding to support the provision of the HV project.

The University of Gloucestershire was commissioned by Infobuzz in May 2019 to undertake a summative evaluation of the programme in order to understand the types of impacts achieved by the HV programme. Outcomes of the HV project and indicators thereof have been identified using the Big Lottery funding documentation (Table 1).

1.1 Evaluation aims and objectives

The aim and objectives of the evaluation are:

1. To investigate what works and why for supporting those individual engaged in the Hidden Victims (HV) programme.

Objectives:

- Objective 1: To explore staff perceptions, attitudes and experiences concerning the processes of implementing the HV programme;
- Objective 2: To explore experiences of the HV programme from the beneficiaries' point of view in order to understand what works and why;
- Objective 3: To assess aspects of partnership working in order to understand the nature of relationships with key stakeholders.

1.2 Purpose of this report

The purpose of this report is to:

- 1. Present the key findings of the Hidden Victims evaluation
- 2. Outline key recommendations

Table 1: Hidden Victims programme domains

Outcome domain	Indicators	Target n
A. Families of offenders better able to cope with	1. Individuals from HV families report feeling better able to cope with life's challenges	147x3
impact of imprisonment	2. Individuals from HV families report feel better informed	147x3
	3. Individuals from HV families receive advice and guidance	630
B. Children of offenders less likely to engage in	1. N counselling sessions delivered to members of HV families	40x3
risky behaviour	2. N individuals from HV families reporting less likely to engage in risky behaviour	84x3
	3. N families engaging in community projects	90
C. Children of offenders will have improved	1. Parents/children report improvement in attendance or attitude	147x3
attendance or attitude at school / college	2. N teachers feeling IB's intervention will have positive effect on attendance / attitude	12x3
	3. N young people attending school sessions	1080
D. Families of offenders will have improved	1. N counselling sessions delivered too HV families	40x3
mental health and wellbeing	2. Individuals report having improved MH and feeling happier	252
	3. N referral / signposts made to partner services for each family	315
E. IB will have increased capabilities (k/s/c),	1. Bought in expert support and tools to develop capabilities as prioritised by review	-
acquired relevant supporting tools and used	2. Staff and trustees report how the capability building support enabled them to work	
capabilities to deliver o/c more effectively and	more effectively or sustainably for beneficiaries	
sustainably to beneficiaries		-

2.0 Methods

2.1 Introduction

A mixed methods approach was deployed (Table 2) involving qualitative and quantitative data collection and analyses in order to understand the impact of the project on staff and beneficiaries, including process factors which will help identify areas of learning and development that help refine the project and provide information for future similar approaches.

The quantitative and qualitative components were conducted in parallel in order to maximise the potential to collect data during the evaluation.

Level	Qualitative component Quantitative component		
Organisation	• A. Staff group interview	• C. HV programme data	
	exploring aspects of	• D. Partnership assessment	
	delivery (Year 1 and 2)	survey	
Beneficiaries	• B. Case study describing	• E. Assessment of Infobuzz	
	participant journeys and	Family (client) evaluation	
	experiences	forms	

Table 2: Overview of data collection methods

2.2 Evaluation framework

An evaluation framework was established in order to map out and monitor respective elements of the programme so as to operationalise the evaluation in real terms. The main elements are outlined below. Prior to implementation the project was approved by the University of Gloucestershire Research Ethics Committee. All data collection protocols complied with relevant procedures and GDPR regulations.

2.2.1 Staff experiences

Staff experiences were explored via a group interview and discussions with project staff over the duration of the project. A staff group interview (n=6, conducted in July 2019) explored areas that had gone well, aspects which were challenging and other areas that staff wanted to explore as part of the semi-structured interview approach.

The interview was recorded and transcribed verbatim for accuracy, and analysed using the qualitative data software package NVivo 12 (QSR pty, 2018). These data were supplemented with notes taken during routine progress meetings between leadership staff and the project evaluator.

Qualitative data were analysed using a thematic approach (Braun and Clarke, 2006)¹. This involved the following main steps:

1. Data familiarity	Reading / re-reading and listening; note initial ideas.
2. Generating initial codes	Preliminary coding; interesting and meaningful data
3. Searching for themes	Interpretation; relationships between codes and themes

¹ Braun, V. and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), pp.77-101.

- 4. Reviewing themes
- 5. Defining and naming themes
- 6. Reporting

Review, combine, refine, discard themes; thematic 'map' Working definitions that capture the essence of each theme Interpretable; extract examples that relate to the themes

2.2.2 HV programme data collation

Data concerning participant engagement in the Hidden Victims programme for the period April 2018 to March 2021 were retrieved from the Infobuzz in to assess implementation.

2.2.3 Beneficiary case study analyses

Case studies are a principal means of establishing evidence concerning the processes and outcomes associated with the HV programme. For the purposes of this evaluation six case studies were provided by the HV team in order to establish insights into the experiences of beneficiaries and the HV team. The case studies were analysed by the evaluator using a thematic approach (Braun and Clarke, 2006) in order to unpack participants' experiences.

2.2.4 Infobuzz partnership survey

A bespoke online survey designed in consultation with the senior leadership team was administered to Infobuzz stakeholders between September and December, 2019. The aim of the survey was to help understand people's experiences of Infobuzz, specifically in relation to the Hidden Victims programme. A stakeholder is any person or organisation that has an interest/involvement in the Hidden Victims programme and the wider activities of Infobuzz.

2.2.5 Assessment of Infobuzz Family (client) evaluation forms

Infobuzz routinely collected evaluation data from participants (clients) which was captured via a central data collection platform. Raw data from this was provided to the evaluator by the leadership team for analysis as part of the evaluation process.

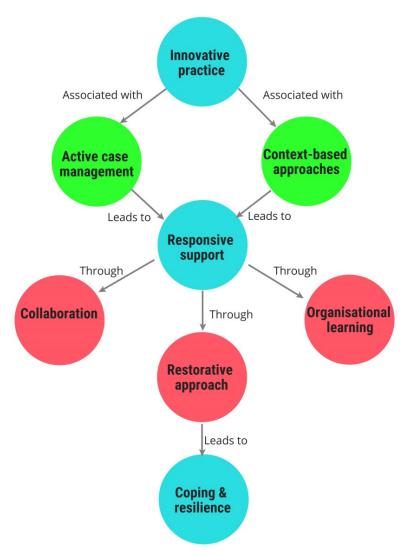
3.0 Key findings

This section presents the main findings of evaluation activities described in Section 2.

3.1 Staff experiences

The six group interview participants had recently been or were presently engaged in delivering the HV project, including a senior manager, with the exception of one participant who had recently joined the organisation and had no direct experience of the programme. Participants had a range of experiences and roles within public and third sector organisations that worked with families to provide support in challenging situations and who sought to identify and respond to needs. Three main themes emerged through the analysis of data obtained via the qualitative approach (Figure 1).

Figure 1: Overview of staff interview themes



The themes (3.1.1 - 3.1.3) are conceptualised within a process which ultimately **increased beneficiaries' abilities to cope with difficult life situations** and provided a basis on which they could, in some respects, move in a more positive direction.

The blue circles represent the main themes, other colours representing associated subthemes. Anonymised staff comments are used to maintain a link between the participants and the narrative provided here.

3.1.1 Innovative practice

Innovative practice referred to the notion that the HV programme was distinct from other services and support available both in terms of the nature and scope of what it provided. The different approach adopted and implemented new ideas which were apparent in two key areas.

Firstly, active case management provided a means of ensuring that the processes associated with the HV programme were fit for purpose. A consistent approach to assessments, simple and effective referral processes, care plans (with ongoing evaluative approaches) and staff supervision meant that the programme was responsive, flexible and adaptable so that beneficiaries' needs could be assessed, understood and responded to in a way that ensured a person-centred approach; "Not having a strict time frame is really helpful for the families. The time frame is good, too. Having to do a review every six months is really helpful; it keeps you focused and on the ball." [Participant 2]. This was in contrast to other services which were often withdrawn once specific criteria had been met; "The flexibility to hold cases and make contact when needed rather than to close cases is really important. With a lot of family services there is a push to close cases if there is no activity. We can hold things open, it's much better." [Participant 5].

Secondly, a **context-based approach** ensured that the broader situation surrounding beneficiaries was maintained at the forefront of decision making processes. This provided the opportunity to identify and explore background issues that hitherto might not have been highlighted or considered as important to support packages. This approach had yielded significant benefits in terms of developing more complete interventions which, in some situations, required very simple provisions e.g. the purchasing of domestic appliances. It also provided a means of exploring extremely challenging situations and to unpack the reasons for behaviours. This included understanding family histories, people's fears and associated behaviours, and the links to other services.

3.1.2 Responsive support

The HV programme could be contrasted with other more traditional service approaches that were not as able to accommodate the complexities of peoples' needs. In doing so the programme was able to provide **responsive support** which was characterized by a more equal relationship between beneficiaries and staff;

"It's about building really strong relationships, meeting them in the family home really makes a difference. They've opened the door to you, they've taken that first step, it's more on their terms. They're not being told they have to have the referral, it's a choice. So when you're there you find they get upset and lots of things come out that maybe they haven't told people for ages. And I think that's because they've taken the first step and opened the door to you." [Participant 1].

Collaboration was a critical element of the responsive support. With an understanding of the wider context it was often the case that there was a lot going on in beneficiaries' lives which meant that developing a response was rarely straightforward. Working collaboratively not only increased staff understanding of beneficiaries' situations but also allowed them to develop

better coordinated and effective responses; "I've found it really useful, working with other professionals that the families are involved with, without that you sort of feel like you could be trying to do something but find out a social worker is trying to do something similar. The communication we have helps drive things forward quicker." [Participant 2]. Collaboration with for example, social services, schools, courts and the police facilitated clearer and more effective communication and understanding between services. This helped ensure that beneficiaries were provided with the support to which they were entitled to e.g. housing benefits, which they might not otherwise have received due to a lack of awareness, understanding or other factors e.g. fear. Collaboration also helped address the unavoidable resource and capacity challenges of implementing the HV service; "It makes sense for us because we can't be everything. As much as we try and make the care plans bespoke, and we can support children and parents, there's a lot we can't do which other great organisations out there can do". [Participant 4]. This meant that expert advice and input could be sourced so that people in highly challenging situations could receive the right support.

A lack of collaboration could provide very real barriers to successfully implementing HV support. Whilst numerous organisations were discussed, including courts and social services, this was particularly the case for schools which were essential in terms of understanding the day-to-day reality of children's lives and also in terms of providing a place in which interventions could take place;

"... if you don't have a really good relationship or backing from the school that can make it difficult. It makes all the difference being able to see the young person in the school, away from mum and dad so they can't hear what they're saying. That makes a big difference so if you haven't got that relationship or being able to get hold of someone to arrange an appointment, that can make a real difference". [Participant 6].

The focus on a **restorative approach** sought to empower people created a space in which responses were negotiated with beneficiaries. Central to this was building a trusting, empathetic and impartial relationship in order to support people to develop skills and resources that would help them feel more confident, become more independent and able to ask for assistance when they felt they needed it;

"It's about empowering people to be independent. We want people to feel independent, to have tools, so when people aren't around that they can go to services of their own accord and ask for help and not feel afraid or ashamed to seek further information. So we follow a restorative approach in terms of doing with, not to..." [Participant 1].

This space provided the opportunity to work sensitively with beneficiaries to explore the approaches that best suited their situations, needs and preferences. This included working with specific individuals; "We sometimes have to explain why there has been the loss, and it's a process of grieving for many as family members go inside. There can be challenges around this where family members aren't told the truth but find out from other sources. It is a huge shame issue and secrecy." [Participant 3]. In addition, where appropriate, staff had adopted approaches in which the whole family unit had been engaged to ensure that perpetrators, spouses and children were involved in, and understanding of, each other's perspectives and how these could be responded to sensitively. Consequently, it was possible to devise interventions that changed in nature and intensity over time, reflecting the reality of peoples' lives and their changing needs.

The third related aspect of responsive support concerned **organisational learning**. The process of supervision and programmed reflective practice performed two key functions with respect to (1) maintaining staff health and wellbeing, and (2) to identify opportunities which could inform future practice. Participants also highlighted that reflective practice was particularly important. The nature of information that staff were privy to was often difficult to deal with. Further, lone working and travelling between locations meant there was a lack of opportunity to discuss issues with other staff and the inability to discuss specific issues with family members could create a heavy burden;

"Personally, particularly with HV, the content of what you read and what you hear is horrific. It's more horrific than what you imagine it will be and you're hearing it from different sides in the family, different stories, school, teachers, whatever. But out of all of it only you and the person most affected know the most information, you get to hear details that nobody else knows, and for me, I've found that really difficult". [Participant 5].

Regular and programmed reflective practice sessions provided opportunities to share, discuss and process issues with a trained councillor who was able to facilitate sessions to accommodate diverse needs; *"Talking about things helps you to process things a bit differently and one which we're not necessarily doing unless we're asked to do it"*. [Participant 6]. Embedding scheduled reflective practice and supervision was important because the nature of the cases and workloads meant that it was difficult to coordinate a time that was mutually convenient for staff. However, it was felt by some participants that there could be more reflective practice because there was not always sufficient time in the allotted sessions to discuss and process issues.

The development of a central HV database within the organisation was perceived to offer great potential to enhance the work already being undertaken with respect to understanding the complexity of cases and to help identify, plan for and resource the needs of beneficiaries.

3.1.3 Coping and resilience

Coping and resilience referred to the outcomes for beneficiaries of the intervention process as perceived by participants. This included feeling more confident to deal with claims forms and financial issues, accessing support services and knowing where to go when these were needed, and the sense of being able to recover from past and more recent dramatic events which had been very damaging. Consequently, it was perceived that beneficiaries were able to come to terms with situations in a way that allowed then plan for the future;

"With the loss of the patriarch you often find that the family is completely without funding. And proceeds of crime can also come in and take everything. If that person was also the claimant for benefits etc. we'll see rent arrears, bills not being paid. We help them move from a position of dependency to independence. We support them to have the confidence to face difficult situations that they might not have had to deal with before". [Participant 3].

3.2 HV programme data

Data indicate that a combined total of 975 beneficiaries had been reached through the HV programme since its inception in 2017 (see Table 3). Overall, those aged 26 and older

represented the majority of participants (34.7%), followed by 5-10-year olds (28%) and 11-18-year olds (25.2%).

Table 3: Overview of beneficiaries

Area	2017_18*	2018_19	2019_20	2020_21
Total N	274	308	178	215
Beneficiary type				
Families	88	102	n/a**	113
Individuals	274	308	n/a	215
Beneficiaries by age (years)				
0-4	39	35	2	5
5-10	83	93	35	44
11-18	59	65	44	62
19-25	8	9	6	6
26+	85	106	27	98
Age unknown	-	-	64	-
Detailed breakdown				
Direct beneficiaries	n/a	105	n/a	215
Indirect beneficiaries	n/a	58	n/a	n/a
Unlisted (direct/indirect)	n/a	145	n/a	n/a
Roll over families from 2017-18	n/a	47	n/a	29
New families	n/a	55	n/a	n/a
Families closed (current year)	n/a	61	n/a	42
Families taken forward to next year	n/a	41	n/a	23 individua

Note: * Data reported the calendar year April to March. **Some data are not recorded for all years because recording systems were being developed and improved. A new recording system was finalised in 2020 which will assist with future data capture.

3.2.1 Beneficiary evaluation data

In total 79 beneficiary evaluations were acquired, 35.4% (n=28) indicating that 'myself' had accessed the programme, and 'my family' accounting for the majority of those who had accessed the programme (64.6, n=51). Thematic analysis of the qualitative data acquired from the evaluation forms identified two areas including (1) mental health and (2) support, which help explain the nature of impacts following engagement in the programme. Safety, communication and wellbeing were conceptualised as being the principal outcomes of the support provided, based on the evidence available in the evaluation forms (see Appendix A). Whilst being superficial in nature, this data corroborated qualitative data captured within the evaluation framework presented above in Section 3.1 (staff experiences) and below in Section 3.3 (case study data).

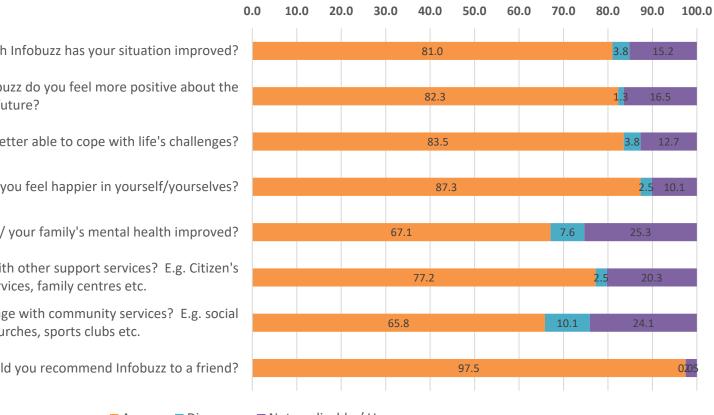
Regarding the quantitative evaluation data capturing participants' feedback, the majority agreed that their situations had improved as a result of their work with Infobuzz (81%), feelings of positivity and being better able to cope being clearly felt by respondents (82.3% and 83.5% agreed respectively). A high proportion of respondents also reported feeling happier (87.3%) and, on the whole, reported that they were more likely to engage with other support services (77.2%) or community services (65.8%). Almost without exception, respondents indicated that they would recommend Infobuzz to a friend (97.5%) (Figure 2).

The majority agreed that the family unit was stronger or more stable (81.0%) and approximately twothirds agreed that their or their family's mental health had improved (67.1%), although there was less agreement that family members were less likely to engage in risky behaviours (46.8%). However, the majority of respondents agreed that they or their families were better informed (84.8%) (Figure 3) which suggested the programme had a strong positive impact in supporting families to become more knowledgeable concerning their situations and the resources available to them. Appendix B presents an overview of all quantitative data captured via the evaluation forms.

3.3 Case studies

Three main themes (3.3.1 - 3.3.3) were revealed during the data analysis process (see Figure 5). These themes contained a number of dimensions which help unpack the data and demonstrate the complexity of peoples' experiences. These themes conceptualised within a process in which beneficiaries' life scenarios are affected by the HV intervention which produces a number of outcomes. As such, the themes are largely overlapping and not necessarily mutually exclusive. Case study quotations and narrative content are included to articulate the themes and give the participants a voice in the findings.

Figure 2: Beneficiary evaluation data: Sense of control, purpose and happiness (%)



As a result of your work with Infobuzz has your situation improved?

As a result of your work with Infobuzz do you feel more positive about the future?

Do you feel better able to cope with life's challenges?

Do you feel happier in yourself/yourselves?

Has your / your family's mental health improved?

Are you more likely to engage with other support services? E.g. Citizen's Advice, Social services, family centres etc.

Are you more likely to engage with community services? E.g. social groups, churches, sports clubs etc.

Would you recommend Infobuzz to a friend?

Agree Disagree

■ Not applicable / Unsure

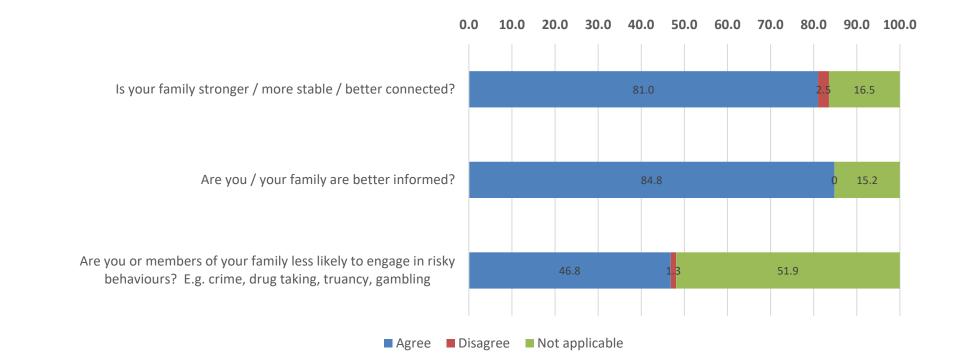


Figure 3: Beneficiary evaluation data: Perceptions of impact on family (%)

3.3.1 Scenarios

Scenarios related to the settings and sequence of events that people were experiencing. It was clear that **beneficiaries had experienced extremely challenging life situations** which, to varying degrees had negative and damaging effects on their lives and the lives of those around them. This included trauma (in the past as well as of losing family members to the prison system), shame, and depression and anxiety; '*PW needed some therapeutic intervention whilst waiting to go on a trauma course. PW had been neglected as a child and been victim to domestic abuse from her father. Her partner had gone to prison and is due out this year and was worried about his release and the impact this would have on her and their children'.*

This was manifest in a number of challenging behaviours particularly for young children and the sense of being overwhelmed; '[she] had begun displaying anger in school, pushing people and generally struggling with building relationships, she was on her last warning at school and was on the verge of receiving exclusion'.

The relationship with the HV programme, specifically the staff contact, could be described as a journey which was not linear, instead being characterised by a number of twists and turns. As beneficiaries continued on this journey they were able to make a number of **adjustments which helped them to address, manage and resolve ongoing issues**, and find ways of tackling challenges in ways in which they were comfortable.

3.3.2 Intervention

The HV staff was critical to successful interventions, building trusting, supportive and communicative relationships with beneficiaries that provided the foundations on which purposeful action was possible. Flexibility, honesty and the ability to experiment in a sensitive manner helped HV staff develop responsive approaches that could accommodate the needs, preferences and circumstances of beneficiaries; 'I asked mum to keep a record of his behaviour so that we could monitor patterns of behaviour. It quickly became apparent that he projected these behaviours after he had spoken to his father on the phone from prison. I asked mum to stop every other day contact between LH and his dad to test a theory which she was able to do.'

3.3.3 Outcomes

HV intervention provided the space and opportunity for beneficiaries to build a greater sense of personal resilience, knowledge and understanding which helped develop intrinsic coping skills and greater awareness of wider support services available to them; '[She] is gradually starting to get to grips with being alone in the house, paying the bills herself, accepting her father's and partner's crimes and coming to terms with the impact this have on her family for many years to come'.

Working in a supportive relationship with the programme staff enabled beneficiaries to **explore ways of resolving problems in a safe environment** which was founded on emotional support as well as clear practical advice; 'Having someone to talk too during this time that is non-judgmental, understanding of the prison process and can listen to all of my worries has been such a huge help and has reduced my anxiety in coping alone." This led to beneficiaries being able to look to the future and beyond the immediate challenges they were facing; "I am now a year on and feel confident, at peace with my past and planning things for the future. We have been on our first holiday and I am almost working full time hours again'.

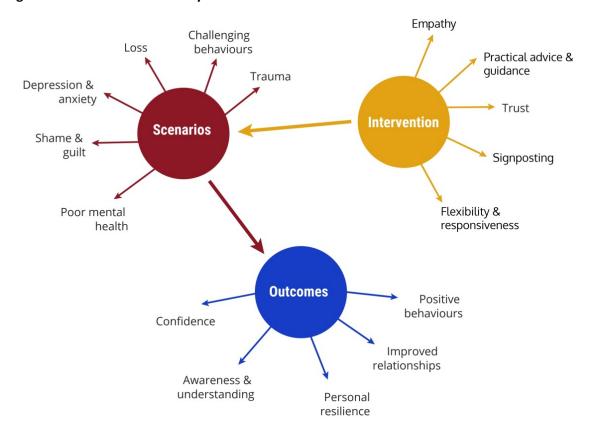
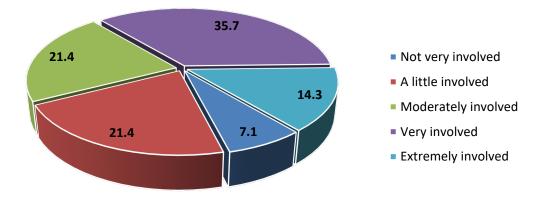


Figure 4: Overview of case study themes

3.4 Partnership survey

In total, 15 responses were received to the survey of which 6 were family members of participants, 4 represented schools (up to year 13), and 4 represented voluntary organisations or 'other', these including beneficiaries of the HV programme. The majority were aware of the organisation and its activities (92.9%, n=13), 85.7% (n=12) being familiar or very familiar with the Hidden Victims programme. Figure 6 provides an overview of data concerning level of involvement in the HV programme.

Figure 5: Level of involvement with HV programme (%)



Figures 7 to 9 present data for respondents' perceptions concerning the role of Infobuzz, communication and involvement.

Role clarity

Based on the available data it was evident that partners were very clear that Infobuzz supported children, offenders and their families, and schools to ensure children received the support they needed. Respondents were less aware that Infobuzz supported prison visits and accepted referrals into the organisation's programmes (Figure 7).

Communication

Respondents were in strong agreement that communication was informative, Infobuzz providing the right sort of information to help and that communication was effective (all >70%, 4 and 5 combined indicating strong agreement). There was less agreement concerning the regularity with which the organisation shared news (Figure 8).

Involvement

A significant proportion of respondents indicated that they had received support for offenders and their families and received support for children (>90% stating 'yes'), and support for children in school (78.6% 'yes'). In contrast, the majority of respondents indicated that they had not received help and advice from the probation service (78.6%) or received support for prison visits (92.9%) (Figure 9).

3.5 Hidden Victims and the Covid-19 Pandemic

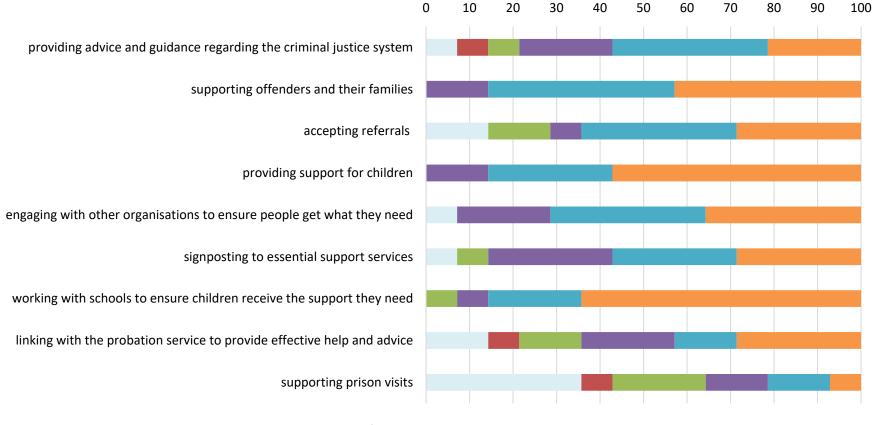
Given the wide reaching and significant challenges posed by the emergence of the Coronavirus pandemic it is important to bring into focus activities undertaken in respect of the Hidden Victims programme. This not only establishes important contextual information but also highlights the response provided by Infobuzz as the pandemic situation evolved.

Coronavirus emerged in Wuhan in China in December 2019, and reached the UK shores in early 2020 resulting in an all-encompassing government-enforced lockdown from 23rd March 2020. This obliged all schools, colleges, universities as well as many workplaces to close in an attempt to control the spread of the virus. Infobuzz's main concern was the financial implications of the pandemic on families who may not have had stable incomes i.e. those on zero-hour contracts. Staff worked to generate donations in order to provide emergency packs for the most vulnerable families. During April, 2020, 115 people had benefited from an emergency package.

The HV team also sought to ensure its focus on key programme outcomes was not lost in the upset caused by the pandemic. Indeed, the need for the programme appeared to increase over time as the pandemic continued, HV referrals more than doubling during the months of November and December 2020, a waiting list being established to control participants accessing the programme. At the time of reporting, efforts to support participants appeared to be paying dividends. Anecdotally, it was reported that a 91% report reduction was observed regarding children and families of offenders being less likely to engage in risky behaviour (2019/2020), that 90% felt the situation had improved and that mental health had been improved, with 100% reporting that they felt better able to cope, based upon Infobuzz's evaluation taking in to account the clients starting position.

Figure 6: Perceptions concerning role (%)

I am clear about the role of the Hidden Victims programme in:

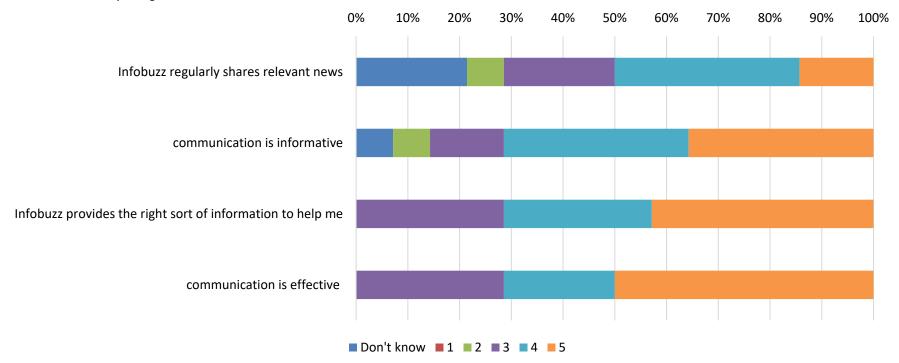


■ Don't know ■1 ■2 ■3 ■4 ■5

Note: Scale values; 1=Less agreement, 5 = greater agreement

Figure 7: Communication (%)

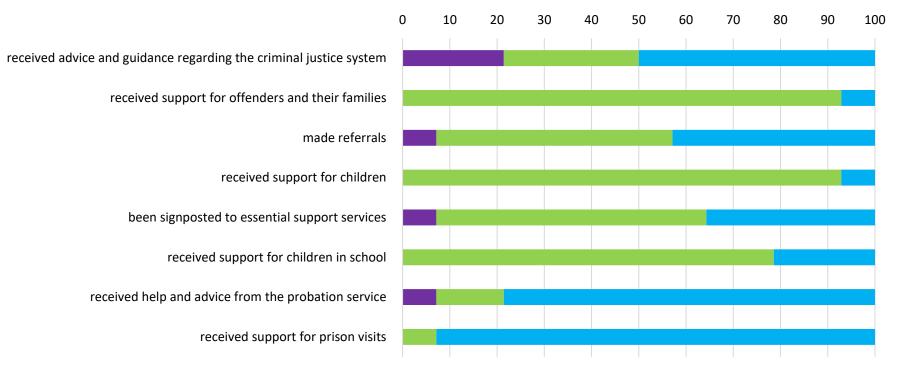
To what extent do you agree that:



Note: Scale values; 1=Less agreement, 5 = greater agreement

Figure 8: Involvement (%)

Thinking about the Hidden Victims programme, in the past 12 months, have you ...?



Don't know Yes No

As with many other organisations working with vulnerable people Infobuzz was forced to cease faceto-face activities between staff and participants. In response, Infobuzz provided additional staff support to deliver new topics and creative ways of working including the use of Zoom to support oneto-one sessions and COSHH training to ensure transmission risks, where relevant, were addressed. It was evident that families faced a number of additional challenges due to the pandemic including a lack of equipment for zoom meetings (in some families), sense of isolation, concerns over mental health and family dynamics, the struggle to educate children at home (including lack of equipment, space and time), and a lack of food and essential items.

At the time of reporting, during the pandemic crisis (2019-2021) the HV programme had:

- Made 61 calls to Hidden Victims' families, offering support
- Completed 29 communications with other agencies regarding Hidden Victims' families
- Received 2 new referrals
- Supported 178 individuals from 97 families
- Provided support for an average of six months per participant, with two family members receiving intensive support

In response the challenge posed by the pandemic, the following activities were devised in order to support the implementation of the Hidden Victims programme:

Delivery of food

Infobuzz worked with the CIC 'Long Table' in Stroud who delivered nutritious and locally-sourced frozen meals (cooked by chefs) that were delivered to young people and families. These provided a well-balanced and nutritious meal a day for each family member a 12-week period, without cost to the families. Long Table were highly responsive and were able to support Infobuzz by delivering a substantial number of meals to participants and their families who were struggling. A pre-determined delivery slot helped reduce anxiety concerning the service. Parents and carers were also supported with funding from established sources for help with household goods and support for electricity, gas and food vouchers.

Staffing arrangements

The pandemic had significant impacts on the HV team which placed additional strain on the organisation. This required careful management including staff isolation, supporting participants with immediate COVID-related needs, health concerns, childcare, fears over job security and staying COVID-secure, learning new ways of working, working from home and needing to be highly creative in programme delivery.

Regarding delivery of the HV programme, where participants felt unable to attend in person (in keeping with COVID guidance in place at the time) they were able to access support through zoom or via the telephone. Staff also re-arranged meetings with all external contacts so that these took place via the telephone or internet. Planning is also underway with respect to the transition out of the pandemic towards whatever situation that will become apparent in the post- COVID world. Regular consultation with staff will help plan this process and inform decision making.

Provision of resources (whilst in quarantine / remote working with families)

Support via guidance including self-care ideas and signposting to support services was provided to support mental health and reduce anxiety concerning the virus. In addition, a number of activities were provided to support mental wellbeing, including:

- Fun Activities for families / children and carers to do together, with a focus on mindfulness
- Education free subscription sites for those home-schooling
- Reading material ideas
- Free printable colouring pages
- Colouring and art ideas for adults and children

Creative photography

To provide activities inside and outside of the home, this activity sought to engage participants in activities that helped them connect with their surroundings and to explore ways of expressing themselves. This included close-up work, using filters and taking photos from different angles (e.g. car door with logo of company, footsteps to house, food parcels, door house numbers, funny garden ornaments) that helped describe what participants were doing and explore different ways of looking at things. Additional suggestions included creating a photo diary and taking just one photo per day in order to best describe participants were doing in images. All activities were supported with relevant safeguarding information.

As a consequence of the additional activities deployed by the HV team outlined above, the following benefits were realised:

- Funding for equipment
- Resource packs and food parcels supplied to participants and families
- Mental health resources including creative art activities
- Relationships with stakeholders maintained and emphasised as a response to the pandemic
- Extra COVID funding from existing funders
- Agreements with schools to allow access to support HV children in school.

Table 4: Summary of programme impact

Outcome domain	Indicators / description	Target n	Actual n
A. Families of offenders better	1. Individuals from HV families report feeling better able to cope with life's challenges	147x3	215
able to cope with impact of	2. Individuals from HV families report feel better informed	147x3	215
imprisonment	3. Individuals from HV families receive advice and guidance	630	215
B. Children of offenders less	1. N counselling sessions delivered to members of HV families	40x3	215
likely to engage in risky	2. N individuals from HV families reporting less likely to engage in risky behaviour	84x3	180
behaviour	3. N families engaging in community projects	90	30
C. Children of offenders will	1. Parents/children report improvement in attendance or attitude	147x3	170
have improved attendance or	2. N teachers feeling IB's intervention will have positive effect on attendance / attitude	12x3	20
attitude at school / college	3. N young people attending school sessions	1080	1907
D. Families of offenders will	1. N counselling sessions delivered too HV families	40x3	80
have improved mental health	2. Individuals report having improved MH and feeling happier	252	215
and wellbeing	3. N referral / signposts made to partner services for each family	315	500
E. IB will have increased	1. Bought in expert support and tools to develop capabilities as prioritised by review	-	-
capabilities (k/s/c), acquired	2. Staff and trustees report how the capability building support enabled them to work more		
relevant supporting tools and	effectively or sustainably for beneficiaries		
used capabilities to deliver o/c		-	-
more effectively and			
sustainably to beneficiaries			

4.0 Summary of evaluation findings

In conducting the evaluation, it was possible to observe a number of important impacts for young people and their families. The nature of these impacts helps to qualify the overall numbers reached via the HV programme (Table 4, page 22), and establish evidence of both the need for the programme and the importance of an active case management approach within a multi-agency context. The qualitative and quantitative findings should be taken together when assessing the programme's impact in order that assessments of its current and future value are situated within evidence that speaks to the complexity of the context in which delivery took place.

4.1 Staff experiences

Staff perceived that the HV programme was innovative and distinct from other services. Active case management ensured a strong approach to assessments and simple and effective referral processes which, together with care plans and staff supervision, meant that the programme was responsive, flexible and adaptable. Collaboration with other services was an essential feature and the restorative approach empowered staff to create a space in which plans were negotiated with participants.

Partnership working

This component investigated Infobuzz's relationship with wider stakeholders including aspects of communication, role clarity and involvement. In total, 15 responses were received to a partnership survey, the majority being very clear that Infobuzz supported children, offenders and their families and schools to ensure children received the support they needed. Respondents were less aware that Infobuzz supported prison visits and accepted referrals into the organisation's programmes. Communication was perceived as informative but not necessarily regular. The majority indicated that they had received support for offenders and their families, children (including in school), although most had not received help and advice from the probation service or received support for prison visits.

4.2 Programme data

Beneficiaries had experienced extremely challenging life situations including trauma, shame and depression and anxiety. Participation in the HV programme represented a journey along which beneficiaries were able to make a number of adjustments which helped them to address, manage and resolve ongoing issues. HV staff was critical to successful interventions, building trusting, supportive and communicative relationships with beneficiaries that provided the foundations on which purposeful action was possible. Flexibility, honesty and the ability to experiment in a sensitive manner helped HV staff develop approaches that were responsive to participants' needs.

Participant evaluation forms indicated that beneficiaries were positive about the programme, there being strong agreement that people's situations had improved as a result of their work with Infobuzz in addition to feelings of positivity and being better able to cope. Respondents were less certain that they or their family members were less likely to engage in risky behaviours.

Headline figures (% agree)

٠	Would recommend Infobuzz to a friend	97.5%
٠	Feelings of positivity	82.3%
٠	Better able to cope	83.5%
٠	Family unit was stronger or more stable	81.0%
٠	Participant or their family's mental health had improved	67.1%

- Participant or their families were better informed 84.8%
- Less likely to engage in risky behaviours

46.8%

4.3 Case studies

The challenging life situations described by participants demonstrate the potentially negative and damaging effects of being in or close to the criminal justice system. These relate not only to historic events but also to concerns about what the future may hold. High levels of anxiety were evident in many young people which manifested in negative behaviours which jeopardised other areas of their lives, including education. The HV programme provided a space in which to reflect on these challenges and to make a number of adjustments, with professional support, that helped manage concerns and navigate a way through often difficult circumstances.

Tailored close-support was an essential feature of the HV programme that established a communicative and trusting platform on which participants could work with professionals to identify approaches that accommodated their needs, preferences and circumstances. Signposting to wider support services was an important feature of the programme through which participants could access additional knowledge and support that fostered a sense of independence and increased ability to cope.

4.4 Limitations

This section briefly outlines the main limitations of the evaluation. These should be considered when reading the summary and recommendations of the report, and any conclusions that can be inferred.

4.4.1 Sample

The limited sample size means that it is not possible to generalise the findings i.e. that the experiences of those who took part in the evaluation reflect those of all individuals who were engaged in the HV programme. Although the process of data analysis seeks to establish a thematic overview based on the principle of abstraction which elevates data above the individual level it is not possible to rule out the possibility that those with views or experiences contrary to what is presented here were missed.

4.4.2 Evaluation focus

The evaluation provides data concerning the experiences of a range of material stakeholders with respect to the implementation of the HV programme and provides a means of exploring improvements for beneficiaries and the wider organisation. However, data are time-limited and are likely to need updating should the programme continue. Furthermore, it is difficult to research non-engagement and so evidencing things that did not work for beneficiaries or why some beneficiaries may have disengaged from the project was not possible.

4.4.3 Bias

Participants who engaged in the evaluation did so of their own volition. Self-selection increases the likelihood that participants take part for a number of reasons which are not necessarily apparent. Consequently, there is the risk that data represent certain personal political and social motivations. The effects of these are potentially disproportionate given the small sample size.

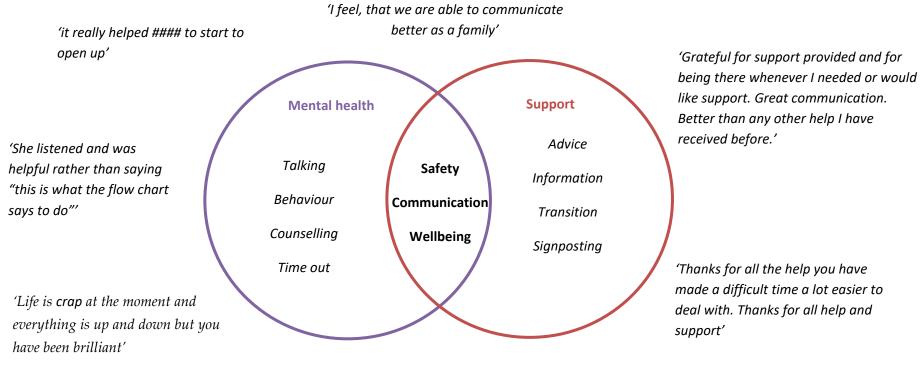
5.0 Recommendations

Based upon the empirical evidence acquired through the evaluation activities the following recommendations are made:

Recommendation 1:	Infobuzz act as an advocate for active case management approaches promote wider adoption and effective evaluation-informed practice that focuses on a
	trust-based restorative approach;
Recommendation 2:	Provide time to explore and understand histories, people's fears and associated behaviours, and the links to other services.
Recommendation 3:	Provide time for and emphasis on the development of relationships between organisations and agencies seeking to support young people in order to develop better coordinated and effective responses;
Recommendation 4:	Develop and sustain effective communications concerning the organisation's activities to ensure stakeholders are familiar with the type and scope of activities provided;
Recommendation 5:	Ensure programme evaluation frameworks are developed in parallel with programme delivery plans in order to ensure methodologies are compatible with complex interventions and to support training in and around data collection activities;
Recommendation 6:	Adopt communicative approaches to evaluation management approaches and flexible research designs that incorporate opportunities for practitioners to assist with data collection with support from researchers;
Recommendation 7:	Build on evidence acquired in this evaluation to explore further opportunities to support the mental health and risky behaviours of beneficiaries and their families;
Recommendation 8:	Continue to explore and develop robust staff support mechanisms to assist with case reviews and staff wellbeing;
Recommendation 9:	Continue to provide an adaptive approach to the level of intervention that fits around the complexity of the family or individual circumstances;
Recommendation 10:	Continue to provide an accelerated reintegration back into the service for past beneficiaries and their families if future challenges arise.

6.0 Appendices

Appendix A – qualitative feedback from beneficiary evaluations



'I think it helped because it made me thinks about my situation differently and be better able to control my feelings and thoughts'

26

Appendix B – quantitative data from beneficiary evaluations

Item		Yes		No		Unsure	
	Ν	%	Ν	%	Ν	%	
As a result of your work with Infobuzz has your situation improved?		81.0	3	3.8	12	15.2	
 As a result of your work with Infobuzz do you feel more positive about the future? 		82.3	1	1.3	13	16.5	
Do you feel better able to cope with life's challenges?		83.5	10	3.8	3	12.7	
Do you feel happier in yourself/yourselves?		87.3	2	2.5	8	10.1	
Has your / your family's mental health improved?		67.1	3	7.6	20	25.3	
• Are you more likely to engage with other support services? E.g. Citizen's Advice, Social services, family centres etc.		77.2	2	2.5	16	20.3	
Are you more likely to engage with community services? E.g. social groups, churches, sports clubs etc.		65.8	8	10.1	19	24.1	
Would you recommend Infobuzz to a friend?		97.5	0	0	2	2.5	
Has your / your family's mental health improved?		67.1	6	7.6	20	25.3	
Is your family stronger / more stable / better connected?		81.0	2	2.5	13	16.5	
Are you / your family better informed?		84.8	0	0	12	15.2	
 Are you or members of your family are less likely to engage in risky behaviours? E.g. crime, drug taking, truancy, gambling 		46.8	1	1.3	41	51.9	