Uned **Atal Trais** Violence **Prevention** Unit

Evaluation of the Wales Violence Prevention Unit

Year 1 findings (2019/20)
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About this report

South Wales is one of the 18 areas allocated funding by UK Government to establish a Violence Reduction Unit. Supported by additional commitments from Welsh partners, in 2019 the Wales Violence Prevention Unit (VPU) was established. To inform the continued development of the Wales VPU, and understand its short and long-term impacts across Wales, in January 2020, the Public Health Institute, LJMU, were commissioned to support the development of the Wales VPU evaluation framework, and to provide baseline measurements to support long-term evaluation. This report forms one of a suite of outputs from this work programme, and specifically documents the establishment of the VPU in 2019/20 and its short and long-term goals, and examples of VPU funded interventions. Information presented provides a baseline from which to measure changes in the whole-system across the duration of the VPU, and inform key areas for monitoring and evaluation.

Acknowledgements

Summary

The Wales Violence Prevention Unit (VPU) was established in 2019, comprising a range of members and partners from organisations representing the police, Police and Crime Commissioners (PCC), public health, Her Majesties Prison and probation Service (HMPPS), third sector organisations and community leaders. The Wales VPU is committed to implementing a public health approach to violence prevention, incorporating primary, secondary and tertiary prevention opportunities and key strategic approaches that aim to shape the counter-narrative for violence in Wales. In January 2020, the Public Health Institute, LJMU, were commissioned to support the initial development of the Wales VPU evaluation framework, and to provide baseline measurements to support long-term evaluation. The evaluation used a range of methods to gather evidence, including:

	Interviews (n=9) with VPU partners, practitioners and stakeholders: these provided insights about the development, implementation and impact of the VPU. These interviews were also used to develop case studies (n=5) to explore key issues in more depth.
	Engagement with partners and wider stakeholders at three events prior to and during the Wales Violence Prevention Conference (n=160).
	Review of documents relevant to the Wales VPU, alongside wider literature. Information about wider partners and strategic ambitions was also gathered through attendance at meetings and the Wales Violence Prevention Conference, and incorporated into this evaluation.

Findings

Findings from the interviews with key partners, frontline practitioners and wider stakeholders have been analysed with reference to the five principles set out by Public Health England (PHE) in their whole-system multi-agency approach to serious violence prevention (PHE, 2019): **collaboration; co-production; cooperation in data and intelligence sharing; counter-narrative development; and community consensus**. Findings have been examined to understand if, how and where these principles could be evidenced in practice.

	Collaboration - A collaborative whole systems approach requires a multi-agency approach across a wide range of partners. Partners need a collective understanding of the public health approach, and need to work together to develop ways of working to meet the needs of the local population.

- The Wales VPU takes a *multi-agency public health approach to reduce violence* that aims to identify problems and address underlying risk factors through localised solutions. Public Health Wales were described by partners as having a pivotal role in this approach.
- The VPU membership was formed from diverse organisations. The VPU was viewed as an *"umbrella organisation"* that brings together individuals and agencies. The range of members provide guidance and insight to the VPU about the activities in hot spot areas and have wider knowledge of 'all Wales'.

- The VPU operating model is based upon a whole system framework for prevention. The model uses the four A's approach of *aware, advocate, assist and adopt to ensure a comprehensive approach to the delivery of interventions.*

Co-production - Violence prevention activities should be informed by a wide range of perspectives that involve co-production and co-branding of activities. Community involvement is an important aspect of co-production.

- Partners viewed violence as a cross-cutting issue and 'everyone's business'. Involving partners and the wider community was seen to be *essential to the co-production* of the Wales VPU.
- Partner organisations are *encouraged to engage with others and share ideas* through VPU workshops and regular internal and external VPU meetings.
- In developing initiatives, the VPU has carried out co-production work (e.g. work with Barnardos has involved *work with local prisons and one-to-one work* with offenders). Plans to further embed co-production into the VPU for Phase 2 are underway, including work with Her Majesty's Prison and Probation Services (HMPPS) to support young adult violent offenders.

Cooperation in Data and Intelligence Sharing - Cooperation in data analysis and intelligence sharing is important. This process can be a challenge, but partners should work cooperatively to develop effective methods to share data. It is recommended that local partners agree who is responsible for combining, analysing and interpreting the data, and use the data effectively to inform decision-making.

- The VPU has developed *a strategic needs assessment to provide a baseline assessment* of serious youth violence in South Wales Police Force Area. The Wales VPU have also committed to developing a *Violence Surveillance System* (VSS), using datasets to tell the true picture of violence in communities and inform and direct local community safety efforts.
- The logistical challenges of data sharing were described. All partners agreed there is a *willingness to share data with the VPU 'in principal and at a high level'* and that organisations/services were looking at how to do that and what policy and support may be in place to help facilitate this.
- The VPU has invested in its analytical function, with two public health analysts able to analyse and interpret the data and tell a story with it, exploring the 'so what' in more depth, rather than just presenting charts and graphs. This analytical function is viewed as a *"really key part of the unit"* and will help the VPU prevent violence across Wales, not just in the hot spot areas where the interventions have been funded.

Counter Narrative - The counter-narrative provides positive messages to young people to counter any negative messages that they may hear. Partners need to commit to developing protective environments that help prevent violence and to promote preventative approaches to mitigate against violence.

- The VPU have worked hard to address the counter-narrative, *providing alternative, positive messages* and ensuring that the overarching ambition of the VPU is not just to prevent crime, but to *understand the causes of violence and reduce the risk of harm.*

- Partners acknowledged the importance of *understanding the factors that make people vulnerable* to violence, and the importance of implementing person-centred interventions to support vulnerable groups.
- VPU interventions were viewed as opportunities to develop *person-centred* processes that minimise the risk of violence and violence-related harm; it was viewed that successful initiatives could then be rolled out at scale to help larger numbers of people.


Community Consensus - Community consensus is defined as working with and for local communities by empowering them to take part in addressing issues that affect them. Partners are encouraged to use local organisations to support community engagement and advocate working with the voluntary sector, carrying out consultation events and linking with existing networks in order to build meaningful relationships and action with local communities.

- Interviews with partners highlighted how the VPU *are committed to supporting organisations to work together within their communities*. The importance of developing relationships and *gathering trust* was echoed throughout, particularly in terms of linking in with other providers and supporting people to gain further help with wider partners.
- It was felt that the VPU would *enhance community consensus* and support the development of localised initiatives that will create *meaningful outcomes*.
- Effectively 'branding' and communicating the work of the VPU was felt to be important. This was particularly so to *ensure communities understand the breadth* of the work of the VPU and that initiatives which were funded and associated with the VPU all felt part of the same programme.

Conclusions

This evaluation demonstrates how the Wales VPU has taken a socioecological approach to target violence prevention across individual, family, community and societal levels, using primary, secondary and tertiary interventions. The evidence gathered from stakeholders demonstrates the ambition for VPU interventions to be delivered across the life course, describing the delivery of a breadth of activities. This includes activities that are targeted towards children and the early years, targeted support for young people, early intervention support for vulnerable groups, offender specific initiatives, family programmes, education and school based support, community-based initiatives and diversionary activities.

Wales VPU: Life Course Public Health Approach to Violence Prevention
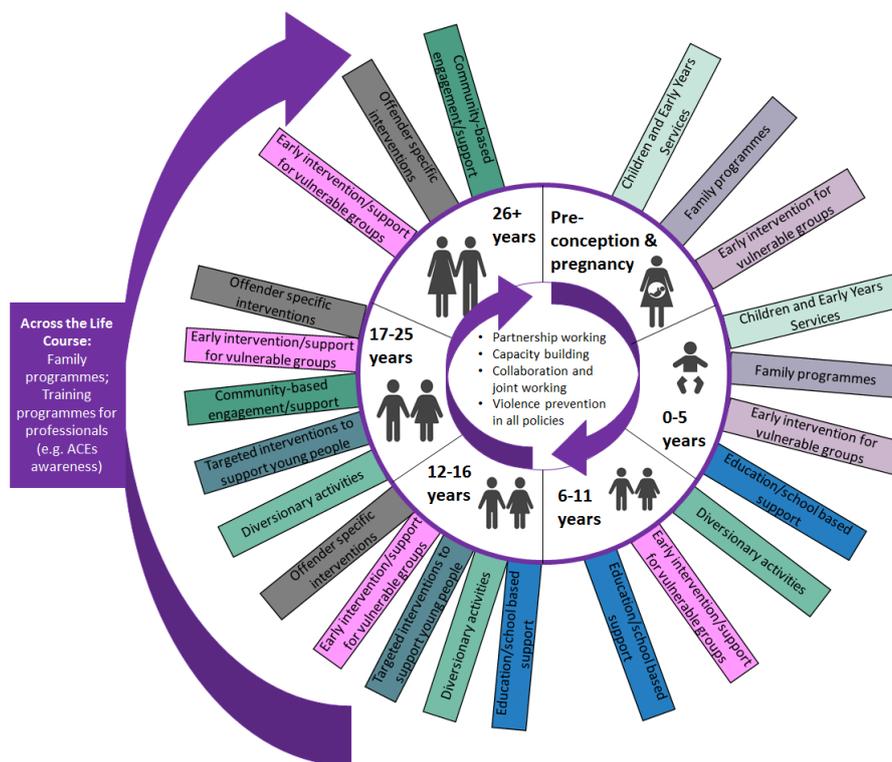
The Wales VPU has begun to create system-level changes in violence prevention, encouraging organisations to focus upon violence prevention as a public health issue. As a result, continuing this work should continue to build on early successes in preventing violence in Wales.

The ability of the Wales VPU to achieve the intended change is dependent on having the infrastructure in place to mobilise the strategic and operational activities. Whilst the money allocated to the VPU for investment was seen to be small, the buy-in for the public health approach was seen to have attracted many partners, who wanted to work together rather than in a silo. However, the short-term nature of funding was described as a limitation for long-term delivery of initiatives. Exploring opportunities to enhance sustainability and deliver interventions at scale should be a focus for future evaluation of the VPU.

Recommendations to enhance VPU delivery and impact

Widen and deepen collaboration: To achieve/strengthen the whole systems approach, explore opportunities to include wider stakeholders, including school-based support (e.g. School Nurses), practitioners from the Youth Offending Team, forensic psychology and mental health, housing, welfare, social services and education.

Develop community consensus: To develop further opportunities to work with practitioners who can develop trust with people who are hard to engage. Examples of good practice includes the work done by the Nurse Advocates and Barnardos.

Develop co-production: Build on the work integrated into the VPU to date (e.g. by Barnardos) and develop this further with other organisations (e.g. HMPPS).

Sustainability: Engage with broader Welsh partners to evidence the impact of the VPU and the cost of violence, in order to explore opportunities for further funding. Interventions receiving VPU funding should be evaluated to explore sustainability and identify where initiatives could be delivered at scale.

Recommendations for monitoring and evaluation

Monitoring and data analysis: The VPU partners described the need to develop a standardised approach to evidence impact. Explore governance structures and barriers to data sharing. Increase awareness of the benefits of sharing individual and population level data across multiple agencies to enable identification of patterns of violence in specific areas. Ensure that any monitoring, evaluation and research yields actionable evidence that is relayed to the VPU in real-time.

Evaluation: Embed ongoing process and outcome evaluation to explore if and how the VPU is making a difference in implementing violence prevention measures across Wales, and in achieving the intended outcomes.

System-level and broader recommendations

Violence prevention in all policies: Ensure violence prevention is reflected in the Welsh government and local government priorities and policies. Focus should also be given to developing evidence for primary, secondary and tertiary preventative programmes.

The role of the VPU in informing the wider system: Ensure the VPU is strategically positioned to influence decisions made by other funding bodies and organisations to implement violence prevention activities in Wales.

VPU branding: Provide clear information about which interventions have received VPU funding. This will help increase awareness of the 'brand' but also ensure transparency, both internally and externally to the VPU.

Contents

1. Introduction

1.1 A public health approach to violence prevention

A growing body of global research has identified the heavy burden that interpersonal violence places on individuals' health and social prospects across the life course [1] (Box 1). In addition to these individual impacts, violence affects families, communities and wider society, placing significant impacts on public services including health, criminal justice, social services and other sectors such as education. As such, interpersonal violence is an increasingly serious threat to the attainment of the United Nations Sustainable Development Goals (SDGs), particularly those targeting health and wellbeing, gender equality, and peace and justice. Action is necessary across all sectors and settings to prevent and respond to interpersonal violence, and alleviate the impacts on current and future generations.

Box 1: Interpersonal violence

Interpersonal violence refers to violence between individuals, and is subdivided into *family and intimate partner violence* and *community violence*. The former category includes child maltreatment; intimate partner violence; and elder abuse, while the latter is broken down into *acquaintance* and *stranger* violence and includes youth violence; assault by strangers; violence related to property crimes; and violence in workplaces and other institutions [2].

In the 2018 Serious Violence Strategy, UK government defined **serious violence** as: *"specific types of crime such as homicide, knife crime, and gun crime and areas of criminality where serious violence or its threat is inherent, such as in gangs and county lines drug dealing. It also includes emerging crime threats faced in some areas of the country such as the use of corrosive substances as a weapon"* [3].

A public health approach to violence provides a framework to understand the causes of violence, and inform the development and implementation of prevention activity through collective action. A public health approach seeks to understand how social determinants and structural factors affect violence, and uses this information to develop effective interventions. Key to this is collaborative, multidisciplinary working across individuals, communities, organisations and systems. By pursuing partnerships across different disciplines, wider skills sets can be utilised to effect change and improve population health, safety and wellbeing.

The socioecological model (SEM) is advocated as a framework to understand the factors that affect and influence violence across the individual, familial, community, organisational and societal levels of the environment. The SEM can be used to understand what factors can and cannot be controlled by an intervention or suite of interventions. In the case of violence prevention, the SEM can be used as a framework to look at how interventions can be delivered across all levels of the environment in order to create effective and sustainable change [4].

In public health, there are three main levels at which interventions can be implemented: primary, secondary and tertiary. Each of these approaches has a different role to play in tackling a particular public health problem. It is advocated that all three types are used as part of a suite of interventions within a particular programme [5]. Box 2 demonstrates how these types of prevention can be applied to reduce the long-term implications of violence.

Box 2: Applying a public health approach to violence prevention

Primary: Action taken to prevent violence from happening in the first place.

Secondary: Action taken to intervene and respond to violence, to stop this from happening again. Secondary prevention includes support for people who have experienced violence, as well as interventions to reduce the likelihood of people reoffending.

Tertiary: Ongoing action taken to support people affected by violence, to address the long-term consequences of violence. Tertiary prevention also includes interventions to stop people from reoffending.

A four-step approach to violence prevention

The World Health Organization define a four-step approach to violence that provides a framework to investigate and respond to violence. The first step is to understand the nature of the problem through research and systematic data collection; second is to identify factors that increase or decrease the risks associated with violence; third is to develop and evaluate targeted interventions to address the risks and promote protective factors; and finally, to expand effective interventions and to evaluate their impact and cost-effectiveness [1]. The public health approach is a continuous cycle of assessing, understanding and responding to violence within a population and has informed recent UK Government strategies [6].

Figure 1: A public health approach to violence prevention [1]

1 Identify the size and scope of the problem

2 Identify risk and protective factors

4 Widely disseminate effective practice

3 Develop and evaluate interventions
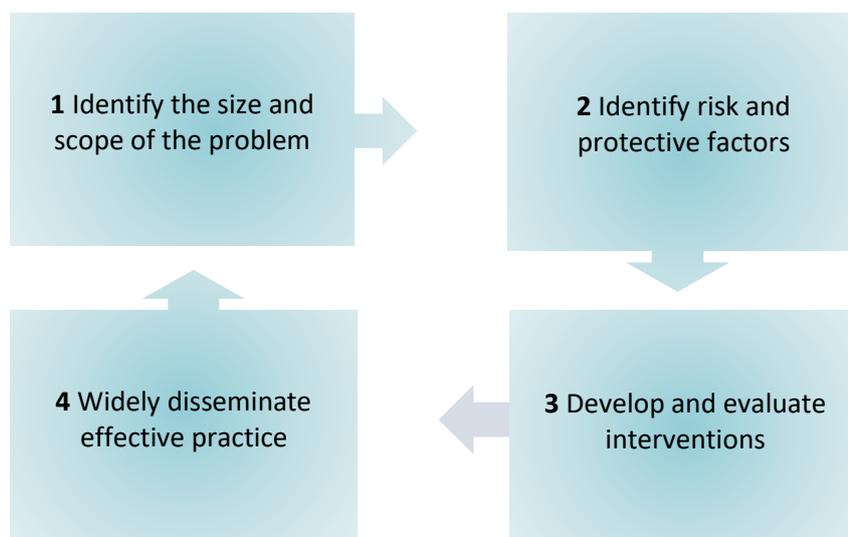
1.2 Wales Violence Prevention Unit

In 2018, UK Government published its Serious Violence Strategy [6], encouraging a multi-agency, whole system public health approach to violence prevention. To support local areas to adopt this approach, various measures were proposed, including:

- A new 'public health duty' covering the police, councils, health bodies, education representatives and youth offending services to ensure that relevant services work together to share data, intelligence and knowledge to understand and address the root causes of serious violence including knife crime.
- Amendments to the Crime and Disorder Act to ensure that serious violence is an explicit priority for Community Safety Partnerships, by making sure they have a strategy in place to tackle violent crime.
- The allocation of funding to Police and Crime Commissioners (PCC) in 18 local areas to set up multi-agency violence reduction units (VRU) bringing together police, local government, health, community leaders and other key stakeholders.
- The launch of an Early Intervention Youth Fund for communities to tackle violent crime through early prevention.

South Wales is one of the 18 areas allocated funding to establish a VRU. Supported by additional commitments from Welsh partners, in 2019 the Wales Violence Prevention Unit (VPU) was established. At the time of evaluation, the VPU comprised:

- 18 core members (funded by the VPU with strategic responsibility for shaping the development of the Unit),
- 25 associate members (representing organisations who play a key role in violence prevention. These roles are not funded by the VPU but influence the overall delivery and direction of the Unit),
- Stakeholders (n=272) representing a range of organisations including the police, health, local authorities, public health, community leaders and other key partners.

This collaborative approach brings together a wide range of experiences and expertise to enable the VPU to work effectively and efficiently to prevent all forms of violence through the implementation of a public health approach to violence prevention. Building on a history of collaboration and partnership working, the unit aims to identify the root causes of violence and provide a coordinated response to preventing violence through early intervention and action to divert people away from violence.

1.3 Wales Violence Prevention Unit evaluation

In January 2020, the Public Health Institute, LJMU, were commissioned to support the initial development of the Wales VPU evaluation framework, and to provide baseline measurements to support long-term evaluation. The key objectives were to:

1. Understand and document the initial development of the Wales VPU, including facilitating and mediating factors.
2. Review the development and implementation of the public health approach to violence prevention, considering a lifecourse perspective.
3. Map out the Wales VPU work programme and its relationship to wider systems and violence prevention and health and well-being strategies across Wales.
4. Explore key stakeholder views on the VPU and related work programmes.
5. Identify relevant measures to monitor the impact of the Wales VPU and related work programmes in the short, medium and long-term.
6. Development a standard evaluation framework for the VPU and related work programmes.
7. Set up processes for collecting baseline data, and where feasible collect baseline data, to inform long-term monitoring and evaluation of the VPU and related work programmes.

This report forms one of a suite of outputs from this initial work programme. Findings presented in this report and additional consultation with key stakeholders across Wales VPU will be used to produce a Standard Evaluation Framework and establish systems for short and long-term monitoring and evaluation of the VPU and related work programmes, in 2020.

1.4 Methods

To address the evaluation objectives, a mixed-methods approach was used to gather evidence.

Nine semi-structured telephone interviews were conducted with VPU partners and frontline practitioners between March-May 2020:

- 3 x interviews with VPU partners.
- 4 x interviews with frontline practitioners.
- 2 x interviews with stakeholders who represented both VPU partners and frontline practitioners.

The interviews gathered information about the implementation and delivery of VPU activities, and perceptions of impact and outcomes.

Data was also included from one interview that was carried out by the Wales VPU with two nurse advocates delivering an intervention (this interview was carried out in February 2020).

Data analysis was structured around the WHO 4-step public health approach to violence prevention, and the five key principles outlined by Public Health England (PHE) in their whole-system multi-agency approach to serious violence prevention [6]: collaboration, co-production, cooperation in data and intelligence sharing, counter-narrative development, community consensus. These five key principles were defined by PHE to help VRUs consider the needs of their local communities and establish multi-agency approaches to partnership working. Analysing the data with reference to these principles provides a framework to identify the extent to which current practices align with Home Office recommendations, highlight areas of good practice, and indicate gaps/weaknesses. This approach has been used by the research team in the evaluation of other Violence Reduction Units and Partnerships.

Findings are presented with reference to these key themes, with quotes used to illustrate key points. Quotes are labelled according to the role of the participant (partner or frontline practitioner).

The interviews with the frontline practitioners were used to develop case studies to provide an in-depth account of the development, implementation and impact of violence prevention initiatives within specific VPU organisations.

An additional interview was carried out from a wider stakeholder, representing an organisation with experience of delivering violence prevention initiatives (Street Games).

Three stakeholder engagement events were held in March 2020 to explore the range of violence prevention activities being implemented across Wales, understand anticipated outcomes and inform future strategy. The events were integrated into the Wales Violence Prevention Conference to ensure maximum engagement with a wide variety of key stakeholders. One smaller event was held with core members and associated members of the VPU (n~30) in order to gather specific information about VPU activities and outcomes, and two larger events with all conference attendees (n=160) to gather information about VPU aspirations and wider activities.

The format for the events was developed by the LJMU evaluation team in collaboration with representatives from the Wales VPU. The purpose and structure of each event is detailed in Appendix 1. The information gathered during the event was used to develop a logic model and theory of change (see Section 6).

Documents relevant to the Wales VRU were reviewed alongside wider literature. Information about wider partners and strategic ambitions was also gathered through attendance at meetings and the Wales Violence Prevention Conference.

The findings from this evaluation are presented with reference to two key strategy documents, with a view to understanding the strengths of the VPU model and approach, identifying areas of good practice, identifying gaps in the system and making recommendations for future development.

Section 2 provides an overview of the VPU activities, with reference to the WHO 4-step public health approach to reducing violence [1]. This illustrates the extent to which the VPU is embedding surveillance activities, working to identify risk and protective factors, and using this information to implement and monitor interventions.

Section 3 moves on to explore the experiences of VPU partners and stakeholders in developing and implementing the VPU, with reference to the five principles set out by PHE in their whole-system multi-agency approach to serious violence prevention [6] and perceptions of impact. Presenting the findings in this way provides evidence about the extent to which the VPU are incorporating collaboration, co-production, cooperation in data analysis and intelligence sharing, the counter-narrative, and community consensus into the design of their operating model.

Section 4 provides case study examples to further demonstrate the development, implementation and impact of the VPU.

2. Exploring the Scale and Scope of VPU Activities

Information about the activities being mobilised and supported by the Wales VPU was gathered during the stakeholder engagement events and supplemented with additional qualitative work with partners. The VPU activities have been considered with reference to the WHO 4-step public health approach to reducing violence [1] to help understand the strengths of the Wales VPU, illustrate examples of good practice, and identify areas for further development. This exercise complements a comprehensive mapping exercise that has been carried out by Public Health Wales and is presented alongside case study examples of specific initiatives, currently supported by the Wales VPU (see Section 4).

Evidence gathered through this evaluation demonstrate how the activities carried out by the Wales VPU clearly align with the WHO 4-step public health approach to preventing violence:

1. Surveillance: defining the problem through collecting information and data about violence.

The Wales VPU have demonstrated their commitment to gathering intelligence and information sharing by developing robust and comprehensive surveillance and data collection systems and investing in analytical expertise to interpret the data.

In line with taking a public health approach to violence prevention, the Wales VPU have developed a strategic needs assessment. This comprehensive problem profile provides a baseline assessment of serious youth violence in South Wales Police Force Area, and draws together data from a range of sources, including South Wales police systems; Office for National Statistics (ONS); the Crime Survey for England and Wales; Welsh Index of Multiple Deprivation (WIMD); local health board data; qualitative data from focus groups with professionals and children and young people with lived experience of serious youth violence, and secondary research of the national and international literature relating to serious youth violence. This strategic needs assessment has been used by the VPU to further inform the Unit's understandings of violence in Wales, inform the VPU strategy and has been used to better inform stakeholders (such as the Wales violence prevention board and Welsh Government) of the nature of the problem in Wales. The strategic needs assessment will continue to be used as a key document to inform future VPU activity.

To further support effective decision making, the Wales VPU are developing an existing Violence Surveillance System (VSS), drawing data together to provide a comprehensive assessment of the current picture. This system provides ongoing up-to-date intelligence to inform and direct local initiatives. The development of the VSS builds on the success of Wales in developing the Cardiff Model for Violence Prevention. More information about the Cardiff Model and the VSS is provided in Box 3.

Box 3: The Cardiff Model for Violence Prevention

The Cardiff Model for Violence Prevention was developed in 1997 in response to the finding that half of all violent incidents that lead to emergency hospital treatment are not reported to the police. The model was the first routine collation of violence data for helping inform changes in practice relating to the night time economy. The model advocates for the sharing of information between emergency departments and the police. In the emergency department, violence-related injury data (including assault location, time, date, and mechanism) are collected and combined continuously with police intelligence. The data are used to map where violence occurs frequently and guide an integrated violence prevention response. The model was fully implemented in Cardiff in 2001 and an evaluation compared outcomes in the city with 14 comparison cities across England and Wales. As well as more targeted policing, over the course of the intervention period, a range of prevention strategies were also implemented including pedestrianising sections of a city centre street with a high concentration of bars and pubs, mandatory use of plastic glassware in selected licensed premises, and more frequent late-night public transport services. In the three years following implementation of the model, the results showed the model was associated with a significant reduction in hospital admissions from assault, compared with an increase over the same period in the comparison cities [7]. A 2014 study assessed the costs and benefits of the Cardiff Model [8] After taking account of the costs of implementation, the model was shown to have substantially reduced costs associated with violence. The overall cost/benefit ratio was 1:82, indicating that £82 in benefits were realised for every pound spent on delivering the programme.

Violence Surveillance System

The Cardiff Model has been used to inform the development of a Violence Surveillance System (VSS) for Wales. The VSS aims to provide monitoring and intelligence for use by local multi-agency violence preventions groups to inform localised solutions to violence prevention. The VSS builds on the success of the Cardiff Model to cross-match police, health and ambulance data and develop reports. Although still in it's infancy, it is hoped to include more datasets within the VSS, such as additional police and health data and incorporate data collected by associate VPU members (such as Women's Aid, for example). Gaps in social care and education data are acknowledged, but difficult to incorporate due to issues surrounding data governance. Initial reports suggest the VSS reports have identified problems that police did not know about at local levels, leading to the implementation of initiatives to address local issues. For example, the VSS identified assaults at weekends in a small area in the Cynon Valley and subsequently local partners responded by securing funding for a taxi marshal scheme to be put in place to tackle this problem.

In line with a public health approach to continue to reflect and develop, the VSS will be assessed to identify the most efficient ways to collect, report and disseminate data, to support the efficiency of the system, and to demonstrate impact.

2. Identifying risk and protective factors: using research to look at the causes of violence, risk factors for violence and where interventions could be effective.

A range of activities are supported by the Wales VPU that demonstrate a public health approach to violence prevention (see Section 3 for more details about the approach). The pivotal role of Public Health Wales within the VPU is integral to this.

Evidence from this evaluation demonstrates the way in which the VPU uses intelligence to determine how and where to direct activity. The development of the strategic needs assessment provides a

greater understanding of the risk and protective factors for violence, particularly within the South Wales Police Force Area.

It is clear that the VPU recognises the importance of addressing risk factors for serious violence across all levels of the ecological model, including substance misuse, adverse childhood experiences (ACEs), gang involvement, inequalities and deprivation. Through the qualitative interviews, partners acknowledged the potential for greater impact by strengthening activities to address risk factors amongst partners and rolling these out on a wider scale. **Developing and evaluating interventions: to find out what works in preventing violence by designing, implementing and evaluating interventions.**

The collaborative approach to co-produce and operationalise the VPU supports the development of innovative and efficient interventions. The broad VPU membership represents a range of organisations and expertise that provides opportunity for the development of impactful initiatives that are relevant to the communities and populations for whom they are delivered. The VPU are committed to evaluating the implementation and impact of their initiatives, evidenced through the collection of comprehensive data amongst partners and the development of a standardised evaluation framework to be embedded across Phase 2 of VPU delivery. The Wales VPU have demonstrated how the evidence collected by partner organisations will be used to inform how and where interventions can be scaled up.

3. Implementing effective interventions: also monitor the effects of these interventions on risk factors and evaluate their impact and cost-effectiveness.

The VPU theory of change (Section 5) highlights the ways in which the VPU have taken a socioecological approach to target violence prevention across individual, family, community and societal levels, using primary, secondary and tertiary interventions. Section 3 provides more details about the specific ways of working.

Information gathered from the qualitative interviews and stakeholder engagement demonstrates the ambition for VPU interventions to be delivered across the life course by a range of organisations. These activities are presented across the life cycle to highlight how violence prevention activities are distributed across the life course, including a focus on families and older adults. VPU activities aim to include interventions targeted towards children and early years; diversionary activities; targeted support for young people; early intervention support for vulnerable groups; offender specific initiatives; family programmes; education and school based support; community-based initiatives and wider awareness raising activities through the media.

Figure 2: A Life Course Public Health Approach to Violence Prevention in Wales
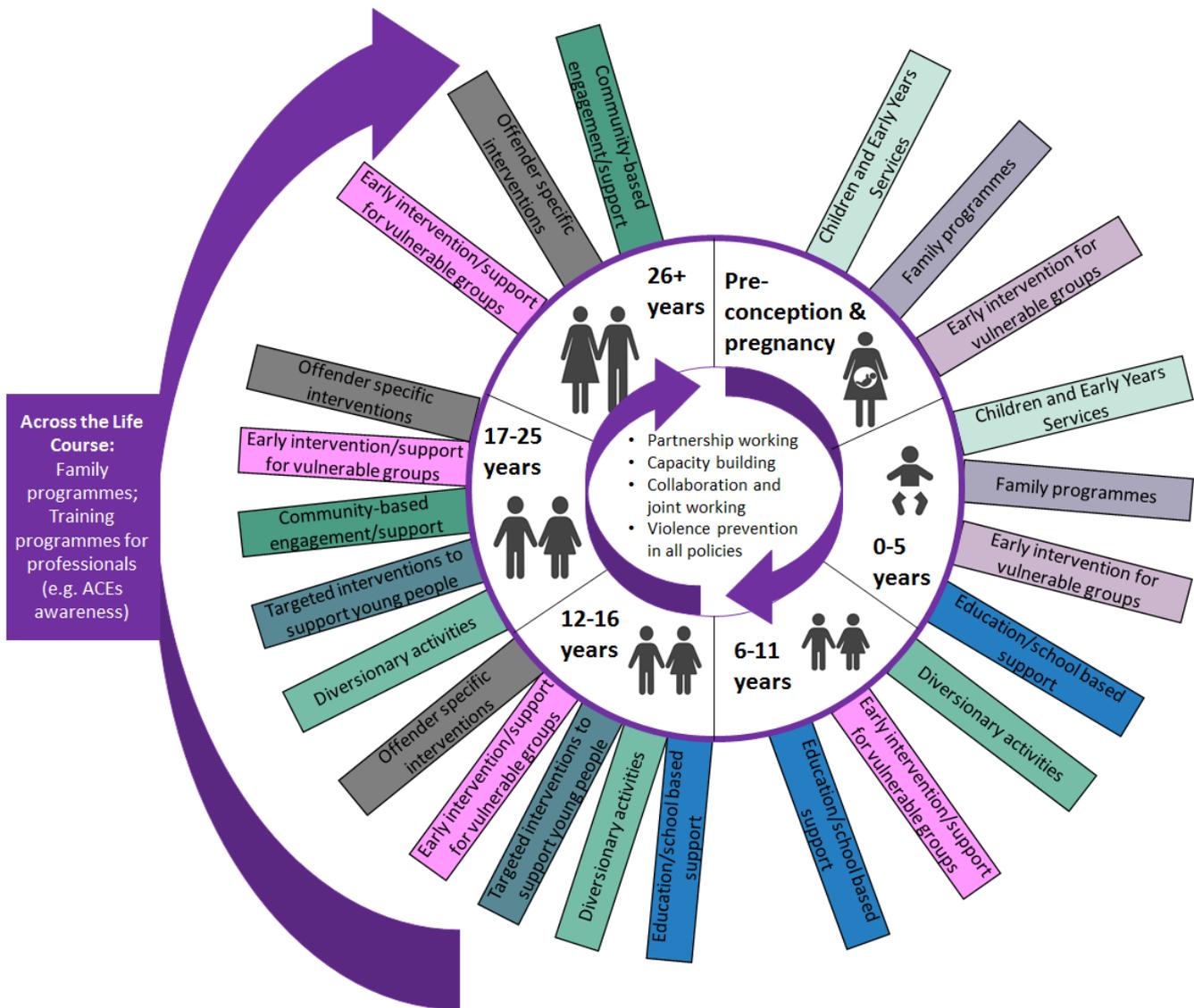
3. Development, Implementation and Impact of the Wales VPU 2019/20: Partner and Stakeholder Perspectives

Findings from the interviews with key partners, frontline practitioners and wider stakeholders have been analysed deductively with reference to the five principles set out by PHE in whole-system multi-agency approach to serious violence prevention [6]. A brief overview of each principle is provided, followed by examination of if, how and where these principles are being evidenced in practice.

3.1 Collaboration

> **The WHO states that a collaborative whole systems approach requires a multi-agency approach across a wide range of partners. Partners need a collective understanding of the public health approach, and need to work together to develop ways of working to meet the needs of the local population.**

Interviews explored the development and membership of the Wales VPU. The Director of the Wales VPU was employed from December 2019 through the Police Crime Commissioner (PCC) with funding coming from Home Office (HO) grant. The Director had a wealth of experience and knowledge of serious violence, violence prevention and counter-terrorism. The development of the Wales VPU was described as coming at a time when conversations and thoughts were already focussing around forming a violence prevention unit across Wales, what this might look like and who it might involve.

> *"In Wales we'd actually already decided to form a unit and were starting to think about who should be in it and some of the roles and responsibilities. Soon after that, the Home Office announced available funding so it all came together at a really good time to be perfectly honest." (VPU partner 1)*

A public health approach to violence prevention

The aim of the Wales VPU was described as taking a multi-agency public health approach to reduce violence that looked to identify problems and address underlying risk factors through localised solutions. Whilst the Home Office required the units to target serious youth violence, they were not prescriptive on the population cohort or the forms of violence this encompassed. In Wales, the initial objectives were to target knife crime in the cohort aged 18-24 years. The objectives had, however, broadened since the inception of the VPU to include any form of violence including domestic abuse (DA) and at any age. It was felt that there was a lot of violence prevention activity being undertaken in Wales and that the VPU were able to bring everything together under one umbrella both strategically and operationally. This includes identifying what is available within Wales, the gaps in service provision, and the coordination of preventative measures across sectors and organisations. However, at the time of evaluation the VPU were in the early stages of set up, and while they have brought together key organisations (e.g. police, PCC, public health, HMPPS and third sector organisations), further work is needed to expand the remit of the unit to achieve the status of 'umbrella organisation'. Engaging with new organisations and establishing new networks is a key remit of the second phase of the VPU.

> *"The remit of the VPU is progressing much more broadly so that it will cover all violence no matter what age."* (VPU partner 2/Frontline Practitioner 1)
>
> *"There's been no change other than the expansion of violence to look at more than just knife crime now, but I think it was right to just concentrate on knife crime at the beginning just to get us focussed."* (Frontline Practitioner 5)
>
> *"We say that in Wales all violence is within scale. It's not just serious violence because we believe that to prevent violence you need to be aware of all the causes. You have to be ACE aware. We recognise even that a lot of our knife crime offenders have been subject to or perpetrators of domestic abuse. So we think to be effective we have to look at all forms of violence and we use the broad World Health Organisation definition of that."* (VPU partner 1)

In order to reflect a public health approach to violence and the aspirations of the unit, the word prevention was used, rather than reduction. Public Health Wales were described as having a pivotal role and helped the VPU to develop a theory of change within which the VPU operating model was positioned. It was felt that a whole systems approach that addressed serious violence and all forms of violence through a trauma-informed lens was vital.

> *"We call it the Wales violence prevention unit because we think taking a public health approach means to prevent violence as oppose to just reduce it so our aspiration is to prevent violence."* (VPU partner 1)

VPU membership

The Wales VPU was described as a 'small team', some of whom were directly funded by the Home Office grant (i.e., the Director, Deputy Director, policing, PCC team and analysts) and were core members but some who had *"voluntarily been seconded from other organisations"*.

> *"..so basically the main thing is that this is a way, we're one of the smallest VPUs or VRUs in the country and we think this is one of the ways that we can punch above our weight really by having a large number of others who work with us on almost a voluntary or secondment basis."* (VPU partner 1)

As the VPU membership was formed from diverse organisational backgrounds, it was important to tailor the VPU approach to individual organisations so that everyone could identify with the core ambitions. This involved an initial mapping exercise to look at other agencies policies, priorities and ambitions, with everything done in collaboration.

> *"Rather than asking everyone to come along and help with violence prevention….we may go along and say that we want to help you reduce the misuse of drugs, or we want to help you tackle adverse childhood experiences or we want to help you to safeguard children…putting it back in the other organisational partnerships language as opposed to coming along with something that's totally new that they would want help with because in truth everything is linked to each other so we've found that's the best approach."* (VPU Partner 1)

It was recognised that, prior to the VPU, there were violence prevention initiatives being delivered across South Wales. Although this work was 'good', partners described this as being delivered 'in pockets' with a lack of joined-up referral pathways.

> *"…the Police will have operational weeks…and I think it's helped them to think about things a little bit differently and look at how they can do things a little more holistically, so rather than necessarily just sending out their PCSOs with leaflets, I think they've been reaching out to us a little more and saying how can you come and help us out with this operation week and how can you raise awareness around the issues that are our priorities. I think it's helped to see that actually we're all working on the same things and all working together…So I think it's learning those connection points as to where we can reinforce and help each other through being partners." (Frontline Practitioner 3)*

The VPU was viewed as an 'umbrella organisation' that brought together individuals and agencies as associate members of the VPU; these included Barnardos, Home Office Immigration Enforcement, the ACEs Early Action Together Programme, and the School Police Programme (SchoolBeat). Whilst not directly funded by the VPU, these members contributed to team days and

> *" …the links from other people in the violence prevention unit have has been really good. So, for example, there was a stabbing in Cardiff on the weekend, but now because we've got those links with the Police we can better say what was going on. If we've got people in probation who might have information we can share it better. So I think building those links with people it's good to have those points of contact." (Frontline Practitioner 4)*

have helped to increase awareness across VPU members (and the organisations they represent) about the programmes and services that were available. Partners felt that having associate members was a good way to enhance its collaborative power, strength and impact without needing to rely on additional funding. Partners also described that membership of this group was growing all the time.

One partner spoke specifically about the benefits, in terms of collaboration, of an intervention funded by the VPU that was running within an emergency department:

> *"They run an intervention in hospital, so if people come in with assault or stab injuries, they're linking in with them to try and do some diversionary work and that's really good. I met with them and we're looking at potentially how we can link in if anyone's on probation. So they had someone who came in on probation, so she then spoke to us and explained about things in hospital, because he was worried he could get recalled or breached if he didn't go to his appointment and I think he said that if she hadn't have done that then he probably would have done a runner and we would have recalled him. So you can definitely see how people can link in to try and stop us unnecessarily taking enforcement or recognising that people are experiencing trauma I guess that's one link automatically that I've seen we can make."(Frontline Practitioner 4)*

One of the participants described how the VPU had supported collaborative working and removed barriers between organisations: *"..we've actually had support and barriers taken down. We've had introductions made so I've actually found it quite useful. Also in terms of our delivery, because we've got wider delivery than just this project it's also given us a bit of quality assurance so it's been very good for us."*

The VPU operating model

The VPU operating model is based upon a whole system framework for prevention. This incorporates the WHO four-step approach to violence prevention and the delivery of primary, secondary and tertiary level interventions across the individual, relationship, community and societal levels of the environment. System-wide actions, across multiple partners, bring together the suite of interventions into the violence prevention programme. The model uses the four A's approach of aware, advocate, assist and adopt to ensure a comprehensive approach to the delivery of interventions. The VPU partners described the process behind this approach during 2019/20:

- **Aware:** This was described as the lightest level of involvement where the VPU become 'aware' of all violence prevention initiatives and opportunities through mapping and research. Partners described that this had been challenging at times, due to the *"silo nature of working".*
- **Advocate:** This involves having the knowledge around what works, what this means, and how this is then promoted to advocate the VPU and its work to others such as Community Safety Partnerships, the Welsh Government and individual organisations.
- **Assist:** This involves data surveillance and analysis and the use of intelligence and combined datasets to uncover hidden harms. Partners described the development of the Violence Surveillance System, with some highlighting the history of this with reference to the Cardiff Model (see Section 2, Box 2 for details).
- **Adopt:** This was considered as the top level of the model, focusing on partnership working across multiple agencies, and refers both to the work done by the VPU team members and to the work that is directly commissioned.

> *"Wales has a long history of partnership working and the need to prevent harm is enshrined in legislation like the wellbeing of future generations. So what we are able to do is be quite influential in the partnerships landscape because we are so prevention focussed, and so a lot of the work that we do is linked to Community Safety Partnerships linked to key strategic meetings etc., and really helping everyone to be more effective in preventing violence instead of being a siloed little team doing our own stuff with commissioning." (VPU Partner 1)*

It was acknowledged by the VPU partners that there was a difference in operating structures in terms of what is 'adopted' and what is 'commissioned' by the VPU. The initiatives that were commissioned in 2019/20 came from a 'limited pot' of funding, and were described as being targeted around tertiary prevention of serious violence and primarily working with those under the age of 24 years, as that matched the serious violence problem profile and the knife crime profile. It was felt, however, that these also aligned with the broader ambitions of the VPU around being 'preventative and much more upstream' and focussing upon 'violence as a whole'.

Funding and investment

The VPU worked to support innovative approaches to prevent violence across Wales, in part, through supporting organisations to enhance or scale up existing provision, or develop and implement new interventions. It was felt that many of these VPU associates were *"passionate violence prevention champions in their own right already"* and that funding acted as an 'enabler' for individuals to develop an approach rather than being totally dependent. The VPU funding has allowed some individuals to dedicate their time to manage and carry out their programmes of work; this enabled organisations to consider innovative ways of working. One of the participants spoke about the benefits of allocating funding to the third sector stating that they are able to *"get through the bureaucracy and actually start delivery a lot sooner than most other types of organisation, public, statutory and we're able to really start delivering and getting to where the communities need us."*

One participant described that they had ideas for an intervention and that the injection of funding from the VPU enabled them to mobilise this. It was clear that without the VPU, the resources would not have been available from different departments for staff to be seconded to work on delivering the intervention.

It was clear from the interviews that the VPU was invested in understanding how interventions were being delivered 'on the ground' and learning about the experiences and challenges of the people delivering them. The VPU were committed to ensuring interventions could feed back and share their views on the challenges they were facing; this was described as 'refreshing'.

> *"[The VPU] are very interested in what it's like on the ground, what are we hearing, what are the challenges and it's very good to be able to feed in some of the challenges…..usually when you have challenges or there's things that you can't control there's a 'so what' element, but because there's no funding it's almost like you don't want to ask the questions because there's nothing you can do about it…with the violence unit they're definitely interested in what is happening, what needs to be done, what do we need to be looking at moving forwards, which is quite refreshing really." (Frontline Practitioner 2)*

A number of examples were provided where the VPU had enabled an intervention to be delivered. These provided information and evidence about how collaborative working had been mobilised across the VPU, and examined some of the challenges faced by local partners (further examples are provided within the Case Studies (Section 4):

- One participant spoke about how the VPU funding had enabled them to **further develop** an intervention, which had previously been predominantly run from a digital platform. With the VPU funding they had been able to **employ an additional youth worker** for South of Wales who would go into schools to promote their service for the anonymous reporting of crime and provide lessons around police priorities such as knife crime and county lines, and increase awareness around different types of crime.
- A second participant spoke about creating dashboards for a cohort of offenders that they were working with, which **enabled them to develop** recommendations around additional measures that the offender managers could implement. This involved looking at patterns of current and previous offending, ACEs and their criminogenic needs and then look at what their current sentence plan and supervision looked like.
- A third participant discussed how the VPU funding had enabled them to **revive a previous intervention and bring it up to date with current standards.** This intervention had a member of staff resourced by the VPU who was solely dedicated to advertising their service, resulting in it being launched to more external people than could otherwise have been done (making it more accessible for organisations to refer in so that more families can be seen), answering questions and meeting with young people and parents. They stated that they were able to get up and running quickly because of their previous experience of delivering the intervention: *"we were able to catch the ball and run with it from a place that was informed"*.

> *"We identified that there was an increasing violence in the home from children and young people to their parents and there was actually no referral routes in Wales, so we started delivering a programme called [name], which is working with the parents building their confidence, self-esteem and their parenting skills. Working with children around what is right, what is against the law, what is lawful and then bringing them together. Subsequently to that after about three years of delivering that then there was quite a lot of money identified and put into adolescent to parent violence and so we had quite a bit of influx from other programmes coming in to deliver adolescent to parent violence in Wales. So because we're never around duplicating services, we kind of dropped back a bit and then just used referral hubs…..and then funding ended because it wasn't derrigour….and then we were left again with no services so then we had to recreate parallel lives which is the one that is actually being funded by the VPU. (Frontline Practitioner 2)*

Challenges to implementation

Overall, partners agreed that the Wales VPU had developed effectively and that it had all really begun to 'come together' in the last few months. As to be expected, a number of challenges had been experienced during the implementation of the VPU and related activities.

The **partnership landscape** was described as 'often challenging', as it could be 'incredibly cluttered' and looked different in each area. VPU partners described the importance of being able to establish violence prevention work with wider partners in the hot spot areas in Cardiff and Swansea, but also acknowledged that issues like governance and decision-making take 'quite a bit of working through'; it was, however, noted that this was 'no different to anywhere else'.

Co-location was viewed as a potential barrier, with one participant stating that there was currently no central base for the VPU, but that an office had been identified. It was felt that a central base would enable more of an understanding and closer working together of those in the PCC office and Public Health Wales. It was felt that being in the same building would enable conversations to happen on a more regular basis and encourage a greater understanding of violence prevention and what this meant both strategically and operationally.

> *"Being able to be in the same building as someone and being able to have those conversations where you're sitting opposite someone is much more beneficial than seeing somebody once a week. But that's going to be rectified, we've got an office that we're just waiting to go into it so I think that will help. I think there's a fine line between the strategic overview of the project as in being a centre of excellence and being somewhere that people can go to understand about violence prevention; and the operational arm where we're actually going out and doing something to tackle violence prevention. I think there still needs to be a little bit of work done around that." (VPU Partner 2/Frontline Practitioner 1)*

Two of the frontline practitioners described how they struggled during the first month of them implementing their initiative as there had been no previous service to base their intervention on. Here, the practitioners described how they would have benefited from more guidance from external agencies about what they had wanted. Despite their initial challenges, these practitioners addressed the issues and developed a strong intervention.

> *"We'd never met each other, we were put together and given very little guidance from anyone to set it up so we did struggle, didn't we, for the first month. Because we didn't really know what to do." (Frontline Practitioners 6 and 7)*

This evaluation was carried out prior to and during the COVID-19 pandemic. A number of interviews were carried out during the COVID-19 lockdown period and many interviewees reflected their experiences of this situation. Section 6.1 provides further details about the COVID-19 impact and response.

Additional collaborations for consideration by the Wales VPU

A number of the participants highlighted that it would be beneficial to have additional professionals and services incorporated into the VPU. Here, recommendations included:

- **Utilising the school nurse service**: it was suggested that as school health nurses were attached to every secondary school in Cardiff and Vale region and were recognised by the children, they might provide safeguarding opportunities around disclosure, and also be a source of intelligence that could be collected and tapped into in the future. A suggestion was made that that they might be able to work in conjunction/collaboration with Fearless[1] who were also going into schools.

> *"…the pupils will often love having a talk, but might not be so open with police officers coming in to schools etc., whereas the school nurses do drop in services within the schools so I suggested going forward we need to be utilising the school nursing service and having them not taking over from Fearless, but working in collaboration with them so when Fearless are going in to high schools the school nurse is there with them because the school nurse if there week on week doing school drop ins the young people can go and see and may go and disclose information to. They may not necessarily phone 101 or the Fearless helpline etc., but seeing that school nurse around the school it's more likely to encourage them to engage..."* (Frontline Practitioner 5)

- Include practitioners from the **YOT/YOS (Youth Offending Team/Service), forensic psychology** and **mental health support**: it was felt that these roles would help services to better engage with victims and perpetrators of domestic violence. They also suggested that someone from the **local council** with access to, for example, housing and benefits, would make it *"easier to put a wrap-around service around the person"*.
- Discussion from one participant focussed around gaps in tactical delivery of the VPU and joining everything together in order to operationalise the theory, explaining *"I think that's where we haven't got to yet".* This individual also felt that the VPU should include representation from the **local authority including social services and education** – they felt that this was very important when looking at looked after children and exclusions – and highlighted that the Head of the VPU was in discussions with the Welsh Government who would be looking to put somebody in place.

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[1] Fearless is part of Crimestoppers – it began as an education service and in Wales is partnered with School Beat and the All Wales School Programme. Their youth workers go into schools and talk to young people about different crimes and reporting crime. This has included developing lessons around county lines and knife crime and aligns with key policing priorities around serious violence.

3.2 Co-production

The WHO state that violence prevention activities should be informed by a wide range of perspectives that involve co-production and co-branding of activities. Community involvement is an important aspect of co-production.

The Social Service and Wellbeing Act (2014) [9] places a statutory requirement on services in Wales to incorporate co-production into service delivery, and as such, services (e.g. child protection services) deliver a 'what matters' conversation to understand the needs of service users. Co-production is a key principle recommended by the Home Office to ensure that the voices and needs of local communities are reflected in initiatives.

Co-production with other organisations

The WHO recommend that local partners work to co-produce an action plan and strategy that covers a wide range of perspectives. The Wales VPU aim to develop a whole systems response to violence prevention, working in partnership to identify how to develop systems, processes and practice to better prevent violence in Wales.

During the interviews with stakeholders, specific examples were given to demonstrate how partner organisations are encouraged to engage with others and share ideas through VPU workshops and regular meetings, as well as meetings and boards external to the VPU (such as Community Safety Boards and sharing intelligence). Partners hoped that the VPU would be influential and impact upon policy, investment and intervention decisions and evidence of this was seen throughout all the interviews. The benefits of the VPU were seen to be far reaching and for everyone in Wales across all communities, public services and third sector.

Partners described how the VPU was developing networks to enable organisations to share examples of best practice and described how this would enable organisations to gain experience in other aspects of prevention. For example, it was expected that police intelligence would benefit by gaining a greater understanding of hidden harm in communities. Another participant described how their intervention was being used to develop current processes in place with the emergency department to streamline the identification of individuals being admitted with violence related injuries.

Sharing of best practice was also seen through communication with other Violence Reduction Units (VRU). For example, the Head of the VPU described being in contact with the Scottish VRU and trying to "*instil their nine or ten years of learning into how we could hit the ground running and they were incredibly helpful and very practical in some of the things we could do in the first instance*". Specific elements that were considered to be simple and straightforward to implement and had worked well, included:

- That there is a key place for balancing law enforcement and surge activity and arresting people carrying knives as a key part of violence prevention, so join closely to police; and
- When looking for champions and working with friends, do not spend lots of time trying to convince people who do not want to work with you to work with you, stick with those who do.

Co-production within the community

Interviews with partners demonstrated that violence was viewed to be a cross-cutting issue and 'everyone's business'. Involving partners and the wider community was seen to be essential to the co-production of the Wales VPU. Having support for tackling an issue was not considered to be the same as that issue being an 'organisational priority', so **embedding violence as a priority** in all organisations was a common goal.

> *"It's a really mixture for associate members......but we're up to about 20 members at the moment... we want to be influential across Wales so we've also got serious violence coordinators embedded in the other Welsh [Police] Forces and that was a conversation with other Police and Crime Commissioners to fund those role so that gives us boots on the ground link to the other areas of Wales." (VPU Partner 1)*

This was reflected within the different levels of membership that were present within the VPU (detailed in Section 1. Collaboration). The range of members provided guidance and insight to the VPU about the activities that were going on in hot spot areas and had that wider knowledge of 'all Wales'. The Head of the VPU said that there was an awareness from their own knowledge of individuals who were working in the field who were 'absolutely brilliant' and those who they knew that they '*wanted on board because…they would be helpful'*. These (associate) members of the VPU were directly approached in person by the Head of the VPU, and were also sent a formal letter. This letter provided specific detail about why they [the Director] wanted them to join, what they hoped the VPU would get from them being a member and what they hoped the individuals would get in return, for example, Continued Professional Development opportunities and opportunities for them to be more influential in the violence prevention landscape. One of the organisations that was discussed was Welsh Women's Aid (WWA); here it was felt that there were similarities in that they operate as an umbrella organisation for DA prevention in Wales and it was felt that, as a new unit, the WWA would be able to advise the VPU around DA but also from their experience of what worked for them.

Co-production of interventions with service users

The VPU are committed to working with service users to better understand how to approach violence prevention in Wales and the key issues that need to be considered. Co-production work is being carried out by Barnardos; an example here is where Barnardos worked with young people during the Wales VPU conference, to ensure that their voices were represented and considered within the remit of the VPU.

During the interviews, two of the participants spoke about their intervention and how they worked with those internal and external to their programme/organisation to develop the intervention. For example, they had carried out co-production work with Barnardos that involved going into a local prison to conduct some focus groups; they shared information and concerns with the Police around any of the individuals who were taking part in their programme pilot; and they also spoke about working with offender managers to deliver one-to-one work to offenders.

> *"So I'd had time to step back a little bit and look at everything that's out there and suggest ways of working with them and then the aim was to sit down with the offender managers, go through it with them to see what they thought might work. If they thought I was best placed, then I could do some of the one to one work with them, if the offender manager perhaps had a really good relationship with them it was for them to do it, and then going along I was identifying any other third sector agencies to see if they have got things and it would be kind of linking in with them and keeping up to date with everything that's available." (Frontline Practitioner 4)*

3.3 Cooperation in Data Analysis and Intelligence Sharing

> The WHO state that cooperation in data analysis and intelligence sharing is important for any public health approach. It is acknowledged that this process can be a challenge, but recommend that partners work cooperatively to develop effective methods to share data.
>
> It is recommended that local partners understand the data collected across the system, agree who should have responsibility for combining, analysing and interpreting the data, and use the data effectively to inform decision making.

As described in Section 2, the Wales VPU have developed a strategic needs assessment to provide a baseline assessment of serious youth violence in South Wales Police Force Area, drawing together data from a wide range of sources. This demonstrates the commitment of the VPU to ensure that decisions are based upon the best available evidence. The Wales VPU have also committed to developing a Violence Surveillance System (VSS), using datasets to tell the true picture of violence in communities and inform and direct local community safety efforts. The VSS was initially implemented in Cardiff, Swansea, Neath Port Talbot, Merthyr Tydfil and Rhondda Cynon Taff to then be scaled up to the whole of Wales. The VSS was informed by the Cardiff Model. See Section 2, Box 3 for further details. Partner perspectives on cooperation in data analysis and data sharing are presented below.

Data Sharing

All partners described that there is a willingness to share data with the VPU 'in principal and at a high level' and that organisations/services were looking at how to do that and what existing policy and support may be in place to help facilitate this. The logistical challenges of data sharing were described. One of the VPU partners spoke about the VSS that was initially set up in 2014, sat within Public Health Wales and was now being funded by the VPU. The purpose of this was described as bringing together police and health data to provide *"a more holistic representation of violence at a local level"*. They highlighted that it was important to look at how to engage with partners and identify who might be the most useful to provide data.

> *"the [funding] ended last year but it was felt that having established the violence surveillance system within South Wales and to a certain level it's working and was being utilised by some partners but not all partners, it was felt that it was something we would be able to take forward and it was something that was very unique to Wales." (VPU Partner 3)*

It was acknowledged that a potential lack of available joint funding opportunities, may prevent buy-in to the VSS from partners. The participant felt that being able to go to those partners (such as HMPPS, Welsh Women's Aid, Barnardos) who had already given a level of commitment to the VPU was a good and logical point at which to start. Getting *"the right individuals around the table….and at the right*

level" was considered an essential factor in ensuring the sustainability of the surveillance system. An overall output for all of the data gathered was to create a dashboard system so that partners could come in and access what they needed. It was hoped that all of the data gathered would then enable the analysts to be able to build up an informed picture (through for example, the cross-profiling of data) of how behaviours within the hot spot areas were changing, providing evidence, for example, for partners to use at local violence prevention groups.

Data collection

All of the participants spoke about the different types of data that were collected across the VPU initiatives, with practitioners giving examples of developing and updating systems to collect information about their interventions. The importance of collecting robust data was a clear priority.

> *"[the surveillance system is] looking to create that understanding across South Wales for those at risk of violence to enable localised solutions and to provide a platform for multi-agencies to use routinely collected data to measure impact of interventions….and this is something that certainly needs developing in terms being able to measure the impact of the surveillance system." (VPU Partner 3)*

Two frontline practitioners gave examples of updating their data collection systems to gather information about knife crime patients, including where their assault happened, where they were from, any additional work/signposting, any vulnerabilities and any safeguarding work.

> *"We weren't given any requirements for data to begin with from the Police, they didn't tell us what they would need at the end of the project, they didn't give us an outcome line or anything like that so for the first two or three months we kind of winged it" (Frontline Practitioners 6 and 7)*

Two further frontline practitioners described how they were experienced in gathering information needed for the Health Board around consent, confidentiality and risk, and had also developed their own data collection form in liaison with another organisation who had a youth worker in post at the ED to ensure the information they '*were collating with patients streamlined a referral onwards to them*'.

> *"…we've been on a learning journey really because this is the 1st year of the project. We've...been using these simple feedback forms at the end, which is just really about checking what they know about [name of intervention] and how confident they would be to use it. But what we haven't really measured….[is] their distance travelled in terms of their knowledge of knife crime and serious violence..… (Frontline Practitioner 3)*

These practitioners also spoke about using the PARIS information sharing system, which linked with health visitors, school nurses, paediatricians, community mental health and children's mental health service so they could keep up-to-date with patient information. The practitioners also discussed using the Multi-Agency Hubs (MASH) to share information, describing this as "*where the children's services, health, police, review all domestic violence and multiagency referral forms*".

> *"They can see it as well so they can see our notes, everyone else's notes and it is just we can do a direct motivation as well so I've got a patient that's been in today and I've notified his CAMHS work, so his Community Mental Health worker that he's in the department and that's how we notify the school nurses if we've had a youngster come in that's been hitting walls because they are struggling to cope with issues at home."* (Frontline Practitioner 6 and 7)

Data processing and analysis

Partners described having lots of data but not necessarily the resource to be able to analyse and understand it. An example was provided where the local authorities have data, but due to scale backs, not necessarily an analyst. In addition, whilst there may be agreements made in principle around this data being shared, there were then considerations around information governance, who is responsible for this data and how exactly it will/can be shared, which meant that data from partners such as social care and education were missing. Another consideration was where analysts were present, but did not know what to do with the data. One of the participants also highlighted the importance of providing data in a timely manner so that all VPU members had an awareness of the data that was being collected.

> *"A real barrier is actually finding somebody within the organisation that knows what data they have, that knows what it means and how it can be interpreted so that we know we're actually asking for the right information…how do we find that right person that knows what data they collect, but also would then be able to access it for us. It's not always the same person and with the Police with the lack of analysts that they have and their turnover when they do have analysts in can be quite quick. Whilst someone may be up and running with it and then they leave and you have to wait for someone else to come in."* (VPU Partner 3)

Accessing 'personal level' data was seen to be a barrier to data sharing/collection. It was felt by one participant that work was needed around 'changing cultures' around data and that the 'worries' around data were still there. It was seen that overcoming these barriers would help in being able to develop profiles of individuals that would enable services/organisations to engage in preventative work.

> *"So I wasn't aware, and you're constantly trying to nag people around that data, so since January I've just found out that there's been twenty four knife assaults go through A and E, but who's that, that may have been shared with Public Health Wales for their data in terms of creating the reports, but that hasn't been shared as a unit…."* (VPU Partner 4)

The VPU was seen to have invested heavily in its analytical function, with two public health analysts able to analyse the data and begin to tell a story with it, interpreting the data and applying it to strategic and operational practice from a public health perspective rather than just presenting charts and graphs. It was felt that this analytical function was a *"really really key part of the unit"* and that it would help the VPU to prevent violence across Wales and not just in the hot spot areas where the interventions had been funded.

> *"So for example if you were looking at sixteen year olds, what kids have been excluded or looked after children, what kids have got a marker for maybe violence or mental health or whichever you would use, and then using some kind of technology in the background you would then say well using all these factors for this geographical area based on your needs assessment, these five, ten, fifteen kids would be the ones we think are most at risk. Let's go and interact with them and see if we can get in early rather than waiting for them to offend before we put all those processes in place, you know prevention is better than cure isn't it" (VPU Partner 4)*

The VPU had also held data workshops and working groups that were seen to be well attended but *"transferring that willingness to actually share to material arriving, our analysts actually have to do quite a bit of the leg work…we're hoping in the future that will just become even easier."* The VPU were in the process of recruiting a police intelligence analyst. It was felt that having both the public health analysts and the Police analysts would provide a *'really powerful team'* because of the different skill sets they would being. They were seen to be able to narrow down large investigations to tangible recommendations, with public health considered to be *"experts in being able to get into lots of different systems and manipulate big data".*

The role of the analysts was seen to help uncover hidden harms that were felt to be important to incorporate into violence prevention, for example, the misuse of drugs and people '*quietly dying*' from drug overdoses.

Developing an evaluation framework

The development of a standardised process to evidence the impact of the Wales VPU was considered a priority in order to identify what works and inform future funding decisions.

> *"This isn't unique to us, but one issue is that there's a real gap in terms of evaluation and what works around violence prevention. I knew there were some gaps there, but actually the more we've worked as a VPU we've realised even when people say that particular interventions are evaluated when you scratch the surface, they're not, it's very superficial. So one of the things that working with, with LJMU is a proper evaluation framework for all the work that we and our providers do and that will give us a far more holistic view of the difference that we're making and the impact we're having and the providers are having and importantly help us to target the limited funds far more effectively." (VPU Partner 1)*

Evaluation would also provide evidence to inform where and how interventions could be scaled up, for example, within the scope of local authority commissioning. One participant commented that the questionnaire that had been developed by the evaluation team (as part of the standard evaluation framework development) was well placed as it included questions around wellbeing and not just about what they had done (in terms of criminal activity) and where they are now, but *"feeling safe in the community or feeling worried",* which they considered to be '*very important*'. It was discussed by one participant, however, that it was important to get a balance between 'the research' and being able to operationalise it in a timely manner; highlighting the need to turn research recommendations into '*tactic and operational delivery*'.

Partners acknowledged that data must be approached with caution in terms of what is being analysed and the assumptions that are drawn from it, and that measures should not be '*overly simplistic*'. It was seen to '*make sense*' to measure outputs such as the number of reported knife crimes, but was recognised as important to look at what was going on behind these figures in order to tell the full story. For example, the Nurse Advocates were seen to be successfully engaging with people at a '*teachable moment*', who in the past would not necessarily have reported what had happened to them, so a '*hidden harm*', and as a result of this, reporting had actually increased. This was a new intervention, which was felt to have very good outcomes for a '*very low cost*'.

> "It'll help public service more widely to make really good decisions on where to get the best returns for their investment with limited monies." (VPU Partner 1)

> "If we don't know what works then we could be going ahead with something that has no impact whatsoever and that's no helping anybody." (VPU Partner 2/Frontline Practitioner) 1)

> "One of the particularly effective interventions that we have is around our Nurse Advocates who work in a busy A and E department in Cardiff and see most of the knife crime injuries and each of those advocates will for those injured parties as that teachable moment, talk to them about what's gone wrong and work really closely with them. We've got an arrangement where they're technically admitted to the hospital to stop the A and E clock and give them time to do that and then a referral pathway to St Giles Trust as well. We've found for instance that 96% of the people that they engage with are both willing to talk to them but actually most of them ultimately will also report to the police around what's happened to them. So again at that teachable moment there's that really opportunity and bottom line is that that wasn't there until we commissioned it and it's very low cost in effect." (VPU Partner 1)

Accurate reporting and interpretation of data was highlighted as integral to understanding the impact of the Wales VPU. An example was provided with regard to the potential under-recording of figures collected in the hospitals around knife-crime, whilst another highlighted that an outcome of better recording might be an increase in reported domestic violence, serious violence and gang-related violence.

> "If we're talking true prevention, we've just got to be really careful that we don't measure the wrong things or have some strange performance framework that encourages grabbing things that look great on paper but actually don't in the long-term keep communities safer." (VPU Partner 1)

3.4 Counter-Narrative

The WHO define the counter-narrative as providing positive messages to young people to counter any negative messages that young people may hear. Partners need to commit to developing protective environments that help prevent violence and to promote preventative approaches to mitigate against violence. Activities include recognising and identifying data and protective factors and providing alternative pathways, particularly for children and young people.

Identifying vulnerabilities, risk and protective factors

Activities to promote a counter-narrative were evidenced throughout the interviews with key partners, who described how the overarching ambition of the VPU was not just to prevent crime, but to understand the causes of violence and reduce the risk of harm. Violence prevention was viewed by the interviewees as cross-cutting, providing an opportunity for organisations to have conversations around challenging issues, including mental health in young people.

Partners acknowledged the importance of understanding the factors that make people vulnerable to violence, such as the misuse of drugs, and the importance of implementing person-centred interventions to support vulnerable groups. All of the interview participants also spoke about the need to work with individuals at a high or

> *"I think the seriousness of it is underplayed a little bit by some organisations presently. In order to prevent violence we also have to have a real focus on misuse of drugs and particularly diversion and intervention around that."* (VPU Partner 1)

very high risk of being victims and perpetrators of violence. Partners acknowledged the role of ACEs as a well-developed approach to understand how these influence an individual's risk of being both a victim and/or a perpetrator, and described how all work was carried out through an 'ACEs trauma-informed lens'. VPU interventions were viewed as opportunities to develop person-centred processes that minimise the risk of violence and violence-related harm; it was viewed that successful initiatives could then be rolled out at scale to help larger numbers of people.

One participant highlighted that there was a need for far more targeted interventions around risk and protective factors, but that this required different kinds of data to be 'coming in' so that they can *"build a bigger picture to start with so that other agencies are on board with that intervention. It's not just police or health."* It was felt that it was important to explore/identify how using information to inform decisions in these areas were having an impact.

Over recent years Wales have been developing the counter-narrative, through initiatives such as the early intervention and prevention project (South Wales, 2016-2018) and the Early Action Together Programme, Wales-wide, 2018- 2021 [10], through the adoption of a public health approach to policing. Partners described how the Early Action Together (EAT) programme was an example of the good work being carried out to understand vulnerabilities and identify risks by addressing the counter-narrative. As part of the EAT programme, research has been carried out to understand the existing narrative in Wales regarding vulnerable and problematic individuals (e.g. offenders and those in frequent contact with the police). This research has been used to implement initiatives to change the narrative in order to identify vulnerabilities and potential trauma (i.e. ACEs), and enhance the support given to provide access to early intervention and prevention. This work has been delivered across sectors (such as education, housing, police, local authorities) using a whole system approach to strengthen systems, processes and practices to reflect the counter-narrative. This approach provides a good foundation for the VPU to build upon in Wales because it provides services with an opportunity to understand that the individuals they work with, including perpetrators, may be victims or have complex lives, and that building resilience and providing access to support is key.

The public health approach and using the right language

Interviews with stakeholders provided perceptions and understandings of the public health approach to violence prevention, and the narrative around this. Public Health Wales were viewed as having embedded violence prevention as a priority before the VPU was formed and were also seen to be *"influential with NHS colleagues and Welsh government"*. Having Public Health Wales as a key partner

was seen by partners to have been incredibly important in helping to promote and advocate the public health approach to violence.

> *"What has been helpful is that even before we formed the VPU, is that they put the prevention of violence as a priority. So again we weren't having to argue, once the unit was set up, that that should be the case, in effect we had very powerful devolved champions who were able to be influential with NHS colleagues and Welsh government, so it's very much a team effort and approach…if we'd been coming up saying about public health approach without public health saying it, it would have been quite tricky."* (VPU Partner 1)

The public health approach to violence prevention (as described in Section 1.1) considers primary, secondary and tertiary prevention opportunities and is underpinned by key strategic approaches that aim to shape the narrative; both the Wellbeing of Future Generations (Wales) Act and The Five Ways of Working [9] and Making Prudent Healthcare Happen [11] present long-term views of sustainable health and wellbeing provision, focusing on collaboration and involvement of communities in co-production. Partners acknowledged the importance of using the right language, associated with the public health approach, within strategy and policy and more generally in conversation to engage people. It was felt that the public health approach provides a structured way of working that was not 'radical' or 're-inventing the wheel'. The public health practitioners within the VPU were able to tell the 'story' a bit differently and transfer some of the operational delivery that the VPU want to do to into a public health preventative approach.

> *"Adapting what we're doing into public health language has been far more influential particularly when we've talked to other devolved partners like health, like social care. It's far more understandable in terms of prevention language and really sets us up as a multi-agency team that's focussed on improving the health of the nation really."* (VPU Partner 1)

Providing alternative, positive messages

The importance of providing alternative, positive messages and how to do this was highlighted throughout the interviews. The Head of the VPU spoke about preliminary discussions that had taken place with Google to look at the potential of accessing big data to develop skills around 'nudge' theory and the tailoring of social media and marketing materials. It was anticipated that this approach would enable the VPU to be 'far more targeted' towards at risk groups and uncover areas where there is a clear need to provide a counter-narrative, such as where videos are being posted on social media that glorify violence. This data would provide evidence about where to intervene and could be used for other public health campaigns.

There was uncertainty, however, whether this 'big data' provides an additional function to that of the analysts and whether a 'mix and match' of the approaches may be used. It was felt that the VPU has a responsibility to all of the communities in Wales, not just those targeted hot spots and that this may provide on example of how they could seek to do this.

> ### Challenges to developing the counter-narrative
> One interviewee described the importance of mapping and identifying all violence prevention activities being implemented across South Wales, particularly to understand the breadth and extent of the wider work that is not funded by the VPU. Their experiences here reflected the challenges of developing the counter-narrative against a backdrop of wider sociocultural expectations that the VPU has limited power to address.

This partner described the importance of the VPU being involved in decisions being made about violence prevention initiatives in order to ensure that funding was being awarded to appropriate initiatives that aligned with the VPU strategies to use a public health and trauma informed approach. It was also described how this activity would increase awareness of wider activities being carried out and ensure there was no duplication of efforts.

3.5 Community Consensus

The WHO define community consensus as working with and for local communities by empowering them to take part in addressing issues that affect them. Partners are encouraged to use local organisations to support community engagement and advocate working with the voluntary sector, carrying out consultation events and linking with existing networks in order to build meaningful relationships and action with local communities.

Interviews with partners highlighted how the VPU was committed to supporting organisations to work together within their communities. The importance of developing relationships and gathering trust was echoed throughout, particularly in terms of linking in with other providers and supporting people to gain further help with wider partners (such as help for education, employment and training, accessing a GP and housing).

Interviews with Nurse Advocates demonstrated the importance of building up relationships of trust with the people that they are looking to engage within the ED; this includes help with registering with a GP, educational issues, jobs and volunteer posts. Here, the Nurse Advocates described the

"What we've seen is the patient is often in their late twenties early thirties category and some of them are hardened young men who don't' want to disclose any information. So the approach they have is a bit of persistence…a push pull type of thing. So they'll go and meet them on a few occasions and in the most cases, in the majority of cases, they've actually been able to breakdown some barriers with the individuals then where they're able to support them." (Frontline Practitioner 5)

different needs and profiles of assault victims and stab victims, with the focus being on preventative work to stop violence escalating.

"We work with victims of knife-related injuries and violent assaults. We build a rapport and trust with them, see if there's any support they are looking for. Perhaps they are not looking for it but they need it and then you start planting those seeds and working towards it. For example today my patient that's in is due to see, has he got tomorrow, probation, so it's a very small step but he wants me to liaise with his probation officer so he's seeing me as somebody he can trust to sort that out for him now. It's the first step but it is a step I've made into engaging his trust and getting him to engage back with me." (Frontline Practitioners 6 and 7)

It was felt that the VPU would enhance community consensus and support the development of localised initiatives that will create meaningful outcomes.

> *"My hope is that having one coordinated pot based in Wales for violence is going to really support communities because previously one of the difficult things was, we were previously funded by the Home Office, we were one of only two organisations in Wales that got funded and describing the operating environment to the Home Office in London is really difficult because policies are different, some aspects are devolved like Criminal Justice isn't devolved, but health and education is devolved and actually criminal justice for children involves health, education, which is really complex and just takes a bit more working through. Having the violence unit in Wales they understand that kind of operating environment so I've got great hopes that actually it's going to allow the most in need in Wales to get the support and get a response that is needed as opposed to having a generic response from the UK government being rolled out that isn't really fit for purpose for Wales. That's what my hope is." (Frontline Practitioner 2)*

The case studies provided further evidence about how the Wales VPU is committed to working with local organisations within communities in order to build meaningful relationships and facilitate engagement. Here, examples are provided of where interventions are delivered across school networks and where targeted interventions liaise with a range of wider partners.

> *"We fund all this, I have no idea, I know what they do, roughly, but I have not detail on what they do and I think that for me and I told the Director that that's a weakness. There are organisations already in place who are delivering with potentially our funding, but to me it's not badged up as VPU. I know in other VRUs, in other cases, you can see and Merseyside were one of them that said actually we're delivering x,y and z under the VRU, so I think there's a disconnect between that and badging it up because they were maybe already existing and they're changed their funding streams etcetera, so they may not be aligned to it. So I think there's scope around that and ownership and governance in the background." (VPU Partner 4)*

The importance of effectively 'branding' and communicating the work of the VPU was felt to be important. This was particularly so to ensure communities understood the breadth of the work of the VPU and that initiatives who were funded and associated with the VPU all felt part of the same programme.

4. Case Studies

Interviews with a number of partners involved in delivering VPU interventions have been used to develop case studies, in order to provide further information about how the VPU works with partners to support the implementation of violence prevention initiatives and create positive outcomes.

4.1 Parallel Lives (Media Academy Cymru)

Overview

Media Academy Cymru is a not for profit organisation working across South Wales vulnerable young people aged eight to 25 years. Last year alone they worked with six thousand young people across South Wales. The organisation

> " In terms of non-profit we probably have one of the highest footfalls of young people in South Wales" (Frontline Practitioner)

works primarily in three key areas; criminal justice; education and training; and arts activities for young people. The criminal justice element involves working predominantly with young people who are on the periphery or involved with criminal justice services. The organisation also delivers some of the out of court disposals for two Youth Offending Service's in Wales.

Education and training play a key role in the organisations activities, and centre around media for young people that have been excluded from education or are unable to get into a college for at least six months. Media Academy aims to work with young people to provide accreditation and support them in wider training, whilst adopting a holistic approach with support from counsellors and substance misuse workers where appropriate. Additionally, a considerable focus is placed on providing arts education to children and young people who may not be able to access these activities usually, due to financial restraints. Young people are given the opportunity to take part in drama, dance, singing, theatre and backstage skills, which helps to boost confidence and gain skills.

The Parallel Lives programme was developed as a result of additional funding provided to Media Academy by the Wales VPU. Parallel Lives works with young people and young families who identify they have a problem within the household relating to violence. Participants are encouraged to work together with the aims of reducing frequency of violence in the home, supporting parents to build better boundaries and supporting them in their parenting skills.

> "What we find is that a lot of parents don't want to seek support because they feel shame and guilt because it's their children. So it's about getting rid of that stigma and guilt and giving them the skills to cope and to tackle or to challenge violence in the home." (Frontline Practitioner)

At the time of evaluation, a total of 12 families had engaged with the Parallel Lives intervention, with all 12 young people having experienced four or more ACE's. The families were referred to the intervention through various referral hubs[2]. The sessions with young people and parents from the referred families run separately and cover seven topics:

1. **Welcome Session**- This session looks to develop confidence and rapport within the group. Adolescent to Parent Violence and Abuse (APVA) is highlighted, and services are highlighted.

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[2] More information about referral sources to be obtained.

2. **Behaviour**- This session explores the theory and science behind aggressive behaviours through the use of Dan Siegel's Hand Model of the Brain and the Flight, Fight or Freeze response.
3. **Needs**- This session explores family roles and expectations, the rights of the child, the need behind the behaviour, and de-escalation techniques.
4. **Communication**- This session explores how to use nonviolent communication techniques to develop empathy.
5. **Emotions**- This session explores cognitive behavioural theory, demonstrating how thoughts drive our emotions and influence our behaviours.
6. **Anger and Responsibility**- This session explores taking responsibility for your actions and consequential thinking activities and discussions.
7. **Moving Forward**- This session is future focused, and includes setting mutually agreed goals for families, a reflective workshop and distance travelled activities and evaluations.

As well as the above detailed activities, each session also includes a check-in and reflection to allow individuals a space to discuss how they are feeling and how the family are managing violence and abuse within the home. The structure of activities carried out, as well as resources needed can be seen in Box 4.

Box 4: Media Academy Cymru activities, materials and resources

Activities

- Research and development of documentation for project
- Distribution of information sheets, referral forms, assessment forms
- 7 intervention sessions

Materials/resources

Parallel Lives education resources include:

- Lesson plans and resources
- Coronavirus isolation "survival guide" for families that have engaged

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Facilitating factors

The increase in funding received from the Wales VPU has enabled the programme to be updated and in line with national standards. It has also facilitated the programme to be launched to a greater number of people. The increased working relationships and connections that have been made with other services has proven to be a great aid in the implementation of the project, and the signposting of participants going forward. The basic framework of the programme was initially piloted in 2012 with some success and later redeveloped to be the current programme implemented. This 're-launch' has required fresh marketing and the organisations has as dedicated person who is now advertising the service, as well as answering questions and meeting with parents and families before and after intervention. This has been made possible due to the additional resources provided through the VPU funding.

> *"The challenges have been really advertising that we're there. We advertised it in 2012 and then stopped, so restarting it again has been a challenge because it's almost like going back to square one advertising the service."* (Project Lead)

Barriers

Due to Covid-19, the remaining sessions of the Parallel Lives programme are being developed for digital delivery. However, during this time where face-to-face contact is limited, families have been contacted and individual check-ins have been arranged with parents, carers and the young person. Families have also been sent an electronic "survival guide" during isolation and information signposting available services for support or help out of hours.

Outcomes and impacts

Figures obtained from Media Academy indicate that:

- Fourteen referrals were made to Parallel Lives, with 12 families taking part in the programme (one disengaged after referral and one was an inappropriate referral due to their needs exceeding that of the programme).
- Four families were signposted to additional services including MAC counselling service, Emotional and Wellbeing service, and Adoption UK.

In order to evaluate the outcomes and impacts of the project, evaluation materials were collected from Media Academy, in addition to carrying out one-to-one telephone interviews between the project leads and the evaluation team. Feedback from clients relating to their pre and post intervention feelings was recorded and provides a valuable insight into the starting point at which the families found themselves at, prior to becoming involved in the programme.

Direct quotes from APVA families prior to intervention, collected by the project team:

> *"My head is dangerous place. My head is always racing, never slows." (APVA male, age 13)*
>
> *"I hate both my parents, I love them but hate them. They try to understand me but don't. They baby me and don't really like me going outside." (APVA female, age 16)*
>
> *"Our relationship is alright…you just can't tell him no, he doesn't like the word NO." (Parent/Carer of male, age 13)*
>
> *"I just don't know what happens, I just get lava mad." (APVA male, age 9)*
>
> *"He changes friends a lot, has no ongoing friendships, actually no friends that I know of." (Parent/Carer of male aged 13)*

Evidence provided to the evaluation team also detailed individual cases where young people receiving the intervention have made significant progress with family relationships. For example, one young person was described as having had a very negative relationship with their father, which occasionally led to aggression from the young person. As a result of the projects work with the family, their relationship has improved and the incidence of aggression in the home decreased. Quotes from those families who have received the intervention show the positive changes made:

> *"Sometimes you don't realise the worlds a hard place for them (young people) too."*
> *(Parent/Carer of female aged 16)*
>
> *"He's doing very well; we are very proud of him…He walked away instead of hitting back and saw the other child receiving a consequence because of the behaviour." (Parent/Carer of male aged 14)*
>
> *"It's been really helpful, no one judges you, everyone listens and helps each other out." (APVA male, 15)*
>
> *"It's so nice to meet other people in a similar situation, to know that you're not alone and to share what works and what doesn't. Although I felt really embarrassed to begin with, like I was a bad parent, everyone was so kind and non-judgemental, it's so good to talk." (Parent/Carer of male aged 16)*

Sustainability and next steps

Frontline practitioners expressed the belief that the intervention has the ability to be rolled out across the wider Wales areas, if funding was available. Additionally it was also discussed that in order for the intervention to continue long-term, additional funding is essential, as facilitators need to have an expertise in working in violence-related topics.

> *"Our aim would be for this to be adopted by every local authority or in clusters across Wales because we think there's going to be great cost benefit we just need to get the evidence to look at cost benefit."* (Frontline Practitioner)

4.2 Fearless (Crimestoppers Trust)

Overview

Crimestoppers provide the police force and other law enforcement agencies with anonymous information that they would not otherwise receive, as well as facilitating the public in having a route to report things 100% anonymously. The charity was formed over 30 years ago and fulfils the need for anonymous reporting if individuals are fearful of repercussions of reporting, or wary of police involvement. In addition, the charity also helps to raise awareness of particular policing and societal priorities with the aim of getting information about hidden crimes, and encouraging people to speak up. In order to further engage with young people, it was felt a specific branding would be needed, which would be tailored to also enhance their educational work as a charity. In response to this, Fearless.org, launched in 2010, which was designed as a platform to provide educational information and resources to young people so that they can understand different types of crime, as this was detailed as one of the reasons why young people may not be active in reporting.

Fearless aims to educate and empower young people aged between 11-16 to feel able to report crime anonymously. Fearless provides an A-Z of crimes, with each one having a description of what they are in an unbiased, and non-judgemental way. Each of these

> *"We're not specialists, so then what we would kind of do is sign post to other providers. So for example if it's about drugs then we would signpost to Talk to Frank so they could find out more about drugs."* (Project Manager)

sections then signposts the user to organisations for further information i.e. for drug-related offences they would be signposted to 'Talk to Frank' or other substance services.

In Wales, the development of a youth based element to the Crimestoppers remit was kick-started in 2016, in collaboration with a number of existing youth based organisations (i.e. School Beat) who were

already going into schools and engaging with young people. These organisations were perfectly placed to further discussions with young people about different crimes, and reporting crime in general. It was important to recognise that not all young people want to talk to the police, so giving them information about how to report anonymously through Fearless was key to getting them engaged.

Within Wales, all schools also participate in an education-based crime prevention programme, which provides additional targeted work in schools through a series of interactive workshops which cover key issues such as child criminal exploitation, drug running and knife crime. There is also emphasis placed on the importance of speaking up, and how doing this anonymously can be facilitated by using the Crimestoppers service. It was hoped that this would empower young people to make a positive difference in their own communities by speaking up.

> *"I think it's very difficult for young people to understand and trust in our anonymous service and for us being able to go out and talk to young people about that service, I think it's helped explain how it works and explain the anonymity."* (Project Manager)

Facilitating factors

The experience and expertise of Crimestoppers has enabled them to develop and maintain good relationships with relevant organisations and within schools. This has facilitated impactful collaborations between Fearless and a range of networks, for example Fearless is a member of the Youth Voluntary Service Wales, which provides for young people through newsletters and meetings, for example. As a result of this membership, there has been a push in advertising Fearless.org's profile, thereby increasing its reach.

Barriers

The project manager described that it was sometimes difficult to organise school visits due to constraints associated with exam preparations and other organisations and charities also competing for time in schools. It was sometimes also difficult to make contact with the right person when trying to organise visits.

Sustainability of funding was also described as a potential barrier to delivery. The project leads described that Fearless currently have four youth workers; one to represent each police force and an additional person funded specifically for South Wales. From April 2020, there may only be three or four youth workers, due to a reduction in funding, and this could potentially result in a lower number of young people receiving support.

> *"It can be quite difficult initially to get the right contact, to get in, but once we're in then you can go in and speak to another class, another year etc."* (Project Manager)

Outcomes and impacts

Fearless collect feedback forms to examine the impact of the support they provide. The project lead described the impact of their intervention: *"what we're hearing from young people is that one of the surprising things is that they don't always know that they can report and they don't always know that they can report using 101 so what we're hearing is now they are happy that they know about the different ways they can report a crime. They're telling us they would use Fearless.org if they wanted to report a crime anonymously and that they feel a bit safer and more confident now that they know different ways that they can report crime."*

Facilitators also feel that there has also been an increase in awareness of Crimestoppers itself through the Fearless work. This means that more people feel empowered to report crime anonymously.

> *"What we've also found in terms of the wider impact is that the Fearless workers help to grow the wider awareness of Crimestoppers, which I think in terms of people knowing they have this anonymous platform they can use to report things."* (Project Manager)

Sustainability and next steps

Fearless described their plans for supporting the sustainability of their initiative. At the core of this, is the successful production of downloadable digital resources for professionals, which was discussed during interview with the facilitator. It is hoped that these will continue to educate young people, even if the staffing resources are not there in the future.

4.3 Her Majesty's Prison and Probation Service

Overview

A probation officer and offender manager from Her Majesty's Prison and Probation Services (HMPPS) were seconded to form part of the VPU core member group. The inclusion of a member of staff from HMPPS in the VPU facilitated identification of areas within the HMPPS which may benefit from changes in working practices and cultures to follow the principles of a public health approach to violence prevention. One identified area for change was work with young adult violent offenders (aged 18-24 years). Whilst such offenders always receive a standard model of supervision and work with a probation officer/offender manager, the aim of the pilot programme was to provide an enhanced model of supervision which was tailored to each individual's needs. This approach has previously been implemented with other types of offenders (e.g. sex offenders and offenders with life sentences).

> *"So it's very much recognising that violent individuals are causing some of those problems in society and we need to perhaps take a bit of a closer look at them."* (Frontline Practitioner)

A dashboard was created for each of the individuals on the pilot programme which included information on offending history, current offence, adverse childhood experiences, sentence plan, supervision activity and criminogenic needs (i.e. individual characteristics, traits, problems or issues which relate to the likelihood of re-offending). Using the information from the dashboard, and input from offender managers, recommendations for risk management and a plan for delivery of supervision and intervention activity for each individual offender is developed. The dashboard and plan for delivery for all offenders on the pilot programme is overseen by one key probation officer. The decision on who deliverers individual activities is made on an individual basis, for example if the relationship between the offender and their offender manager is good, the offender manager may be best placed to deliver activities, alternatively the key probation officer overseeing the programme may deliver activities, whilst third sector organisations are also identified and utilised as appropriate.

A cohort of ten individuals were identified to form a pilot programme. Individuals who had been convicted of violent offences within the last year, in either Cardiff or Swansea, were considered for inclusion on the programme. Exclusion criteria included: being female (no female prisoners in Wales), offence was an isolated occurrence and/or individuals had not been convicted. Ten males, six from HMP Parc (a category B prison and young offenders institution) and four from the community (on probation) were selected for inclusion. Eight of the males were from Cardiff and two from Swansea.

Due to COVID-19, HMPPS have been unable to work directly with the original cohort in custody or the community. However, the joint work that has been completed with HMP Parc will still move ahead

once lockdown is eased; this includes co-production work with Barnardo's and a join up of the work Parc is completing with young adults in custody.

As part of the pilot enhanced supervision programme, a toolkit for staff was developed, which identified resources available to offender managers to use with young offenders. A training package for staff was also being developed to increase awareness of the impact of unconscious bias, personal opinions or previous experience which may adversely influence working practices. The aim of the training was to increase staff confidence to work with young people and take a strengths based approach, with the hope that this will empower all staff to feel confident in working with younger people regardless of previous experience or personal opinions, which may have influenced their practice. At the point of evaluation, nine offender managers had been involved with the 10 offenders, with three having participated in face-to-face support meetings with the project facilitator.

> *"I'd had time to step back a little bit and look at everything that's out there and suggest ways of working with them and then the aim was to sit down with the offender managers, go through it with them to see what they thought might work."* (Frontline Practitioner)

HMPPS also developed a toolkit for working with young people, and are also in the process of developing normalisation and unconscious bias training with the personality pathway team.

The work of the HMPPS also informs the operational focus of the VPU, working with the police, Public Health Wales and partners to help identify young people who are at the cusp of becoming involved in serious violence. Through this multi-agency work in the VPU, HMPSS aim to train staff to better manage this risk and to share expertise in managing these cases, and facilitate a multi-agency meeting to help identify and manage those at risk cases.

Facilitating factors

The VPU funding has enabled the full time funding of a dedicated member of staff to liaise with offender managers, and provide the detailed intervention above. Other facilitative factors include the collaboration with other organisations such as Cardiff Council, substance misuse services and other charitable organisations, which have been used to signpost individuals to specialised services, or additional support. The collaborative approach from other members of the VPU has been beneficial to the service by providing a better information sharing relationship.

> *"If we've got people in probation who might have information we can share it better, so I think building those links with people is good to have those points of contact."* (Frontline Practitioner)

Barriers

One of the main barriers, which was discussed during the course of facilitator interviews, was time constraints within the probation service. Many offender managers have high caseloads, and finding the time to manage cases can be sparse. During the course of the intervention, the COVID-19 pandemic has affected the ability to contact people and many offender managers are not physically in their place of work. The facilitator has also been unable to continue having face-to-face meeting with offender managers which has meant the progress for the intervention work has been halted somewhat, although facilitators have maintained availability to advise remotely where possible.

Outcomes and impacts

The project facilitator felt that offender managers seemed to have responded positively to the intervention, and believed the fact it supports both offenders and staff was a key factor. The improved relationships as a result of being part of VPU were again mentioned as having had a positive impact on the overall communication between organisations. Impacts of the enhanced supervision programme will be monitored using evaluation of routine data (e.g. re-offending rates). It is hoped that they will be able to measure efficacy in the programme through things like adjudications and their behaviour (if in custody), their engagement with staff and any improvements in that area. For participants who are based in the community, an examination or recidivism, and their relationship with staff will be examined to assess efficacy. A bespoke series of self-report measures which assess the impact of the programme on a range of measures including: wellbeing and resilience, attitudes to violence, victimisation, association with deviant peers, witnessing violence and perceptions of local community, childhood experiences, and feelings of safety. Offender perceptions of the enhanced supervision programme will also be collected.

> *"I think at HMP Parc, which we're linking in with as well, they've already done some quite good work around weapon amnesty and raising awareness around the impact of carrying a knife and things like that. I think they're seen people having a bit more of a realisation about what that mean."* (Project Facilitator)

> *"Again the links from other people in the violence prevention unit have has been really good. So, for example, there was a stabbing in Cardiff on the weekend, but now because we've got those links with the police we can better say what was going on."* (Project Facilitator)

Sustainability and next steps

Once usual working practices have resumed (after the COVID-19 lock down is lifted), the pilot project with the ten offenders will resume. Meetings between the probation officer overseeing the programme and offender managers are also planned to resume, with feedback from offender managers on the implementation of the programme important in informing further development. Feedback and outcomes from the pilot programme will be considered and if successful, the programme will be scaled up to implement with a wider range of offenders. Specifically the intention is to use the profile of offenders developed by police which highlights which types of offences (e.g. theft and drug offences) escalate to higher level violent offences. The aim is to work with these offenders using the enhanced individual supervision model to prevent escalation of behaviour to more serious offences. Protective service officers have been identified as suitably placed to undertake this work. Dual funding between the VPU and HMPPS for the post of the probation worker overseeing the project has also been secured which adds to the sustainability of the programme.

> *"I think if we can work on maturity and not only going in with pieces of work on people, but we've got to start with the basics allowing individuals to have time to reflect on themselves and how they understand things. Also linking in a bit better with families."* (Project Facilitator)

4.4 Nurse Advocates

Overview

With a strong history of collaborative working with other agencies, the Cardiff and Vale University Health Board have an important role within the VPU in providing support for people directly affected by violence. The Nurse Advocates initiative was developed in collaboration with the Head of Safeguarding, Cardiff and Vale University Health Board and the VPU, to increase the number of violent crimes being report to the police. This case study draws on interviews with the Head of Safeguarding, Cardiff and Vale University Health Board, and two practitioners, working in the role of Nurse Advocate.

The Head of Safeguarding, Cardiff and Vale University Health Board, manages a team of safeguarding nurse advisors and an Independent Domestic Violence Advisor (IDVA), and works collaboratively with other agencies in Cardiff. The team were approached by the police to see if they would be interested in being involved in the VPU, initially for a six-month period.

The Nurse Advocates initiative involves two nurses, employed by the safeguarding team, based within the Emergency Department (ED). The initiative is based on evidence that not all victims of violence report this to police, and that medical staff felt they could not break patient confidentiality in reporting these incidents.

> *"We knew that there was a disconnect with referrals of crimes being reported to the police and that's going back historically where medical staff felt that they couldn't break the confidentiality of patients, not realising that even though it's in the GMC guidelines if to prevent a crime and it's in the best public interest they should have been reporting it anyway. So we knew there were far more cases coming into the emergency department than the police were actually aware of. So that was the first purpose was to close that gap, which we've been completely successful in doing. So all cases now, there's one hundred percent of cases coming through the emergency department that are reported to the police".* (Head of Safeguarding)

> *"We've had a number of cases where people have come in with stab, knife-related injuries and they come in, they are seen and they are discharged. No-one else knows that they've been in. So there was no safeguarding, there was no police informed, no-one else in the Health Board were informed so it was something that I highlighted when we had a gentleman that was stabbed in the face is that his health visitor for his children weren't aware that he, it was the second time he'd been stabbed"* (Nurse Advocate)

When a victim of violence arrives at the ED, this is immediately 'flagged' on the casualty card. Once the immediate health needs have been addressed, and once the patient is stable, a Nurse Advocate visits the patient. Engaging with the patients can often take a number of visits.

> *"It'll take more than one session with a patient for them to engage. What we've seen is the patient is often in their late twenties, early thirties category, and some of them are hardened young men who don't want to disclose any information. So the approach they have is a bit of persistence…a push pull type of thing. So they'll go and meet them on a few occasions and in the most cases, in the majority of cases, they've actually been able to breakdown some barriers with the individuals then they're able to support them."* (Head of Safeguarding)

The team took legal advice from the General Medical Council (GMC) and have educated nursing staff about their duty to report violent incident's to the police. The Nurse Advocates have carried out training sessions to inform ED staff about their role and the VPU.

> *"So staff who are then seeing the patients who are coming in with injuries are thinking violence prevention, so that's working really well"*. (Head of Safeguarding)

Facilitating factors

The Nurse Advocates initiative is completely funded by the VPU, with the two nurses employed within the safeguarding team. The importance of having nurses with experiences of safeguarding and working in an ED was vital to the success of the initiative. On the importance of having an advocate with safeguarding experience, the Head of Safeguarding described:

> *"So we have [name] who is a band 6 Sister who is on secondment from emergency department and I thought that would work really well because of the fact that she knows the department and has worked there for a number of years and emergency departments of really difficult area to engage with because they're so busy there and you have something like 160 nursing staff working on rotation…..and trying to break in like that to a new area is really difficult, so that's why I thought it would be really good to have a nurse who was already working in that department and knew how to engage with the staff… So that's what the success has been having [name] with all her links in the emergency department and having the knowledge in how to tap in and engage the staff because she's one of them"* (Head of Safeguarding)

One of the Nurse Advocates agreed that it would have been impossible to have come into the ED had the other nurse advocate not already have been in post there.

> *"I would have really struggled coming into this department, trying to get, just trying to find my way around, let alone trying to get engagement from staff because quite a lot of the time, the first couple of weeks I had was who are you? And they would hold my lanyard…that's the positive of [name] role is knowing how the ED works and knowing the intricacies of when's good to go in, when's not good to go in and all those kind of stuff because without that it would just, it would have caused a lot of barriers"* (Nurse Advocate)

On the importance of having an advocate with ED experience, the Head of Safeguarding described:

> *"And then you've got the expertise of [name] who's got the IDVA and ISVA qualifications and her communication skills and her knowing as well what other services are available out in the community because [name] wouldn't know that because when you're a nurse in the emergency department then you'll know about what happens inside a hospital but she's have no reason to know what happens out in the community or what services you can link in with and sign post on to, but they've both learned from each other over that six months and they've really utilised each others' skills and luckily they get on really well."* (Head of Safeguarding)

The importance of being based within the ED was viewed as particularly important in engaging with staff and providing effective support.

> *"It'll take a lot of time to embed that fully but we've made huge progress. With us being based in the emergency department itself that's difficult because you've got to find space for a start which in an established emergency department it's quite difficult to just get desk space but with the links that [name] had from working there, we were able to negotiate that desk space and it's made a huge difference because they're on the shop floor…What you find is, that when you're actually on the shop floor you have more opportunistic queries so staff will just knock on the door and say…whereas if you're more remote than that you don't get the foot fall and you're missing quite a few things, so with them being on the shop floor they've been able to engage with the reception staff where people are first presenting and improve the quality of the information that is obtained from patients when they first attend, which raises a flag"* (Head of Safeguarding)

From the perspective of the Nurse Advocates, it was important to ensure that the wider staff in the ED involved were aware of their roles and responsibilities. It was highlighted that the Nurse Advocate roles were seen as very distinct from the ED and that was a potential barrier to delivery. The Nurse Advocates spoke about being able to engage with other professionals in the ED and keep them 'in the loop' with what was going on, but felt that they did not provide any input or suggestions about how the intervention may be improved.

Barriers

The challenges of working in an ED was described, particularly in terms of the resources and the potential for the staff seconded to the Nurse Advocates roles being pulled; this was a particular concern at the time of the interview, which was carried out during the COVID-19 pandemic.

> *"I could hit a challenge from the emergency department because they need all the qualified staff and you can imagine it's all hands on deck at the moment. Even when we get to the stage where things are relaxed, there's always the challenge that the emergency department could say we can't sustain the secondment any longer."* (Head of Safeguarding)

The interviewee described that if this did happen, they would feel confident that the Health Board would provide their support in ensuring this did not happen.

Outcomes and impacts

The Head of Safeguarding described how the intervention had resulted in increased reporting of violent crime, increased awareness of the need to report violent crime amongst staff working within the ED, and the sharing of information at a strategic level.

The partnership approach to the Nurse Advocates initiative is a particular strength of this intervention, providing both direct and indirect impacts to the people supported by this intervention. The Nurse Advocates work with a range of stakeholders, from the staff within the ED, to external organisations including St Giles Trust and Action for Children.

> *"I know we've had individuals who've not been registered with a GP. They've (the Nurse Advocates) given them advice on how to access GP services. They've been able to signpost them to legal advice, housing advice as well because a lot of young people haven't had accommodation and … they were able to link in with the worker from St Giles Trust who would then link in with education for learning and housing, so it was all together."* (Head of Safeguarding)

The importance of being able to referral patients to a community organisation was felt to be important.

> *"They need that because once they're discharged they lose that element of being able to keep in contact with them somewhat but in saying that they have had young people who keep texting them and so they're maintaining contact as well."* (Head of Safeguarding)

Sustainability and next steps

The Head of Safeguarding described how the Nurse Advocates initiative would not be possible without the VPU funding.

> *"There's no way we could have made the intervention that we have without the injection of cash. I don't think there would have been the resources of the commitment available from different departments because both [name] and [name] came on secondment initially and the reason that was agreed was because they were being fully funded. Obviously violence prevention is important to the health board but to be able to set something up in the way that we have, it needs commitment, and because of the areas that we were looking for the commitment from like the emergency department, they wouldn't have the resources just to put staff in that position."* (Head of Safeguarding)

In terms of sustainability, future funding for the Nurse Advocate posts was viewed as important, in ensuring the initiative had enough time to embed and integrate into the ED admission and discharge pathways. In addition, the importance of increasing the IDVA resource within the ED was viewed as important, particularly as domestic abuse is a priority for the VPU.

> *"One person trying to manage all of the disclosures across the health board is massive and I think we can probably do a lot more effective work in the emergency department if we had additional funding to provide that service in there."* (Head of Safeguarding)

4.5 Learning from Wider Stakeholders

Additional learning from broader interventions has been included within this evaluation, in order to inform the future development of the VPU and related activities. StreetGames is a UK based charity specialising in a sport for development approach to intervention activities. The overarching aim of the organisation is to "*change lives and transform communities through the power of sport*". Formed in 2007, StreetGames was inspired by the success of joint work conducted by The FA, Football Foundation and other agencies working within disadvantaged areas; places in which young people were almost 50% less likely to be physically active than their more affluent peers. StreetGames currently help to advise the Wales VPU panel about the role of sport in violence prevention, and how to implement referral pathways with this in mind. One of their key community projects, the 'Doorstep Sport' programme aims to deliver sport in the most needed locations, in an approach tailored to the community's needs. The experiences of StreetGames in delivering the Doorstep Sport Provision are useful in understanding how to maximise the efficiency of these types of approaches.

The Doorstep Sport Programme aims to provide semi-formalised sporting activities once a week, to at risk young people in their local area. Supplementary to this, the programme provides advice and guidance to local frontline practitioners who are helping the organisations who engage to understand the risk factors young people face, implementation challenges, and how to respond to them. This also helps to build capacity through informal networking events enabling them to collaborate, share and

inform each other. Workforce training will also take place as part of this with the hope that this will enable the facilitators to feel confident and supported when working with young people who present with a high level of risk or vulnerability. The organisation also aims to place emphasis and recognition on local organisation workers to ensure they are not just seen as sports coaches, and that people understand their role as a trusted mentor and what their role looks like will also be examined in these sessions.

Organisations such as local community centres, YMCA, Youth services, and other community-focused groups provide the doorstep sports element of the programme. The sports undertaken are chosen by the young people involved, with the

> *"The sport isn't the priority, it's the ethos and engagement that is important."* Policy Officer

facilitators having been trained in how to engage with the activities and participants in that session. In this way, the intervention is not solely about sport, but about getting young people engaged with an activity. StreetGames advise the facilitators throughout, to help them to embed personal development principles through any sport, helping to ensure flexibility in the programme.

StreetGames supports organisations who work with people aged 7-24 years, with the majority or the intervention recipients being 11-16 years old. Many of the individuals who take part in the intervention are self-referrals, or have been identified through the organisations involved.

The importance of stakeholder engagement has been highlighted as central to the effectiveness of the programme. The importance of clear and transparent referral mechanisms was highlighted by StreetGames, to ensure that referrals are tailored specifically to individual's needs. Conveying the value of a sports based intervention, particularly to criminal justice agencies, was described as being challenging at times. The StreetGames Policy Officer described

> *"Cross-sector referral pathways and the willingness is there but the implementation of referring can be poor, maybe because it's not part of core business or how they generally make referrals. There also seems to be a referral 'Menu' where everyone goes for the same organisations instead of tailoring to the individual."* Policy Officer

how it could sometimes be hard to overcome preconceived ideas of what an intervention should be for a person at risk, and then be able to demonstrate the positive impact of sports based interventions on the young person. The insights gathered from delivering this type of intervention, and the experiences in engaging with stakeholders, provides important information that can shape the work of the VPU moving into Phase 2 and beyond.

5. Mapping the Wales VPU Work Programme

A key objective of this evaluation was to map out the wider VPU work programme in relation to wider systems, violence prevention and health and wellbeing strategies across Wales. In order to obtain further evidence to complement the partner interviews (presented in Section 3), three stakeholder engagement events were carried out to gather a greater understanding of violence prevention activity across Wales. During the events, partners from the VPU and attendees at the VPU Conference were asked to provide their views on the short, medium and longer-term outcomes of the violence prevention activities being carried out across Wales. This information was analysed thematically and used to produce outcomes chains (model 1).

Model 1: Short, medium and longer-term outcomes of the VPU, identified through stakeholder engagement

Short-term Outcomes		Long-term Outcomes
Collaborative whole systems approach to working	Violence Prevention is in all policies	Reduction in re-offending and successful rehabilitation of offenders into society and community
Police provide a gateway to services	Improved/clearer pathways for referrals	Reduced involvement of children and young people in criminal activity
Better understanding of risks and protective factors to prevent violence	Ongoing communication between partners	Reduced involvement of children and young people in the Criminal Justice System
Public are more aware and can report crime and safeguard young people	Quicker effective decision making	Reduction in all forms of violence
Greater community intelligence about where to target interventions	Less gaps in service and overlap in services/interventions	Fewer homicides
Increase in social engagement (across schools/employment/society)	People at risk of violence receive early intervention (e.g. families, children, siblings)	Less incidents of violence to respond to. A lower % of total demand on policing
The voice of children, young people and the community is embedded throughout	Increased early intervention with specialist services for both survivor and perpetrators	Fewer violence related hospital admissions
Children and young people understand and know where to get help if they are involved in criminal or knife crime activity	An increased awareness of the number of organisations that develop interventions to tackle violence	Children, young people, parents, families communities feel safer
Children and young people understand the consequences of criminal or knife crime activity	Increase in safeguarding patients/staff and wider community	Stronger communities
Children and young people empowered to make informed decisions	Children and young people make more positive choices about crime and criminality	Improved health outcomes associated with wider determinants
Communities are more aware about where to access help/support	Children and young people have increased confidence to speak up about violence	Reduced financial cost of violence
Increase in safeguarding patients/staff and wider community	Increased resilience and confidence amongst children and young people	Increase in economic productivity
Increased engagement with the most vulnerable people in communities	Improved peer relationships	Reduced health inequalities/closing the gap in health inequalities
Professionals are more confident to discuss violence prevention	Enhanced family relationships	
Increased support for survivors of violent crimes	Improved education outcomes	
Increased rehabilitation for offenders		
Fewer people carrying knives		

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This information was then used to co-produce a logic model and theory of change for violence prevention across South Wales (2019/20), to support the development of the Wales VPU standard evaluation framework, and will inform future VPU delivery, evaluation and monitoring.

The model illustrates how the range of strategic and operational activities, delivered at individual, family, community and wider-system levels could work together to achieve a range of short, medium and long-term outcomes. The logic model also provides evidence as to how the core values of the Wales VPU are already being embedded across the whole system, particularly in ensuring the community is at the heart of the VPU and ensuring initiatives are trauma-informed. Continued evaluation and monitoring will explore if and how the system is working collectively to achieve positive outcomes.

Wales Violence Prevention Unit **Logic Model**

KEY STAKEHOLDERS

Police	Police and Crime Commissioners	Public Health Wales	Home Office	Her Majesty's Prison and Probation Service
Welsh Government	Third Sector Organisations	Local Authorities, including Community Safety Partnerships, Education and Social Care Services	Academic partners	Health Boards
Youth Offending Service	Crime Stoppers	Public Service Boards	The Media	Communities (e.g. the public, young people, survivors of violence)

ACTIVITIES

OUTCOMES

SHORT TERM (1 YEAR)	MEDIUM TERM (1-3 YEARS)

LONG TERM OUTCOMES 3-10 YEARS

AWARE: Build awareness of public health approaches to violence prevention in Wales and act as a hub of expertise on violence prevention

ACTIVITIES	SHORT TERM (1 YEAR)	MEDIUM TERM (1-3 YEARS)	LONG TERM OUTCOMES 3-10 YEARS
• To map the local invernetions available to reduce and prevent violence • Conduct evidence reviews and facilitate research on violence prevention • To identify and consult with partners who respond to violence and associated vulnerabilities, to develop collaborative working practice • Carry out strategic needs assessments to understand the epidemiology of violence in Wales	• A greater understanding of service delivery across organisations • A greater understanding of the landscape of violence prevention activity in Wales and awareness of gaps for intervention, opportunities and hidden harm • An improved awareness of the epidemiology of violence and risk and protective factors in Wales • Increased awareness and visibility of the role of the VPU in Wales for strategic and operational partners and the general public	• A Wales wide understanding of violence and the impact on society • Evidence-based practice and consistent approaches to violence prevention delivered across Wales • The VPU acts as an integrated single point of contact for information, advice and resources on violence in Wales • The VPU lead and coordinate violence prevention activity in Wales • Identify and respond to cultural and systemic issues across organisations that may act as barriers to effectively responding to violence reduction and prevention	A whole systems response to violence in Wales Reduction in all forms of violence Less incidents of violence to respond to, i.e. a lower % of total demand on policing Fewer homicides Reduction in violence related injuries

- Engage with national and international partners to share learning, evidence and best practice, including experts in the field of violence prevention, Violence Reduction Units (VRUs) and the World Health Organisation (WHO)

- Develop a multi-disciplinary VPU team structure to develop and coordinate strategic and operational practice

- Engage with stakeholders to identify and develop a sustainable and long-term violence prevention unit for Wales

- Communicate the role of the VPU to partners in strategic and operational roles, as well as local communities

- Using a range of methods and social media platforms, share knowledge and expertise on violence prevention and communicate evidence on best practice with partners (e.g. website, e-bulletin twitter).

- Develop a stakeholder management system and communications panel to coordinate stakeholder activity

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- Greater engagement with a wide-range of partners who are able to support the work of the VPU

- Long-term funding to continue to grow and develop the VPU over a pro-longed period of time

- Aligned communication across services which is consistent and evidence-based

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- Greater opportunities for partners to work together when responding to violence and supporting victims and perpetrators

- Increased availability and access to prevention and early intervention with specialist services for both survivors and perpetrators

- A more defined and direct referral pathway into services for victim and perpetrator violence intervention

- Engaged with a wide-range of stakeholders across Wales to cover all forms of violence

- Professionals from across the system are aware of their role in taking a public health approach to violence prevention.

Reduction in re-offending

Successful rehabilitation of offenders into society and community

Reduced involvement of children and young people in criminal activity

Improved criminal justice outcomes

Reduced financial cost of violence across services

Improved health outcomes associated with wider determinants

Reduced health inequalities / closing the gap in health inequalities

Increase in economic productivity

ADVOCATE: a public health approach to violence prevention hub of expertise of violence prevention

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- Advocate for violence to be understood as a public health issue and the importance of violence prevention

- A wide spread understanding of what a public health approach to violence is and how to implement it

- Partners use evidence based practice / evaluate their work

- Engage with partners to drive a public health approach to violence through the violence surveillance system

- System-wide representation on local and national boards/ forums e.g. serious violence boards

- Support/consult on the development of strategy, legislation and standards

- Advocate for coproduction of services with survivors and people, families and communities at risk of violence

- Advocate for increased resources to support violence prevention in Wales

- Services in Wales recognise the importance of routinely collecting data and using this to improve their approach to violence prevention

- A commitment to violence prevention across different sectors in Wales

- Organisations consider the voice of children, young people and the community and in their service delivery

- Professionals are more confident to discuss violence prevention

- Services respond to the underlying causes of violence (vulnerabilities as risk factors) rather than the behaviour/ crime

- A more coordinated and streamlined response to violence in Wales

- Violence Prevention is in all policies

- Increased capacity to respond to violence in Wales

- National, Wales-wide adoption of the Violence Surveillance System

- Increased investment in primary prevention by partners

Reduction in violence in the prison setting, including self-harm and violence towards staff

The voice of children and young people, victims and perpetrators of violence are used to inform service deliver.

ASSIST: To assist partners to use evidence to inform service delivery and enable multi-agency joint working in tackling **violence in Wales.**

- Identify sources of data on violence across Wales and engage with partners/ stakeholders to develop protocols for cross-agency data sharing

- Further develop the violence surveillance System to increase capacity for identifying trends in violence and hotspots

- Develop data dashboard on violence for use by the VPU and wider partners

- Greater community intelligence on where to target intervention

- Community safety partnerships have greater intelligence to support activity

- A quicker and more effective response to surge activity

- An understanding of capacity and capability of services to respond to violence

- An improved understanding of the validity of data sets

- A holistic picture of the nature and level of violence in Wales.

- A wider understanding of the level of all forms of violence in Wales, including 'hidden harm'

- More effective interventions

- Reduction in the vulnerabilities which increase the risk of violence perpetration and victimisation

- Delivery of appropriate evidence based interventions

- Support partners to use data dashboard and the evidence-base to inform their strategic and operational practice

- Building on existing arrangements, establishing structures for the data to be received, assessed and responded to (e.g. multi-agency meetings)

- Assist organisations to deliver, test and refine interventions through evaluation.

- Working with partners, the VPU develops the capabilities to respond to emerging threats, surges in violence or crisis (e.g. COVID-19)

- Convening and meeting with multi-agency partners to work together to prevent violence

- Provide strategic, multi-disciplinary leadership to enable a whole systems response to violence prevention and reduction

- Provide advice, guidance and recommendations to services to further develop operational and strategic practice

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- Provide both preventative and reactive operational responses to violence in Wales

- The VPU are at the forefront of national responses to violence and provide a cross-agency coordinated response across Wales

- Greater analytic capabilities across a wide range of organisations

- An understanding of the effectiveness of the violence surveillance system and the need to further develop it

- Specific programmes are available to address anti-social behaviour and violence

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- An increase in availability of primary, secondary and tertiary intervention in Wales

- Increased access to support for vulnerable, at risk groups

- Reduction in peaks of violent crimes

- Reduction in hidden harm

ADOPT: Commission, adopt and fund interventions that prevent all forms of violence across Wales through a public health approach

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- Provision of specialist staff and teams providing primary, secondary and tertiary interventions

- Children and young people are educated on the risks of violence perpetration (e.g. knife crime) and the consequences

- Children and young people understand and know where to get help if they are involved in criminal activity and violence

- Community engagement and cohesion activities

- Media interventions/initiatives (radio and online)

- Provide support, advice and guidance to victims affected by violence

- Provide secondary intervention in health care settings

- Provide intervention to violent offenders to reduce reoffending and future risk

- Coordinate/ support school and community educational programmes

- Provide needs-based support and interventions to young people at risk of violence victimisation and perpetration

- Commission research and evaluation to identify which interventions will have the greatest impact for scale up across Wales and build the evidence base for violence prevention

- Pilot and evaluate innovative programmes that have the potential for significant impact in preventing violence

- Communities feel empowered to prevent violence through community based programmes such as bystander interventions

- Consistent messages within the media on violence

- Victims of violence receive the support they require at the point of crisis

- Increased support for survivors of violence

- Offenders receive holistic support to identify risk and protective factors and intervene to reduce further victimisation and perpetration

- Improved peer relationships

- Children and young people empowered to make informed decisions and feel positive about the future?

- Increase in safeguarding patients/staff and wider community

- Increased engagement with the most vulnerable people in communities

- Fewer people carrying knives

- Communities are more aware about where to access help/support and safeguard young people

- Bystanders are empowered to safely intervene

- Improved education outcomes

- Reduction in number of first time offenders entering the criminal justice system

- Schools have a greater confidence to respond to violence and knife crime in school

- Vulnerable children and YP are identified early and receive support to prevent involvement in violence or drug related crime

- People at risk of violence receive early intervention (e.g. families, children, siblings)

- Enhanced family and interpersonal relationships

- Children and young people have increased confidence to speak up about violence

6. Considerations for implementation and sustainability of VPU activities

Evidence from this evaluation has demonstrated that the Wales VPU has begun to create system-level changes in violence prevention, encouraging organisations to focus upon violence prevention as a public health issue. The aspirations of stakeholders and the logic model suggest that continuing this work should build on early successes in preventing violence in Wales. The case studies have highlighted evidence of the impact that some interventions are having on preventing youth violence and supporting young people to address needs which can act as risk factors of violence perpetration and/or victimisation. At the time of this evaluation, the VPU was establishing itself to work collaboratively with partners to enable violence prevention across sectors. Further evaluation will measure the impact of the interventions and wider VPU activity on preventing violence in Wales.

The ability of the Wales VPU to achieve the intended change is dependent on having the infrastructure in place to mobilise the strategic and operational activities. It is evident that the VPU are keen to invest in innovation and support interventions. Whilst the money allocated to the VPU for investment was seen to be small, the buy-in for the public health approach was seen to have attracted many partners, who wanted to work together rather than in a silo. It was felt that the work of the VPU was helping to stimulate the public health approach to violence prevention, working together to provide preventative approaches that mitigated against violence, alternative pathways for children, young people and their families, and raised awareness of the services that worked with children and young people and the opportunities they had available.

> *"…so what we have got is a comparatively small amount of money but it's very much around pump priming activity, testing and learning, having an evaluation framework around what works so that public money is spent wisely." (VPU Partner 1)*

A number of the participants highlighted the importance of investment in innovation and that without this, many interventions would not be possible. The investment made by the VPU is generating engagement across the wider system. Partners described how the importance of measuring the value of this investment: *"[we're] not really sure of the value that we're adding and we need to."* It was felt that even a 'modest uplift' in the funding arrangements would mean that the VPU could be far more impactful across Wales as well as being able to pump prime activity where the evidence shows that it works.

Partners discussed the challenges of learning from the initiatives funded in Phase 1 and scaling up the successful interventions outside of South Wales. Whilst Home Office funding was specifically for the South Wales hot spot areas, the VPU were committed to developing a whole-Wales approach to preventing violence and keeping people safe.

> *"If it's an evaluation that the Home Office…is it having an impact, is it making a different, is it helping to prevent harm, is it helping partners to work together I'm really really glass half full about that. It's definitely making a difference and it's a fantastic investment. I just think that we could do more, with not a lot more." (VPU Partner 1)*

The sustainability of VPU initiatives focused around the ability to provide continuity of funding for providers and more security for staff. It was suggested that funding be provided for three years, on the condition that they provided annual reports of their innovation and impact. The short-term nature of funding was described as a limitation, with recognition that longer-term continuation of funding would be beneficial, particularly to fund existing initiatives.

> *"So you get to end of the financial year and there might be money there to the end of March but in reality, people with mortgages to pay etc. will have their eyes on other jobs when they haven't got that certainty. So the opportunity for me would be some continuity of funding…even if it was just for the interventions element of it, even that would be really helpful." (VPU Partner 1)*

When asked about whether the VPU is in a position to begin to identify those interventions that would endure, one of the VPU partners felt that his was 'fifty-fifty'. This stakeholder felt that they would be able to provide evidence for those programmes/interventions funded by the VPU, but that having done a more general mapping exercise of activity, it was evident that there were gaps and inconsistencies in approach and that there needed to be clearer governance structures in place.

> *"The ones that we commission or fund the PCC coordinator will have those details and will probably be able to provide the impact of that albeit it needs wider sharing and badging as the VPU. We have done an exercise in mapping and I think that it just basically showed a totally inconsistent approach across and massive gaps and it's just a bit of a free for all out there really with no clear governance around it." (VPU Partner 4)*

One partner described the importance of upskilling staff to ensure that interventions could be maintained, if funding was reduced or no longer available.

> *"What we want to do through this work is increase staff awareness a bit and then the plan is hopefully that it would just be into business as usual. So it would be looking at perhaps where young violent offenders are best placed. That's going to be in the IOM*[integrated offender management] cohort, looking potentially at having probation officers who are specifically trained, so who are upskilled to manage them so I guess hopefully that will all be in place in the year and then if the VPU don't fund any further, it should already be kind of the way that we work. Obviously if there's further funding we can look at what else we can do with that."*
> *(Frontline Practitioner 4)*
>
> * IOM brings a cross-agency response to the crime and reoffending threats faced by local communities. The most persistent and problematic offenders are identified and managed jointly by partner agencies working together. IOM helps to improve the quality of life in communities by: reducing the negative impact of crime and reoffending; reducing the number of people who become victims of crime; helping to improve the public's confidence in the criminal justice system (https://www.gov.uk/guidance/integrated-offender-management-iom)

A second participant described how their intervention was supported by an online platform to provide training and information to increase awareness (for both professionals and children and young people) around different types of crime and how it may be reported. This was felt to improve sustainability, if they were no longer able to fund their youth workers. It was felt, however, that this would not replace the benefits of the youth workers going into schools and being able to have face-to-face engagement with children and young people and professionals.

> *"Our sustainability element is getting out to as many professionals as possible that this is Fearless as well as to enhance our youth work. The youth bit will be the first bit to go and it's then whether we continue, if the youth work wasn't able to be funded, then we would continue to look to ways like I did before I had that team to develop films and resources." (Frontline Practitioner 3)*

One participant felt that the sustainability of funding was important to ensure that it was possible to keep specialist staff in place who had the knowledge and expertise of working in violence because the risk attached is too high. This participant felt that it was pertinent to begin to explore the cost-

effectiveness of interventions to evidence/support the value of these roles and the interventions within which they work.

> *"The sustainability is something that I can't really say because I'm not a strategic funder, but I think if you do the maths and I think if you do the pilot cohort of young people about reoffending or look back at the life experiences of parents and children, we're going to know that things have improved. So it's one of the things that we need to do as a society working in this field is do some kind of cost savings analysis. What is costs to deliver pre family and what it saves per family."*
> *(Frontline Practitioner 2)*

6.1 The VPU Impact and Response to COVID-19

This evaluation was carried out prior to and during the COVID-19 pandemic. Many of the interviewees described (unprompted) the impact of COVID-19 on their organisation and the communities support. This section includes stakeholder perceptions on the impact of COVID-19 on their experiences and is not an exhaustive summary of the full impact of COVID-19.

Impact on violence

One participant described COVID-19 and the impact on **safeguarding** and **domestic violence**, describing how all forms of safeguarding appeared to be 'relatively quiet' (at the time of the interview taking place) and that once 'lockdown' measures were lifted there was a fear that there may be a 'huge tsunami' of disclosures. This participant, however, spoke about looking at ways of implementing routine enquiry, through different health practitioners, some of which were considered opportunistic because of the current climate where, for example, people were attending medical appointments on their own.

> *"I know we're having some police reports through PPN, but we're not having the footfall in the emergency department like we normally would and we're not getting the disclosures we normally would. Routine enquiry happens anyway with midwifery for instance and we have got a better opportunity with the routine enquiry because women are coming to appointments on their own and interestingly our radiology department contacted the safeguarding office and said look we've got an opportunity, we're seeing patients on their own is there more we should be doing, so we've got them doing the same pathway giving the routine enquiry. Emergency departments are doing the same thing.....health visiting do routine enquiry routinely as well, so we've adapted a bit our ways of asking the questions in the context."* (Frontline Practitioner 5)

Impact on service delivery

Partners described not being able to **engage face-to-face with clients/service users** or **network with service providers/professionals** and there were concerns that this could impact upon the delivery of the interventions. For example, one participant described currently only having one member of staff delivering their intervention and the possibility that this member of staff may be 'pulled back' to frontline duties. A second participant stated that whilst there was definitely a "need for business to continue", especially the work being done around violence prevention; they were coming to terms with how that would look, what exactly they were going to do, and in turn how that may potentially limit the impacts of their intervention at least in the short-term.

Some partners highlighted the challenges of lockdown on limiting communication and informal discussions.

> *"…Pre-COVID we'd just been handed the keys for an office in Cardiff City Centre and we were just waiting for it to be furnished and brought up to some level of decency. But I think it's both that formal briefings of trying to get, or sharing that information, but also that informal discussions that we're having with people and I think we're missing a trick there." (VPU Partner 4)*
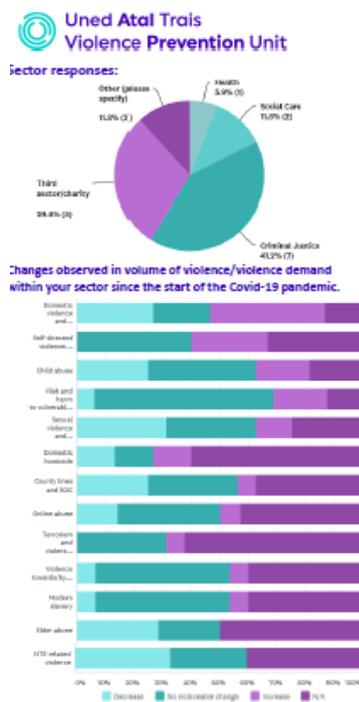
Despite the potential challenges of not having a central base, partners had highlighted the impact that **COVID-19** had on working collaboratively, explaining that there had been a number of instances where it had actually been **easier to contact people** and have conversations because they were not attending so many other meetings. It was felt, however, that there was still much work going on, and that many providers had adapted to the situation quickly by **developing innovative ways** around, for example, how they contact young people (e.g., through Skype and WhatsApp) and moving towards having more of an online presence. One of the participants spoke about looking at more digital options for the delivery of their intervention to children and young people and the upskilling of professionals that not only used organic, free social media, but also paid for advertising in targeted areas to see how they could engage people differently.

> *"We're weighted down with little apples to be honest because there's so much low hanging fruit out there that we have and are helping to develop, so masses of opportunity, but it feels early days…It's taken a lot of time to recruit people to post, to build our networks, to build our governance structures… I'm just looking forward to when the lock downs lifted to be honest because a lot of particularly my role is around networking, around getting involved in other groups and structures like the youth justice boards and the policing boards and things like that and often offering to take work away and being an engine room of delivery outside of those meetings is really helpful but of course they're all on hold at the moment. (VPU Partner 1)*

VPU response

The VPU has used the VSS system to gather and report information about COVID-19 and have circulated weekly reports to stakeholder contacts via email. These reports include statistics regarding domestic violence and abuse (including calls to the Welsh domestic abuse helpline number and South Wales Health Board ED data); sexual violence and abuse (using police data); child sexual abuse and exploitation (including reported CSEA numbers and NSPCC statistics); stalking and harassment (using police data); county lines and serious organised crime; hate crime; risk and harm to vulnerable groups and data on the night time economy. The reports provide key recommendations for stakeholders, information from professionals and evidence on the associations of COVID19 and violence.

Example excerpt from VPU COVID19 report

**Uned Atal Trais
Violence Prevention Unit**

Sector responses:

Other (please specify)
Health 5.9% (1)
TU2% (3)
Social Care TU9% (2)
Third sector/charity 19.4% (3)
Criminal Justice 41.2% (7)

Changes observed in volume of violence/violence demand within your sector since the start of the Covid-19 pandemic.

Decrease | No noticeable change | Increase | N/A

COVID 19 VPU monitoring survey: Professional insight and soft intelligence as of 10th July 2020

Key thoughts and observations from professionals:

Changes observed in the volume of violence since the pandemic:

While I have not seen an increase in violence, people's mental health has deteriorated as the services they usually rely on are not there to support them. [Family Support, Council Services]

[Volume of violence has increased across all forms]. Violence towards Public Sector Workers appears to have risen and is rightly attracting media coverage. [WG, Anti-Slavery]

Actual cases remain at a similar level of severity, however, we have seen a nearly 50% increase in cases since lockdown. [SWGfL/Revenge Porn Helpline]

There appears to be a reduction related to a 50% decrease of people attending Emergency Department with injuries and disclosures of violence. [C&VUHB]

There has been a decrease in custodial sentencing due to a decrease in court attendance. [Police]

Through the Blaenau Gwent Marac meetings there has been an increase in Domestic Abuse across the Borough .....we have seen a 64% increase in recorded ASB post lockdown (24.03-30.04) compared to the same period last year. [Community Housing, Third Sector]

Overall, violent crime occurrence from the 10th March to the present have reduced across all the measured areas of violent crimes with a modest increase during the week of 14-20 April but still remaining the pre-'lockdown' levels. As an example most serious sexual violent offence reports have reduced by over 50 % and violence with injury reports have reduced by around 33%. [SW Police]

Important to clarify that (as police we have seen...) a reduction in reporting which does not equate to a reduction in the actual acts of violence. [Police]

We have noticed more episodes of violence in the home whereby the child is the perpetrator and parent is the victim. [Youth Offending Service]

What impact is the pandemic having on people's experience of violence?

There may be reluctance for people to report violence when they previously have under the misapprehension that processes are not in place currently to deal with it. e.g. Domestic Abuse. I also feel that levels of violence against vulnerable children are not being reported due to school closures and lack of third party involvement in the lives of vulnerable children. [Police]

Appears to be less 'serious violence', but increase in minor assaults between drug addicts - possibly due to the difficulties in getting hold of drugs. [Operation Sceptre, SW Police]

Being in the same environment as their perpetrator 24/7 is exacerbating the situation for the victims of DA/SV. The situation has been compared to being kept in prison. [Welsh Women's Aid]

Some people, especially those self-isolating or in shielding are becoming fearful of venturing from their homes and reporting on the violence may heighten their fear. [WG, Anti-Slavery]

Impact is more significant as victims have fewer resources for support. Also, more vulnerable if locked down with perpetrator, more isolated if not. [SWGfL/Revenge Porn Helpline]

Young people are struggling to abide by Government restrictions by staying at home. An increase in presence in the family home has brought on an increase in disputes between family members who wouldn't normally spend so much time together and a reduction in options for housing outside of the family home. [Youth Offending Service]

7. Recommendations

7.1 Recommendations to enhance VPU delivery and impact

Widening and deepening collaboration

The VPU is a small team but made up of key members who are invested in violence prevention, with the influence and enthusiasm to drive the violence prevention agenda forward. All members are willing to work collaboratively and as a collective. This could be enhanced through the inclusion of other key people. During the interviews with partners, it was recommended that it would beneficial for a number of other organisations to collaborate with the VPU:

- School-based support: including School Nurses to provide safeguarding opportunities around disclosures, working with Fearless; and Police, to ensure that consistent messages are given to children and young people and to ensure that a range of support is available to children, young people and schools, depending upon their needs.
- Practitioners from the YOT/YOS, forensic psychology and mental health support: to help services to better engage with victims and perpetrators of domestic violence.
- Representatives from the local authority: to provide support with housing and welfare.
- Representatives from social services and education: to provide expertise for looked after children and exclusions.

Work is required to determine how partners should be involved e.g. as a partner, an associate member, or an organisation receiving funding to implement an intervention.

Developing community consensus

Engage with communities to further develop a community consensus. This includes working with frontline practitioners who have an opportunity to develop trust with people who may be otherwise hard to engage. Examples of best practice that have been gathered from this evaluation include:

- The Nurse Advocates being able to develop trust with individuals at a 'teachable' moment and also stay in contact with individuals after discharge from hospital. Further exploration (through ongoing evaluation) needs to explore the impact this has on individuals and the potential for the Nurse Advocates to gather evidence to inform the ongoing development and focus of future VPU activities.
- The work of Barnardos engaging with young people and developing co-production within communities.
- The importance of engaging with children and their parents and the potential impact this could have on them and the wider community.

Developing co-production

The VPU are committed to the values of co-production, in ensuring that the development and delivery of interventions is informed by the needs of the service users. A number of examples of good practice have been highlighted through this evaluation. Further work could be done to build upon these existing examples and develop this for the second phase of the VPU. The work with HMPPS provides an excellent opportunity to embed the principle of co-production.

Sustainability

COVID-19 has had a major impact on violence in Wales, UK and across the globe. As such, the VPU adapted their response to the changing levels of violence in Wales and to support partners to be more responsive to emerging trends.

This evaluation has identified potential opportunities where VPU funding has mobilised change that could be embedded into day-to-day processes, thus bringing about sustainable change (for example, where funding has been used to train staff). **Examples of such activity should be explored within future evaluations to provide opportunities for shared learning** for other organisations.

Many of the organisations described the importance of securing funding to ensure continued delivery of interventions. **There is a need to engage with broader Welsh partners** (such as the Welsh Government for example) in order **to evidence the impact of the VPU and enhance the sustainability of interventions and a long-term public health approach to prevention across Wales**. The VPU has a key role in making the case for investing in violence prevention across local partners, and in 2019/20, the VPU commissioned a study to estimate the costs of violence across the healthcare system in Wales. The study illustrates that the annual costs of violence to partners across Wales is substantial [12]:

- Costs to the healthcare system in Wales in addressing the short-term consequences of violence is estimated to be **£46.6 million** (year ending March 2019).
- Annual costs of **£151.3 million** were spent on addressing the long-term health conditions associated with exposure to adverse childhood experiences (for the year ending March 2019).

The study made a number of key recommendations for making the case for investment in violence prevention (see Box 5), which combined with the estimated costs for violence to the healthcare system may be a useful tool for engaging broader partners in the VPU.

Box 5: Recommendations for making the case for investment in violence prevention [12]

Challenge any misconceptions and beliefs that policy makers and healthcare system providers may have about the value of investing in violence prevention.

Counteract arguments that public health interventions cost more in the long-term by identifying interventions with short-term benefits, as well as the mid- to long-term and intergenerational benefits.

Identify potential shared objectives and goals and highlight 'win-win' situations where health and other sectors benefit from investment in violence prevention.

Give a 'human face' to the potential beneficiaries of violence prevention actions.

Interventions receiving VPU funding **should be evaluated to explore sustainability and identify where initiatives could be delivered at scale.**

The COVID-19 pandemic has affected organisations and systems in numerous ways. This evaluation has highlighted some of the challenges faced and the organisational change required to adapt. Further work is needed to **understand the potential impact of COVID-19 on violence**, in order to inform violence prevention priorities (using the VSS COVID-19 reports). Work is also required **to understand how COVID-19 has affected the sustainability of partner organisations and identify potential precarity** within organisations.

7.2 Recommendations for Monitoring and Evaluation

Monitoring and data analysis

Effective monitoring and evaluation has been a key theme throughout this evaluation. The VPU Partners described the **need to develop a standardised approach to evidence impact**. VPU activity needs to largely be data-led, which aligns with the public health approach but also to police transformation which requires police forces to use intelligence to inform the functioning of their services.

The need to enhance data collection methods is integral to fully understand the level and nature of violence in Wales, and to inform strategic and operational practices. Partners described challenges associated with collecting and sharing data, citing issues with governance structures and absence of key staff as preventing them from doing so. It is acknowledged that cultural changes are required to change attitudes and make it easier to access individual level data. **Small changes that would contribute to this would be to increase awareness of the benefits of sharing individual level data across multiple agencies to enable identification of patterns of violence in specific areas; this would enable the VPU to take a more prevention-influenced approach to tackling violence rather than being reactive after the event**. The VSS must draw together all the data to develop an overall picture in-depth, to avoid making superficial assumptions.

A key recommendation is **to ensure that any monitoring, evaluation and research yields actionable evidence that is relayed to the VPU in real-time**, wherever possible.

Evaluation

Ongoing process and outcome evaluation is required to explore if and how the VPU is making a difference in implementing violence prevention measures across Wales, and in achieving the intended outcomes, and with reference to the activities that the VPU have already carried out. Partners described the importance of being able to understand how the mapping activities carried out in 2019/20 have been used to inform funding and interventions.

Future evaluation needs to ensure data that population level data collected by the VPU is used alongside primary data.

Economic analysis must be included within any decision making process to understand how efficient the VPU initiatives are, and to inform the sustainability of activities.

There is no gold-standard systems approach to public health evaluation and the use of a single method is not recommended [9]. It is recommended that a systems approach is most effective where there is more than one primary goal being measured and a theory of change is being explored [9].

We would recommend that the Wales VPU implement a system-wide approach to evaluating future activities. Evaluating the VPU in this way would enable the identification of a wide range of intended and unintended outcomes. Evaluating the VPU without reference to the wider context would not capture details of VPU integration into wider organisations, policies and processes.

A number of systems evaluation methods can be used; we would recommend incorporating the following into future Wales VPU evaluations (adapted from recommendations to develop systems perspectives for local public health interventions [13]):

- **Qualitative research with a systems lens:** Sampling participants from different parts of the system, exploring the impact of the VRP on relationships and change, and understanding how different parts of the system affect one another. A systems perspective is used to example how stakeholders experience and respond to the VRP and its activities.

- **Adaptation of traditional evaluation approaches with a systems perspective**: Implementing traditional evaluation methods (e.g. process interviews, surveys) to understand pre and post-changes, analysed within a systems perspective. We would also recommend exploring key activities to understand facilitators to behaviour change, barriers, and challenges, as well as understanding what works well, for whom and under what circumstances.
  This method would involve the development of a Standardised Evaluation Framework, to establish a consistent approach to data collection across interventions.
- **Concept mapping**: Understanding problems, challenges and solutions through stakeholder engagement. Understanding the broader factors that influence violence prevention activities in Merseyside and present opportunities for change. The ongoing development of a logic model can reflect the factors that stakeholders consider to be important.
- **Network analysis**: Carrying out work to map how different people or organisations connect to one another can be a useful method to identify key influencers within a network (organisations who have more influence than others) and whether some parts of the network are isolated or working in silo. Here, stakeholders are asked questions about their relationships across the system. This data can be mapped and repeated to understand changes over time.

7.3 System-level and broader recommendations

Violence prevention in all policies

The intermediate and longer-term outcomes and aspirations of the Wales VPU provide evidence about how the whole system will work together to provide a more collaborative and coordinated approach to violence prevention. To achieve this, it is important that violence prevention is reflected in the Welsh government and local government priorities and policies. Focus should also be given to developing evidence for primary, secondary and tertiary preventative programmes.

The importance of targeting key risk factors and protective factors for violence should be advocated across all policies and organisations. Likewise, VPU investment should be made in interventions that target risk and protective factors, using a trauma informed approach. A common narrative should be used across all VPU related activities that specifically reflects the strategic approach, core values and counter-narrative, providing positive messages and developing protective environments.

The role of the VPU in informing the wider system

One of the partners made a key point about the importance of the VPU in being involved in decisions made by other funding bodies to implement violence prevention activities in Wales. This is important, and would position the VPU as an influential leader. From a strategic perspective, this is vital, to ensure a consistent approach to violence prevention across the whole of Wales, particularly in terms of developing the counter-narrative and following a trauma informed approach.

Related to this is the importance of ensuring that violence prevention activities are frequently mapped; it is notoriously difficult and resource intensive to accurately map initiatives, but ongoing stakeholder engagement activities would support this activity.

VPU branding

Partners described the importance of ensuring clarity around the interventions that have been specifically funded by the VPU. This not only helps to increase awareness of the 'brand' of the VPU but promotes transparency across the system. Partners also described the importance of ensuring that the aims and aspirations of these interventions are clear, both internally and externally to the

VPU. The VPU can explore how best to access big data and develop skills around nudge theory to tailor social media and marketing materials.

8. Appendix 1 Stakeholder Engagement Events

Table A1 Details of Purpose of Stakeholder Engagement Events

Session	Attendees	Focus
1 (Held 10th March 2020)	Core and associate members of the Wales VPU Frontline practitioners and representatives from organisations who had received funding from Wales VPU (n~30)	To gather information about anticipated VPU outcomes, to understand how the VPU activities contribute to a reduction in violence and to consider gaps and prioritise for future strategies.
2 (Held 11th March 2020)	All attendees at the Wales Violence Prevention Conference (n~150)	To gather information about the life course approach, exploring where in the life cycle activities are focused, identifying gaps and the strengths of the VPU as a collective.
3 (Held 11th March 2020)	All attendees at the Wales Violence Prevention Conference (n~150)	To consider priority activities for inclusion in the future VPU strategy and identify roles and responsibilities in mobilising this.

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