Wales Violence Prevention Unit

# Serious Violence Duty Strategic Needs Assessment Guidance for Wales

March 2023

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

# Contents

# Introduction

## Purpose of this guidance

The Serious Violence Duty in the [Police, Crime, Sentencing and Courts Act 2022](#) (PCSC Act) includes a requirement for local partnerships to complete a strategic needs assessment (SNA) to understand how violence is affecting their communities and to help them develop a violence prevention strategy.

This guidance provides information, resources, and practical steps on how to carry out an SNA for violence prevention. It should be read alongside the [Serious Violence Duty Statutory Guidance for responsible authorities](#), in particular, the 'Delivery in Wales' section in Chapter 1 (Home Office 2022a).

This guidance is issued by the Wales Violence Prevention Unit (VPU). It draws upon the Home Office (2022a) [Serious Violence Duty Statutory Guidance for responsible authorities](#); and the Public Health England[1] (2021) [Serious Violence Duty: Strategic Needs Assessment Guidance](#). It will be updated if there are any changes to the Home Office or Welsh Government guidance, or if new tools and resources are made available.

## The Serious Violence Duty

In April 2018, the UK government published its [Serious Violence Strategy](#) (Home Office, 2018) in response to increases in knife crime, gun crime and homicide. The strategy called for local partners to work together across different sectors, including the police, local authorities, health services and the voluntary sector, to adopt a multi-agency approach to reduce violence in their area.

The UK government announced in December 2019 that it would bring forward legislation to create a new Serious Violence Duty (the 'Duty'). The PCSC Act amends the Crime and Disorder Act 1998 and came into effect in January 2023. The Duty covers the requirements set out in Chapter 1 of Part 2 of the PCSC Act. It requires specified authorities to work together to prevent and reduce violence, including identifying the kinds of violence that occur in the area, the causes of that violence (so far as it is possible to do so), and to prepare and implement a strategy for preventing, and reducing violence in the area. There is more
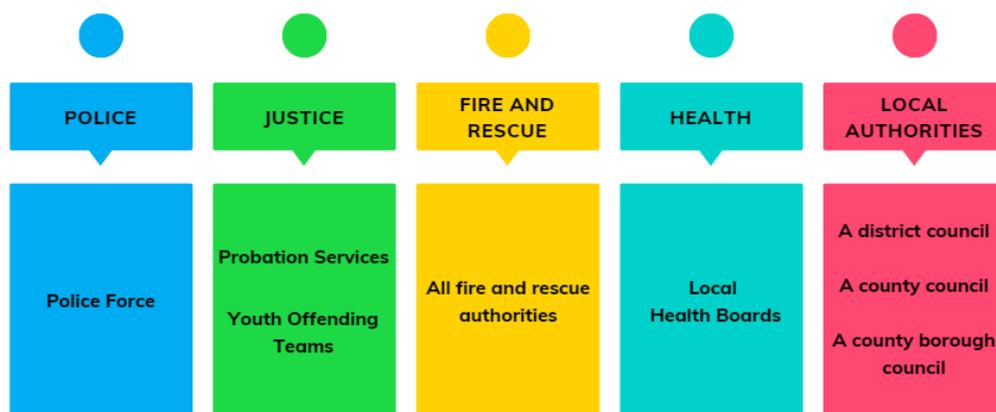
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[1] On 1 October 2021, Public Health England transitioned to the Office for Health Improvement and Disparities, within Department of Health and Social Care, and the UK Health Security Agency (a new executive agency of DHSC).

information about the Duty in the [Police, Crime, Sentencing and Courts Bill 2021: serious violence duty factsheet.](#)

## Partners involved with the Duty

The Duty does not require the creation of new multi-agency structures. Local senior leaders may use existing local structures where possible to comply with the requirements of the Duty to work together to prevent and reduce violence in their local areas and, ultimately, to improve community safety and safeguarding. Local areas will be given the flexibility to determine the geographical extent of their partnership and are encouraged to use existing multi-agency partnerships where possible. Refer to the 'Delivery in Wales' section in Chapter 1 of the [Serious Violence Duty Statutory Guidance for responsible authorities](#) (Home Office 2022a) for further information.

The Duty requires the following specified authorities within a local government area to work together to prevent and reduce serious violence:

| POLICE | JUSTICE | FIRE AND RESCUE | HEALTH | LOCAL AUTHORITIES |
|---|---|---|---|---|
| Police Force | Probation Services  Youth Offending Teams | All fire and rescue authorities | Local Health Boards | A district council  A county council  A county borough council |

Specified authorities may wish to engage with educational, prison and/or youth custody authorities (defined as relevant authorities) in order to:

- Seek useful, local information which may contribute to the local strategic needs assessment.
- Access relevant data or qualitative insight to feed into an evidence-based analysis of local prevalence and causes of violence.
- Deliver any actions resulting from the strategy at an individual institution level which have been pre-agreed with the relevant institution/s
- Assess the effectiveness and outcomes of any actions resulting from the strategy involving or delivered by individual institutions.

## Requirements of the Duty

Representatives of the specified authorities will be required to work together to:

1. undertake an evidence-based analysis of the prevalence, impact and causes of violence in their area by developing a strategic needs assessment (SNA);
2. develop and implement a strategy with solutions to prevent and reduce violence in their area, which will need to be reviewed every year.

The Duty will create the conditions for authorities to collaborate, communicate regularly, share information, and take effective coordinated action in their local areas. All organisations and agencies subject to the duty will be accountable for their activity and cooperation with each other.

Further details on the requirements and nature of the statutory responsibilities of Duty holders and relevant authorities is available in the [Serious Violence Duty Statutory Guidance for responsible authorities](Home Office 2022a) (Home Office 2022a).

## A public health approach

> *"We have some of the tools and knowledge to make a difference – **the same tools that have successfully been used to tackle other health problems…** Violence is often **predictable** and **preventable**. Like other health problems, it is not distributed evenly across population groups or settings. Many of the **factors** that increase the **risk** of violence are shared across the different types of violence and are **modifiable**"*
>
> - Gro Harlem Brundtland, in Krug et al., 2002

A public health approach is a way of working that focuses on the health, safety and wellbeing of an entire population. It draws upon multi-disciplinary evidence to take a systematic approach to promoting health and wellbeing and reducing health inequalities across a population. The tools and skills used to understand public health problems can also be adapted to complement existing approaches used by policing and criminal justice partners to prevent violence.

The World Health Organization's (Krug et al., 2002) public health approach to violence prevention is often used as a frame of reference for developing a systematic and evidence-informed process for violence prevention. The Wales VPU have worked with partners to build on this model and create a process that works for Wales. The four-step model set out below reflects the views of stakeholders in Wales and developments in knowledge about the practical implementation of violence prevention efforts:

**Figure 1: Wales VPU public health approach to violence prevention**



**1) KNOW THE FACTS**

WORK IN PARTNERSHIP TO UNDERSTAND AND DEFINE THE PROBLEM. RESEARCH THE ISSUE IN A DEFINED GEOGRAPHICAL AREA OR POPULATION GROUP. ASSESS THE UNDERLYING CAUSES AND RISK AND PROTECTIVE FACTORS. INTEGRATE INSIGHT FROM INDIVIDUALS, COMMUNITIES AND PEOPLE WITH LIVED EXPERIENCE INTO THE ANALYSIS.

**2) EXPLORE THE SOLUTIONS**

ASSESS THE EVIDENCE OF 'WHAT WORKS' TO PREVENT VIOLENCE. USE THE EVIDENCE TO INFORM LOCALLY COPRODUCED SOLUTIONS THAT ARE CONTEXTUALLY AND CULTURALLY RELEVANT. DEVELOP A THEORY OF CHANGE THAT EXPLAINS HOW AND WHY THE INTERVENTION WILL PREVENT VIOLENCE.

**4) ADAPT AND SCALE UP WHAT WORKS**

CHANGE AND DEVELOP APPROACHES TO MEET THE DESIRED OUTCOMES BASED ON EVALUATION AND MONITORING OF POPULATION LEVEL INDICATORS. SCALE UP PROGRAMMES WITH PROVEN EFFECTIVENESS TO REACH A WIDER AUDIENCE. WORK WITH PARTNERS TO COORDINATE COMPREHENSIVE VIOLENCE PREVENTION PATHWAYS ACROSS THE SPECTRUM OF PREVENTION.

**3) IMPLEMENT AND EVALUATE**

IMPLEMENT, MONITOR, EVALUATE AND MEASURE PROGRESS. CONTRIBUTE TO THE EVIDENCE BASE FOR EFFECTIVE PROGRAMMING FOR VIOLENCE PREVENTION.

In addition to this approach, the following guiding principles are widely considered to be key features of a public health approach:

- **Population health** – A public health approach takes into account the health of whole populations, rather than individuals. The foundation of this approach is to understand the health needs of an identified population and use population level data to identify trends, patterns, associations, and inequalities in health need. This knowledge can be used to inform prevention programming, resourcing, and strategic action. See section on data and intelligence for an overview of violence prevention data sources.

- **Evidence-based** – violence prevention programming should be informed by the best available evidence of effective practice. Programmes should be based on a theory of change and should be evaluated with the findings made publicly available to build the collective evidence base of 'what works' to prevent violence. The Wales VPU in partnership with Liverpool John Moore's University have created a Violence Prevention Evaluation Toolkit which is a user-friendly guide to evaluating violence prevention interventions (Quigg et al., 2020).

- **Preventative** – programmes should be implemented across the spectrum of prevention; to prevent violence before it occurs (primary prevention); respond earlier

and more effectively to reduce harm when it does occur (secondary prevention); and to prevent reoffending, re-traumatisation and prevent the intergenerational cycle of violence and abuse (tertiary prevention).

- **Focused on addressing the root causes of violence, vulnerability, and inequality** – violence prevention interventions should take an aetiological approach. This means focusing on understanding and seeking to address the *causes* of violence, vulnerability, and inequalities in affected communities. Interventions should be based on a theory of change which seeks to tackle these causes and address the negative impact of [risk factors](#) which promote violence.

- **Asset-based and empowering** – programmes should be designed to build on the resilience and assets of individuals and communities. Interventions should empower partners, communities and individuals to prevent violence, rather than being based on a punitive approach.

- **Place-based and coproduced** – interventions should be context specific and designed in partnership with the communities in which they take place. This is sometimes described as 'by and for' communities who have the knowledge of their area. This should include the voices of those with lived experience including victims and survivors.

- **Working in partnership and whole system leadership -** violence prevention initiatives should draw upon multi-disciplinary, multi-agency expertise through a partnership approach. The prevention of violence is a societal issue that requires action by the whole system including multiple agencies, it cannot be done in isolation.

- **Policy and legislation that is supportive of violence prevention** – a public health approach involves advocating for policy and legislation that is supportive of a public health approach to violence prevention, such as recognition of the importance of preventative approaches that enhance the health and wellbeing of future generations.

- **Trauma-informed** - There is national and international recognition of the importance of working in a [trauma-informed](#) way. Recognising the impact of traumatic experiences allows support services to mitigate any further impacts of the trauma. International research has highlighted strong links between trauma-informed approaches and improved health and wellbeing. The ACE Hub Wales and Traumatic Stress Wales have recently published a [National Framework to Respond to Trauma in Wales](#) (2022). This framework establishes a consistent definition and framework for the implementation of trauma-informed approaches in Wales.

- **Life course approach –** a life course approach is one that considers the impact of violence and opportunities for prevention across the life course. Through a public health lens, it is important to understand that interventions (especially those in early childhood) can prevent violence in the long term, and improve educational outcomes, employment prospects and the health and wellbeing of individuals and communities. They also have wider implications for the economy and society.

A public health approach is not designed to replace existing approaches, skills and expertise utilised by the police and other criminal justice partners. Instead, a public health approach should be used to complement and add value to the work of existing partnerships to prevent violence.

# Developing a strategic needs assessment (SNA)

## Developing a SNA

The following flow diagram is a suggested process for the development of an SNA. This chapter explores each of these steps in more detail. Click on each of the steps below to find out more.

1. Familiarise yourself with the Duty and understand your organisation's role within this.
2. Develop a local partnership group and write a terms of reference
3. Decide on the scope of the SNA and definitions of violence that will be used
4. Explore place and population data to understand your local area
5. Explore local and national data and intelligence (quantitative and qualitative) that can be analysed for the SNA
6. Understand the risk and protective factors for violence
7. Consider what works to prevent violence
8. Develop jointly agreed recommendations from the SNA that can be utilised to inform your local strategic plan to prevent violence.

Cross cutting considerations:
   a) Include community voice
   b) Use an intersectional lens
   c) Include a diversity of partners
   d) Take a trauma-informed approach

**Figure 1: Process for developing an SNA**

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┌─────────────────────────┐    ┌─────────────────────────┐    ┌─────────────────────────┐
│ 1. Familiarise yourself │ →  │ 2.    Develop     a     │ →  │ 3. Decide on the scope  │
│ with the Duty and       │    │ local partnership group │    │ of the SNA and          │
│ understand your         │    │ and write a terms of    │    │ definitions of violence │
│ organisation's role     │    │ reference               │    │ that will be used       │
│ within this             │    │                         │    │                         │
└─────────────────────────┘    └─────────────────────────┘    └─────────────────────────┘

┌─────────────────────────┐    ┌─────────────────────────┐    ┌─────────────────────────┐
│ 4.  Explore  place  and │ →  │ 5. Explore local and    │ →  │ 6.  Understand the risk │
│ population  data     to │    │ national data and       │    │ and protective factors  │
│ understand your local   │    │ intelligence            │    │ for violence            │
│ area                    │    │ (quantitative and       │    │                         │
│                         │    │ qualitative) that can   │    │                         │
│                         │    │ be analysed for the SNA │    │                         │
└─────────────────────────┘    └─────────────────────────┘    └─────────────────────────┘

┌─────────────────────────┐    ┌─────────────────────────┐    ┌─────────────────────────┐
│ 7. Consider what works  │ →  │ 8.    Develop    joint  │ →  │ 9. Share with local     │
│ to prevent violence     │    │ agreed recommendations  │    │ partners to inform      │
│                         │    │ from the SNA that can   │    │ strategic action to     │
│                         │    │ be utilised to inform   │    │ prevent violence        │
│                         │    │ your local strategic    │    │                         │
│                         │    │ plan to prevent violence│    │                         │
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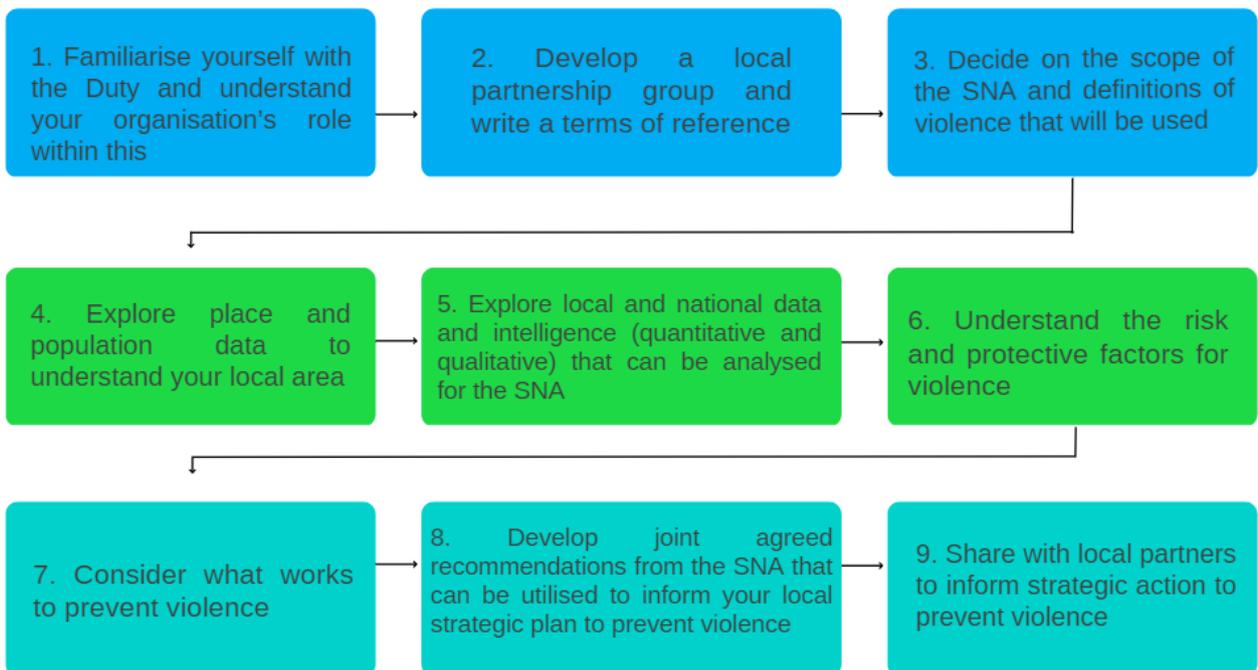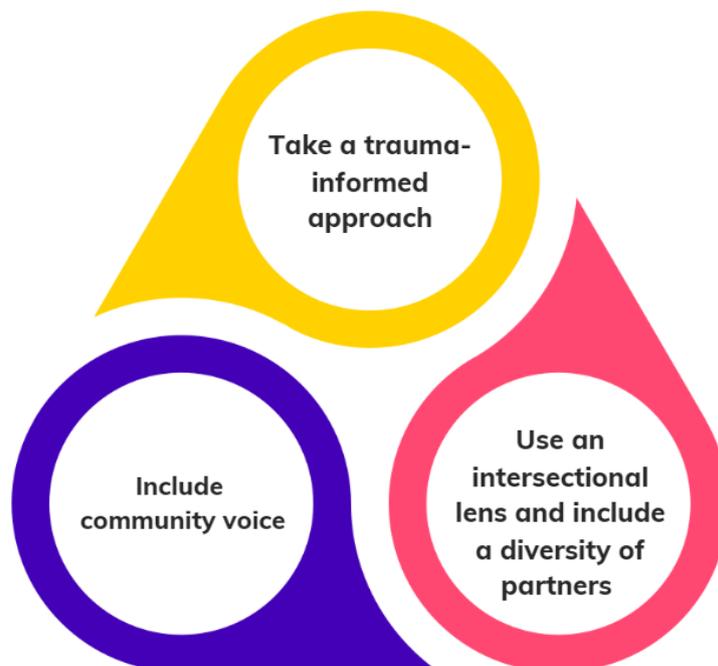
**Figure 2: cross-cutting principles to be considered when developing your strategic needs assessment**



Take a trauma-informed approach

Include community voice

Use an intersectional lens and include a diversity of partners

## 1. Requirements of the Duty and organisational roles

The Duty requires partners to collaborate to develop a strategic needs assessment for violence-related need in their local area.

A needs assessment is a systematic process where local partner organisations work together to assess the current and future health, care and wellbeing needs of a defined population. The use of the term 'strategic' to describe the needs assessment demonstrates that it should be used to help partners to agree on priorities, allocate resources, and commission interventions to guide strategic action for violence prevention.

A violence SNA has a specific focus on violence-related needs within a local area. It helps local partners to identify population groups that are most vulnerable to being affected by violence. It also increases understanding of the types, distribution and extent of violence in the local area. The SNA's findings are used by local partners to collectively form a strategy containing specific recommendations for action.

**Examples of needs assessments:**

Newbury et al., (2020) *Serious Youth Violence in South Wales – Strategic Needs Assessment Highlight Report,* March 2020, Wales Violence Prevention Unit

Creswell et al., (2021) *A Health Needs Assessment: The impact of COVID-19 on children and young people's experiences of violence and adverse childhood experiences,* Wales Violence Prevention Unit

Further examples of SNAs from Wales are available on the Wales Violence Prevention Portal[2].

Typically, a needs assessment would be undertaken by a small team of analysts, researchers, and/ or public health practitioners, often led by a public health body (although this is not a specific requirement). The team working on the SNA will need to work together to share data across organisations in order to analyse multi-sectoral data to provide a holistic picture of violence-related needs in their local area.

The SNA should be overseen by the partnership board responsible for the implementation of the Duty. Regular updates should be provided to the board throughout the development of the SNA, and the expertise of the board should be drawn upon to develop key findings, and agree upon multi-agency recommendations.

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[2] For comparison, examples of SNAs from Violence Reduction Units in England are frequently available on organisational websites.

## *2. Local partners involved in SNAs*

The SNA should present a holistic picture of violence in the specified area and population. This will require the gathering and analysis of data from a range of different partners, so far as is possible. This could include (but is not restricted to) crime data (e.g. number and location data), hospital data on violence-related injuries, education data (e.g. incidents, truancy and exclusion), anonymised prison data (e.g. types of offences) and local demographic data (e.g. census information) alongside the input of organisational intelligence and experience, where appropriate, and from the lived experience of individuals and communities.

As such, the SNA process should involve a wide and diverse range of partners in local health, social care, education, employment, and justice systems, including the voluntary sector and the local community. These could include those organisations which are subject to the Duty and others, whose knowledge and intelligence will be an integral part of forming a picture of how violence affects a local area, such as:

- police and crime commissioners
- senior police officers and police services
- children and young people's secure estate
- local authorities: chief executives, director of children's services, strategic lead for education, strategic lead for housing, health and wellbeing boards
- existing partnerships and collaborative bodies including community safety partnerships and youth offending teams
- local safeguarding children boards
- local adult safeguarding boards
- local head teachers and education networks or representatives

- other, non-mandated local multiagency partnerships, such as community multiagency risk assessment conference
- Health Boards
- Public Health Wales
- voluntary sector services, including service user and family representatives
- youth offending institute governors
- secure training centre directors
- secure children's home managers
- youth services
- community voice
- survivor voice
- researchers and representatives of academic institutions

The Duty enables local areas to determine how they will work together and use existing structures and strategic partnerships to fulfil their responsibilities.

Make sure there is an appropriate lead organisation and a person on the partnership board to work on the SNA from each organisation. Refer to the Home Office (2022a) [Serious Violence Duty Statutory Guidance for responsible authorities](#) for suggestions about appropriate representation.

The SNA partnership should understand and confirm the governance structure for the SNA from the outset. Local areas should establish clear terms of reference, including details on responsibilities for ongoing SNA production and review.

## 3. Defining violence

The partnership board should agree on a definition(s) of violence, and the geographical area that the SNA will cover. Section 13 of the PCSC Act provides that, for the purposes of the Duty, violence includes domestic abuse, sexual offences, violence against property and threats of violence but does not include terrorism. The Home Office (2022a) [Serious Violence Duty Statutory Guidance for responsible authorities](#) has further detail and considerations for partnerships when developing their local definition(s) of violence.

This approach allows the strategy to take account of new and emerging forms of violence as they develop and are identified, and recognises geographical differences in the prevalence of different types of violence. However, local areas can use evidence from their SNA to define the scope of violence they want to focus on.

Partnerships could also consider focusing on violence in a specified population, as part of their SNA, such as violence among children and young people, violence against women and girls, or violence against people who are LGBTQIA+, for example. This approach would typically be agreed upon jointly by the partnership board, to focus on specific priorities. It may be that SNA's are developed thematically over time as the work of the partnership board develops.

***Use of the term 'serious violence'***

The Wales VPU encourages partnerships to refrain from using the term 'serious' when defining violence. Through a public health lens, it is important to understand that interventions (especially those in early childhood) can prevent violence in the long term, and improve educational outcomes, employment prospects and the health and wellbeing of individuals and communities. They also have wider positive implications for the economy and society. As such, rather than focusing efforts on forms of violence that are deemed to be most 'serious', it is important to encourage partnerships to consider a broader range of violence to ensure that local violence prevention partnerships have the utmost impact.

***Violence against women, domestic abuse and sexual violence (VAWDASV) in Wales***

Section 13 of the PCSC Act makes it clear that domestic abuse and sexual violence are included in the definition of violence for the purpose of the Duty. Specified authorities should refer to [Chapter 2: Strategic Needs Assessments](#) of the draft guidance for further information on conducting needs assessments for domestic abuse and sexual offences.

Section 13(3)(a)(i) of the PCSC Act specifies that domestic abuse is defined as per section 1 of the Domestic Abuse Act 2021 ('the DA Act'). The DA Act defines domestic abuse as behaviour (either single incidents or a pattern of behaviour) between those who are over 16 years old, 'personally connected' and, goes beyond just physical violence to include violent or threatening behaviour, controlling or coercive behaviour, sexual abuse, economic abuse, and psychological, emotional or other abuse. [The Domestic Abuse Act Statutory Guidance (2022)](#) provides clear information on what domestic abuse is and how to identify it.

In Wales, domestic abuse and sexual offences are recognised under the [Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 (VAWDASV Act)](#). The Act sets out a duty for local authorities and local Health Boards to prepare a strategy for the local authority area for tackling violence against women, domestic abuse and sexual violence (VAWDASV). As noted in the [Serious Violence Duty Guidance](#) (Home Office 2022a), where possible, specified authorities should seek to avoid setting up parallel arrangements to cover the VAWDASV Act and the Duty separately. Instead, organisations should look to adapt and revise their current arrangements under the VAWDASV Act, where possible, to ensure that these arrangements also address violence more broadly in line with the Duty.

***Violence among children and young people***

As part of the development of the Wales Without Violence Framework, the Wales VPU have coproduced a definition of violence among children and young people which was developed and then consulted on with children, young people and professionals in Wales:

*'Violence among children and young people is an umbrella term for acts of, or the threat of, violence and abuse between those under the age of 25. It can be physical, verbal, psychological, sexual or economic. It can occur in the home, education settings, workplace, community or online.'*

Further information on preventing violence among children and young people is available in the Wales Without Violence Framework, which will be published on 19th April 2023. Further details are available by contacting the Wales VPU team.

## 4. Place and population data

To assess the current and future health, care and wellbeing needs relating to violence in a local area or population group, an SNA must first describe the social, demographic and economic characteristics of the population in the area.

It is important to consider the breadth of characteristics that may affect the local population's physical, social and mental wellbeing, including:

- sex
- age
- ethnicity
- sexuality
- education

- (un)employment
- poverty
- rural or urban residence
- Homelessness and housing

The SNA should also include a description of the composition of local government, health and social care services, criminal justice system and governance arrangements within the local system.

Other sources of place and population data in Wales are available from:

- Digital Health and Care Wales (DHCW) provide an analysis service which access bespoke information or data held on the National Data Warehouse. Data sets cover Welsh Demographic Service Data, Office for National Statistics (ONS) birth and mortality, health care related data and substance misuse. Once registered to the service ad-hoc bespoke data requests and regular report extraction can be set up.
- In addition, the Information Services also provide access to the Welsh Health Data Mart, an interactive tool that allows the user to extract and analyse health-related data from DHCW.
- StatsWales data are publicly available and provide a robust source of data across a range of population and migration, health, social care, community safety and social inclusion, housing and education themes. Data can be extracted at different geographical levels to enable benchmarking regional averages.
- The National Survey for Wales involves around 12,000 people each year and covers a wide range of topics that may be relevant to the SNA, including local area, community and environment, wellbeing and finances, housing, health, and children and education, amongst others. It runs all year round, across the whole of Wales. The results are used by the Welsh Government to help make Wales a better place to live.
- The School Health Research Network (SHRN) is a network of secondary schools in Wales who have joined together with researchers, the Welsh Government and other
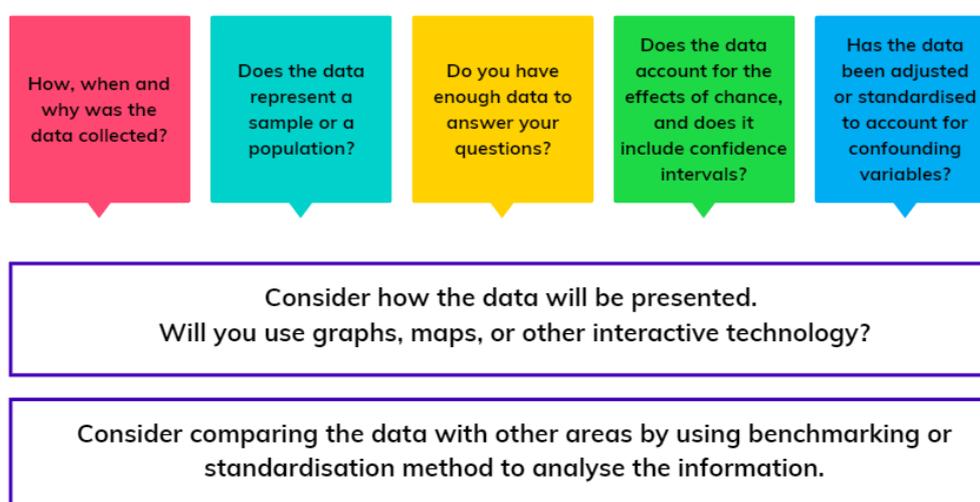
organisations to support young people's health. The aim of the School Health Research Network is to improve health and wellbeing. The network helps schools in Wales work with researchers to generate and use good quality evidence about health improvement. SHRN undertake [survey research](#) with schools exploring health and wellbeing, including topics which may be considered as part of an SNA, including mental health, sex and relationships, and school connectedness.

## 5. *Data and intelligence*

The SNA should incorporate a range of national and local data sources relating to violence. The partnership should work together to understand what data is available and what its use is, including data available from the voluntary sector and local community voice.

Partnerships should consider the quality of the data and any limitations it has when drawing conclusions and making recommendations based on the information. For example, they can ask themselves:

**Figure 3: Considerations for data collection and analysis**



How, when and why was the data collected?

Does the data represent a sample or a population?

Do you have enough data to answer your questions?

Does the data account for the effects of chance, and does it include confidence intervals?

Has the data been adjusted or standardised to account for confounding variables?

Consider how the data will be presented.
Will you use graphs, maps, or other interactive technology?

Consider comparing the data with other areas by using benchmarking or standardisation method to analyse the information.

The level of detail a partnership can go into will vary by area depending on the data available. There is enough publicly available data for every partnership to start to understand violence and how it affects their communities. However, additional data obtained through partnership working and community and third sector engagement will give a better understanding of the causes and impacts of violence. Remember to consider the confidential nature of the data. You may want to report the trends differently when figures are very low to protect a person's identity.

To help local areas get started with their SNA, this section outlines the data that partnerships could consider:

- The Wales [Violence Prevention Portal](#) is a bespoke data hub that utilises violence surveillance data across a secure digital platform to allow for aggregation and presentation of different data sources on violence using a variety of mediums including graphs, charts, tables, and interactive maps across local regions and the national footprint. Datasets include police reported violent crime, emergency department assault attendances, hospital admissions for violence-related assaults and knife/sharp object assaults, and ambulance violence related call-outs. The Portal also hosts examples of SNAs and the VPU Violence Monitoring reports.
    - The VPU team are working to include data in the Portal from across Wales and include additional data sources. Access to the Violence Prevention Portal will be available to request from the VPU team from March 2023.
- The Office for National Statistics' latest report on '[The nature of violent crime in England and Wales](#)' has a set of [data tables](#) that you can download and use. This dataset includes violent crime numbers, prevalence and location using annual data from the Crime Survey for England and Wales, Home Office Data Hub, and police recorded crime. Data is only available at a national level.
- [Open access police and crime data](#) for England, Wales and Northern Ireland is publicly available. This dataset includes information about street-level crime, outcome, stop and search data, police activity, arrests and 101 call handling. It provides a function to compare with other areas.
- [Patient Episode Database for Wales](#) (PEDW) is managed by Digital Health and Care Wales (DHCW). PEDW records all episodes of inpatient and day case activity in NHS hospitals across Wales, which includes planned and emergency admissions, minor and major operations, and hospital stays for giving birth. Hospital activity for Welsh residents treated in other UK nations (primarily England) is also included. Hospital admissions data from the PEDW database is also available on the VIP Hub.
- Case reviews: information from statutory reviews of homicides and violent incidents can help to identify trends, gaps in service provision and opportunities for the system to improve its response to violence. Due to the sensitive nature of these reviews, partnerships should discuss access to findings directly with local police and local authority colleagues.

Other datasets identified in the Home Office (2022a) Serious Violence Duty Statutory Guidance for responsible authorities which partnerships may seek to include in their analysis are:

- Education data
- Anonymised prison data
- Domestic Violence Disclosure Scheme data
- MARAC data
- Children's social care data
- Outcomes of homicide reviews including in areas such as domestic homicide, child and adult safeguarding, mental health and offensive weapons homicide reviews
- Input of organisational information and experience and where appropriate knowledge and useful information from specialist voluntary sector organisations and young people
- NPCC (2022) VAWG Performance Framework will also outline data Police should collate.

## 6. Risk and protective factors

The socio-ecological model provides a framework for understanding the various factors that can affect an individual's behaviour, thoughts and beliefs. It is a versatile model that can be adapted to understand many public health issues, not just violent behaviour.

**Figure 4: socio-ecological model for violence prevention developed by the WHO (2002)**
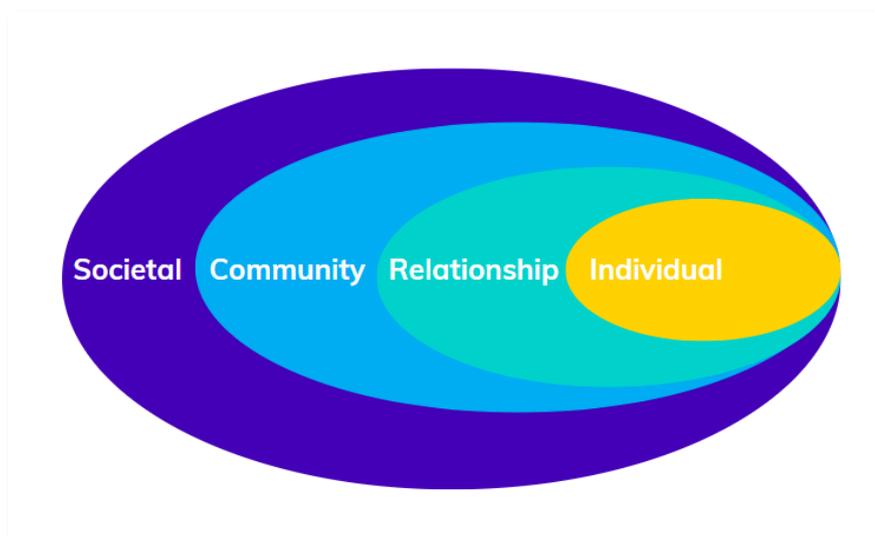


In terms of violent behaviour, the socio-ecological model allows for a better understanding of the dynamic interrelations between relevant factors located at the individual, relationship,

community, and societal levels. Some of these factors can increase the risk of violence or harm caused by violence; these are referred to as 'risk factors'. Similarly, some factors can decrease the risk of violence or harm caused by violence; these are referred to as 'protective factors'.

A comprehensive understanding of risk and protective factors for violence is essential for the design and delivery of violence prevention programmes. These programmes should aim to modify risk factors and amplify protective factors as part of a theory of change. It is important to note that risk factors are not predictive of future behaviours and their relationship to violence may be complex.

Evidence suggests that there are different groups of risk and protective factors for different forms of violence, such as child abuse, youth violence, or violence against women and girls, although there are also some common risk factors across all forms of violence, such as experiencing adverse childhood experiences (ACEs). As such, it is advised that the SNA explore the academic evidence base for the identified form of violence as part of the SNA development process. Sources of information on risk and protective factors for violence prevention are provided below:

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**Sources of information on risk and protective factors for violence prevention**

The following resources provide information on risk and protective factors for violence prevention:

WHO Violence Info website

Connecting the Dots: An Overview of the Links among Multiple Forms of Violence (CDC, 2014)

**Violence against children**

INSPIRE Framework: seven strategies for ending violence against children (WHO, 2016)

**Violence against women and girls**

RESPECT Framework: Preventing violence against women (UN Women, 2019)

**Youth violence**

Center for Disease Control Website

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***Adverse childhood experiences (ACEs)***

ACEs are defined as *"stressful experiences occurring during childhood that directly harm a child (e.g. sexual or physical abuse) or affect the environment in which they live (e.g. growing up in a house with domestic violence)".* ACEs are an important subset of risk factors for all types of violence.

The Welsh Adverse Childhood Experiences Study (Bellis et al., 2016), which involved over 2000 participants aged between 18 and 69 years, suggested that 53% of respondents had no ACEs. However, 14% had four or more ACEs. This group of individuals were approximately 15 times more likely to have perpetrated violence against another individual in the preceding 12 months than those with no ACEs, and 14 times more likely to have been a victim of violence in the preceding 12 months.

ACEs are thought to be cumulative in their impact, meaning that the greater the number of ACEs a child is exposed to the greater their risk of experiencing adverse violence-related outcomes later in life. The relationship between ACEs and violence is complex. With that in mind, there are some important considerations that need to be made; ACEs do not provide a prediction of someone's likelihood of being involved in violence; ACEs do not occur in isolation and are more prevalent among those who are living in poverty, isolated or living in deprived circumstances. These social inequalities not only increase the likelihood of ACEs, but also amplify their negative impact; the impact of ACEs varies between individuals and may be mediated by a range of other factors. For one individual, a single ACE may have a profound impact whereas another individual may have experienced multiple ACEs and be less impacted.

As such, taking a trauma-informed approach should be an integral part of any strategy designed to prevent and respond to violence. Work to mitigate the impact of ACEs can be effective protective factor against violence. For example, Welsh Government's "Review of Adverse Childhood Experiences Policy Report" emphasises the need for services in Wales to provide trauma-informed support to those who have been affected by ACEs (Welsh Government, 2021). To deliver this objective, ACE Hub Wales and Traumatic Stress Wales have published a National Framework to Respond to Trauma in Wales (2022).

## 7. 'What works' for the prevention of violence?

A local SNA may also consider effective practice for the prevention of violence, which can be considered as part of the partnership's violence prevention strategy. Public health prevention science identifies three tiers across the spectrum of prevention (figure 5). Primary prevention aims to prevent violence before it occurs, secondary prevention focuses on the immediate response to violence, and tertiary prevention focuses on long-term care after violence has occurred. To take an effective public health approach, interventions are required at each tier of prevention to ensure that violence is prevented before it occurs, also that the response is safe, effective, and compassionate when violence does occur, to prevent violence in the future.

**Figure 5: Spectrum of prevention**
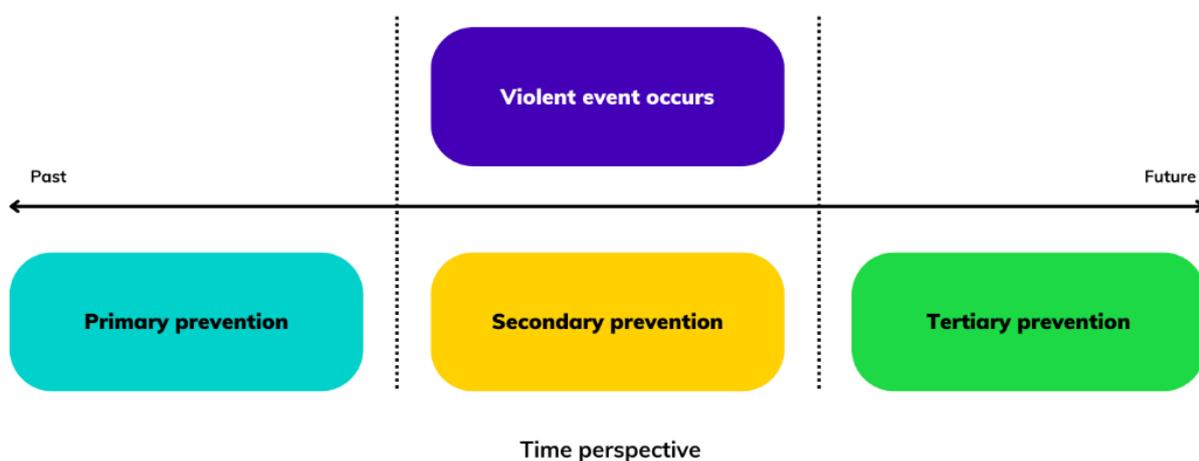


Primary prevention requires changing the social conditions, such as age discrimination, racial and gender inequality that excuse, justify or even promote violence. Individual behaviour change may be the intended result of prevention activity, but such change cannot be achieved prior to, or in isolation from, a broader change in the underlying drivers of such violence across communities, organisations and society as a whole. A primary prevention approach works across the whole population or within targeted population groups to address the attitudes, practices and power differentials that drive violence.

Examples of primary prevention activities include schools-based programmes to create equitable and trauma-informed environments and build students' healthy relationships skills, efforts to reduce harmful portrayals of young people and victims in the media, comprehensive public education and social marketing campaigns, and community initiatives promoting positive bystander action to change harmful peer group and community norms.

Such approaches are distinct from responses to existing violence such as crisis counselling, police protection or perpetrator behaviour change programmes, as well as from early

intervention activities such as working with 'at risk' young people or families. A primary prevention agenda must be effectively linked to early intervention and response efforts, also known as secondary or tertiary prevention. Table 1 provides some examples of the types of prevention programmes and associated outcomes across the spectrum of prevention.

**Table 1: Examples of violence prevention programmes across the spectrum of prevention (primary, secondary, tertiary)**

| Prevention level | Primary Prevention<br>Preventing violence from occuring in the first place. | Secondary Prevention<br>Intervening early when violence occurs. | Tertiary Prevention<br>Making sure an ongoing problem is well-managed. |
|---|---|---|---|
| Examples | Early years and family support<br><br>Whole-school bulling and violence prevention programmes<br><br>Bystander training<br><br>Employment and training programmes | Identification, support and referrals for victims<br><br>Empowering education, workplace and community settings<br><br>Therapeutic care<br><br>Support and training in emotional skills and problem solving<br><br>Diversion of low-risk offenders | Restorative justice approaches<br><br>Perpetrator behaviour change programmes |
| Outcomes | People have the support they need in healthy and safe environments<br><br>People are equipped to recognise harmful behaviours and foster positive relationships<br><br>People have hope for the future and are supported to stay in education, training and meaningful employment | Increased disclosures and reporting<br><br>Victims are believed and supported<br><br>Individuals are supported through mentoring by a trusted adult<br><br>Improved self-esteem, emotional regulation and, knowledge and skills<br><br>Reduced rates of readmission in emergency care settings | Reoffending rates are reduced |

> **Sources of information on 'what works' to prevent violence?**
>
> The following resources provide information on risk and protective factors for violence prevention:
>
> WHO Violence Info website
>
> **Violence against children**
>
> INSPIRE Framework: seven strategies for ending violence against children (WHO, 2016)
>
> **Violence among children and young people**
>
> Wales Without Violence: a shared framework for the prevention of violence among children and young people (Wales VPU – to be published 19th April 2023)
>
> Good practice in youth violence prevention: A mapping and horizon scanning review (Maxwell and Corliss, 2020)
>
> Center for Disease Control Website
>
> Youth Endowment Fund Toolkit
>
> Early Intervention Foundation Guidebook [online]
>
> **Violence against women and girls, domestic abuse and sexual violence**
>
> RESPECT Framework: Preventing violence against women (UN Women, 2019)
>
> What works to prevent violence among women, domestic abuse and sexual violence? Systematic evidence assessment (Addis and Snowdon, 2021)
>
> **Trauma-informed approaches**
>
> ACE Hub Wales Website

## 8. Developing recommendations

Recommendations developed for the SNA should directly reflect the document's findings and speak to the multi-agency nature of the partnership. Recommendations should be strategic and based on evidence of effective practice to prevent violence in your local area. Themes the SNA recommendations might explore could be:

**Figure 6: themes for SNA recommendations**

Improvements in data quality

Improvements in data sharing for violence prevention

Mapping existing prevention projects and programmes

Inclusion of a diversity of community voices, including those with lived experiences

Opportunities for partnership working for violence prevention

Priorities for action relating to needs in the local area

Priorities for evidence-based prevention

Recommendations should be directly based on the key findings from the SNA. They should be developed and agreed on jointly by the partnership of organisations involved in developing the SNA and local prevention strategy.

Cross-cutting considerations

*A. Community voice*

Community engagement provides insight into the complex and interconnected risk and protective factors for violence as well as crucial information exploring the realities of lived experience and opportunities for prevention, which can be missed by analysing quantitative data alone. For the SNA to benefit the local area, the partnership must understand the community's perception of the causes of violence and the effect it has on the area.

Partnerships should also consider the community's views about what should be done locally to tackle violence, including what they think will help to prevent violence and what might make efforts to tackle violence difficult. Community engagement should include a diversity of voices and particularly from groups which may be more at risk of experiencing violence.

Engaging with people with lived experience and ensuring that their views are represented is a crucial part of the SNA process, either as part of the governance or advisory board, or through qualitative research. This could be through primary research or through the inclusion of

secondary research that has already been conducted in the local area. Women's Aid have developed a [research integrity framework](#) for undertaking research with survivors (Williamson, 2020). Where you are thinking of conducting your own research, please consider obtaining ethical permissions to do so. This will keep the research participants and the research team safe.
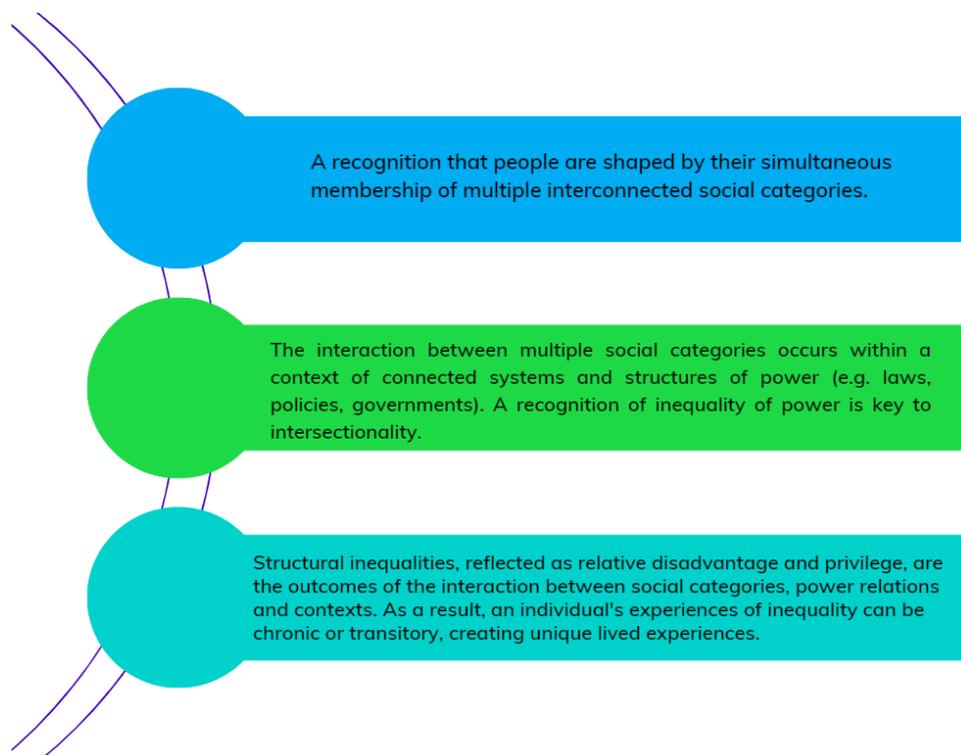
## B. Intersectionality and diversity

The term 'intersectionality' is used to describe the relationship between social identity, systems, power, and structural inequality. This 'intersection' of social identity and power has an important relationship with violence, because it directly relates to the prevalence, impact and lived experience of violence among different population groups.

Intersectionality is described as: *"an analytical tool that we use for the purpose of equality and human rights monitoring to show the distinct forms of harm, abuse, discrimination and disadvantage experienced by people when multiple categories of social identity interact with each other"* (Equality and Human Rights Commission, 2017; 52)

The foundational elements of an intersectional approach can be understood as (Scottish Government, 2022):

**Figure 7: elements of an intersectional approach**



A recognition that people are shaped by their simultaneous membership of multiple interconnected social categories.

The interaction between multiple social categories occurs within a context of connected systems and structures of power (e.g. laws, policies, governments). A recognition of inequality of power is key to intersectionality.

Structural inequalities, reflected as relative disadvantage and privilege, are the outcomes of the interaction between social categories, power relations and contexts. As a result, an individual's experiences of inequality can be chronic or transitory, creating unique lived experiences.

Utilising an intersectional lens, when exploring violence through an SNA is a critical approach to use. For example, data on the prevalence of violence against women demonstrates that the probability of experiencing violence (or particular forms of violence) is higher for some groups of women. This is not because some women are inherently 'vulnerable'. Rather, it is the intersections between the social, political and economic processes of gender inequality and other forms of systemic and structural inequality that explain this. In turn, experiencing violence, can exacerbate these societal inequities, and violence and structures of power and oppression are reproduced.

As such, both analytical and strategic work for the prevention of violence must address these multiple and intersecting systems of oppression and discrimination, power and privilege that shape the social context in which this violence occurs.

***The importance of diversity***

Due to the intersectional nature of violence, it is important to ensure that a diverse range of voices are platformed in violence-related SNAs. It may also be appropriate to undertake more focused SNAs exploring the impact of violence on specific groups. For example, migrants, asylum seekers, and refugees, or Gypsy Roma, Traveller Communities may have a very different experience of violence in comparison to the general population. Community members and/ or representatives from community-based organisation representing specific community groups could be invited to join the partnership board.

> **Sources of information on intersectionality**
>
> The following resources may be useful in exploring violence as an intersectional issue:
>
> **Resources**
>
> [Using intersectionality to understand structural inequality in Scotland: evidence synthesis](#) (Scottish Government, 2022)
>
> [Intersectionality in practice: Research findings for practitioners & policy makers](#) (Christoffersen, 2021)
>
> **Research**
>
> [Identifying women's pathways to offending and the primary prevention and early intervention opportunities for women at risk of offending in Wales](#) (Sheeran, 2022)
>
> [Unchartered Territory Review](#) (Hopkins and Assami, 2021)
>
> [Poverty and Bullying Report](#) (Sudarsan, 2022)
>
> **Policy and strategy**
>
> [Anti-racist Wales Action Plan](#) (Welsh Government, 2022)
>
> [Criminal Justice Anti-Racism Action Plan for Wales](#) (Criminal Justice in Wales, 2022)
>
> [Advancing Gender Equality in Wales Plan](#) (Welsh Government, 2020)
>
> [Child Poverty Strategy for Wales](#) (Child Poverty, 2015)

## *C. Trauma-informed*

There is a strong association between ACEs, trauma and violence, as such, violence prevention work must be underpinned with approaches to mitigate the impact of ACEs and trauma. The Deputy Minister for Health and Social Service has said "*we cannot ignore the need to provide sympathetic responses and trauma-informed support to those who have already been impacted by ACEs or the importance of adopting a strengths-based approach and building resilience*" (Welsh Government, 2021). It is important to note that trauma-informed approaches are not specific to working with those who have experienced ACEs;

trauma-informed approaches are to be used with anyone who has experienced trauma; including ACEs, physical injury, psychological trauma, racism, and ableism, racism or gender exclusion (Walker et al., 2021).

There is national and international recognition of the importance of working in a trauma-informed way since recognising the impact of traumatic experiences allows support services to mitigate any further impacts of the trauma. International research has highlighted strong links between trauma-informed approaches and improved wellbeing (physical, emotional, spiritual and mental) (Ramasubramanian & Riewestahl, 2021).

Welsh Government's "Review of ACEs Policy Report" has highlighted a need to develop a common and consistent language, including what is meant by a 'trauma-informed approach', followed by an increase in awareness raising for what works to prevent and support people who have experienced trauma (Welsh Government, 2021). To deliver these objectives, the ACE Hub Wales and Traumatic Stress Wales have published a National Framework to Respond to Trauma in Wales (2022). The Framework highlights four trauma-informed practice levels, ranging from a universal approach to specialist interventions, and also five practice principles that should underpin trauma-informed approaches across Wales; these are:



**THE 5 PRACTICE PRINCIPLES**

**A universal approach that does no harm,** proactively supports and encompasses community-led approaches, prevention initiatives and specialist therapies to enable transformation within systems.

**Person centred:** the person is always at the centre of a trauma-informed approach. It takes a co-productive, collaborative cross-sector approach to identifying, understanding and supporting the person's needs. It promotes psychological and physical safety by promoting choice, collaboration and transparency.

**Relationship-focused:** safe, supportive, empathic, compassionate and trusting relationships are central to a trauma-informed approach.

**Resilience and strengths-focused:** a trauma-informed approach builds on the natural resilience of individuals, families and communities.

**Inclusive:** a trauma-informed approach recognises the impact of diversity, discrimination and racism. It understands the impact of cultural, historic and gender inequalities and is inclusive of everyone in society.

**Figure 8 Five practice principles**

**Trauma-informed resources**

The following resources may be useful in developing a trauma-informed approach:

**Resources:**

ACE Hub Wales

Trauma-informed Wales Framework

TrACE Toolkit (Trauma and ACE Informed Organisations)

All Wales trauma-informed organisation training

**Research:**

What works in the prevention and early intervention of ACEs at the community level? Identifying and supporting projects across Wales (Addis and Hopkins, 2022)

'Trauma-informed': identifying key language and terminology through a review of the literature (Addis et al., (2022)

An exploration of the trauma-informed terminology and approaches being used by significant projects, programmes and interventions in Wales (Walker et al., 2021)

# Summary

The UK government announced in December 2019 that it would bring forward legislation to create a new Serious Violence Duty (the 'Duty'). This followed a consultation on the new legal duty. Section 6(1) of the Crime and Disorder Act 1998, which set out the strategies that responsible authorities must formulate and implement, which has been amended to explicitly include serious violence.

The Duty, which came into effect in January 2023, requires specified authorities to work together to prevent and reduce violence. Representatives of the specified authorities will be required to work together to:

1. undertake an evidence-based analysis of the prevalence, impact and causes of violence in their area by developing a strategic needs assessment (SNA);
2. develop and implement a strategy with solutions to prevent and reduce violence in their area, which will need to be reviewed every year.

This guidance for Wales explores the requirement to develop an SNA as part of a public health approach, including the key steps in developing an SNA, partnership working, data sources, violence definitions, violence prevention theory, effective practice for violence prevention, and the development of recommendations. In addition, it provides information on useful resources, and cross-cutting considerations for local partnerships to explore when developing an SNA.

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