May 2021

Merseyside Violence Reduction Partnership 2020-21: Whole System Evaluation Report

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About this report

Merseyside is one of the 18 areas allocated funding in 2019 by the UK Government to establish a Violence Reduction Unit. To inform the continued development of the Merseyside Violence Reduction Partnership (VRP), in November 2019 (Quigg et al, 2020) and July 2020, the Merseyside Academics' Violence Prevention Partnership (MAVPP) [1] were commissioned to evaluate the VRP as a whole, and selected work programmes. This report forms one of a suite of outputs from this evaluation work programme, and specifically presents a whole system evaluation of the Merseyside VRP. Additional evaluation reports for 2020/21 explore:

- The Mentors in Violence Prevention Programme (Butler et al, 2021).
- The VRP Data Hub (Lightowlers et al, 2021).
- The 'new' VRP Sports, Arts and Culture work programme (Hough and Quigg, 2021).
- Support programmes for the families of offenders (Ashton and Quigg, 2021).

Evaluation outputs are available on the VRP website: www.merseysidevrp.com/what-we-do/

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- The evaluation funders, Merseyside VRP.
- Members of the VRP team, wider partners and programme implementers who supported evaluation implementation.
- All study participants who took part in surveys, interviews and workshops, and provided evidence of programme/intervention delivery and outputs.

[1] MAVPP includes academic representatives from all Merseyside universities, who represent a range of disciplines covering public health, criminology, policing and psychology.

Executive Summary

Merseyside is one of the 18 areas allocated funding in 2019 by the UK Government to establish a Violence Reduction Unit. To inform the continued development of the Merseyside Violence Reduction Partnership (VRP), in July 2020 the Merseyside Academics' Violence Prevention Partnership[2] were commissioned to evaluate the VRP as a whole, and selected work programmes. This report forms one of a suite of outputs from this evaluation[3], and specifically presents a whole system evaluation of the Merseyside VRP (additional reports explore: the Mentors in Violence Prevention Programme; the VRP Data Hub; the 'new' VRP Sports, Arts and Culture work programme; and, support programmes for the families of offenders). A mixed-methods approach was used to gather evidence to address the whole system evaluation including: interviews with VRP steering group (n=3) and core team members (n=9); engagement with VRP partners (n=30) via a 3-hour multi-agency stakeholder workshop and follow-up VRP core team workshop (3 hours); and, review of VRP documentation. Key findings are presented with reference to the World Health Organization (WHO) public health approach to violence prevention, and wider guidance on implementing whole system approaches.

Key findings

Developing a whole system public health approach to violence prevention

All partners were extremely positive about the broad ambitions of/for the VRP. However, they acknowledged that trying to embed public health thinking and the principles of a whole system approach was challenging and requires new dialogues and approaches to partnership working to embed these ambitions. The **need for wider partnerships to be 'open to change'** and for the **governance and operational structures of the VRP to be enhanced** was highlighted. Throughout, there emerged a strong sense that the VRP continues to be a work in progress and that those involved wished to be part of this continued development. Many of the respondents reported their **confidence in the approach being taken in Merseyside** but felt that **clearer messaging around the application of public health approaches to tackle serious violence** would help to galvanise the VRP and its partners to work more effectively, and be better able to generate more tangible outcomes. Critically, conflicts were highlighted between longer-term goals and short-term investment; the extent to which the approach is fully distinguishable as 'public health'; and, of the vagaries around what constitutes serious violence.

> *"Our legacy, our impact, is generational change and embedding new ways of thinking that will respond to how we tackle the root cause of knife crime in the future. That's a massive ask to keep faith with that view of things."*

There is however a **strong sense of impactful multi-agency working** across the VRP, fostered by the opportunity to share thinking and ideas with colleagues drawn from a range of disciplines, and with new and alternative perspectives. The wide range of VRP partners and the fact that membership continues to evolve was identified as making VRP working

> *"The VRP, it's a proper true collaboration that spans the whole of Merseyside."*

[2] MAVPP includes academic representatives from all Merseyside universities, who represent a range of disciplines including public health, criminology, policing and psychology.
[3] Evaluation outputs are available on the Merseyside VRP website: www.merseysidevrp.com/what-we-do/

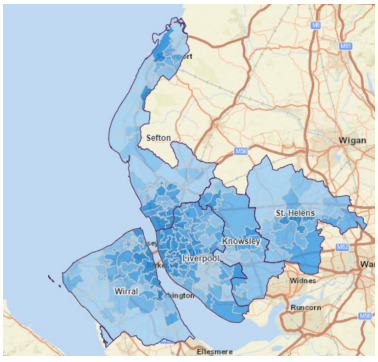
stimulating and enlightening. Being **co-located was recognised as crucial** in shaping the early relationships between partners and generating the understanding of others' roles and organisational priorities. The impact of COVID-19 has had a significant on the co-located team's ability to meet, plan and spend time together. Steering group members and some of the core team saw their engagement with the VRP compromised by the attention they needed to give to their core roles in their host organisations/services.

The **ambition to embrace public health approaches and to adopt whole system** thinking to help tackle serious violence comes through strongly across the partnership. Equally significant is the scope to work pan-Merseyside and to initiate and bring work together from across the county. The VRP have **embedded a number of initiatives that aim to build and embed public health approaches to violence prevention and to strengthen capacity across the whole system,** including community engagement and media campaigns, practitioner training, enhancing access to multi-agency data, and commissioning of services and interventions. However, a number of structural issues were identified that may limit the realisation of VRP ambitions, including the **absence of a strong public health voice, and of data analysis capacity to help deliver public health principles, disconnect between the steering group and core team, and the need to keep connecting the work of the partnership into existing networks and structures**.

It was suggested that the VRP should **better narrate their ambitions, in terms of both their strategic and operational delivery**. The capacity of the VRP team to work in an inter-disciplinary fashion, deepened an understanding of how to develop a whole system approach, and translate this learning back into their host organisations. This should, some argued, be used to help establish the VRP's credentials to consult rather than to be seen to (primarily) commission. With a key focus on bringing about sustainable behavioural change the majority of respondents expressed their concerns around the damage of short-term funding cycles for programmes delivering short bursts of intervention activity. The **renewal of VRU funding on 12-month cycles was a source of concern** and many felt that not only did it make it hard to plan and resource intervention activity to create cultural change, but that it actually risks damaging understanding and perceptions of public health approaches.

Identifying the size and scope of violence, and risk and protective factors

In 2020 the VRP produced a **problem profile to increase understanding of violence** across Merseyside, and inform the **development of a Response Strategy**. Further, the VRP commissioned the **development of a Data Hub** that aims to bring together multiple datasets including health, police, and fire and rescue data to inform a public health approach to violence prevention. The Data Hub was launched at the end of March 2020, and the VRP commissioned the continued development and implementation of the Hub during 2020/21. Evaluation of the Hub highlights its merits, such as its ambition and ease of use, as well as making available a range of data on violence in one place. However, whilst there is evidence of use of the Hub to inform local violence prevention, to date this is limited and take up of the system has been slower than hoped (in part on account of COVID-19). Further work is required to enable a thorough understanding of violence across Merseyside, map outcome measures to the VRP logic model, and translate evidence into meaningful action.



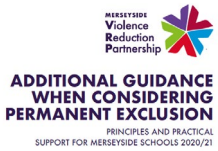
Implementing, monitoring and evaluating interventions

A key role of the VRP is to have **oversight of the range of interventions being delivered across sectors and the county, and to sense check that these are working within the frame of public health principles**. The ambitions to use data to identify community needs and target and monitor interventions was seen as crucial in expanding the capacity of the VRP to support programme implementation. All participants could see that the **experience of operating the VRP had stimulated necessary conversations about the scope to develop pan-Merseyside commissioning.** The ability of the VRP to provide the data to make more informed decisions and co-ordinate cross area working was seen as crucial going forward.

> *"My biggest regret is that we should fit the funding to the objectives, not the other way around."*

The development of the Problem Profile (MVRP, 2020a) and Response Strategy (MVRP, 2020b), and experience of year one, have enabled the VRP to **reflect on their work programmes and refine them to enhance a whole system public health approach to violence prevention, considering local needs, evidence on what works to prevent violence, and gaps in provision** (pioneering new work programmes or approaches to programme delivery). The evolution of the VRP from focusing on distinct strands of working (in year one) to focusing on fewer themes (in year two) is as an example of the maturity and growth of the VRP, and indicative of the strength of leadership and collaboration to innovate, identify shared ambitions, and pinpoint gaps in provision. Throughout 2020/21, the VRP have focused on a number of work streams directly managed by the VRP or each of the five Community Safety Partnerships. Each work programme was allocated a funding budget at the start of the year (set in collaboration with the core team and steering group). This approach has meant that delivery of each work programme was somewhat driven by its 'yearly' funding allocation, rather than a continuing assessment of community needs, review of the evidence base and identification of appropriate responses, followed by resource allocation (to meet needs), and monitoring/evaluation. Pressures to allocate and spend funding within the financial year has somewhat limited the VRP's ability to implement long-term approaches to violence prevention. However, despite this, and the added complexities of COVID-19, during 2020/21, the VRP have directly funded **53 activities and interventions, engaging over 22,000 children and young people.**

All directly funded **interventions are routinely monitoring by the VRP, and some interventions have been selected for more detailed independent evaluation** (e.g. Mentors in Violence Prevention; Data Hub), based on the need to build the evidence base and whether the intervention was amenable for evaluation. Whilst routine programme monitoring of all interventions explores implementation, reach and impacts, varying levels of detail are provided back to the VRP by interventions leads, and across the CSPs.



Sharing best practice and scaling-up evidence based interventions

Enhancing communications and sharing best practice has been a key focus of year two. For example, building on year one, the VRP has developed additional **guidance for schools** when considering permanent exclusion of children. Interventions showing promising outcomes have continued into year two, with a greater focus on implementing process and outcome evaluations of

selected interventions, to inform future implementation at scale. However, clear and well defined procedures for programme monitoring and evaluation to assess the scalability of the breadth of VRP interventions are currently limited.

Working with and for communities

"At the start of the programme young people were asked to share their hopes and expectations for the programme so that the project could be tailor made around them and meet their needs and requirements."

The capacity of VRP team members to work within the parameters of a 'work programme' and to then not only commission services, but facilitate new exchanges and collaborative working between organisations was seen as crucial to enabling creative and progressive working. Whilst many stakeholders agreed that there was strong communication between VRP leads and service providers, the need to build connections with grassroots organisations and the community was reiterated. **Approaches to engage with the community, particularly children and young people are emerging, however partners noted this remains an area for development.**

In addition to expanding access to local partner data to understand the communities' experience of violence (via the Data Hub), the VRP have focused on developing systems and processes to enable children, young people and community members to share their perceptions and experiences of violence, and their views on VRP interventions. To enable discussions during the COVID-19 pandemic, the VRP purchased and tested an **online engagement tool (i.e. Dialogue)** with services and young people, and whilst engagement with the tool has not been as high as expected, they will use this learning to develop community engagement in 2021/22. Throughout 2020/21, again due to COVID-19 restrictions, the VRP **focused youth and community engagement efforts on building effective relationships with partners who have been able to maintain their connection with children, young people and families**. This has enabled the continued development of the VRP's understanding of the issues most affecting communities across Merseyside. The relationships built will enable improved communication between the VRP and a wider range of statutory and non-statutory partners, as well as developing pathways for future engagement with children and young people. Furthermore, the commissioning of a **Pan-Merseyside peer-research collaborative,** which consisted of Young Advisors and Youth Voice Group members, has aimed to empower young people by providing them with the tools to undertake social research with their peers to find out what young people feel works to increase feelings of safety and reduce risk of violence. Due to the pandemic, not all areas were able to take part and as such, participants (approx. 700) were mostly young people residing in Sefton, Wirral and Liverpool. Key findings from this research will be used alongside other data sources to inform VRP response strategies and ongoing insight.

Conclusion

It is clear that the VRP has made significant advances in developing a whole system public health approach to prevent violence in Merseyside, despite the limitations presented by COVID-19 and other limitations such as the short-term funding arrangements. A number of examples have highlighted the way that the VRP is working to achieve long-term change through:

- Enhancing its strategic approach and delivery model;
- Continually developing local intelligence on violence via the VRP Data Hub;
- Sharing best practice through development of guidance documents;

- Piloting and evaluating novel interventions (e.g. Mentors in Violence Prevention; whole family approaches to reducing reoffending); and,
- Coordinating delivery of interventions such as sports, arts and culture based interventions, focusing on areas identified as most at risk of violence.

The direction of travel for the VRP, in terms of positive longer-term impacts and associated social value of violence prevention activities are evident. Some gaps in the whole system approach remain however and there are areas that could be transformed further to enable sustainable long-term changes. In order to explore and assess the VRP's progress towards a whole system approach, we've used the ten key principles of a whole system approach as a framework to identify recommendations for transformation.

Recommendations

Identifying a system

- Continue to provide a critical function for Merseyside to support the development and implementation of a whole system public health approach to violence prevention. This includes following an evidence-based approach, influencing systems and culture change, maximising community assets and efficiencies, and linking in with related work programmes, promoting multi-partner programme implementation, coordination of community based programme activity, and supporting the piloting of new interventions.
- Develop a framework to integrate ambitions, delivery, monitoring and evaluation.

Capacity building

- Develop capacity across the core team to ensure an evidence-based approach to programme implementation can be fully realised.
- Through the employment of an evidence team, in 2021/22 focus on:
  - Developing understanding of violence and risk and protective factors at a local level through increasing access to data (both quantitative and qualitative);
  - Enhancing the Data Hub and implementing research, and aiding local partner interpretation of data (e.g. through production of reports and other communications);
  - Identifying the evidence on what works to prevent violence and supporting partners to implement targeted evidence-based approaches; and,
  - Developing VRP and local programme monitoring and evaluation frameworks.

Creativity and innovation

- Ensure that communities and young people have the opportunity to contribute to the development of violence prevention approaches. Review engagement to ensure that the voices of all communities, including those most affected by serious violence, are represented.
- Review VRP working programmes annually to ensure continued transformation in light of evidence of local need, partnerships and capacity to deliver (including but also beyond national funding).

Relationships

- Examine and enhance current governance structures, ensuring that the assets available across the partnership are being utilised to maximum effect and that all partners can activity contribute to embedding a public health approach to violence prevention across the whole system. This includes increasing synergies between the Steering Group and core team members.

- Ensure VRP team members all work to achieve overall strategic goals collectively, whilst leading on thematic work programmes. Maintain the co-located structure of the team to enhance collective delivery of the VRP ambitions and maintain strong team working.

Engagement

- Ensure strong public health/health practitioner involvement in the steering group and core team.
- Use a range of engagement methods to work with local communities including young people and families affected by violence and/or at risk of violence, to co-produce violence prevention interventions.
- Ensure the voices of victims and survivors are included/experts by experience.

Communication

- Ensure that activity directed by the five CSPs, and the VRP team work strands, are effectively communicated to ensure they are coordinated and complementary, maximising resources, knowledge and expertise, and reducing duplication.
- Ensure that all activity aligns with a coordinated whole system public health approach to violence prevention, and that learning from all activity is regularly communicated across the whole system.

Embedded action and policies

- The Steering Group and core team should continue to enhance whole system change across Merseyside, and critically ensure that partner organisations act to implement and embed a public health approach to violence prevention into their organisation's strategic and operational activities. VRP partners should develop strategic plans that focus on the needs of the local community and subsequently align this with relevant resource and funding opportunities (including but also beyond national funding).
- Ensure that there is clarity across the partnership about what a public health approach to violence prevention is, and how this is being adopted and implemented by the VRP. Develop a clear and concise synopsis of the VRP's public health approach for violence prevention and the delivery model and underpinning philosophy as a reference point for all partners.
- Continue to work with VRP partners and enhance collaborations with related work programmes (e.g. early help; safeguarding; domestic abuse) to ensure that these underlying risk factors are addressed, and protective factors promoted.

Robust and sustainable

- Ensure that the role and remit of the VRP is clear across the system, including in terms of funding provision for partner organisations.
- Explore opportunities to obtain funding for the VRP that is longer-term, and/or for funding to be spent across a number of years to enable longer-term commissioning of interventions/services.
- Ensure that the VRP is on the agenda of the Liverpool City Region Combined Authority and related strategic plans.

Facilitative leadership

- The VRP team, supported by the steering group, should continue to review and adapt the team's operational focus, supported by the development of clear ambitions for the VRP going forward.

Monitoring and evaluation

- Develop processes to ensure all commissioning is evidence based, and/or supported by adequate monitoring, and where required and feasible evaluated.
- Consider the individual needs of each programme/initiatives, as some data collection methods (e.g. surveys) may not be appropriate for all service users/interventions.

Contents

1. Introduction

1.1 Background

Interpersonal violence is a global public health issue, with severe consequences for individuals' health and social prospects across the lifecourse. In addition to these individual impacts, violence affects families, communities and wider society, placing significant burdens on public services including health, criminal justice, social services and other sectors (WHO, 2014). Internationally and across the UK, there is growing recognition of the advantages of adopting a public health approach to violence prevention which aims to promote population level health and wellbeing by addressing underlying risk factors that increase the likelihood of violence, and promoting protective factors across individual, relationship, community and societal levels (Krug et al, 2002).

In 2019, the UK Home Secretary allocated £35 million to Police and Crime Commissioners in 18 areas to set up multi-agency Violence Reduction Units (VRUs). Merseyside was one of the areas allocated funding and established the Merseyside Violence Reduction Partnership (VRP). The VRP aims to take a whole system public health approach to violence prevention that fits within and complements existing multi-agency partnerships. This whole system approach, advocated by the Home Office (2018), involves a programme of activity to bring together relevant partner organisations to develop a coordinated approach to tackle the root causes of violence (PHE, 2019). The Serious Violence Strategy (Home Office, 2018) advocates using a place-based approach to tackle the root causes of violence, focusing on the strengths and needs of local communities. The VRP vision, model and work programmes are explained in detail in sections two and three of this report.

1.2 Evaluation objectives and methods

To inform the continued development of the VRP, in November 2019 (Quigg et al, 2020) and July 2020, the Merseyside Academics' Violence Prevention Partnership (MAVPP)[4] were commissioned to evaluate the VRP as a whole, and selected work programmes. The primary objectives of the 2020/21 VRP evaluation work programme were to:

1. Examine the ***whole system approach*** to the VRP work programme development and implementation.
2. Evaluate the processes, outputs and impacts of the VRP ***Data Hub***.
3. Evaluate processes, outputs and impacts of selected ***place-based or thematically themed interventions***.

This report focuses on the whole system evaluation. Additional reports explore:

- The VRP Data Hub (Lightowlers et al, 2021).
- The Mentors in Violence Prevention Programme (Butler et al, 2021).
- The 'new' VRP Sports, Arts and Culture work programme (Hough and Quigg, 2021).
- Support programmes for families of offenders (Ashton and Quigg, 2021).

[4] MAVPP includes academic representatives from all Merseyside universities, who represent a range of disciplines covering public health, criminology, policing and psychology.

A mixed-methods approach (see Appendix 7.2 for full details) was used to gather evidence to address the whole system evaluation including:

Interviews (n=12) with VRP steering group (n=3) and core team members (n=9). The report also draws on findings from interviews undertaken as part of the evaluation of selected VRP interventions.

Review of VRP documentation; e.g. monitoring forms; outputs; meeting notes; reports) and observations of VRP activities (e.g. meetings/events).

Engagement with VRP steering group and core team members, and intervention/programme delivery partners (n=30/34 invited) via a 3-hour multi-agency stakeholder workshop and follow-up core team workshop (3 hours). The VRP core team identified which stakeholders/organisations should be invited to attend the workshop.

1.3 Structure of the report

To establish how and where the VRP is progressing towards a whole system public health approach, any gaps in the system, and recommendations to maximise the effectiveness and sustainability of the VRP, the evaluation findings are presented with reference to the:

- Key principles of a whole system public health approach (see Box 1 and Appendix 7.1);
- WHO public health approach to violence prevention (Krug et al, 2002);
- Serious Violence Strategy (Home Office, 2018); and,
- Additional guidance produced to support VRUs to implement a whole system public health approach to violence prevention (PHE, 2019).

Section 2 provides an overview of the vision and model of the VRP.
Section 3 summarises the scope of VRP activities during 2020/21.
Section 4 presents VRP strategic and core team members' perceptions and experiences of developing the VRP, and implementing VRP activities and areas for transformation.
Section 5 presents recommendations for continued development and transformation of the VRP.

Box 1: Implementing a whole system approach to tackling complex public health issues

A range of international policy and guidance recommends the implementation of a whole system approach to tackle complex public health issues and create long-term effective change (Kleinert and Horton, 2015; Mabry and Bures, 2014; Rutter, 2011). Studies have identified the key principles that define a comprehensive whole system public health approach, highlighting the importance of effective operational mechanisms alongside the implementation of effective interventions (Bagnall et al, 2019). A review of studies recommends ten key features that must be addressed when implementing a whole system approach (see Appendix 7.1, Table 1; Garside et al, 2010; NICE, 2010). A study by Bagnall et al (2019) explored the published evidence on the application of a whole system approach on public health and related areas (including crime and justice), with reference to the key features outlined in Table 1; they found that programmes that addressed each feature were more likely to be successful than those that did not. Issues such as supportive leadership, stakeholder engagement, investment in relationships and sustainability planning were all key to success. Community capacity, trust and ownership were also identified as important (Bagnall et al, 2019).

2. The VRP Vision and Model

This section highlights the vision, values and operating model of the VRP, and alignment with the WHO public health approach to violence prevention. The scope and scale of VRP work programmes during 2020/21 is detailed in section three. Throughout, findings indicate the direction of travel for the VRP from 2019/20 to 2020/21, considering adaptations implemented in light of the VRP Problem Profile (MVRP, 2020a), Response Strategy (Summers and Wiggins, 2020), year one evaluation (Quigg et al, 2020), and wider aspects relating to whole system change.

2.1 Vision and values

The VRP Response Strategy sets out the vision of the VRP (Summers and Wiggins, 2020): *"We believe that all communities across Merseyside have the right to be free from violence in order to provide the best life chances for all."* Working together in partnership with communities and particularly young people the VRP aims to:

- Tackle the causes of serious violence in Merseyside.
- Reduce serious violence in Merseyside and particularly youth violence in public spaces.
- Through the use of evidence and data, identify suitable responses to prevent violence before it becomes a part of someone's life.
- Provide opportunities for young people to fulfil their life chances away from the impact of violence and crime.
- Ensure their response is led by data and is right for the challenges in each area of the county.

To support these aims, the VRP seeks to embed a number of core principles to enhance a whole system public health approach and enact culture change (Summers and Wiggins, 2020) including:

- **Community is at the heart of the VRP:** ensuring its work is underpinned by the voice of young people and communities.
- **Coordination and maximisation of resources:** coordinating activity, reducing duplication, sharing good practice and helping to integrate practice across partners.
- **Communication:** influencing the story that is presented to children, young people, families and communities; and enhancing communication between partners.
- **Trauma informed approach:** developing workforce capacity and ensuring a trauma informed approach underpins all services.

The development of a VRP logic model, theory of change and 'plan on a page'[5], illustrate how the VRP is anticipated to achieve its aims.

2.2 The VRP model

Following consultation with partners in 2019, the VRP model has been developed to complement existing partnerships (Figure 1). Findings from the year one evaluation found that the VRP model was perceived by partners as effective, with partners describing how mutually respectful patterns of working had been established, and that partners from diverse organisational backgrounds were working effectively to negotiate and shape the shared vision for the partnership (Quigg et al, 2020). Throughout 2020/21, the Steering Group has continued to support and challenge the core team to

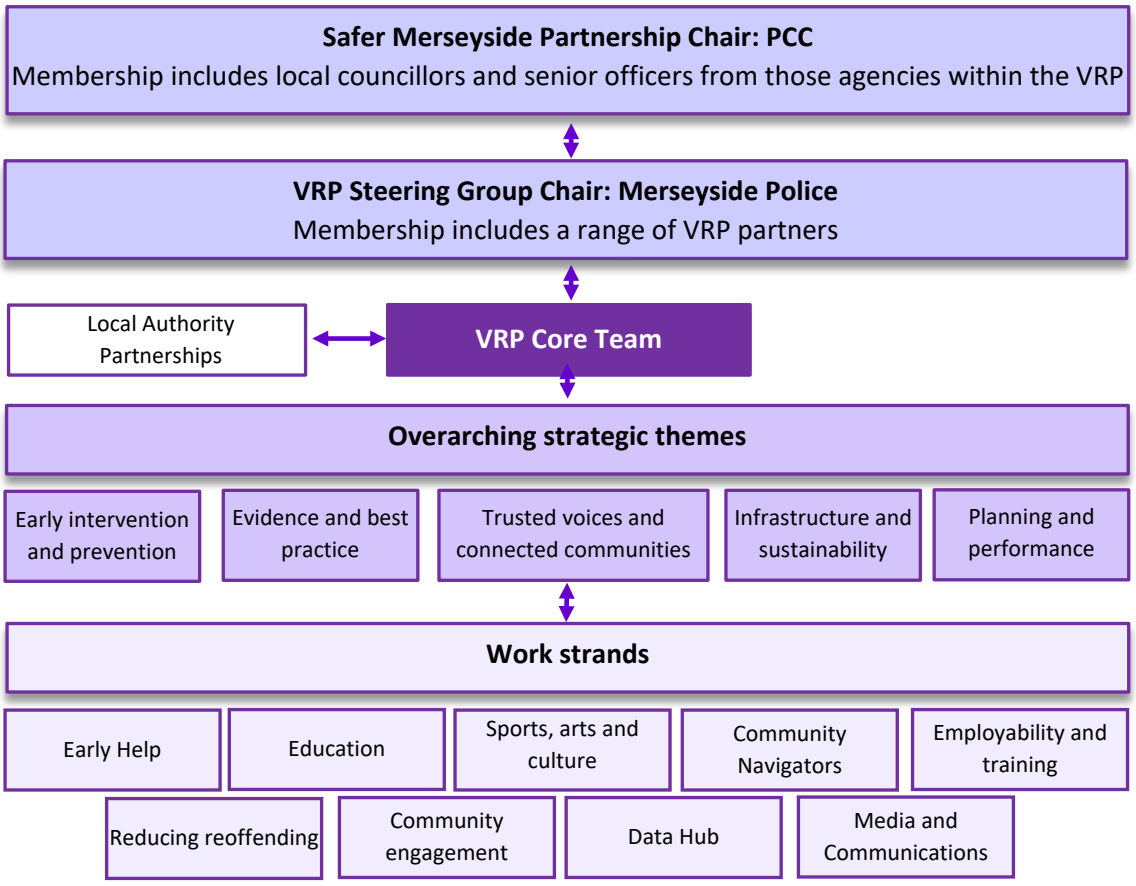
[5] https://www.merseysidevrp.com/media/1184/plan-on-a-page-web.pdf

deliver against its key objectives. The VRP comprises of a 'core team' co-located within Liverpool City Centre, with each team member leading on a thematic area (see Section 3). The core team meets formally on a weekly basis to discuss progress in relation to their work strands to ensure that the VRP is achieving its objectives. The membership of the VRP currently comprises:

1.	Head of VRP	Merseyside Police (Chief Constable's rep)
2.	Deputy Head / Project Manager	Merseyside Police
3.	Local Delivery Lead	Office of the PCC (PCC's rep)
4.	Education Lead	Knowsley Local Authority
5.	Youth and Community Engagement Lead	Liverpool Local Authority
6.	Public Health Lead	(Position vacated December – recruitment ongoing)
7.	Youth Justice Service Lead	Wirral Youth Offending Service
8.	Reducing Reoffending Lead	National Probation Service
9.	Arson Reduction Lead	Merseyside Fire and Rescue Service
10.	Pathways and Interventions Lead	Merseyside Fire and Rescue Service
11.	Communications and Media Officer	Merseyside Police
12.	Analytical Lead	Merseyside Police
13.	Early Years Lead	(New advisory post – seconded from December)
14.	Business Support Officer	Merseyside Police

Whilst the team structure and membership largely mirrors 2019/20, in early 2020/21 a number of changes occurred. Two part-time secondments jointly representing community safety ceased at the end of 2019/20 (with Community Safety Partnership [CSP] representation now led through core team

Figure 1: Model of the VRP



members and the inclusion of CSP representatives from all local authorities on the Steering Group). In June 2020, there was a change in leadership, with the VRP now led by another Detective Superintendent. Further, in December the Public Health Lead position become vacant - a position that the VRP have been working to fill pending confirmation of Home Office funding (the role is scheduled to be filled in quarter one of 2021/22). Broadly, however, given that the core team is now well established, future growth in roles or responsibilities are only as a result of any identified gaps in provision. An example of this has been the recognition that the VRP do not have the requisite skills within the specialism of early years. Given the importance of this stage of the lifecourse the team accessed support (one day per week in the first instance, with an ambition to extend to 2.5 days in 2021/22) from an early years expert since December 2020. More recently, in acknowledgement of gaps in evidence and analytical expertise and capacity, they have advertised three new secondment roles to join the team from April 2021: an Evidence Hub Manager, an Analyst and a Researcher. Further, the Department for Work and Pensions (DWP) have become a member of the core team on a trial basis.

2.3 Alignment with the WHO public health approach to violence prevention

2.3.1 Identify the size and scope of the problem, and risk and protective factors

As per Home Office guidelines, in 2020 the VRP produced a problem profile to increase understanding of violence across Merseyside (MVRP, 2020a), and inform the development of a Response Strategy (MVRP, 2020b). Further, in year one, the VRP commissioned the development of a Data Hub that aims to bring together multiple datasets including health (accident and emergency and walk-in centre attendances, hospital admissions, ambulance call outs), police, and fire and rescue data to inform a public health approach to violence prevention across Merseyside. The Data Hub was launched at the end of March 2020, and the VRP commissioned the continued development and implementation of the Hub during 2020/21 (Figure 2). To inform the on-going development of the Hub, a separate report provides an evaluation of its processes, outputs and impacts (Lightowlers et al, 2021). This evaluation highlighted merits associated with the Data Hub, such as its ambition and ease of use, as well as making available a range of data on violence in one place. VRP partners appreciated its aims and utility in providing a more holistic and nuanced picture of violence across Merseyside, thus providing opportunities to intervene in an informed and meaningful way. Whilst there is evidence of use of the Hub to inform local violence prevention, to date this is limited and take up of the system has been slower than hoped (in part on account of COVID-19). So, whilst the Hub's potential is understood and commended, there is some way to go in its role out and development to realise this. The Data Hub has only been established for a year at the time of writing and there is naturally scope for it to develop and enhance its current offer (Lightowlers et al, 2021). Critically, further work is required to enable a thorough understanding of violence across Merseyside, map outcome measures to the VRP logic model, and translate evidence into meaningful action.

2.3.2 Implementing effective interventions, and monitoring and evaluating their impact

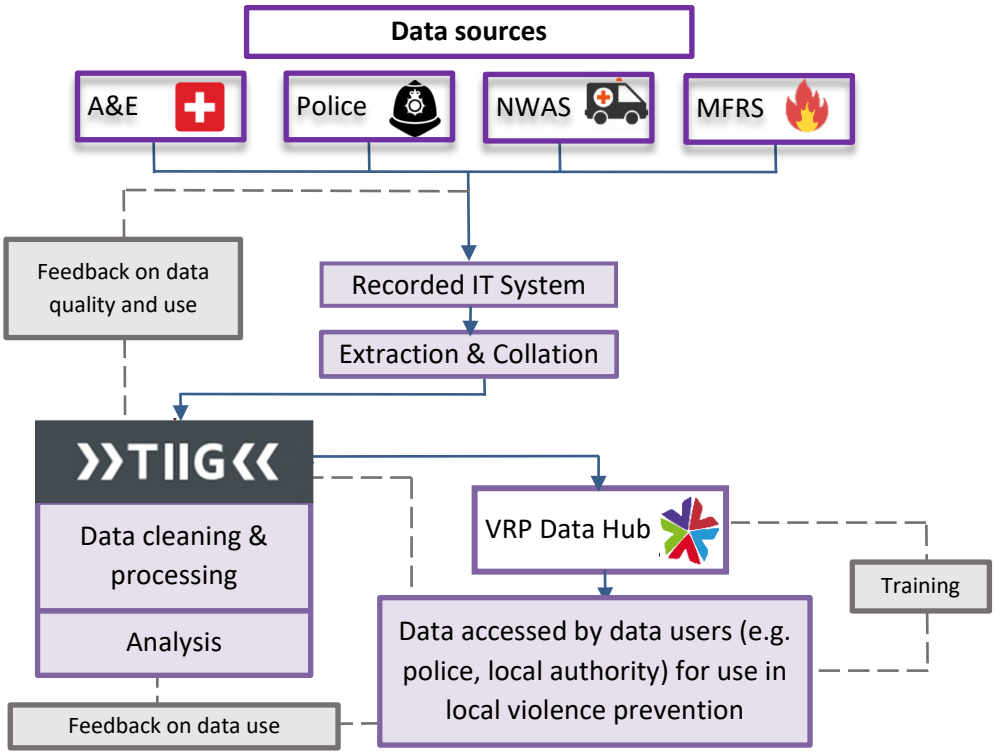
The development of the Problem Profile (MVRP, 2020a) and Response Strategy (MVRP, 2020b), and experience of year one, have enabled the VRP to reflect on their work programmes and refine them to enhance a whole system public health approach to violence prevention, considering local needs, evidence on what works to prevent violence, and gaps in provision (pioneering new work programmes, such as supporting families of offenders). Throughout 2020/21, the VRP have focused on:

- Early help - ACEs, Trauma-Informed Approaches and mental health support;
- Education programmes;
- Community Navigators;
- Sports, Arts and Culture programmes;
- Employability and training;
- Reducing reoffending, resettlement and wider support;
- Data and intelligence;
- Youth and community engagement;
- Media and communications; and,
- Place-based approaches, led by CSPs.

Work programmes are not mutually exclusive, with some significantly encompassing and supporting another. Equally, some funded interventions support multiple work programmes and/or may work to promote protective factors and reduce risk factors for violence that can support prevention efforts across the work programmes, and the lifecourse. The VRP has a key role in coordinating these activities to ensure they are complementary, and any unnecessary duplication is reduced.

Directly funded interventions and activities: Similar (albeit to a lesser extent) to year one, the VRP have provided service providers with opportunities to bid for funding to support the delivery of interventions relevant to the VRP aims and community needs. Funding calls were advertised for sports, arts and culture based interventions via external commissioning agents (i.e. Community Foundation; Merseyside Sports Foundation), who had a greater understanding of these intervention approaches, the local community, and established relationship with service providers. Throughout year one, gaps in service and intervention provision were identified, and in year two the VRP have directly commissioned (via selected or competitive tender) the delivery of new interventions (e.g. Mentors in Violence Prevention) or the expansion of existing activities/interventions. Further, resource investment (including VRP team member time) has been allocated to activities to enhance the whole system approach to violence prevention, such as countywide communication campaigns, continued development of local data and intelligence systems, production of guidance, and purchasing of systems to enable online community discussions (i.e. Dialogue). During 2020/21, the

Figure 2: Overview of the VRP Data Hub



VRP have directly funded 53 activities and intervention, engaging over 22,000 children and young people (Table 2). Section 3 provides a summary of directly funded interventions (excluding CSP place-based approaches).

CSP place-based approaches: In year one, funding was provided to CSPs, and community and voluntary services (CVSs) separately in each local authority area to enable each sector to implement/fund violence prevention interventions/activities relevant to the local community. Local CSP and CVS leads collaborated to promote a joined up approach, maximise the use and impact of resources, and reduce duplication and saturation of activities. This approach has continued in year two, however as CVSs form part of the CSP, funding is now provided directly to CSPs in each local authority. This is to facilitate a coordinated approach to intervention delivery from the outset, following public health principals and focused on early intervention and prevention.

Funding allocation and programme monitoring: Each work programme was allocated a funding budget at the start of the year (as part of Home Office requirements to plan budget allocations), which were set in collaboration with the core team and steering group. This approach has meant that delivery of each work programme was somewhat driven by its 'yearly' funding allocation, rather than a continuing assessment of community needs, review of the evidence base and identification of appropriate responses (including the scope, scale and timeframe required to enable change), followed by resource (e.g. staff/funding) allocation to meet needs, and monitoring/evaluation. Pressures to allocate and spend funding within the financial year (set by the Home Office) has somewhat limited the VRP's ability to implement long-term approaches to violence prevention.

The VRP is governed by strict Merseyside Police procurement rules meaning that they cannot direct or increase funding with complete freedom[6]. All directly funded interventions are routinely monitoring by the VRP via completion (by programme implementers) of quarterly monitoring forms identifying programme implementation and budget spend, reach (e.g. number and profile of beneficiaries) and impacts. Whilst directly funded interventions are overseen by the VRP and commissioning agents (e.g. for sports, arts and culture), local place-based approaches were procured and managed by CSPs in a hub and spoke model, who subsequently implemented their own monitoring processes. All CSPs were tasked with completing an overarching monitoring form covering their funded interventions - with CSPs providing varying levels of detail back to the VRP to evidence programme implementation, reach (e.g. number and profile of beneficiaries) and impacts.

Some interventions were selected by the VRP for more detailed evaluation (e.g. Mentors in Violence Prevention [MVP; Butler et al, 2021]; VRP Data Hub [Lightowlers et al, 2021]), based on the need to build the evidence base and whether the intervention was amenable for detailed evaluation (with consideration of COVID-19 restrictions and associated impacts).

[6] All purchasing and project funding arrangements by the VRP are subject to the provisions of the 'Police Crime Commissioner Contract Standing Orders' policy contained within the Corporate Governance Framework of Merseyside Police. A local decision without the requirement to complete a procurement process is applicable up to £20,000; internal procurement from £20,000 to £50,000 whereby evidence of three bids internally assessed is required and a formal 'Blue light' Tender application open to any organisation on a national level for all funding over the £50,000 level. Contract Standing Orders may be waived in respect of competitive tenders or quotations subject to the necessary approval due to conditions such a time constraints or where no other provider exists i.e. NHS/ Probation etc. The report making this justification is signed off at Assistant Chief Constable and Finance Director level and is available for public scrutiny.

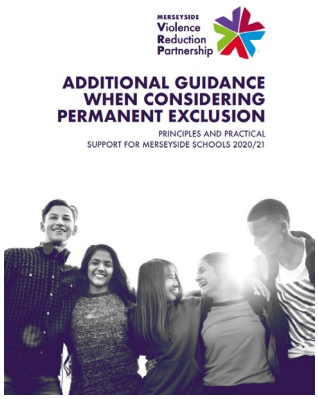
Table 2: Number of children and young people engaged in VRP interventions, 2020/21

Service user category	April-June	July-September	October-December	January-March	Year to date
Universal*	1291	345	4651	9045	15,332
Potential high risk**	61	44	626	2315	3046
Known risk***	0	92	742	1319	2153
Involved in crime******	57	63	463	946	1529

* Not currently involved in criminal activity. Environmental risk due to community they live in and/or school they attend. ** Young people (YP) known to congregate in hotspot areas *** YP with known risk factors including ACEs/suspected to be involved in criminal activity. YP may be known to police/authorities but not convicted) **** YP with known risk factors and are involved in the criminal justice system.

2.3.3 Sharing best practice and scaling-up evidence based interventions

Enhancing communications (see Section 3.7) and sharing best practice has been a key focus of year two. For example, building on year one, the VRP has developed additional **guidance for schools** when considering permanent exclusion of children, to promote a more consistent approach, which considers the relationships between school exclusions and vulnerability, exploitation, and serious violence (MVRP, 2020b). The VRP report that the guidance has been well received across the education sector. ACE/trauma-informed practice training and other year one interventions showing promising outcomes have continued into year two, with a greater focus in year two of implementing process and outcome evaluations of selected interventions, to inform future implementation at scale. However, clear and well defined procedures for programme monitoring and evaluation to assess the scalability of the breadth of VRP interventions are currently limited.



2.3.4 Working with and for communities

Understanding the needs of the community and ensuring their voices are embedded within the VRP work programme spanned across a number of recommendations in the year one evaluation (Quigg et al, 2020). In addition to expanding access to local partner data to understand the communities experience of violence via the VRP Data Hub (see Section 2.3.1), in year two the VRP have focused on developing systems and processes to enable children, young people and community members to share their perceptions and experiences of violence (and related subjects), and their views on VRP interventions. To enable discussions during the COVID-19 pandemic, the VRP purchased an **online engagement tool (i.e. Dialogue)**, to *"create a space where communities across Merseyside can voice ideas for how partners can deliver safer communities which are free from violence"* (VRP Programme Documentation [PD]) and ensure that the decisions they make are *"as a direct result of what young people tell us matters most to them in relation to reducing the risk of violence"* (VRP PD). The VRP team have been exploring the use of the tool with partners, and whilst engagement with the tool has not been as high as expected, they will use this learning to develop community engagement in 2021/22. Throughout 2020/21, due to COVID-19 restrictions, the VRP focused youth and community engagement efforts on building effective relationships with partners who have been able to maintain their connection with children, young people and families. This has enabled the continued development of the VRP's understanding of the issues most affecting communities across Merseyside. The relationships built will enable improved communication between the VRP and a wider range of

statutory and non-statutory partners, as well as developing pathways for future engagement with children and young people. Ensuring that children's, young people's and the community's views on VRP interventions is routinely collected and considered has been a key focus for 2020/21. For example:

- Schoolchildren and teachers provided their **views on the issues that most affected their school, helping to inform how the MVP programme was implemented** across each individual school.
- Funding requirements for sports, arts and culture interventions specified that all interventions include elements of **co-design, delivery and evaluation with young people. F**unded projects were asked how they consulted participants on project delivery and whether youth voice affected changes from original plans. Feedback included:

"Young people said they enjoyed meeting others, so a conscious effort was made to include engaging activities where the young people had the opportunity to work in teams, get to know others, and develop their social skills… At the start of the programme young people were asked to share their hopes and expectations for the programme so that the project could be tailor made around them and meet their needs and requirements."

"The young people were involved in the project from the outset. The themes and topics chosen for the sessions were identified because of issues raised by the young people themselves."

"Young people chose to create a video around different aspects of mental health to increase knowledge and awareness."

"Having young people, families and prison learners involved in the co-creation of the showcase and celebration event in July, helps increase their sense of cultural capital, vital emotional and practical skills and helps reduce stigma in the wider community."

The VRP also commissioned the creation of a Pan-Merseyside peer-research collaborative, which consisted of Young Advisors and Youth Voice Group members. The aim of this was to empower young people with the tools to undertake social research with their peers to find out what young people feel works to increase feelings of safety and reduce risk of violence. Due to the pandemic, not all areas were able to take part and as such, participants (approx. 700) were mostly young people residing in Sefton, Wirral and Liverpool. Key findings from this research include:

- Drugs/alcohol related crime is seen to be the biggest issue, closely followed by knife crime and hate crime.
- As a response approach to reducing violence, young people felt that mental health support was the most effective, with many calling for an increase in provision.
- Young people requested that more services for their age group be advertised on social media platforms which they already use. They also requested that support services not have obvious links to the police as young people may worry that others will see the link and it could lead to them being a target.

The final report will be published in 2021/22 and will be used alongside other data sources to inform VRP response strategies and ongoing insight.

3. Overview of VRP Work Programmes

3.1 Early Help: ACE, trauma-informed practice approaches and mental health support

Developing and embedding ACE/trauma-informed practice (TIP) approaches across Merseyside continues to be a key theme. The year one evaluation demonstrated positive impacts of the VRP funded ACE/TIP training on practitioners' knowledge and attitudes on ACEs/TIP approaches, and confidence to implement such approaches (Quigg et al, 2020). In 2020/21, the VRP has continued to fund and deliver **practitioner training**, to intervention delivery partners (e.g. 26 sports coaches trained across sports, arts and culture sectors) and as part of wider co-ordinated packages of support offered to partners to drive cultural and practice change (e.g. training of 200 practitioners in Wirral).

Further, they have funded **bite-size virtual training resources to support school staff and parents** with returning pupils following the lockdown periods. During the first national lockdown 42 bite-size courses were delivered to 700 individuals. Further, in summer 2020, the VRP commissioned **Restorative Thinking, to deliver trauma-informed training to support ten educational establishments** in their response to their most vulnerable children experiencing significant disadvantages during the pandemic. This included work with primary and secondary schools, and Pupil Referral Units (PRU) to access three days of on-site consultancy and support to progress staff training, newly available recovery curriculum resources, development of school policies and procedures (linking pastoral support and teaching and learning), while applying an ACE/TIP approach.

> *"We have two teaching assistants now using the restorative questions for praise and when a pupil needs to talk. Early indications are that pupils really value the structure and that staff possess a lot of skills needed for those times in between the questions. Early evidence suggests that pupils don't have repeated incidents of being dysregulated once they have had a chance to be guided through the process."*
>
> Restorative Thinking participant's feedback, collected via intervention deliverer

VRP funding has also supported the delivery and/or expansion of **mental health support provision for children and young people**. This includes universally accessible services available online 24/7 (i.e. Kooth; https://www.kooth.com/), and targeted support for young people who present with challenging behaviour, but who do not meet the threshold for CAMHS and do not necessarily have a diagnosed mental health condition but can benefit from wider mental wellbeing interventions.

> *"Without the critical work of Red Umbrella, numerous sex workers would go without appropriate and adequate support."*
>
> Merseyside Police Detective Constable

The Red Umbrella Project (ran by Changing Lives) aims to protect Merseyside's sex workers from abuse, exploitation and sexual violence. During the initial stage of the pandemic, Red Umbrella began to receive reports about a substantial rise in violence carried out against sex workers (Changing Lives, 2020). Subsequently, the VRP provided funding to enable Red Umbrella to continue offering their **specialist Independent Sexual Violence Advisor (ISVA) service and a case support worker**. The ISVA supports sex and adult industry workers to report crimes committed against them and recover from trauma, working holistically to meet their needs using a TIP approach. During April to June, the programme engaged with 57 service

users; of those supported, three have exited sex work but continue to receive support. ISVAs provided wide-ranging support with seven outreach sessions, 50+ 1:1 sessions and three off-street locations visited. Following liaison with the VRP, Changing Lives moved to a more sustainable resourcing model, and have successfully applied for external funding to enhance and extend their offer to cover the whole financial year. Furthermore, Changing Lives commenced a new partnership within Wirral and have developed a multi-agency sex worker hub in the evening, supported by the additional funding.

Further, to uplift support to the local community due to concerns raised throughout the pandemic, the VRP have funded domestic abuse support services and youth support (e.g. mental health), utilising funding not spent in other areas that were unable to deliver at the anticipated scale during 2020/21.

3.2 Education

During year one, the core focus of the Education Work Programme involved scoping existing education provision in relation to violence prevention, identifying gaps and funding the development of new interventions, and implementation of existing interventions in additional schools (e.g. a VRP primary-age, school-based intervention developed and piloted in year one has subsequently been continued in year two across various areas to upscale capacity, via local partner commissioning). Exploring the development and implementation of whole school approaches to developing the health and well-being of children, with consideration of the role of school exclusions was a recommendation from the year one evaluation (Quigg et al, 2020). In response, in 2020/21, the VRP have:

- **Initiated three interventions (new to the area), targeted towards children[7] and their environment/relationships (i.e. school; parents/carers/peers), implemented across Merseyside (one universal) or targeted towards areas identified as at risk (two targeted).**
- **Developed guidance for schools and training packages for Safer Schools Officers.**

The **MVP programme** is being piloted and evaluated across 10 secondary schools (Butler et al, 2021) (see Box 2). The VRP funded **Time Project** aims to support children (aged 11-16) at-risk of exclusion. Funding has been used to employ two trauma-informed mentors to deliver a holistic needs-led mentoring programme to forty 11-16 year olds across eight identified schools with above-average exclusion rates. Mentors work on bespoke pathways of support that develop young people's understanding of their behaviours, develop alternative coping strategies and re-engage and motivate them to remain in education. The VRP and partners are co-funding a pilot programme delivered by **St Giles Trust** in one local authority (across a few schools) to offer early intervention and support for young people and their families affected by violence and associated risk factors. This includes providing group sessions, parenting work and intensive mentoring for children.

3.3 Sports, arts and culture

Following the development of the Sports Work Programme in 2019/20, the work programme was extended to include arts and culture, and similar to year one the VRP allocated a fund to a commissioning agent from each area (sports, and arts and culture) to coordinate the funding and monitoring of interventions. Further, based on the Problem Profile, funding of interventions focused on areas with the highest level of serious violence or risk factors for violence. The work programme aims to provide early intervention through provision of positive interventions for children and young people to improve health and wellbeing, and reduce the potential for them to become isolated,

[7] Including age 18 years.

exploited and exposed to serious violence and associated harms. Key finding and recommendations from a review of 'new' Sports, Arts and Culture Work Programme is provided in Box 3.

Box 2: The Mentors in Violence Prevention Programme (Butler et al, 2021)

MVP is a school-based violence prevention programme, with a particular emphasis on gender-based violence, which aims to increase non-violent bystander intervention through a peer education approach to inform and empower individuals to become proactive bystanders. The peer education model is implemented by training students in Key Stage 4 to be mentors and deliver the programme to Key Stage 3 mentees.

Emerging findings suggest a number of key learnings about the process and impacts of MVP implementation in the pilot schools. Overall, and despite significant challenges with COVID-19 causing school closures, perceptions of the implementation and the impact of the programme have been positive. Whilst further evaluation data from other key participants, such as school staff, is needed, reports from school development officers (youth workers from MYA, the organisation commissioned to deliver MVP) suggest implementing the programme in Merseyside schools is feasible and the programme is adaptable to the local context. Findings suggest that mentors really enjoyed the concept of MVP, including the subject content and peer-education model of delivery. Crucially, early findings suggest some important significant changes in mentors' attitudes and knowledge of the bystander approach to violence prevention. In addition a number of other positive short-term outcomes for mentors were identified including increases in leadership skills, confidence, positive peer relationships and school participation, and measures of resilience factors, including self-esteem, problem solving skills, empathy and goals and aspirations. Overall, findings to date support the continued implementation of MVP in the pilot schools as planned, and provides early evidence that MVP could be successfully rolled out to more schools.

"MVP teaches you life skills on mental health and violence. It enlightens you on the effects that cause and prevent violence. For example gender lenses, victim blaming, bystanding, abuse, violence and leadership. MVP stands for Mentors in Violence Prevention and we have learned how to show these skills during our learning. Overall, we are confident in showing people what leads up to violent actions and what changes we can make to stop them.
We are Mentors in Violence Prevention."

3.4 Community Navigators

The VRP and Alder Hey launched the pilot Navigator programme in December 2019. The project involves a youth worker (i.e. a Navigator), based in Alder Hey Children's Accident and Emergency Department (A&E), who supports children who attend the A&E as a result of violence or associated harms to *"navigate their way away from violence, criminal activity or other harms"*. The Navigator provides holistic support to children via 1:1 discussions, with referral to services where required. The project aims to break cycles of violence, support children and families, and in the long-term reduce pressure on the NHS. Preliminary scoping of the project in 2019/20 identified a number of considerations for future development and implementation, and noted that following further piloting and insight work, a local delivery model needs to be developed for the future implementation and/or expansion of the project (Quigg et al, 2020).

The VRP has funded the Navigator project throughout 2020/21, and liaised with Alder Hey to monitor implementation and develop the delivery model. Alder Hey have produced an online form for

completion by staff to consider referral to the Navigator for inpatients or those attending outpatient appointments to heighten awareness and ensure appropriate referrals are made. Due to COVID-19 restrictions, the project has adapted with the Navigator working remotely (via telephone). During April to June 2020, 61 children engaged with the Navigator and 47 were referred for support. The VRP and Alder Hey have continued to review the project. Subsequently, as a result of data, they are altering the delivery model so that the project is extended to Aintree University and Royal Liverpool University Hospital Trusts in 2021/22 (providing a hub [Alder Hey] and spoke model), enabling greater access to children and young people (aged 18 plus) who reside in areas most affected by violence.

3.5 Employability and training

This work programme aligns closely with the reducing reoffending work programme (see Section 3.6). Across both work programmes, the VRP have continued to fund the expansion/continuation of existing interventions to reduce risk factors, and critically promote protective factors for young people most at-risk of serious violence. This includes provision of interventions to improve well-being and

Box 3: Review of the 'new' Sports, Arts and Culture Work Programme (Hough and Quigg, 2021)

Key findings

- Having commissioned agents has enabled a more targeted approach to tackle violence in Merseyside through sports, arts and culture-based interventions as working with one overarching provider from each sector ensured there was clear communication and trusting relationships were built between the VRP, commissioning agents and service providers.
- The flexibility offered by the VRP, which was necessitated by COVID-19, resulted in successful implementation of these interventions. This flexible approach could be replicated in future commissioning to enable responsiveness to unforeseen circumstances, facilitated by the trusted relationships formed between the commissioned agents, service providers and the VRP.
- Targeting areas with the highest levels of serious violence and/or underlying risk factors (rather than ensuring interventions were commissioned for delivery in all local authorities, as in year one) has ensured that interventions have been delivered to young people more at risk of harm.
- The way this pathway was structured and implemented led to a strengthening of partnerships or building new networks with local groups, communities and organisations that will extend beyond the funding received from the VRP.
- A range of positive impacts for children and young people (and their families) have been identified (including reducing risk factors and enhancing protective factors).

Recommendations

- Maintain and upscale - continue to build upon the work programme, ensuring the coordinated delivery of interventions for those communities and groups who will benefit most.
- Tiered delivery - continue the tiered approach of delivery, benefiting from the expertise of commissioning agents who have experience of working with local providers and the community.
- Deadlines - ensure deadlines for monitoring and reporting between service providers, the commissioning agents and the VRP are clear and set deadlines from the beginning as changing deadlines caused issues in terms of intervention delivery, data collection and trust.
- Funding - ensure funding is distributed at the beginning (once allocated) to allow all service providers to commence, as delays can result in reduced time for intervention delivery.
- Increased flexibility - include a level of flexibility in future commissioning to facilitate innovative service delivery in light of local community needs and any COVID-19 restrictions.
- Enhance clarity - in documentation in terms of terminology (universal benefit, risk etc.) and around dates, processes and lines of communication. Support all providers and commissioning agents with completing documentation in an effective and standardised manner, ensuring effective programme monitoring and intervention evaluation.

behaviours, enhance skills and increase employability, and wider support for offenders, including incarcerated persons both during and following release from custody. Interventions focused on **enhancing skills and employability** include:

- **Sefton@Work - Options Programme:** Based within Sefton Council, the 1:1 support programme is targeted towards disadvantaged, unemployed and economically inactive residents (aged 16+ years) aiming to increase their skills, confidence and resilience in order to move them closer to employment. Qualified Advisors work with clients on a 1:1 basis to identify barriers to employment and training and work towards a positive solution to help clients overcome these barriers.
- **Street Doctors Lifesaving Training:** Digital (rather than face-to-face, due to COVID-19) training for young people at risk of being involved in or affected by violence, on life-saving first-aid skills and education and discussion about the impact and consequences of knife crime. Training was delivered via Youth Service and YOS partners; numbers trained reduced due to online delivery.
- **Careers Connect: Right Choice:** An intensive support, training and mentoring programme for vulnerable young people aged 16-21 years who are displaying risk factors for offending behaviour, to reduce risks of escalation to violent offending and/or involvement with the criminal justice system. Dedicated mentors work proactively with young people, engaging wider services/interventions, and create pathways of support (Quigg et al, 2020). Due to COVID-19, the programme was delivered to fewer than anticipated people and with some amendments (e.g. an extension of programme delivery time for participants considered vulnerable during lockdown).
- **Shelter-Family Housing Support Project:** An Advice, Support and Guidance Worker (ASGW) has been employed to support service users (aged 16-25 years), who have a history of violence or are at risk of violence and are facing the threat of homelessness. Those referred are supported to keep an existing tenancy or relocate in a new area, and have access to wrap around support.

3.6 Reducing reoffending

Closely aligned with the employability and training work programme (Section 3.5), the VRP have continued to fund the expansion/continuation of existing interventions to prevent reoffending amongst young people, and enhance support for families of offenders. Interventions **supporting incarcerated persons**, **including following release from custody** comprise:

- **Merseyside Offender Mentors (MoMs):** A mentoring service to support men leaving custody, to enable them to resettle into the community. Support to remove the triggers of offending behaviour commences in the prison setting (around 12 weeks prior to release) via weekly 1:1 sessions, and continues upon release. Mentors adopt a TIP approach, to build a positive relationship with the person, and provide support in accommodation, employment, education, health and wellbeing, finance, relationships, substance misuse, attitudes, and thinking and behaviour (Box 4 presents a short case study).
- **Lifeboat Programme (Magistra Civica):** An interactive group work programme using the concept of a boat trip to encourage participants to work together to develop problem solving, communication and decision making skills. Programmes are being delivered to people who are in the final 12 weeks of their prison sentence or resident at Approved Premises.
- **The Intuitive Parenting Programme:** A trauma-informed intervention that explores different parenting styles, making connections with individuals' experience of being parented and their own parenting style. The programme is designed to highlight the strengths and development areas of parenthood and offers an input into understanding the developmental needs of a child and focuses on how this can be used to improve, build and retain connection, helping children to thrive. The programme is being delivered to residents of women's Approved Premises in Liverpool (the cohort of female offenders are from all areas across Merseyside).

- **A Multi-Agency Approach to Serious Knife Crime (MAASKC):** A programme developed by Liverpool Integrated Offender Management (IOM) team which targets those convicted of offences using knives/improvised weapons. It is delivered on a 1:1 basis with the offender and Offender Manager (probation) with support of a designated IOM Police Officer. The overall aim is to heighten the awareness of the consequences of knife crime, tackle reoffending rates involving bladed weapons and reduce harm in the community. Whilst delivery has been challenging, following the re-opening of probation centres the programme is being delivered to offenders across Liverpool/Knowsley.
- **Expanding provision across Youth Offending Teams (YOTs):** The YOT with Ariel Trust have produced an interactive online resource to deliver some of their restorative work. Trials of the new resource will be implemented as lockdown restrictions are removed across all Merseyside YOTs.
- **Operation Inclusion**: A deferred prosecution pilot which builds upon current Merseyside provisions for out of court disposals. Following a number of consultation meetings the VRP are creating a core Operation Inclusion Guidance Document which will be distributed across all Merseyside YOTs to allow bespoke development and implementation based upon their own resource levels/methodology. The pilot began in four of the five YOTs on the 1st Jan 2021, with initial programme data showing that 12 young people entered the programme during lockdown (three).

Box 4: Case study - Merseyside Offender Mentors (MoMs)

Support needs: Mentee A had faced a threat of homelessness and needed support to put him on the right path to facilitate a dissuasion from offending behaviour and patterns.

Key action: A referral was made to Shelter with a view to securing accommodation.

Outcomes: Accommodation was secured. The mentee is now in temporary accommodation in Area A. As the mentee was originally from Area B, he began to feel isolated and struggled to see his family in his support bubble but MOMS provided support, which allowed him to travel to Area B to see his family, resulting in improvements in his mental wellbeing and support network.

The VRP are **enhancing support for families and children of incarcerated offenders,** via:

- **Partners of Prisoners (POPs):** A newly funded project, which aims to provide practical support to those who have a family member serving a custodial sentence. POPs support workers provide support to families based on their needs including advice, guidance and referrals for services such as housing, debt, health and wellbeing, support to build resilience and develop solutions, and emotional support.
- **Stronger Outside:** An extension of a year one pilot (Safe Together, Quigg et al, 2020), which aims to support children when a parent or family member is serving a custodial sentence. Children (age 5-18 years) receive group and 1:1 therapeutic support, to help them manage difficult feelings when a family member is sent to prison, or when they are released, and support is also provided for caregivers. The year one pilot included co-production with children to develop a booklet including information and coping strategies for children, now freely available[8], and an art exhibition launched digitally in 2021.

A separate report provides an overview of these family support programmes and identifies key considerations for future monitoring and evaluation (Ashton and Quigg, 2021).

[8] Safe Together booklet: https://online.fliphtml5.com/icocw/bshl/#p=1

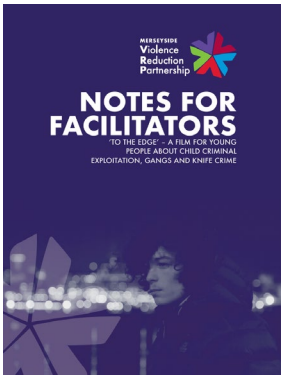
3.7 Media and communications

The VRP has continued to develop the VRP brand and deliver key prevention messages and campaigns. Further, within the new VRU Networks forum they are taking the lead for 'Communication and Branding', aiming to ensure that good practice from across the wider VRU network is shared.

The VRP has continued its **Child Criminal Exploitation campaign, 'Eyes Open'**, initially launched in March 2020 (www.eyes-open.co.uk) (Quigg et al, 2020). The campaign has been widely shared with other VRUs, and adopted by other police forces including North Wales, Lancashire, Cumbria, West Midlands and Greater Manchester. Numerous partners including local football clubs, Merseyside Fire and Rescue Service, and Liverpool County FA have supported the campaign. For example, Everton in the Community included an Eyes Open banner in Goodison Park on the last match of the 2019/20 Premier League season.

The VRP are also supporting **'You Know Who',** a joint campaign with Merseyside Police and Sefton Council that seeks to explain how and why drug gangs are exploiting vulnerable people in Sefton[9]. It explains how residents can help to keep vulnerable family members, friends and neighbours safe by encouraging them to report 'cuckooing' anonymously. This campaign has been piloted in an area of known risk and has led to significant intelligence and support for vulnerable community members. It is now being rolled out across wider Merseyside Police force areas in partnership with housing associations and other community partners.

In response to the year one evaluation, the VRP have developed a **'Destinations Directory'**[10] for young people (age 16-25 years) looking for training, education and employment opportunities, or support with accommodation. The directory was launched via the DWP in September, who have promoted it to staff in job centres across Merseyside (with positive feedback received from management and staff). The County FA have publicised the Destinations Directory on their social media platforms.



Supporting wider VRP campaigns and the Education Work Package, the VRP commissioned **'To the Edge'**, a film addressing key issues affecting children and young people including criminal exploitation, violence, gangs and knife crime. It includes a training resource and guidance for facilitators and was launched to Safer Schools Officers in September.

To enhance the VRP brand and educate partners and stakeholders about the VRP and its public health approach to violence prevention, the VRP have produced: a **short VRP film** (~4.5 minutes)[11] and monthly **'VRP update' newsletters**[12]. A further film is currently being developed to demonstrate activity during 2020/21.

[9] Supporting Operation Lamprey, set up following a rise in exploitation of vulnerable residents by drugs gangs.
[10] www.merseysidevrp.com/media-centre/directory
[11] www.youtube.com/watch?v=FCf1fnK24fg
[12] E.g. https://www.merseysidevrp.com/media/1264/vrp-newsletter-jan-21.pdf

4. Developing a Whole System Public Health Approach - VRP Partner Perspectives

This section thematically explores the views of VRP steering group (n=3) and core team members (n=9) on the work of the VRP to date, the lessons learned from partnership working to take forward, and to consider how the partnership can evolve in the future. Findings from the stakeholder engagement workshop are also included in this section, adding further insight to the themes identified.

4.1 Overview of key themes

Analysis of the interviews revealed four key themes: strong sense of impactful multi-agency working, structural issues, embedding public health principles, and the VRP going forward. These themes help distil and sharpen the focus on targeted 'findings' of working within the VRP. However, ahead of engaging with these findings it is important to identify three more abstract themes that contextualise the commentary that follows:

- All in the sample were very positive about the broad ambitions of/for the VRP. The bulk of respondents had voluntarily looked to become involved in the VRP and for those who had been seconded they reflected very positively on their involvement and wanted that engagement to continue. All participants though recognised that the governance and operational structures need renewal. Throughout, there emerged a strong sense that the VRP continues to be a work in progress and that the majority of those involved wished to be part of this continued development.
- The impact of the enforced measures and responses to the COVID-19 pandemic has had a significant impact on the VRP in terms of the ability of the co-located VRP team to meet, plan and spend time together. Steering Group members and some from the core team saw their engagement with the VRP compromised by the attention they needed to give to their core roles in their host organisations/services, and the ability of commissioned services to deliver interventions.
- A routine and often strongly made observation was the frustration many felt with trying to reconcile the longer-term outcomes and behavioural changes sought by public health and whole system approaches with the uncertainty created by shorter-term funding cycles. The renewal of VRU funding on 12-month cycles was a source of concern expressed by all and many felt that not only did it make it hard to plan and resource intervention activity to create cultural change, but that it actually risks damaging understanding and perceptions of public health approaches.

4.2 Theme 1 - Strong sense of impactful multi-agency working

The core team cohort were unanimous in their positive reflections on the experience of working collaboratively within the VRP. The positive relationships of the organisational working culture being nurtured in the VRP were an important part, for practitioners, of their investment within the work of the partnership. All those with experience of working within multi-agency arrangements identified how much more integrated and coherent they found the connections between peers at this operational level. The range of partners represented within the VRP and the fact that membership continued to evolve as the VRP matured was identified as making working in the team stimulating and enlightening. All participants cited the recent secondment of an Early Years Lead as evidence of the appetite to progress. Practitioners reflected on how broad the range of expertise they were now engaging with is. In the minds of the practitioners, good multi-agency working was in large being fostered by the opportunity to share thinking and ideas with colleagues drawn from a range of

disciplines, to capitalise on the opportunities to be exposed to new and alternative perspectives. Equally significant though was the scope to work pan-Merseyside and to initiate and bring work together from across the county.

> *"The VRP, it's a proper true collaboration that spans the whole of Merseyside, it's not got that local authority feel about it…if you look at responses to knife crime you've had [intervention name] and about five or six different knife crime messages all floating about, all purport to represent Merseyside but they're all being supported by different boroughs instead of just having one unified message right across Merseyside…by the time we finish I hope that the CSPs will naturally start looking at economies of scale a lot more and every time they want to run a programme the first thing they do is buy in the programme from a five boroughs perspective". (Team member [TP] 7)*

During the stakeholder engagement workshop, partners were asked their views on 'facilitators of change'; all stakeholders highlighted the importance of partnership working to ensure that the approach the VRP wants to embed and drive is successful. Whilst stakeholders described their commitment to achieving a partnership approach, and were able to describe excellent examples where partnerships were working well, there were also a number of gaps and challenges highlighted. The need for wider partnerships to be 'open to change' was highlighted, with discussions centring around the need for joint working and 'buy-in' across all agencies. Specific examples included improved links between Safeguarding Partnerships and the VRP and strong community leadership. Many stakeholders described how competing organisations and sometimes geographic priorities could contribute to the challenges in terms of joint working.

Being co-located was identified as crucial in shaping the early relationships between partners and generating the understanding of others' roles and organisational priorities. The practical and logistical benefits of co-located multi-agency working underpinned the positive reflections many offered on their time within the VRP. The impact of COVID-19 has meant that some of the team were pulled back into their host organisations, some staff had to self-isolate, and social distancing and restricted travel measures have meant the opportunities to work together in the VRP teams' collocated office have been compromised. However, the keenness to keep the collaborative work going and share ideas has remained strong:

> *"Being away from the office is difficult and it makes me realise how much we get from those off the cuff conversations, those chance linking the pieces together and talking through ideas…it's the natural way that you come to pull together as a team and share ideas that makes what we do in the VRP work and it is partnership working in the fullest meaning of the word." (TM9)*

During the stakeholder engagement workshop, many described how COVID-19 had made networking with delivery partners and key agencies 'almost impossible'. Stakeholders described that this had affected referrals and also engagement with those who need to connect with the services. One stakeholder described how COVID-19 and the resulting inability to engage properly with communities has created a huge barrier and delay in achieving some key outcomes, although some stakeholders suggested that online/virtual meetings presented an opportunity to increase the reach of the VRP.

During the interviews, Steering Group and core team members described that what stimulated their enthusiasm for working within the team further was identifying the impactful working they felt was beginning to deliver on the ambitions for the VRP as a multi-disciplinary and Merseyside wide operation. All participants identified the work taking place within the education strand around tackling school exclusions. The guidance that has been developed and shared with schools to help take steps

and develop alternative strategies to work with children who misbehave and to help schools identify good practices to support their staff in managing efforts to reduce school exclusions was cited by many as the epitome of VRP working at its best (Section 3.2). The guidance was considered to be rooted in evidence-based solutions, pan-Merseyside, maps out practice guidance, and is true to the principles of a public health approach in identifying and responding to factors that can contribute to violence.

Within the Reducing Reoffending strand the work being undertaken to deliver interventions and services that work less with a service user and more with their family around them was similarly cited as pioneering and innovative VRP working (Section 3.6). The bringing together of partners ensured that the VRP practitioners could open a wider network of organisations to engage/commission and the commitment to a public health approach was seen as vital in encouraging a broader contextualising of offending behaviour and of developing strategies to engage the conditions that lead to criminal activity and that bring about longer-term change. The quotes below capture why partners supported the family intervention focus, and how opportunities made possible through the VRP are stimulating new and innovative collaborations:

> *'"You've got to look at the whole package of where they go back to, their relationships with their family, where they live, their income, look at some of their mental health. You start to take away that anxiety, you might start to take away the need for drugs, alcohol, you probably take away then the drivers for the stress which leads to violence." (TM5)*
>
> *"There's no point us reinventing the wheel, we have to do something different. [The criminal justice system] is not just a process, yes there's a punishment here but actually there is a caring element and a real desire to change this situation they're [service user] in, to tackle the whole complex range of issues that sit behind the offending…the idea of being able to connect up that commissioned service with this one, to pull in someone from Early Years and say have a conversation with this group because they're working with families." (TM6)*

The capacity of VRP team members to work within the parameters of a 'work programme' and to then not only commission services, but facilitate new exchanges and collaborative working between the organisations being supported was seen as crucial to enabling creative and progressive working. In a similar vein the MVP programme within the education strand (Section 2.5), the work within the Sports, Culture and Arts strand (Section 2.6), and the work undertaken by the VRP to support and embed trauma-informed approaches in schools and youth centres were all cited as interventions that have the scope to weave the legacy of the VRP into the fabric of the local violence prevention landscape. Consistent in all, for participants, is the ambition to develop the skills, competencies and resilience of partner organisations and members of the community – from helping support pupils to perform roles as mentors in preventing violence, through to the capacity of POP's attention to service users personal and welfare needs freeing up the time for probation, social workers and the police – to help engage with and tackle wider determinants to violence.

Practitioners routinely drew upon the examples identified above to help support their belief in the capacity of the VRP to initiate and deliver impactful multi-agency working. They, moreover, highlighted the VRP role in running campaigns like 'Eye's Open' or 'You Know Who' to disrupt Organised Crime Group's efforts to exploit vulnerable people in Merseyside. Here the confidence in this high profile campaign being effective was stimulated by the "measurable outcomes to say it has enabled us to identify key vulnerable people within target communities that we didn't know about [and who] can access help and support now" (PG3). Once again, the scope for the VRP to operate at a

pan-Merseyside level and draw upon the expertise across the team was seen by many as crucial to underpinning the tone and messaging of the campaigns.

During the stakeholder workshop, attendees identified the sectors they felt had an influential role to play in developing system level change. This included faith organisations, community and voluntary sector, schools, and established youth groups. The voice of the community and young people was highlighted as a gap, with many stakeholders describing how the youth voice needs to be better captured across the system and throughout interventions. Whilst many stakeholders agreed that there was strong communication between VRP leads and providers, the need to build connections with grassroots organisations was reiterated. It was suggested that information sharing between strategic leads and delivery partners could further assist with joint/partnership working on the ground.

4.3 Theme 2 - Structural issues

Practitioners described how the investment they were making in the core team and capacity to support the co-creation and delivery of innovative ideas stimulated the prevailing enthusiasm and confidence they had in the VRP model. However, the belief that practitioners felt in being part of the VRP working at the micro level was tempered by concerns they, and Steering Group members, reported with the consistency of the macro-level messaging around VRUs per se and in terms of the effectiveness of governance and operational arrangements locally.

The concerns that respondents raised with the clarity of messaging around the application of public health approaches to tackle serious violence can be grouped around three distinct themes; the conflict between longer-term goals and short-term investment; the extent to which the approach is fully distinguishable as 'public health'; and of the vagaries around what constitutes serious violence. Many of the respondents reported their confidence in the approach being taken in Merseyside but felt that clearer messaging from the start of the funding around these three themes would have helped to galvanise the VRP and its partners to work more effectively, and be better able to generate more tangible outcomes (and the measures to gauge their impact).

> *"I'm on board with the Home Office pursing this work and adopting the public health approach, absolutely but I can find the messaging contradictory. I am not sure we are seeing the move from numbers to outcomes we need, especially with this approach…a case in point is not being prepared to allow any sort of funding to rollover into the new financial year…this way of working doesn't provide the basis for growth outcomes and, in my opinion, is at odds with that public health messaging." (Steering group member [SG] 3)*

The issues regarding the short-term nature of funding were also highlighted by attendees at the stakeholder workshop, who described this as a key challenge. Many described barriers associated with developing a long-term strategy and building sustainable relationships and reputations when the funding is only short-term. All stakeholders acknowledged the importance of allowing time for VRP outcomes to be achieved, highlighting that changing behaviours and attitudes takes time. Further, interviewees reflected on the setting of objectives during the early implementation of the VRP and reported uncertainty with trying to reconcile the full implications of a public health approach committed to long-term cultural change with what were considered to be much short-term funding plans and targets.

> *"My biggest regret is that we should fit the funding to the objectives, not the other way around and [as happens on initiatives] as soon as funding announced, we think, Okay, how are we going to spend it. We don't think, what are our objectives first and how are we going to achieve those*

objectives and will less funding by needed to achieve them, or is it not, and that focus on funding can cloud everybody's judgement on what they can do really without funding." (TM3)

On the one hand it was evident from all interviews that there were lessons that had been learned, that, with the benefit of hindsight there are aspects of the structure, stated ambitions and underpinning philosophy of the VRP that could have been addressed/renewed earlier. It was evident in interviews too that there was a general feeling that serious conversations can and are taking place about what the VRP can achieve in reducing violence and doing so innovatively and in fully joined up ways. However, it was equally clear that the sense of unease in being able to connect this body of working with the three core metrics for VRU performance, and of the feeling that at this stage the VRP would struggle to narrate its impact on these measures. Sustained belief in building the momentum into incremental and long-term cultural change whilst wrestling with a sense of passively impacting upon clear performance targets was clearly threatening to individuals' professional esteem.

"Are the communities of Merseyside safer because of what we are doing, I don't think they would say that at this stage unless they've accessed a service we have delivered to them…Our legacy, our impact is generational change and embedding new ways of thinking that will respond to how we tackle the root cause of knife crime in the future. That's a massive ask to keep faith with that view of things and to keep focused on outcomes some of which we'll never be able to capture clearly, but we've got to keep persisting and hope that this is understood as long-term change." (TM9)

The consistent concerns reported about generating impact was, on occasion, creating uncertainty for many about how to advance and frame the working of the VRP. There was a shared enthusiasm to work on addressing longer-term changes in outcomes and of the value of incremental cultural change in making whole system thinking more intuitive. But, as TM7 articulates below, the need for the VRP to be better able to articulate its effectiveness, encouraged the return to focus on shorter-term measures of performance and, in the minds of many, a greater concern with numbers and metrics than qualitative public health outcomes. This finding was also reflected in the stakeholder workshop, where attendees struggled to identify whether the short-term outcomes, set by the VRP, had been achieved.

"The VRUs are in difficult position, if people want to get that more high profile they need to get more operational but then if you get more operational you're blurring the lines over what you're doing, and, then you might be spreading yourself too thin. Are you operational or, are you co-ordinating and linking up new partnership ways of working [and] in the end people then don't know what you do. I think that's a danger that we can't avoid, we're never going to be massively popular and high profile and actually to be popular we would have to be more operational and that jars with that piece about longer-term change." (TM7)

Tied up within TM7's reflection above is the uncertainty in the minds of many of how to fully frame and articulate the public health ambitions built into the VRU modelling. This second theme of structural concern for many in the group was partly a consequence of the lack of a clear public health voice within the VRP. But just as powerful a contributing factor was, again, the uncertainty around the balancing of short and longer-term thinking and of how individuals made sense of these objectives within their own interpretations of what whole system thinking means for practice. In particular, there were reported anxieties around how the explicit focus on key violence outcome measures could skew the basis of public health approaches per se.

The interviews highlighted an acknowledgement that trying to embed public health thinking and the principles of a whole system approach was challenging and requires new dialogues and approaches to partnership working to embed these ambitions. There was an acceptance that for criminal justice institutions in particular, this momentum shift can present challenges to prevailing modes of working. These processes were made even more overwhelming for many when they reflected on the uncertainty they reported in defining what constitutes a public health approach and in how they tried to reconcile what they saw as very different modes of working across VRUs nationally. In addition, criminal justice in its focus seemed to add to concerns about the certainty of the objectives the VRP need to work towards.

> *"I don't think there's been a common understanding of what public health approaches are from the very start here and nationally and maybe that's a good thing as we can create that understanding together. [However] I would say from a criminal justice world, if you're working in a particular role, and that has been your career, from day dot to be operational and task orientated it's much harder isn't it to take yourself out of that and approach it in a new way, rather than fitting your agenda to the public health model. We are asking people, why don't you consider what your agenda would look like if you approached it differently from a public health approach and that will take time and is difficult for individuals to break from their approach to their roles." (TM1)*

There was a commonly held concern that the work of the VRP is not 'policing' and that there is a danger that the predominance of police leads through the core of the governance and operational layers of the VRP "could mistakenly give the sense that that is how we understand [the] VRP" (SG1). These views, again, tapped into a wider uncertainty around the wider remit of the partnership to have to balance an ambition to deliver new modes with operating in ways that compliment work that is on-going. Through the interviews it was clear that within the partnership there were differing understandings of the ambitions the VRP should be working to in this respect.

> *"There is no point us reinventing the wheel or doing what has gone before. We have an opportunity to do something different and embed new thinking to the same old problems and there is a willingness to do that and that is how we represent something different and sustainable. However, if we can't always be clear of the boundaries we are working within then others won't be and we run the risk of trying to be all things to all people. Rightly or wrongly we've [Merseyside] taken a stand on not having domestic abuse as a core theme and I get that, but then other VRUs have and within narratives around serious violence we can be open to criticism for being seen to be too narrow in our thinking when our whole ethos is to think more broadly about all factors associated with violence." (TM6)*

More locally, the structural issues that temper the realisation of Merseyside based outcomes from the VRP concerned the absence of a public health voice, the disconnect between the Steering Group and VRP core eam, and of the need to keep connecting the work of the partnership into existing networks and structures. Underpinning all three was an anguish all reported about the VRP being able to be more confident about its objectives and the work of the team being able to secure (increased) legitimacy and relevance with their host and partner organisations. Section 4.4 below covers the ambitions to embed public health thinking, but in terms of the operational composition of the team many were reflective about what the absence of a distinct public health voice has meant for the development of the VRP but also of the resourcefulness the group had shown in adapting:

> *"We had a public health lead but they were never replaced when they left and even when they were here I don't know that they were tasked with work that made use of their capacity and background and [in hindsight] they should have been used to kind of train the whole team to help us look at our*

areas of expertise in a public health way rather than being tasked to go off and do you know organise and coordinate different responses that maybe aren't necessarily fitting into a structure or model…in a strange way as a team we've had to negotiate and develop that shared understanding of a public health approach ourselves and how we have evolved together in identifying our weaknesses in moving from a broad range of strands and the pressure to commission towards refining our core objectives and developing sustainable whole systems thinking shows how far we have come but that's a process that could have been initiated more quickly and more confidently with a stronger public health input maybe." (TM3)

Members of the Steering Group and from the core team alike both reflected on how they felt more needed to be done in terms of the inter-connectivity between the VRP governance arrangements and the work taking place on the ground. For members of the Steering Group there was a shared concern that *"we don't know who is in the team or what they're doing"* (SG1) and an unease that, as the reporting back into the Steering Group *"can at times feel one directional and passive"* (SG2), they as a collective weren't playing a more active role in supporting the ambitions of the VRP. Correspondingly, members of the core team reflected ruefully on the distance they felt from the Steering Group, of *"knowing we have key stakeholders on the Steering Group but no clear sense of what their vision for our work is"* (TM9), and feeling opportunities were being missed to *"fully embed what we are doing into local structures"* (TM5). The disconnect between the core team and the Steering Group was something all participants identified as a concern but, in all cases, too was an expressed desire to work to create new linkages and exchanges between the layers of the VRP. A series of recent VRP stakeholder events and the renewal of partnership ambitions with the change of operational lead were seen as having a catalytic effect in making partners, at all levels, critically reflect on the contributions they were making to the delivery of VRP principles.

The disconnect shaped concerns for the core team in how confidently they were being able to operate and embed a focus on public health outcomes. There was evident anguish that the VRP team was being seen to operate in too isolated a fashion (even from their own host organisations at times) and a resignation that broader, bolder conversations had not been able to take place across stakeholders about how to truly embed and make sustainable the work being undertaken. There was an anxiety that strand leads could too readily be viewed *"as the oracle for their sector"* (SG2) when actually the expertise, knowhow, networks and leadership of members of the Steering Group weren't being utilised.

"As leads in our organisations we are adept at challenging those delivering services and of them challenging us back as leaders and there is scope for us to adopt [that] as a VRP strategic board and to help that relationship become operational than strategic. We want to hear 'this is the issue that I'm currently facing. These are the risks. This is what I need your help and support as a board, rather than this is what we have been up to since last we met [that] will drive the board to actually make it better than what it actually is." (SG3)

These findings were echoed within the stakeholder engagement workshop, where some stakeholders were unsure whether the membership of the VRP had the right skills and involvement to drive activity on behalf of the partnership. Some also questioned whether the current membership provided full representation across Merseyside, suggesting that there might be gaps in terms of being able to see the 'bigger picture'. Some questioned how well integrated and embedded the VRP was from a Combined Authority and local authority perspective, and the importance of ensuring the VRP was included within strategic planning at this level was further reflected at the subsequent smaller team

meeting. Some stakeholders felt that the VRP would benefit from having a clearer focus, suggesting that focusing on the data and hotspots would help to direct VRP activities. The vision of the VRP was not always clear, with some stakeholders describing uncertainties about whether the VRP ambition was to have small impacts in lots of different areas or big impacts in a smaller number of areas. This narrative was explored within the subsequent smaller group meeting, where the ambition for whole system change was reiterated. Here, members agreed the need to address risk and protective factors and deliver interventions at primary, secondary and tertiary level, using the data to inform which groups and communities should be targeted.

The benefits of more integrated working between the core team and Steering group included the capacity to be able to draw upon the knowledge, experience and insight of senior organisational leads would help increase the collective understanding of what work is taking place across the county and how this could be enriched, shared and developed through partnership working. Many in the group expressed their fears for the tendency to *"always look for the new, exciting new, innovative thing, rather than step back and have a look what we've already got"* (TM3) and *"[of] running the risk of not taking into practice the lessons learned from previous initiatives"* (SG2). The pooling of partner knowhow and networks through collapsing the disconnect between the team and steering group was viewed, by all, as essential to developing good sustainable working. Further, whilst the VRP is still in its infancy, and has operated for much of its time during the COVID-19 pandemic, some interviewees reflected on the importance to continuing efforts to connect the VRP with wider partnerships and networks, noting the value of recently securing an early year's senior manager in the core team.

> *"We need help to anchor our work with networks in this field, we are working in separation from the child safeguarding partnerships, whereas our work should be interlinked." (TM1)*

The sense of the VRP being more embedded and connected to mainstream service provision helped reduce in the minds of interviews and participants at the stakeholder event that the VRP was too frequently viewed solely as *"a funding body"* (TM5), which is unsustainable over the longer-term. It was suggested that the VRP should better narrate their ambitions, in terms of both their strategic and operational delivery (e.g. the aims, how will this be achieved, the importance of co-production, partnership working and a place-based approach). The capacity of the VRP team to work in an inter-disciplinary fashion, deepen an understanding of the capacity to develop whole system thinking, and translate this learning back into their host organisations should, some argued, be used to help establish the VRP's credentials to consult rather than to be seen to (primarily) commission.

A further strength was of the scope to collectively shape a fuller and more sustainable Merseyside approach to embedding public health approaches. The below commentaries are representative of the views of a number of the participants who saw the strength in constructive dialogue, amongst a fuller and more diverse range of actors, about how to develop whole system thinking.

> *"We are showing a real willingness to think outside the box, we have community engagement as core to our model now and we should be looking to factor in those who are actually experiencing some of this [service interventions] trying to get them in, somebody who perhaps attends our team meetings once in a while that can give an input from the community." (TM6)*

> *"We need to help that discussion and think critically about whether the VRP is too community safety focused, too concentrated on those people related to community safety. We all need to expand our thinking because is that delivering the public health approach because there are other areas of business, the public sector, private sector whatever who aren't seeing it as their responsibility, yes*

we have probation, policing, fire and rescue services but are we asking too much for that team to be expected to deliver THE public health approach and this is something we all need to own to make it meaningful." (SG3)

4.4 Theme 3 - Embedding public health principles

A common and strongly held concern for all was the lack of the public health voice within the structure of the VRP. Those more removed from the operational day-to-day activities of the partnership felt that it compromised the credibility of the public health approach not to have an identifiable lead. For those involved more closely who had collectively explored what public health approaches require there was also a concern with the depth of data analysis capacity of the VRP to help deliver public health principles.

"[we all recognise] the importance of an analytical function. How can we have a public health approach where step one is to better understand our serious violence problem here on Merseyside when we don't understand our serious violence problem here on Merseyside… if you don't get step one, right, everything thereafter, there's a problem." (TM8)

"…so I'm here, strand lead, running an intervention but I've got no analytical advice. We are spearheading this proposal, we are spending money and we are attuned to working within a public health model but my dilemma is I'm not able to track this and make sense of the impact." (TM2).

What consistently came through strongly was the ambition to embrace public health approaches and to adopt whole system thinking to help tackle serious violence. The scope for peers in the partnership to work together and critically reflect on what a public health approach looked like within the VRP and within their organisation was something that was having an impact. It was leading practitioners to conceptualise the audiences they are engaging differently and to place their operational practice within a broader context of intervention activity.

" [For us] it's about understanding the prevalence of the level of need, and the level of the problem, not leaving it to the data to tell us when we reach crisis point, we aren't going early enough and engaging with the young people in the community to understand that culture." (PG3)

These findings were reflected within the stakeholder workshop, where a number of successful initiatives and interventions were highlighted that provided evidence that the VRP is working towards system change (e.g. through the delivery of training in ACEs and /TIP). Stakeholders also described that the work of the VRP had highlighted the important role of the family and significant others in being an 'agent for change' and how providing family support can result in a positive influence for children and young people. Other examples included the role of the VRP in highlighting the importance of education, and the importance of offering joined-up multi-agency services to young people.

Tempering all the expressed ambitions for pursing public health thinking was again the concern with the role of data and of how confidently data could be used within the VRP. Many cited the need for data to help provide the baselines against which longer-term trends can be judged and of the role improved data management could play in exploring health, education and deprivation measures to better understand the complexities within communities. Improved data management was seen as crucial in being able to sharpen the focus on particular places and specific groups in better understanding the problems they experience, and in being able to gauge the impact of intervention activity, and achieve long-lasting outcomes from partnership working. Once more the need to strengthen and renew specialist public health expertise and associated data analysis resources was

cited in complicating efforts to 'translate the data' (TM6) and 'help us make the most of the Data Hub resources we have' (TM4).

"With better data we are more able to structure [our work] around risk." (TM1)

Others too echoed the systematic breaking down of trigger points and deciphering of risk factors and trying to build the evidence base around intervention activity that can be impactful at these junctures as keeping the focus on longer-term outcomes. In wanting to stay focused on bringing about sustainable behavioural change the majority of respondents once again expressed their concerns around the damage of short-term funding cycles for programmes delivering short bursts of intervention activity. As SG1 reflected 'pulling universal services' in to tackle quite specific challenges for families won't always be effective but neither will discrete funded interventions that 'run, tick the box, signpost to services' and are unable to improve outcomes for the family 'in that nothing has really changed'. The ability to use data to illuminate key intervention points and to sequence how services can in a connected fashion seek to respond to these are the aspiration ways of embedding public health thinking many cited. Within this process a number of respondents identified the role they felt the VRP could play as a data intermediary, working across sectors to remove barriers and to compile, collate and share data to a range of audiences. To partner agencies to help them understand the impact of the organisation's intervention activity, to help commissioned services understand and position themselves and their activities within the wider processes of tackling the conditions that facilitate serious violence. But crucially, within the context of fully embedding public health principles, the VRP – it was argued by some – should play a key role in sharing data with the community to engage and stimulate their role in building safer communities.

"As statutory agencies, in particular, we will ask voluntary organisations, or we will ask their service users what they think about certain thing, but we don't always give anything back and when we do, you know, we've produced this report, but then it's really dense and it's so inaccessible to them to be able to learn…there needs to be a bit of a culture shift from a data point of view [in getting messages out to the community] with that information and that knowledge that they can then equip themselves to recognise and challenge, social and cultural norms of violence.' (TM3)

A number of participants highlighted how important the showcasing of real-life, relatable case studies of what constituted public health approaches and of narrating VRP impact within communities and for individuals would help engage wider audiences. Over half of those interviewed drew on the example of the Scottish VRU to provide examples of the informative and thought-provoking real-time stories that have the capacity to stimulate interest in, and support for, public health approaches committed to engineering longer-term behavioural change. Importantly, there was a confidence that the stories are there to profile and champion the work on Merseyside but that more effort was required to work these up into what many saw as the compelling promotional efforts in Scotland.

4.5 Theme 4 - The VRP going forward

All participants were unanimous in identifying the important role that they felt the VRP can play in the delivery of violence prevention approaches in Merseyside in the future. Drawing on experiences of multi-agency working that they felt were starting to generate impact and being stimulated by the 'adult conversations' (TM5) taking place about how to keep evolving the VRP it is evident there is a collective determination to sustain the spirit of the working of the partnership. As clear as the desire for the model to endure was the pragmatism of what was needed to pinpoint the best practices of the VRP, the effort needed to distil the learning from the experience of applying public health thinking, and of the attention that needs to be paid to sustainability and maintaining the focus on cultural

change that will increase partner's and the wider public's resilience. The following quote captures the sense that with another year's funding in place the challenge for the VRP is to shape what role it can and should play with and for violence prevention partners.

> *"Let's be clear, if the funding doesn't come on the 31st of March, VRP would cease to exist, I have no doubt about that. [We, the VRP] don't have the brand, the reputation, the place in the broader partnership to sustain itself…but we can do something about that [we've] commissioned that piece of work around the costs of serious violence in Merseyside, we will be able to say to the senior partners, right, serious violence is costing you lot x million pounds every year. Well, if you put your hands in your pocket, and spend 800,000 on this bunch of staff, then maybe you might be able to save some of that x million that we're spending on serious violence effects". (TM8)*
>
> *"[as partners in community safety] we have to be realistic, is there more than an expectation, be it not written or said that our money will come through, so we'll be alright, or we, I'm not going to fail, so we'll get something. I think that's where we need to be braver as a partnership across the region in terms of those frank conversations with who we have commissioned or we give grant funds to and become adult about that and I think we are moving towards that." (SG3)*

The above quotes were representative of the views of the majority of respondents in that the learning stimulated within the VRP, the need to make increased use of data, and of the need to persist with fully integrated partnership working can generate change and impact in reducing serious violence. The ambitions to develop the data analysis function of the VRP was cited as an example of the wider utility of the work of the partnership in being able to stimulate better data sharing between partners and to help scrutinise and in some cases enrich the quality of the data being collected (e.g. A&E attendance data). The truly multi-agency nature of the VRP was seen as not only determining that wider pools of data are able to be accessed and engaged with, but that – some felt – there was a greater willingness of organisations to engage and share their data as coalescing around what public health was, conceptually, facilitating increased partner engagement. When contemplating how the VRP should go forward some interviewees argued strongly for the need to shift the discussion from 'why would the VRP [be] funded' to the need for compelling reasons around why not to persist with the model. The following captures this strength of feeling:

> *"I don't know that we can go back, we've opened up the discussion of looking at people's journeys from birth to adulthood…This is about being longer term, it's about consistency, it's about all everyone understanding, and the role that they will each play to do that." (TM2)*

All interviewees argued they saw the value in public health approaches to think differently, to shift from 'knowing we can't arrest our way out of this problem to actually putting people, their lives, and decisions front and centre' (TM9). There was a pride amongst the core team at how the team had evolved and grown to involve new partners. Notwithstanding the commonly voiced concerns around the lack of a distinct public health lead the recent appointment of the Early Years Lead, the increased involvement of the DWP and the stated ambitions to grow the data analysis resources of the group were seen as qualified and informed changes in approach. The efforts to move from distinct work programme strands to a smaller number of themes to help better inter-connect expertise within the group and to be better able to plan work around the lifecourse approach was, for many, evidence of the value of experience and critical reflection in innovating service delivery. A number of the group reflected on how the experience of working in partnership of seeing the complexity of tackling violence from a variety of perspectives had altered their ways of thinking and of how they felt their peers would similarly be persuaded by the ideas and concepts behind the whole system approach.

"We are going to change behaviour and tackle violence by taking people and communities along with us, not partners working in isolation. People feeling proud about where they live and instilling community pride is about the community playing a role here. The more we push that place based approach, the more we push the asset mapping and that ability to say this is what we can do this already exists and here's what we can use and this, these are the risks." (TM1)

"The legacy we must keep working on developing is that culture change…embedding the value of listening to service users, to engage our communities and give them the opportunities on a regular basis to review those services and review, with data, and create those mechanisms for them to be able to do that on a regular basis and prevent this feeling that young people have and that communities have of not being listened to." (TM3)

The strength, for many, of the VRP is to play a role as a facilitator in supporting processes to reduce violence. As the two quotes above capture, the facilitation role can be broad and community-facing, starting with the shared commitment to meaningfully engage communities and involve (and empower) them to support processes that address conditions that lead to violence. This can be in playing a role in collecting, analysing and - crucially – sharing data with communities to help stimulate understanding around what is happening in locations and of the root causes of violence. Crucial in the advancement of understanding about the performance and impact of services was the need identified by many to engage directly with communities and better understand their anxieties and their relationships with partner organisations in helping mediate their safety related concerns. The opportunities, through VRP working, for practitioners to engage with a wider range of communities from early years provision, through schools, youth centres and beyond was viewed as providing rich insight into lifecourse approaches to preventing violence and shedding light on the strategies that do (and do not) engage citizens.

The possible future role of the VRP as a 'facilitator' needs, many observe, to draw on the experiences of commissioning services and of creating inter-dependency between co-commissioned services to develop sustainable working practices. For many of the practitioners who were now experiencing a role as a commissioner of services, they reported on how challenging they found trying to square the ambitions of longer-term cultural change with the volatility of organisations working to short-term funding cycles. Within this context some could see a role for the VRP in helping embed and support enduring good collaborative practices now.

"Our role with our commissioned services is to help them think about where they can draw funding from and how they can support one another, but also I think by presenting a unified strategy…[to go to] the Metro Mayor, for example, as a group of eight or ten organisations to say, you know, this is our model. This is our strategy to reduce reoffending around violence, this is how we've worked with the VRP, we all link and work together and support one another and we can contribute in this way, that's a much more powerful message". (TM6)

The facilitation role for the VRP in supporting commissioned services was two-fold. First there was a responsibility to work with organisations to help them deliver their contract, to connect them to other partners and to work – where appropriate – to secure longer-term funding opportunities, to, as TM7 remarked 'better understand and evaluate what they have already got'. A second way to support services commissioned by the VRP or partners beyond, concerned developing toolkits and guidance around capturing impact and articulating the impact of intervention activity. The aspiration of some within the group was moving towards the idea of the 'VRP quality mark' (TM9) where the expertise of

the multi-disciplinary VRP helps services understand the value of their work and where commissioners and partner organisations can make more informed decisions when engaging with providers.

The role of the VRP in this model is about being able to retain oversight of the range of interventions being delivered across sectors and across the county, and to sense check that these are working within the frame of public health principles. The ambitions to use data to gauge the performance and impact of these interventions was seen as crucial in expanding the capacity of the VRP to support more mainstream and statutory services in the county too. All participants could see that the experience of operating the VRP had stimulated necessary conversations about the scope to develop pan-Merseyside joint commissioning and the more the VRP could play a role in providing the data to make more informed funding decisions and in terms of co-ordinating cross area working was seen as crucial learning to take forward.

> *"The VRP should have a role in coordinating services and organisations to say, we get away from the idea of we'll pay this organisation to do this in your area, and instead be able to say – with evidence - look at what they're doing in St. Helens, it is working there and its similar to what you need in Knowsley so why don't you work together and let's joint bid or commission". (PG8)*
>
> *"We can have those adult conversations and work as five Boroughs better, one area says we want the Beacon Project in our area but we know the other Boroughs will want it too so let's have no preciousness around holding on to that chunk of individual grants from the VRP and say leave that centrally and let the VRP group the five City regions together…it will save money and all we want to know is what's the outcomes for those individuals within our local authorities, it doesn't really matter that we're commissioning as a local authority or that the VRP commission essentially". (SG3)*

A number of interviewees reflected positively on how they felt the working of the VRP had helped to stimulate the possibility to work pan-Merseyside and that, notwithstanding the concerns raised about the functioning of the current governance arrangements, there was a confidence that dialogue about building a more City Region was happening. The role of the Police and Crime Commissioners Office was routinely cited as being crucial to providing momentum and credibility for the VRP. Securing the continued support from that Office was identified as crucially important but to enrich the wider commitment to public health and to help address the collectively held belief that only longer-term community centred change will reduce violence there were those who argued for the increased involvement of elected members.

> *"It is the local councillors and MPs that people will turn to and report what they see and the concerns they have and they need to be as much a part of a public health approach if not the best advocates for it in reaching into and engaging our communities." (SG2)*

5. Conclusion and Recommendations for Transformation

It is clear that the VRP has made significant advances in developing a whole system public health approach to prevent violence in Merseyside. A number of examples have highlighted the way that the VRP is working to achieve long-term change. In order to explore the evidence and assess the VRP's progress towards a whole system approach, the key principles of a whole system approach (as defined by Bagnall, 2019; NICE, 2010) have been used as a framework to identify good practice, gaps and recommendations.

Identifying a system: All stakeholders acknowledged how their role and involvement with the VRP and the role of the wider system, is collectively working to prevent violence. The need to increase public health representation, strengthen evidence-based thinking and draw on data to inform the working of the VRP is important. Whilst some Steering Group and core team members, and wider partners, were less confident in pinpointing specific projects or examples of working, there was a prevailing sense that good collaborative working is taking place across the system.

Recommendations:

- Continue to provide a critical function for Merseyside to support the development and implementation of a whole system public health approach to violence prevention. This includes following an evidence-based approach, influencing systems and culture change, maximising community assets and efficiencies, and linking in with related work programmes, promoting multi-partner programme implementation, coordination of community based programme activity, and supporting the piloting of new interventions.
- Develop a framework to integrate ambitions, delivery, monitoring and evaluation across the whole system.

Capacity building: The VRP embed a number of initiatives that aim to build awareness of public health approaches to violence prevention and to strengthen capacity across organisations, such as training regarding ACEs/TIP approaches and mental health support. The VRP should continue to build on its role in coordinating and maximising resources for violence prevention across Merseyside.

Recommendations:

- Develop capacity across the core team to ensure an evidence-based approach to programme implementation can be fully realised.
- Through the employment of an evidence manager and wider team, a key focus for the VRP in 2021/22 should include:
    - Developing understanding of violence and risk and protective factors at a local level through increasing access to data (both quantitative and qualitative);
    - Enhancing the VRP Data Hub and implementing bespoke research, and aiding local partner interpretation of data (e.g. through production of reports and other communications);
    - Identifying the evidence on what works to prevent violence and supporting partners to implement targeted evidence-based approaches; and, developing VRP and local programme monitoring and evaluation frameworks.

Creativity and innovation: A number of examples have been provided about the ways in which the VRP has developed creative and innovative approaches to prevent violence in Merseyside. This includes through the implementation of sports, arts and culture programmes, employability and training initiatives, and engagement with youth and community members.

Recommendations:

- Use community engagement and engagement tools to ensure that communities and young people have the opportunity to contribute to the development of violence prevention approaches. Review this engagement to ensure that the voices of all communities are represented and that these discussions reflect the voices of the communities most affected by serious violence.
- Review VRP working practices and work programmes each year to ensure the VRP continues to evolve in light of evidence of local need, partnerships and capacity to deliver (including but also beyond national VRP funding allocations).

Relationships: Steering Group members and core team members described the ambition for the VRP to work together to 'own' the public health vision and the extent to which the VRP needed to establish its function as an operational group, a commissioning body, or an honest broker stimulating and facilitating ideas and good practice exchange. The relationships between organisations were highlighted as central to the success of this approach. Having a co-located team was identified as crucial to building relationships and strong collaborative team working amongst a cross-disciplinary team. The impacts of COVID-19 restrictions, which limited the ability of the team to work together in person, was noted as restricting the team's ability to collectively and creatively drive the vision and ambitions of the VRP.

Recommendations:

- Examine and enhance current VRP governance structures, ensuring that the assets available across the partnership are being utilised to maximum effect and that all partners can activity contribute to embedding a public health approach to violence prevention across the whole system. This includes increasing synergies between the VRP Steering Group and core team members, enabling both to collaboratively, and more effectively contribute to whole system change.
- Ensure VRP team members all work to achieve overall strategic goals collectively, whilst leading on thematic work programmes. Maintain the co-located structure of the team to enhance collective delivery of the VRP ambitions and maintain strong team working.

Engagement: Whilst approaches to engage with the community, and particularly children and young people are emerging, the evaluation highlighted that the voice of the community was currently a gap. The need to better engage with people at grassroots level was important. Some stakeholders also felt that there may be partners across the system who need to engage with the VRP, particularly in terms of ensuring representation from a public health perspective.

Recommendations:

- Ensure strong public health and health practitioner involvement in the steering group and core team.
- Use a range of engagement methods to work with local communities to co-produce violence prevention interventions, moving away from a 'top-down' approach to engage more collaboratively with local community groups and those working at grassroots level, including with young people and families affected by violence and/or at risk of violence.
- Ensure the voices of victims and survivors are included/experts by experience.

Communication: The evaluation found that communication across partners was largely effective and that the VRP was successful in supporting processes to reduce violence across the system. Some stakeholders highlighted the importance of communicating the outcomes and impact of the VRP with communities to help stimulate discussions about the root causes of violence. Suggestions were made about the need to ensure communities can communicate their anxieties and concerns to partner organisations.

Recommendations:

- Ensure that activity directed by the five CSPs, and the VRP team work strands, are effectively communicated to ensure they are coordinated and complementary, maximising resources, knowledge and expertise, and reducing duplication.
- Ensure that all activity aligns with the coordinated whole system public health approach to violence prevention that the VRP are seeking to achieve, and that learning from all activity is regularly communicated, both across areas and with the VRP team and steering group.

Embedded action and policies: The importance of increasing public health representation and for the need to strengthen evidence-based thinking and the drawing on data to inform the working of the VRP was highlighted. Some Steering Group members and core team members described how the Home Office articulation of a public health approach was not clear, and this was cited as being problematic in articulating a fully coherent and shared sense of the Merseyside VRP's ambitions between partners. For many, this lack of clarity created structural issues then in establishing how the Steering Group and core team should work together to 'own' the public health vision.

Recommendations:

- The Steering Group and core team should continue to enhance whole system change across Merseyside, and critically ensure that partner organisations act to implement and embed a public health approach to violence prevention into their organisation's strategic and operational activities. VRP partners should develop strategic plans that focus on the needs of the local community and what the public health approach aims to achieve for the community, and subsequently align this with relevant resource and funding opportunities (including but also beyond national VRP funding).
- Ensure that there is clarity across the partnership about what a public health approach to violence prevention is, and how this is being adopted and implemented by the VRP. Develop a clear and concise synopsis of the VRP's public health approach for violence prevention and the delivery model and underpinning philosophy as a reference point for all partners.

Recommendations:

- Ensure consistent and clear ambitions and approaches are promoted across VRP materials.
- Based on the evidence, since its inception the VRP have had a strong focus on preventing ACEs and responding to trauma, and to a lesser extent in 2020/21 have supported responses to domestic abuse. The current VRP definition of serious violence does not include these violence types, which are known to contribute to 'serious violence'. Whilst these violence types may not form part of the VRP's serious violence definition, they are risk factors, and support the VRPs ambition to '(through the use of evidence and data) identify suitable responses to prevent violence before it becomes a part of someone's life'. The VRP should continue to work with VRP partners and enhance collaborations with related work programmes (e.g. early help; safeguarding; domestic abuse) to ensure that these underlying risk factors are addressed, and protective factors promoted.

Robust and sustainable: Many discussions surrounding sustainability of the VRP included the issue of the short-term nature of the funding. This was viewed as a key challenge (echoing findings from our year one report). Many stakeholders described the need for longer-term funding in order to create long-term change. The role and responsibilities of the VRP within this was not always clear, with some stakeholders querying the role of the VRP in securing external funding and/or providing future funding for partner organisations. Perceptions of the VRP as a commissioning organisation need to be challenged. Discussions about future ambitions for the VRP focused on exploring and enhancing opportunities for funding. There was less of a focus on how the work of the partnership has or could strengthen and embed a public health approach to violence prevention across organisations, networks and systems.

Recommendations:

- Ensure that the role and remit of the VRP is clear across the system, including in terms of funding provision for partner organisations.
- Explore opportunities to obtain funding for the VRP that is longer-term (or at least one-year as a minimum) and/or for funding to be spent across a number of years to enable longer-term commissioning of interventions/services.
- Ensure that the VRP is on the agenda of the Liverpool City Region Combined Authority and related strategic plans in order to further justify the need for longer-term funding and local partner commitment.

Facilitative leadership: The capacity of the governance and operational facets of the VRP to stimulate joint and pan Merseyside commissioning and service delivery, drawing on data, was seen by many as offer long-term potential impact. The evolution of the VRP from focusing on distinct strands of working to focusing on themes is as an example of the maturity and growth of the VRP, and indicative for many of the strength of leadership and collaboration to innovate, identify shared ambitions, and pinpoint gaps in provision that can stimulate partnership beyond the VRP.

Recommendations:

- The VRP team, supported by the steering group, should continue to review and adapt the team's operational focus, supported by the development of clear ambitions for the VRP going forward.

Monitoring and evaluation: The need to develop the data analysis functionality of the VRP was not just seen as important in helping direct, drive and validate the intervention activity of the partnership, but many saw that scope to share data and stimulate dialogue between organisations and sectors in the county could become a powerful legacy of the VRP. Partners described the need for evidence to be circulated back to partners and for partners to understand how their work contributes to the wider VRP outcomes. Stakeholders identified specific areas where the collection of additional outcome data would demonstrate further VRP impact and inform strategic ambition. This included data on resilience, community wellbeing, inequalities and employment. It was suggested that further work would be useful to identify indicators for key outcomes and ensuring measures are in place to evidence outcomes.

Recommendations:

- Develop processes to ensure all VRP commissioning is evidence based, and/or supported by adequate monitoring, and where required and feasible evaluated. This includes interventions led by the VRP team and place-based delivery led by CSPs.
- Ensure that commissioned/VRP-led interventions (and violence prevention activities across the system) are effectively monitored and evaluated. Consider the individual needs of each programme/initiatives, as some data collection methods (e.g. surveys) may not be appropriate for all service users/interventions.

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7. Appendices

7.1 Key features of a whole system public health approach

Table 1: Ten Key Features of a Whole System Public Health Approach (Garside et al, 2010; NICE, 2010)

Identifying a system	Explicit recognition of the public health system with the interacting, self-regulating and evolving elements of a complex adaptive system. Recognition given that a wide range of bodies with no overt interest or objectives referring to public health may have a role in the system and therefore that the boundaries of the system may be broad.
Capacity building	An explicit goal to support communities and organisations within the system.
Creativity and innovation	Mechanisms to support and encourage local creativity and/ or innovation to address public health and social problems.
Relationships	Methods of working and specific activities to develop and maintain effective relationships within and between organisations.
Engagement	Clear methods to enhance the ability of people, organisations and sectors to engage community members in programme development and delivery.
Communication	Mechanisms to support communication between actors and organisations within the system.
Embedded action and policies	Practices explicitly set out for public health and social improvement within organisations within the system.
Robust and sustainable	Clear strategies to resource existing and new projects and staff.
Facilitative leadership	Strong strategic support and appropriate resourcing developed at all levels.
Monitoring and evaluation	Well-articulated methods to provide ongoing feedback into the system, to drive change to enhance effectiveness and acceptability.

7.2 Methods

It is advocated that whole system evaluations explore the operational mechanisms such as networks, relationships and capacity building. The current evaluation methods incorporated *Guidance on Systems Approaches to Local Public Health Evaluation* published by Egan et al (2019a/b) to explore the impact of the VRP and the factors within this that influence change. To meet research objectives, a range of methods were implemented. Ethical approval for the study was granted by Liverpool John Moores University Research Ethics Committee.

Review of VRP documentation; e.g. monitoring forms; outputs; meeting notes; update reports) and observations of VRP activities (e.g. meetings/events).

Between February and March 2021, the evaluation team offered all members of the Steering Group for the Merseyside VRP and all members of the core team of practitioners involved in the routine delivery of services an opportunity to be interviewed and to critically reflect on the development of the VRP to date. 12 interviews were conducted, three VRP steering group members and nine core team members. The sample included representation from all organisations and strands working within the VRP including Senior Leads in Community Safety; Policing; Probation; Education; Children's Services; Youth Offending Service; Community Engagement; and from the Office of the Police and Crime Commissioner. The interview schedule, provided in advance to respondents, encouraged participants to reflect back on their experiences related to the implementation of the VRP model, their assessments on service delivery, and then upon the outcomes and impacts of the partnership activity. All interviews were conducted via Microsoft Teams, were recorded, transcribed, and in length lasted an average of 70 minutes.

Engagement with practitioners (n=30) involved in the VRP as a steering group or team member, or intervention/programme delivery partners via a 3-hour multi-agency stakeholder workshop and follow-up VRP team workshop (3 hours). Members of the VRP Core Team identified which stakeholders/organisations should be invited to attend the workshop (34 were invited to attend). Attendees represented the VRP Core Team, Steering Group, CSP, Public Health, Health, Children's Services, Fire and Rescue Service, CVS, Youth Justice, Education, Analysis, Probation, Academic and delivery partners. The workshop explored stakeholder perceptions and views of the VRP's progress in meeting outcomes; the impact of the VRP on partnerships, systems and pathways; and stakeholder views on key mechanisms of change. A mixture of open group discussions, small breakout rooms and virtual post-it notes were used to capture data. Data were thematically analysed using a deductive approach.


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