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Evaluation of the Merseyside Violence Reduction Partnership 2019-20 (Final 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. In September 2019, an Academic Strand for the Merseyside Violence Reduction Partnership (ASVRP)[1] was established to support violence prevention through advocacy, education and research across Merseyside and beyond. In November 2019, partners from the group were commissioned to carry out an evaluation of the development, implementation and initial impact of the Merseyside Violence Reduction (VRP) in 2019/20, and support the development of the VRP strategy. This report provides findings from the evaluation to inform the future development and implementation of Merseyside's VRP in 2020/21.

Acknowledgements

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[1] ASVRP includes academic representatives from all Merseyside universities, who represent their individual disciplines (including public health, criminology, policing and psychology) and broader violence prevention work conducted within their respective university. The partnership also includes researchers and analysts from Merseyside Police, and a member of the Merseyside VRP.

Executive Summary

Introduction to the evaluation

In 2019, the Merseyside Violence Reduction Partnership (VRP) was established, and academic partners across Merseyside universities were appointed to implement a preliminary evaluation of the VRP. The evaluation aimed to understand and document the development, implementation and embedding of the VRP and the 2019-20 work programme; explore key stakeholder views on the VRP; and, consider the impacts on young people and the community, programme implementers and local services, and the system as a whole. The initial evaluation aimed to support the development of the VRP response strategy, and future evaluation of the VRP. A mixed methods approach was employed including:

	Interviews (n=26) with VRP steering group/team members (n=10), and intervention implementers (n=16) across VRP funded interventions.
	Surveys with 397 practitioners attending ACE/trauma-informed practice training, implemented pre and post-training, across training providers.
	Review of VRP documentation (e.g. monitoring forms; outputs; meeting notes; update reports) and observations of VRP activities (e.g. meetings/events) and interventions.
	Engagement with practitioners (n=86) involved in violence prevention, or related activities, across Merseyside via a stakeholder workshop (7 hours).

Merseyside Violence Reduction Partnership (VRP): 2019/20 Development and Implementation

The Home Office Serious Violence Strategy (SVS) sets five key principles to help VRU partners to work together to prevent serious violence: collaboration; co-production; cooperation in data and intelligence sharing; counter-narrative development; and community consensus. Emergent findings from the evaluation demonstrate how these principles have been incorporated into the Merseyside VRP, demonstrating examples of good practice and areas for development.

Collaboration - Working together and adopting a whole systems approach, considering violence as being the result of several interacting risk factors that affect individuals, families, communities and society.

- VRP partners felt that 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.*
- There was recognition of the need for the VRP to think and act differently and to empower partners to *"drive the public health approach, rather than just repeat what had gone before"*, and go beyond meeting the three established Home Office targets for reducing serious violence, in order to help engineer longer lasting change and impact to make communities safer.
- Creation of the problem profile (completed March 2020, after interviews took place) was a key priority *"to understand where violence is happening, when and who it involves, [and] from that, make sure we get our resources in the right place"*.

Co-production - *Exploring opportunities for co-location of teams and secondments between organisations and incorporate core actions of collaborative working.*

- An existing partnership board (Safer Merseyside Partnership) and a newly established multi-agency VRP steering group provide strategic oversight. During 2019/20, a core co-located VRP team, seconded from partner organisations led the delivery of eight core work programmes:
    1. Early help (ACEs and trauma-informed approaches);
    2. Education programmes;
    3. Navigators and support;
    4. Medics against violence;
    5. Pathways programmes and interventions;
    6. Mentors and role models;
    7. Youth Offending Service and Integrated Offender Management; and,
    8. Community engagement and resilience.

Over 200 interventions were assisted through the 2019/20 VRP funding

- The co-location of VRP staff and commitment to co-production with new and existing partners was noted as a key strength of the VRP. Connecting better; assisting access to intervention funding; and, being a voice of authority was noted as important in helping make informed policy, investment and intervention decisions. Routinely engaging and sharing ideas with VRP members and with other Violence Reduction Units (VRUs) provided invaluable insight and sharing of experiences and best practice.

- Ensuring funded work streams were sustainable, and enhancing connections with and between partners were key priorities for the future.

Cooperation in Data and Intelligence Sharing - *Agreeing data-sharing protocols and gathering population level and aggregate data across agencies, to inform effective preventative and operational interventions.*

- Capacity to collate, analyse and interrogate key data sources to make informed decisions was noted as a potential early barrier of the VRP. Partners also highlighted that data measurements needed to go beyond the three core Home Office targets, including additional measures for violence, and risk and protective factors (considering a public health approach).

- The VRP commissioned the development of a bespoke, robust, interactive, user-friendly web-based data repository and dashboard, collating data from key sources (e.g. health, police, fire, local authorities) to profile violence across the county. In conjunction, work was implemented to improve data quality, resulting in a marked improvement in A&E data quality on violence.

In March 2020, the VRP data repository and hub went live, providing secure access to those who need it. On the hub, data is displayed and is downloadable using charts, tables and interactive and customisable maps that can be split by different datasets and different geographies). Maps can be overlaid with deprivation, locations of educational establishments, children centres, licensed premises and green spaces.

- VRP partners were consistent in the belief that the VRP has facilitated greater data sharing between agencies and drawing on this data to identify the populations and areas with the greatest need, to track trends and patterns in violence and adopt public health informed thinking. Future work is needed to maintain the data repository and hub, and good data quality across data providers.

Counter Narrative - Recognising and identifying risk and protective factors; promoting preventative approaches; working with the community to identify alternative pathways to employment and training; and, promoting awareness of available opportunities.

- VRP partners spoke with confidence about how the VRP, through its intent, action and investments, was working to offer a clear counter narrative and central to this was the collective "buy-in" to the adoption of a public health informed approach.
- Whilst partners were positive about the short-term impact being generated internally within practitioner communities about engaging with the counter narrative, all recognised the bigger body of work required – longer-term – in landing these messages within communities. All cited the importance of investing in innovative projects to communicate with audiences who have traditionally proved much harder to engage, and to constantly scrutinise that the "right" voices and the best conduits of communicating to the most vulnerable groups are being used.

Community Consensus - Developing community consensus and empowering and supporting people and organisations working to address the challenges affecting them.

- The VRP brand incorporating all five local areas and the representation of "*a flower thriving and flourishing*" (TM 6) was cited as rooting the VRP in the county and the practitioners delivering it.
- Some respondents pointed to the mobilisation of the community voices – as a result of VRP proactive community engagement - in funding decisions, the allocation of recourses, and feeding into strategic planning events as making tangible the intent *"to adopt a whole systems, whole community approach"*.
- All respondents recognised the need, as the VRP evolves, to raise the profile of the activities within the communities of the county, to build a more compelling community consensus.

Merseyside VRP 2019/20 Core Work Programmes

Throughout 2019/20, the VRP has focused on eight core work programmes, with interventions/activities funded via three core approaches: a place-based approach where funding was provided to community safety partnerships and community and voluntary sectors to fund activities relevant to local community needs; core VRP work programme interventions funded via calls for services to bid for funding to support the delivery of interventions; and a whole system approach which encompassed funding system-wide activities (e.g. campaigns, events and training). Twelve interventions were selected for inclusion in the evaluation as case studies to illustrate the breadth of interventions funded during 2019/20 (see the main report for further details), in addition to more detailed exploration of the impacts of county-wide training on adverse childhood experiences (ACEs) and trauma-informed approaches (TIA).

Early Help (ACEs and Trauma-Informed Approaches)

This work programme aimed to develop service and practitioner level understanding of adverse childhood experiences (ACEs) and the impacts of trauma across the life course, to promote the adoption of an ACE/trauma-informed approach (TIA) to supporting young people and families that are most impacted by ACEs and other trauma and to prevent risk of involvement in serious violence and associated mental and physical health issues.

- A place-based approach to implementing training was agreed by local partners, with VRP funding used to uplift/implement training in identified areas, complementing existing work. Training was provided at different levels depending on the specialism and organisation identified and trained stakeholders included social workers, families' teams, youth offending teams, and police and fire service amongst others.

> **Over 700 Merseyside practitioners participated in ACE/TIA training. The evaluation shows that the training is associated with significant increases in practitioners':**

Knowledge on ACEs/ trauma-informed approaches

Confidence to implement ACE/trauma-informed approaches within their own organisation

- The majority of trainees agreed that the training was useful for their work (97.3%), and that they would apply what they had learnt to their work practice (96.8%) (E.g. considering wider circumstances and histories of families/young people; advocating for change in practices).

Education Programmes

In collaboration with education leads, the VRP mapped current education provision in relation to violence prevention. This subsequently illustrated examples of good practice and commitment to prevent violence, reduce risk and increase protective factors, and gaps in provision including examples of saturation in some areas, lack of evidence-based interventions, and areas to develop across the whole system.

- The VRP have commenced activity to explore with Merseyside schools, if and how the county can develop and implement a consistent approach to permanent exclusions, considering the relationships between school exclusions and vulnerability, exploitation and serious violence.
- VRP funding has supported the development of new interventions and implementation of existing interventions in additional areas/schools in Merseyside:
  o Primary schools: Ariel Trust developed an educational resource for Year 6 pupils on the criminal exploitation of young people.
  o Secondary schools: Princes Trust, Everton in the Community and LFC foundation have been delivering one-to-one or group based programmes for young people who may be vulnerable, marginalised and disengaging from education and/or presenting early signs of, or already engaged in offending or anti-social behaviour. Terriers and D-Street media have been developing/delivering theatre and educational based interventions for Merseyside schools, community centre and youth venues.
  o Alternative provision: C.E.L.L.S/Urban solutions have been delivering an interactive consequence-based learning programme based on 'lived experience' across alternative education providers, which includes awareness raising and discussion of knife crime, criminal responsibility, and 1-to-1 mentoring.
  o Further education: Knifesavers have been delivering education to young people in further education establishments and secondary schools (in areas identified as at risk of violence) on how to control major life threatening bleeding from knife wounds, the consequences of knife crime and knife carrying (to deter young people from doing so).

Navigators and Support

Navigators are people (usually with a youth or social work background) often based within Accident and Emergency Departments who can support relevant patients to 'navigate' their way away from violence, criminal activity or other harms (whether they are a victim, perpetrator, or both).

> In December 2019, the VRP in collaboration with Alder Hey Children's NHS Foundation Trust commenced a trial of the Navigator project, including navigators based within the A&E and in the community. Up to the end of February, 43 young people had been/were being supported.

Medics against Violence

This work programme has focused on educating the public about knife crime, changing attitudes towards violence and knife carrying and developing first aide skills, particularly around supporting someone who has a knife wound.

- The VRP funded two partners to deliver this work programme: the Street Doctors Programme, which delivers education to young people across Youth Offending Services and two pupil referral units; and Knifesavers, which delivers education to young people in further education establishments and secondary schools.
- The VRP funding also supported access to resources for use in educational provision and provision of bleed control kits across numerous settings in Merseyside.

Youth Offending Service and Integrated Offender Management

This work programme has focused on mapping current support and intervention for offenders involved in violence. This includes young offenders supported by the youth offending service and those up to the age of 25 years in prison. It includes providing/uplifting interventions identified as being suitable to reintegrate young offenders into the community, and/or providing them with education, alternatives to offending and support around training, addiction and finances as well as other aspects as required (e.g. mental health support). The VRP has funded interventions alongside prisons, probation and youth offending services in both prison and community settings, including:

- A pilot mentoring, education and support programme for young offenders, delivered in Wirral. At the time of writing, six young people participated in the pilot, which is due to be expanded.
- Buddi tags, voluntarily worn by 10 high risk violent offenders managed by the Integrated Offender Management (IoM) teams to help them stay out of areas they have offended in or from associates they have offended with leading to violence.
- A pilot education and support programme for 20 high-risk offenders on licence from prison, consisting of six modules in relation to knife crime. It also included supporting them with positive opportunities such as gym and travel passes and, when required, support with rent to provide them with a suitable accommodation base (vital to reducing reoffending).
- Mentoring support for prison leavers convicted of violence offences and at lower/medium risk (and thus do not meet IoM criteria), to help reintegrate them into communities. At the time of writing, 12 offenders were participating in the programme.
- Training in refereeing, coaching and grounds maintenance to violent offenders incarcerated at Walton Prison provided by the Liverpool County Football Association (FA), with the aim of assisting them in obtaining employment by providing them with suitable qualifications.
- Community and prison-based family forums to engage with family members of 18-25 year olds who are in prison with patterns of violent behaviour, facilitated by Partners of Prisoners (POPs) to provide a forum for families to raise the issues affecting them.

Pathways Programmes and Interventions

This work programme links in with the YOT/IoM, Education and Medics against Violence work programmes, and aims to explore and develop pathways and interventions for offenders and people at-risk of offending. It focuses on education, employment and housing and included developing interventions with the At Work teams in each local authority and subsequent support for an individual through the intermediate labour market. A directory of organisations that can provide support with training has been developed to support YOTs and probation in the future.

Mentors and Role Models

This work programme includes activity delivered through various VRP work programmes, such as the YOS/IOM (e.g. mentoring and support for offenders), Education (e.g. education, mentoring and support for schoolchildren) and Navigator and Support work programmes. Examples of other VRP funded activity include support, mentorship and education for vulnerable or at-risk young people delivered via Career Connect and Local Solutions.

Community Engagement and Resilience

A key focus of this work programme has been to ensure that the community, particularly young people, have a key role in informing the development and implementation of the VRP work programme, and that community assets are promoted and supported. In 2019-20:

- A strategic assessment of formalised youth groups and forums in existence across Merseyside was completed.
  This enabled the VRP to see what the most appropriate mechanisms for formalised youth voice engagement are, so that the voice of young people who are most at risk can be heard over the course of 2020-21 and beyond.

- Through Police Surge Funding, community funding opportunities were offered to targeted areas. These 'Cash for Communities' events were set up to promote and support community resilience and assets. Here community members are asked to submit proposals for community activities. Members of the community then decide collectively which activities are funded and implemented within their community.

- Local areas have implemented activity to raise the profile of young people's voices to inform the delivery of local interventions. For example, St Helens Community Safety Partnership are using VRP funding to carry out behavioural insight research to understand young people's views on violence and prevention activity. The VRP also funded key insight work with victims, families of victims and frontline workers as part of the development of the Eyes Open campaign to raise awareness of Child Criminal Exploitation.

- Young people were the principle beneficiaries of the interventions funded through the VRP and, where possible, the VRP directly engaged with service users across the county through their interventions to capture their views on their aspirations, sense of community pride and assets, feelings of safety and support available to them. Where it was not possible to directly engage, a resource pack was circulated to help project coordinators garner the voice of young people around these themes. The youth voice resource pack was particularly important for those organisations working with the most high risk young people, as the project leaders (as trusted adults), were able to have more open and honest discussions with the young people involved than would have been possible for VRP direct engagement.

Whole System Activities and Interventions

This broader VRP work programme aimed to develop a whole system approach to violence prevention and funded a number of activities including:

- **Countywide stakeholder events,** to promote a shared whole system public health approach to violence prevention, for example events to promote the VRP and public health approach to violence prevention; themed events for partners from key settings; and stakeholder events to identify activities related to violence prevention currently being implemented across Merseyside.
- **Engagement with related countywide interventions,** such as county lines prevention efforts.
- **Communications**, raising the profile of the VRP and delivering prevention messages through the development of a Merseyside VRP website, social media accounts, and the Eyes Open campaign.
- **Mental health support provision**, to increase provision for young people and their families due to the links between mental health and serious violence. This included: therapeutic support, specialised neurodevelopmental mental health support, mentoring support, ACE recovery courses, train the trainer parenting courses, ROAR mental health training for primary schools, and increased capacity in the areas of parental and family support.
- **Data, research and evaluation**, to support the VRP to understand the nature and extent of violence, key risk and protective factors, and evidence around prevention and response approaches. This included commissioning: the development of a data hub and repository, by TIIG (Trauma and Injury Intelligence Group), bringing together data from health, police and other sources; research to understand the risk factors for offending behaviour based on local YOS data; and an initial evaluation of the VRP 2019/20 work programme.

Merseyside VRP strategy – Development, Approach and Anticipated Outcomes

Data collected as part of the evaluation to map initiatives and interventions has been used to inform the strategic direction of the VRP, supported by the problem profile and a Theory of Change, developed through this evaluation.

- **The Problem Profile**, provides information on: the demographic profile of Merseyside; risk and protective factors for violence in Merseyside; serious violence in Merseyside; public perceptions and user insight; interventions and other evidence sources to prevent serious violence; and public health data.
- **A Theory of Change and logic model**, was developed to illustrate how the VRP is anticipated to achieve its aims. The logic model details: the inputs and resources

Figure i: Merseyside VRP Interventions across the Life Cycle
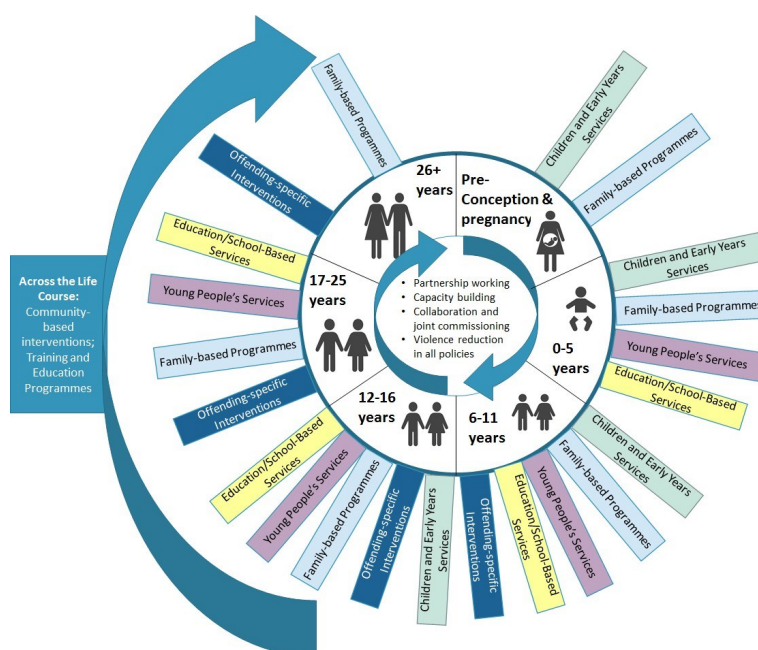
required to deliver the strategy; the range of partners who are required to work together to embed interventions and create positive outcomes; how the values of the VRP are embedded across the whole system, ensuring the concepts of community and trauma-informed thinking are at the heart of the VRP; and how the strategy is ensuring the coordination and maximisation of resources. The logic model also provides a framework for monitoring and evaluation. The Theory of Change provides the narrative to explain the processes and mechanisms of change that will occur as a result of the Merseyside VRP strategy.

- **The life course approach** is used by the Merseyside VRP to deliver interventions from pre-pregnancy and conception, through to later life, to address and support outcomes for people at risk of and/or affected by violence. Data collected through the evaluation shows that a range of activities are being delivered across Merseyside that contribute to violence reduction, and that these are being implemented across the life course (Figure i), and across prevention levels.

Conclusion and Recommendations for Future Delivery

The overarching aim of the Merseyside VRP is to prevent violence and develop healthier and safer communities across Merseyside, for current and future generations. Following provision of Government funding, a multi-agency partnership has led to the development and establishment of the VRP, and the implementation of a range of whole system, place-based and thematically focused activities and interventions. Core activities have focussed upon:

- Promoting a public health approach to violence prevention across the county;
- Enhancing partnership working and synergies across prevention activity;
- Developing understanding of existing community assets and approaches that can prevent (or inadvertently promote) violence;
- Enhancing multi-agency data sharing and interrogation, and subsequent understanding of violence across Merseyside;
- Enhancing activities to prevent violence and/or mitigate impacts;
- Ensuring prevention approaches are relevant for the local community, and that the community is at the centre of the VRP; and,
- Defining the vision, and short and long-term ambitions, of the VRP.

Thematically focused interventions have targeted whole populations, and those at risk of and/or involved in violence, and have been supported by the promotion of trauma-informed approaches across services, and uplifting of mental health provision for young people and families. Evaluation findings have provided insight into the impacts of the VRP during its 2019/20 delivery period. A broad range of partners have influenced the future direction of the VRP, and through the commissioning of over 200 activities and interventions, impacts on local communities are starting to emerge, at varying levels across the whole system. The multi-agency and tiered structure of the VRP, and development of the logic model, theory of change and VRP response strategy document, grounded in local multi-agency intelligence and community engagement, embeds a collaborative community-centred approach to the VRP, that has the potential to promote its sustainability and impact in the future. The evaluation has alluded to a number of considerations for future development and implementation, as well as evaluation and monitoring. These considerations recommend focus in several areas including: the strategic approach, infrastructure and sustainability of the VRP; funding and commissioning; planning and future delivery; early intervention and preventative work; community involvement and place-based approach to delivery; use of evidence and best practice; and, evaluation and monitoring. A summary of the recommendations is provided below, with full details provided in the main report (Section 7.3).

Strategic Approach, Infrastructure and Sustainability

- Continue to provide a critical function to support the development and implementation of interventions to prevent and/or mitigate the impacts of violence.
- Maintain the tiered structure of the VRP, ensuing all partners promote partnership working across the whole system, and have a key role in the delivery of the VRP strategy.
- Embed violence prevention, and partner's commitment to the VRP strategic approach, in organisational policies.
- Embed the voice of the community within all VRP programme activities.
- Communicate the VRP strategy, the underpinning logic model and theory of change, and the intended impact to all partners including the community.
- Develop a framework to integrate planning, delivery, research and evaluation.
- Influence national policy and approaches that will impact violence prevention at a local level.
- Embed a public health approach to violence prevention in practice based education curricula for key workforces.

Funding and commissioning

- In all funding decisions, consider the needs of the community, potential intervention impacts on violence prevention, existing evidence and alignment with the VRP strategy.
- Develop joint commissioning across partners with a longer-term vision for violence prevention.
- Promote continuity in the partners/individuals employed to deliver effective selected, indicated or tertiary prevention work.
- Support, and where feasible establish processes to move away from short-term funding streams to enhance the sustainability of effective prevention programmes, embedding programmes in to mainstream services where appropriate.
- Ensure that funding for interventions in 2020/21 is distributed to intervention deliverers by September, in order that they can have the option to run more than one programme of delivery before the end of March 2021.

Planning and Delivery

- Be flexible to the changing political and operational landscape in the short and long-term.
- Consider the influence of COVID-19 on the nature and extent of violence occurring across the community, partner agencies capacity and ability to deliver services, interventions and support; and, the wider social-determinates of health for the community and young people.
- Prioritise activities based on efficiency and intended outcomes.
- Use existing evidence to inform the development and implementation of violence prevention programmes, and implement robust evaluation for interventions requiring further evidence.
- Develop a repository of support provision for young people and families across Merseyside.
- From the start of programmes, ensure that relevant partners are aware of what is needed from them to facilitate effective delivery of the programme.
- For school-based interventions, ensure there is good buy-in from teaching staff.
- Consider including budgets for elements that aim to reduce inequalities and promote the social determinates of health in intervention delivery costs.
- Train existing staff to deliver all programme elements.

Early Intervention and Prevention
- Focus on a range of prevention types, including universal approaches that concentrate on early years, parent and family-based interventions, and approaches targeted towards young people most at risk of, or involved in violence.
- Develop and embed ACE/trauma-informed approaches, and explore the implementation of whole school approaches to developing the health and well-being of children.

Trusted Voices and Connected Communities
- Enhance place-based approaches to programme delivery, supporting areas to develop and implement activity relevant for local community needs.
- Connect with the community and ensure they can and do influence prevention activity.
- Promote the social determinates of health (e.g. education, economic stability, access to healthcare), to prevent violence, and/or mitigate the impacts of violence.

Evidence and Best Practice
- Keep abreast of the evidence on violence prevention, and where feasible contribute to the evidence base and share learning.
- Liaise with other VRUs to collectively develop evidence on new and/or comparable interventions implemented across VRUs.
- Facilitate and participate in partner-wide meetings/events to share best practice, within and external to Merseyside.
- The Problem Profile, Data Hub and evidence from community voices should be refreshed to ensure that the drivers of violence are continually understood, and prevention activities are targeted and relevant to the community.

Evaluation and monitoring
- Develop an evaluation, monitoring and research framework.
- Ensure future evaluation of the VRP includes a systems approach, with more thorough evaluation of interventions that have a limited evidence base and/or that are relevant for more detailed evaluation.
- Ensure future evaluation frameworks consider how local partners can be supported to monitor and evaluate interventions internally, supporting wider VRP programme evaluation.
- Support the development of the data repository and hub, and regularly examine the utility of the hub in informing prevention activity.

Contents

1. Introduction

A growing body of global research identifies the heavy burden that interpersonal violence places on individuals' health and social prospects across the life course (WHO, 2014). 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 such as education. Thus, preventing violence is a key priority for governments and across various sectors. In 2018, the UK Government published its Serious Violence Strategy (Home Office, 2018), encouraging a multi-agency, whole system public health approach to violence prevention. In June 2019, the Home Secretary allocated £35 million to Police and Crime Commissioners in 18 local areas to set up multi-agency Violence Reduction Units (VRU) bringing together police, local government, health, community leaders and other key partners with the specific intent to tackle serious violence and its underlying causes. This investment added to a series of steps taken to prevent violence, reduce offending, promote public safety and stimulate closer working relationships between partners as part of a wider range of activities and measures that encapsulate a renewed public health approach to tackling serious violence.

Merseyside is one of the areas allocated funding to develop a VRU. The Merseyside Violence Reduction Partnership (VRP) encompasses Knowsley, Liverpool, Sefton, St Helens and Wirral local authority areas, and includes representatives from the Office for the Police and Crime Commissioner (OPPC), police, health, local authority, public health, fire and rescue, youth offending, probation, housing, prisons, schools, community and voluntary organisations, and academia. The VRP aims to prevent violence through the delivery of core work programmes designed to complement existing violence prevention efforts across Merseyside. In October 2019, the partners across Merseyside universities were commissioned to evaluate the development and implementation of the Merseyside VRP and the 2019-20 work programme. The study has three core objectives:

1. Understand and document the development, implementation and embedding of the VRP and the 2019-20 work programme.
2. Explore key stakeholder views on the VRP.
3. Consider the impact of the VRP and related work programmes on young people, the community, programme implementers and local services, and the whole system.

A mixed-methods approach (see Appendix 1 for full details) was used to gather evidence to address the evaluation objectives including:

	Interviews (n=26) with VRP steering group/team members (n=10), and intervention implementers (n=16) across VRP funded interventions.
	Surveys with 397 practitioners attending ACE/trauma informed approaches training, implemented pre and post-training, across training providers.
	Review of VRP documentation (e.g. monitoring forms; outputs; meeting notes; update reports) and observations of VRP activities (e.g. meetings/events) and interventions.
	Engagement with practitioners (n=86) involved in violence prevention, or related activities, across Merseyside via a multi-agency stakeholder workshop (7 hours).

2. Merseyside Violence Reduction Partnership (VRP): 2019/20 Development and Implementation

In this section of the report, we summarise emergent findings from interview-based research with three members of the Merseyside VRP Steering Group and six practitioners who work within Merseyside VRP. The interviews were concerned with exploring the reflections of strategic leads and practitioners in the early months of the operation of the VRP, their assessments of its establishment, the coherence of guiding principles and future ambitions for the partnership. Where relevant, we have supplemented interview findings with information from programme documentation.

The thematic presentation of the findings is built around the principles to help partners to work together to prevent serious violence mapped out by the Home Office as part of their Serious Violence Strategy (Home Office, 2018; Public Health England, 2019). The following principles were suggested as a guide to help VRUs consider the specific needs of their local communities and to help harmonise the ambitions of multi-agency working with existing partnership arrangements, operating systems and community assets: collaboration; co-production; cooperation in data and intelligence sharing; counter-narrative development; and, community consensus. Organising the analysis of interview data around these five principles aims to establish how in tune with the Home Office guide participants judge the operation of the VRP to be in its nine months of development. Thematically structuring the fieldwork data this way also allows the discussion to feature examples of good practice, identified areas for development, and challenges of gauging the impact of multi-agency working in this field.

2.1 Collaboration

The Strategy argues that violence is strongly associated with social determinants of health. The emphasis placed on collaboration compels partnerships to work together and adopt a whole systems approach to considering violence as being the result of several interacting factors that affect individuals, families, communities and society. Successful collaboration is dependent upon the effective bringing together of partners from a range of sectors who have the shared goal of preventing violence following a public health approach. They should collectively develop and own the scope of work and create ways of working which reflect the needs of the local population. A collaborative approach requires everybody to understand the broader implications of violence and come to a collective understanding across all partners within the local system. In practice, local partnership arrangements need to: identify local system leaders and bring them together; help each other to understand their roles in violence prevention; use data to understand local issues and opportunities, and to evaluate impact; identify existing and required resources; and, collectively agree the governance arrangements for strategic and operational violence prevention work and link with existing statutory boards where possible.

Within the Merseyside context, all participants were consistent in their assessment that the VRP arrangements at governance level, and at operational level, were made collaboratively. All participants felt that mutually respectful patterns of working had been established and that partners from diverse organisational backgrounds were pulling together effectively to negotiate and shape the shared vision for the partnership. Within the microcosm of the VRP practitioners, they reported being confident and comfortable drawing on the strengths and professional wisdom of partners to stimulate broader dialogues about identifying underlying risk factors leading to violence and of being able to

engage in critical analysis of intervention activity. Some identified the rebranding of the Unit to the Merseyside Violence Reduction Partnership (see Section 2.5) as characteristic of the shared ambition to think more holistically about tackling violence in the county, to help Merseyside partners better own the collaboration. Others identified how successfully the operational team had welcomed, and integrated, representatives from partner organisations at staggered times between July and November as the partnership team grew.[2]

> *"…in ways I don't think I've seen on Merseyside before, we have seen partners come together and make this happen. [On the run up to the application for funding] We had about two weeks to turnaround a pretty chunky document that had to be signed off by the Commissioner, Chief Constable, five Chairs of CCGs, and five Local Authority Chief Executives. We all went in to a room, closed the doors, everyone spoke, we came out, shared the draft document, and all signed it, no anticipated exchange and challenge and that felt different, that felt like this is something positive"* Steering group member (SG) 1
>
> *"…Merseyside Police should be commended for the way they brought partners together and for listening, for a task orientated organisation that isn't always the case but they got everyone round the table. In those discussions we nailed down the governance structure and voices were listened to such that when the document came out it was clear they'd listened was a fair record of what was said, it represented a shared vision and it set the right tone from the start"* SG 2

Senior partners who came together in the earlier strategizing for the VRP cited the importance of the role played by the Police and Crime Commissioner (PCC) and of the wider context of the rises in serious violence in sharpening the focus of these discussions. The PCC, Jane Kennedy, through her engagement with Professor John Ashton[3] had stimulated the appetite between partners for adopting a public health approach. Others remarked how the frequency of serious violence being witnessed nationally and reflected in what was happening locally represented a "*tipping point*" (SG 3) of the need to try new approaches as so many people were being hurt and made unsafe. Practitioners too would come to identify *"a sense of energy and passion from the Steering Group"* (TM 2[4]) which helped heighten the awareness of the need for a much broader and joined-up approach given how pervasive the threat, harm and risk of violence was.

> *"…serious violent crime is something that affects everyone, it is in the news, lots of people getting stabbed and hurt and all key agencies were hit hard by austerity. The climate was right to bring people together and the topic was the right one to coalesce around as it isn't one that has been done before and it does require a whole systems approach that no one agency can command"* SG 1

Crucially however, from these very early stages there was recognition of the need for the VRP to think and act differently, that in terms of the governance structure and how funding was allocated, it had to empower the VRP to "*drive the public health approach, rather than just repeat what had gone before*" (TM 5). In order to make the commitment to thinking differently tangible, rather than *"hand*

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[2] New members joined the team up to November 2019.
[3] Employed as a consultant to the PCC in the earlier stages of the development of the Merseyside VRP.
[4] VRP practitioner.

out money equally to the CSPs [community safety partnerships]" (TM 6), the VRP needed to be brave, experimental and *"fund what will help reduce serious violence, chase it, see what impact it has had and build evaluation into it"* (TM 5). This meant at times balancing decisions about *"what is right for commissioning versus what is right for partnership working"* (SG 1). From its early inception and at a strategic level, there was – in the minds of participants – a clear shared ambition, to go beyond meeting the three established Home Office targets for reducing serious violence, to help engineer longer lasting change and impact to make communities safer (Box 1). The VRP logic model (see Section 7) demonstrates the broader activities, outputs and outcomes that the VRP are aiming to achieve, and combined with the development of the VRP data hub (see Section 4) and problem profile (enabling a greater understanding of local issues and opportunities) a resource to support programme evaluation.

> **Box 1: Key Home Office VRU outcome measurements**
>
> - Reduce hospital admissions for assaults with a knife or sharp object and especially among those victims aged under 25.
> - Reduce knife-enabled serious violence and especially among those victims aged under 25, based on police recorded crime data.
> - Reduce all non-domestic homicides and especially among those victims aged under 25 involving knives.

Key to operationalising the shared intent to deliver the ambitions of the VRP has been, from the perspective of all respondents, the appointment of the "right" people in key positions, their co-location, and their shared understanding of their roles within the partnership. As one respondent observed, *"people put their head above the parapet and people believe in this…that we are here and involved is a statement of our faith in this"* (TM 5). At the forefront of activity, the Police Superintendent leading the VRP was routinely cited as providing clear and consistent leadership – *"…is an excellent communicator, he is a listener, he has history working in this area, he's a good person and he has credibility in the eyes of all partners"* (TM 5). In addition to the nomination of the Police Superintendent to lead the VRP, all participants identified how important what they saw as the meticulous identification of a team of people with a blend of skills sets, from a diversity of backgrounds, and from across the county, had been in helping stimulate the cohesiveness of the team. Figure 1 demonstrates Merseyside's VRP structure for 2020/21 (similar to 2019/20 bar the inclusion of an additional work programme [mentors and role models], which in practice spanned other VRP work programmes during 2019/20 [see Section 3]). Box 2 provides details of the VRP team membership.

The operational team was, over a series of months, assembled quickly and whilst that created challenges it has, in the minds of all participants, allowed for the generation of momentum in how the partnership functions. Partners were thrust into the decision-making processes governing how to fund and support proposed interventions across eight strands of work (see Section 3). The coming together as part of weekly VRP team meetings to review funding proposals not only allowed the VRP to develop robust systems for processing and minuting decision-making processes but participants reflected on how it helped them shape and renew their collective sense of what the VRP is seeking to achieve. These sessions ensured all were sighted on VRP activity and helped *"solidify the sense of togetherness and knitting the group together"* (TM 2). The pragmatism all demonstrated in responding to the challenges of tight-time frames, the mutual respect to listen to the views of others, and the appetite to better understand innovative ways to counter serious violence, have – in the minds of respondents - been embedded in the organisational working culture of the VRP.

Figure 1: Structure of the Merseyside VRP (2020/21)

www.merseysidevrp.com/
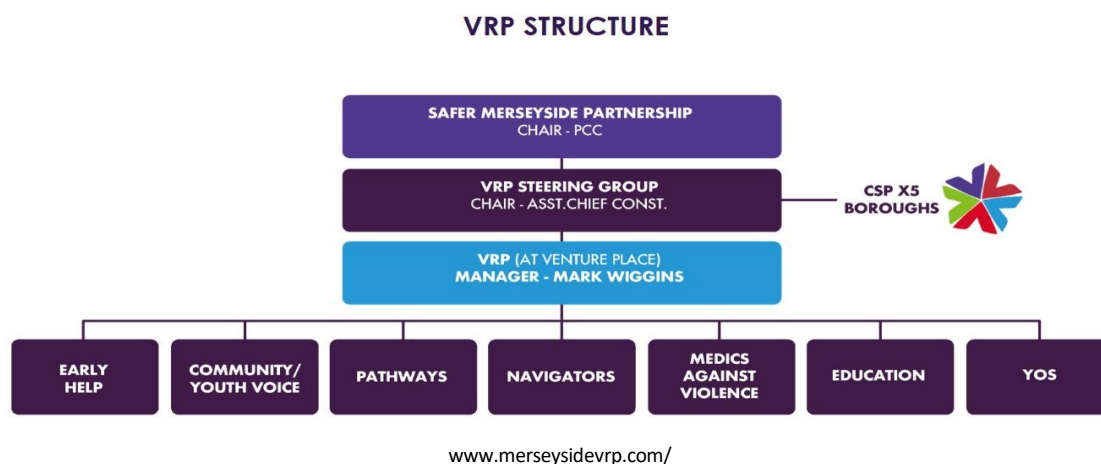
In terms of how participants understand the focus of the collaboration now[5], there is consensus around what now needs to happen in the short and longer-term. All participants agreed that the immediate term priority is the creation of the problem profile *"to understand where violence is happening, when and who it involves, [and] from that, make sure we get our resources in the right place"* (TM 1). There is strong agreement that whilst the partners are in place, the intent is there to work together but the absence of the problem profile (completed early March 2020, after interviews took place) was creating "*a real challenge [as] we need that clarity about how we are defining serious violence, we need a full evidence review around reducing violence, a full intelligence package"* (TM 4).Drawing out the learning from the problem profile was seen as equally important in shaping the longer-term objectives of the partnership. Again, many were consistent in this respect in emphasising the need to contextualise the landscape the VRP had been introduced to and what it will be able to achieve going forward. This involved being alive to the legacy of austerity impacting upon services and of then being realistic about what the group will be able to achieve.

With a problem profile in place[6], better data sharing and the learning from the first round of investment activity working its way through (i.e. 2019/20, see Section 3 and 6 for examples of VRP funded activities), many of the practitioners reported optimistically on how the VRP will be able to evolve over the next six months. The challenge, as they saw it, was to find a viable range of objectives that sat between the delivery of impact on the three criteria of success used by the Home Office (see Box 1), and the partners' much broader ambitions of making Merseyside a trauma-informed county.

> *"The strategy that we need will be clear and will help manage expectations, the impact we will have will be negligible as this will take time, this three, five, ten years in changing behaviours and circumstances, and this takes time. The focus on trauma-informed thinking and training will start that process"* Team member (TM) 4

> *"As a partnership, we have to work to, and be judged by manageable expectations. Even if violence has not been reduced we need to evidence our methodology, [and be ready to answer] have we used the data effectively, did the VRP do all it could be expected to do. Did it engage the right people, did it listen to the right people"* TM 1

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[5] Interviews were conducted in February 2020.
[6] Fully completed early March 2020.

Box 2: VRP team membership and roles (2019/20)

- A **Superintendent and Inspector** (from Merseyside Police) to provide strategic leadership and manage the VRP.
- An **Education Lead** (from Knowsley) to review and coordinate educational packages and support, relating to knife crime, gangs, exploitation, serious violence and healthy relationships. This includes primary and secondary schools, Pupil Referral Units, Alternative Education Provision, Special Schools and further education establishments.
- A **YOS Manager** (from Wirral) to work with youth offending services and provide support and education to young people at risk of offending or becoming victims, and identifying links to effective pathways and role models/mentors to reduce risk.
- **Community Safety Team** members (from Liverpool) to work with CSPs and organisations to engage communities and young people, in the VRP and violence prevention.
- A **Public Health Manager** (from Knowsley) to increase knowledge of Adverse Childhood Experiences (ACEs) across agencies, families, and the community, and develop trauma-informed approaches to minimise the impact of trauma on young people and families.
- A **Clinical Commissioning Group (CCG) Representative** (from Clatterbridge Cancer Trust) responsible for developing community navigators in A&E departments within Merseyside.
- **Fire and Rescue Service Officers** (from Merseyside Fire and Rescue Service) to identify effective pathways and interventions within employment, training and accommodation that are available to those involved in or at risk of serious violence.
- A **Senior Probation Officer** (from the National Probation Service) to reduce reoffending in those aged 18+ years who have been involved in or are at risk of being involved in serious violence.
- An officer from the **Police and Crime Commissioners Office** to link the VRP to the PCC.
- A **media and communications officer** (from Merseyside Police) to lead on developing the VRP brand, news stories, campaigns, website and social media development / content.
- A **data analyst** (from Merseyside Police) to support the production of the problem profile and provide VRP data support.
- Other **key contacts with specific areas of expertise** e.g. prison services; mental health services; academia; housing; and, voluntary and third sectors organisations.

2.2 Co-production

The Strategy details that local partners commit to undertake work and approaches to prevent violence informed by all partner perspectives. Partnership strategies should place a focus on public protection; identifying and supporting vulnerable people; building personal and community resilience; and, achieving joint aims of a healthy peaceful community. Involving partners and the community is considered an essential part of co-production capable of creating trust, as well as building capacity for violence prevention work. In practice, partnerships should co-produce an action plan/strategy; explore opportunities for co-location of teams and secondments between organisations and incorporate core actions of collaborative working.

All participants cited the strength of co-production activity between statutory partners in Merseyside. At a tactical level, the co-location of staff, and their quick and effective inclusion into the operation of the VRP, had secured strong channels of communication and a culture of mutual respect/appreciation. The purposeful and directed discussions that had helped to *"nail down"* (SG 2) robust governance arrangements for the VRP had similarly forged strong relationships at a strategic level. There was a

buoyancy about what had been achieved in the early months of operation and of how essential the commitment to co-production with new and existing partners had been to these efforts.

> *"The challenge to spend the money and to spend it effectively and as a group I think we achieved this. The staff, getting the right people in and we have done this over time. Communities, are we getting the right groups and hearing the right voices, are the respective leads the right people to take ownership of that engagement work…yes, with progress being made with the young people cohort"* SG 1
>
> *"Co-production is core to what we've done. We have helped to co-ordinate what's happening in the region, we are striving to give feedback and quality assurances on interventions, we have enhanced work around reoffending and resourced interventions that are demonstrating impact. We have linked in with CSPs arrangements and been able to reach out and generate better networks with the community and voluntary sector. We have helped stimulate YOS working together - a collaborative bid for trauma-informed training - in ways that show our capacity to get people together as I don't think they have collaborated like that before. We have worked with Universities through the research and evaluation line and though more is required we have started to work with CCGs in funding and support in respect of training and uplifting skills coping with stress and anxiety"* TM 6

In the space of a few months, some participants felt they could start to pinpoint the contributions being made, and the promise of more impact in the future. Those who had more recently joined the VRP felt less able to speak with authority in listing achievements but vocalised their sense that the partnership was moving in the right direction. What did emerge though, was consensus around the need for the VRP to frame its relationships with partners in the sector and to understand that the role they serve best is that of facilitators. Participants were keen to stress we are "*enabling interventions to take place, we are not an operational team, our task is about putting the resources in the right spot*" (TM 1). Another respondent observed *"we don't want to lead or direct but have a place in facilitating and have plans to step away and leave the model working as sustainable as possible"* (TM 5).

The consistent voice coming through from the bulk of respondents in terms of how the VRP needs to frame its co-production relationships was; objective one - connect better; objective two - assist funding; and objective three - be a voice of authority in helping make informed policy, investment and intervention decisions. In respect of building connections, the months of co-location and partners identifying and engaging with different forums around the county had led to the *"realisation that you [and others] assume connectivity but actually they are routinely unsighted on what's happening"* (TM 2). All in the VRP were seeing how they could provide clearer connections between partners and to build new working relationships – *"just being together, co-located, it's like oh you need to speak to X in St Helens they tried that, actually X in Sefton has funded something on this previously, those organic exchanges are happening"* (P 3).

In terms of assisting in funding, some participants cited the support provided to over 200 interventions through the first round of funding activity as illustrating the VRP operating effectively to generate wider benefit (see Section 3 for more details). Others identified the VRP operating county-wide as a strength in its capacity to delivery economies of scale across Merseyside and to direct funding in ways that *"help empower and upscale services"* (SG 2). Voices within the VRP felt that in a short space of time this was happening effectively.

> *"Because of what we, as a partnership, have been able to do, are we seeing more young people given opportunities to access support? Yes. Are offenders being given more opportunities to take different paths? Yes. Are parents being given support to build their resilience? Yes. Are agencies being supported to engage with the issues? Yes with the roll out of ACE training. All need more work and we need to keep on the case but progress is being made and we can target the funding to make those impacts"* TM 6

All participants acknowledged that future rounds of funding may not be forthcoming. They accepted that an objective of their work is to make sure partners buy into the model whilst the investment is there and that the work streams are sustainable. There was recognition that the police-led nature of the partnership had "wrong-footed" some organisations and whilst these barriers have not proved to be unsurmountable, there was anxiety that if *"in two years there is no money who will take the lead and will organisations engage with the police"* (TM 2)? Similarly, there were concerns voiced about the need to avoid *"the dependency of some groups to short-term funding cycles"* (TM 4) and the damage to community confidence if interventions are liable to disappear as quickly as they arrive.

However, it was the third objective, the future role of the VRP in providing guidance and qualified insight into activities to prevent serious violence, that stimulated most traction amongst participants. All practitioner participants, regardless of their disciplinary background, acknowledged their responsibility to engage in meaningful partnership, to represent their organisation, and to take learning back to their host organisation. Combatting violence is recognised as a priority in all fields but participants reflected that their leaders do not always have the time to commit to partnership working and "*it is my responsibility to make sense of this and build this into core business*" (TM 4). Drawing on the experience of *"constantly learning and the forms of scrutiny around interventions and pass[ing] judgement on what works"* (TM 5) made possible through co-location and being embedded within the VRP helped sharpen what some considered the operational imperative of the partnership should be.

> *"A measure of the impact can be the extent to which the VRP is enhancing practices, uplifting services whether that be evidenced-based resources that can be used, we can provide VRP quality assured. In the longer-term we can have a really good understanding of violence on Merseyside a really good insight, evidence and insight from communities…we will be in a much better place and we will stimulate greater interaction between partners"* TM 3
>
> *"The VRP needs to strike a balance between letting organisations do their jobs and we co-ordinate. This isn't us doing all this we are facilitating and we have got to build confidence amongst partners that we can come along identify the intervention activity and ask the right questions and offer the right support and set the right standards to help improve outcomes"* TM 5

The impactful work of the VRP in respect of mapping ACEs training activity (see Section 3) instilled enthusiasm for the VRP as an influencer model for some of the practitioners. Having a public health lead working specifically on ACE training enabled an assessment of provision "*in ways that nobody else had previously [done]*" (P 3) and had been crucial to initiate discussions. However, as a microcosm of the potential of the VRP to offer qualified insight, the most frequently cited line of working that practitioners could immediately see the VRP helping govern was the provision of schools based intervention activity. The aspiration of VRP partners was that they could position themselves in the

local violence prevention landscape to offer "a tick of approval" (TM 2), a "VRP benchmark" (TM 1), and an evidence-based assessment of what intervention activity works and why.

> *"There is a real danger of saturation in schools around work going on. There are so many interventions being delivered…and it is difficult to know where one intervention ends and another begins. In schools, clear curriculum guidance is issued to ensure standardisation of delivery in subject areas but this is not happening around messages about serious violence. There's great rapport building going on, there are positive relationships being built with adults, but we can't know the longer-term benefit yet and that is where we can build confidence in education leaders, teachers, parents and the children. We can conduct that analysis, build the evidence base, say this is your toolkit, this is the right level of audience for the intervention"* TM 4

Practitioners reflected on how their collective professional wisdom had enriched the dissection of funding applications and of how broad their discussions of the impact and reach of intervention activity could be. In a similar vein, and explained through reference to the critical scrutiny of schools based provision, the bulk of participants felt confident that, as a group, they could offer expertise to better guide commissioning. As a group, members are routinely engaging with the national VRU "Base Camp"[7] to exchange ideas and the Merseyside VRP have liaised with counterparts from Greater Manchester, Wales and Lancashire to share experiences and best practice, and have travelled to South Yorkshire to develop insights into the delivery of the Navigators programme for example. The demonstrable ambition to continually renew expertise, to conduct assessments first hand of interventions, and to draw on pools of practice experiences underpinned the collective confidence to deliver impactful co-production activity.

2.3 Cooperation in Data and Intelligence Sharing

The Strategy emphasises how important data sharing is to implementing public health approaches. Whilst recognising that obstacles exist for organisations in the sharing and accessing relevant data sources, partnerships are encouraged to agree appropriate data-sharing protocols and to take measures to protect personal information while gathering population level and aggregate data across agencies. In practice, the Strategy compels partnership arrangements to understand what data is routinely collected by different organisations. From this, partnerships can determine what role data can play in interventions; to agreeing which agency has the expertise and resources to combine, analyse and interpret data into meaningful analytical products; to understand where violence is most likely to occur, who the victims and perpetrators are and what the consequences and costs are; and the impact of interventions.

All interview participants identified the need for the problem profile and having a clearer sense of the target populations and the benchmarks of progress. However, in the discussions about the role of data and intelligence sharing more specifically, three predominant themes emerged that will be explored in sequence. Firstly, the principal of greater data sharing through the VRP and the support for these exchanges to take place. Second, the context of current data collection practices and the consistently

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[7] A national resource to bring VRUs together, to share experiences and learning.

shared concerns with the limited level of analysis of this data. Third, concerns around the context of data gathering and measurement and of the validity and accuracy of measures as currently used.

All participants were consistent in their belief that the VRP needs to facilitate greater data sharing between agencies and the sense that the VRP can be a hub of good practice in this respect. Drawing upon data is viewed as crucial to help identify the populations and areas in most need of attention, of being able to track trends and patterns in violence (and risk/protective factors), and being embedded within the adoption of public health informed thinking.

> *"The key is the evidence-base and the right intelligence to make good decisions and agree outcomes to identify what works"* SG 2
>
> *"We need the data to plan, that's the bit that's missing, we have the partners, we know the place, let's identify the group and crack on with it and monitor how they do"* TM 1

Many participants had, at the time of the interviews, been able to view software that was beginning to process and overlay health, fire and police data and this was enthusing them further about the benefit of being able to share intelligence (see Section 4). Others pointed to the value of other groups being involved in presenting data in decision-making forms – like the Trauma Injury and Intelligence Group – and on the need to then engage local practitioners and to renew their efforts to accurately report and record, and to initiate discussions about the appropriateness of recording instruments. This is viewed as a helpful and supportive process in stimulating awareness and discussions about what a public health approach involves and what determinants it sees to engage with. As the two quotes below reflect, the robust collection and processing of data will help better evidence impact, build community confidence, and can create a legacy for the partnership.

> *"Record, record, record and keep doing. Other projects can discuss their impact but they need to record, record, record and the VRP gives us the chance to do that so that we learn, innovate as we learn and throughout evidence the added value here"* TM 3
>
> *"People may not attribute impact to the VRP but absolutely there is impact. How many people are engaged through Everton in the Community, Premier League Kicks programme, Beacon programme and we can present that back and link that to how we are changing the landscape and how this activity relates to making people safer"* SG 3

For a small number of other participants, they had greater ambitions and saw that the scope of the bringing together of partners and the public health approach as enabling the VRP to lead innovation in understanding violence. They want to use the lens of violence to explore individual's and group's negotiation of safety management, to delve into qualitative insights of how people process feelings of fear and anxiety in how they use space and engage with services.

> *"We can be at the forefront of new platforms to engage young people about how they feel, where they feel safe. It could be street lighting, alley gating, and about the impact of seeing our vehicles not racing around but being visible in our communities, and our outreach work…tapping into that will drive down serious violence, make people safe as when they aren't safe they do dangerous things"* SG 3

A small number of others, secondly, reported that an issue to work through was not the availability or sharing of the data, but the capacity to suitably analyse and interrogate the data. In some cases, drawing on their experiences of working in different operational and geographical settings, participants here identified what they considered to be flaws in the extent to which the analytical capacity of partners to engage with data is scrutinised. Their hope was that the VRP could go beyond merely collecting data but help inform discussions about quality assurance processes and developing analytical capacity to use data to make more qualified and informed decisions.

> *"Plenty of data is collected through the joint strategic needs assessment but we don't have enough analysis of that data. There is a multitude of data but it is what it means, what is happening, are we doing the right things in the right place and having the thinking space to ask those questions. Dealing with data takes time and that can help us think through commissioning and joint commissioning"* SG 2

The third data theme concerned the appropriateness of the data measurements being used and of the need for the Serious Violence Strategy to be clearer in its articulation of violence. The concern that flows from this is that not being clear on the definitional boundaries now, as VRUs evolve, will compromise consistency. Four participants, for example, identified how the *"arbitrary figure"* of hospital admissions may underestimate the numbers of people who are presenting with knife wounds and flaw the commonly accepted understanding of the scale of the problem. More broadly, their concerns with the accuracy of the terminology deployed revolved around the defining of serious violence and whether – from the outset – it would be wiser and more in line with the public health approach to have a clearer focus on harm reduction.

> *"There needs to be an agreed and understood measure of harm reduction, especially as the government have never defined serious violence, homicide, Section 18 wounding and personal robbery as a minimum, but we have defined our own and then nationally we are not comparing like with like. I'm not advocating the Cambridge Harm Index necessarily but the principle holds true as harm reduction as a target could be really positive in that it tackles that mistrust of police data and give a shared set of objectives to work to, and all partners can help broaden those measures and indicators of harm"* SG 1

2.4 Counter Narrative

To address the root causes of violence and prevent it from happening in the future, the Strategy identifies that local partners must be able to provide positive messages to young people as an alternative "counter-narrative" to any negative messages they might be hearing. The Strategy advocates the adoption of a life course approach, addressing the social determinants of health such as housing, education, and access to healthcare. Encouragement is given to partners to make a commitment to creating environments that engage with protective factors that can help prevent violence and to work with children, young people, and community members to create opportunities for development and help them pursue alternatives to criminal activities. In practice, the Strategy encourages partnership arrangements to recognise and identify risk and protective factors; promote preventative approaches that mitigate against violence through the partnership and its work; work with the community to identify alternative pathways to employment and training; and ensure that all agencies working with children and young people are aware of all available opportunities.

On Merseyside, all participants spoke with confidence about how the VRP, through its intent, action, and investments, was working to offer a clear counter narrative. Central to stimulating this confidence was the collective *"buy-in"* to the adoption of a public health approach, the shared sense that those working within the VRP were committed to a longer-term cultural shift in how the causes of violence are understood and responded to. There was a ready and shared acknowledgment that work is still required to ensure the wider embedding of the public health model across all partners' operational thinking and within that how communities understand their role in being intolerant to violence.

> *"Our influence has to be greater than the drug dealer - go to school, get your qualification, go to University, go get your apprenticeship. We need a stronger and richer offer and people are passionate about trying to make that happen in their Merseyside communities"* SG 3

All participants were confident that not only did all partners recognise the need for work cutting across all eight strands, but that throughout the investments made in nearly 200 interventions, attention was being paid to communicating clear anti-violence messages and of trying to offer people alternative pathways away from violence. All respondents were quick, however, to acknowledge that investment alone was not enough to legitimise the counter-narrative message and that for the VRP to help drive the momentum of a public health approach this needed to manifest itself in the thinking and operational behaviours of the partnership. Though the definitions of what constituted a public health approach did differ between the interviewees, there was a clear sense that there was enough elasticity in the concept to provide a workable framework to stimulate collaborative working practices. These two quotes, from steering group and practitioner representatives, were representative of the appeal all saw in the pervasive influence of public health informed thinking within the VRP.

> *"[the Public Health approach] it is the only way, whole system approach, whole person, whole community approach…look at the public health approach stopping smoking, what it has done about wearing seatbelts, the medical world alone won't change behaviour but can help change attitudes and change cultures"* SG 2
>
> *"Public health is a language that helps us rationalise, educationalise what we know and understand, in the past we wouldn't use the language of ACE, we wouldn't wrap it up in that, but we always understand the impact of early experiences of childhood. The roll out of trauma-informed training will connect with practitioners and gives us a way to understand all that we know we are dealing with"* TM 5

The VRP supported rolling out of trauma-informed training across partner agencies and this was cited by many as one of the most discernible impacts of the VRP to date and as being a crucial stimulus in helping *"land"* the ambitions of the partnership within practitioner communities. At a very practical level, the attempt by the VRP to try to map and rationalise the diverse forms of trauma-informed and ACEs training taking place across the county – diverse in terms of how it is funded, how it is delivered and by who – evidenced the ability of the VRP to try to build consistency, quality assure and avoid duplication (see Section 5).

But more than that, the adoption of a public health approach by the multi-disciplinary VRP and the communication of messages and strategies that are grounded in practice thinking and not deemed as unnecessarily novel or abstract would, partners felt, play out well with practitioners. For those

working within probation and youth services the public health narrative is a *"natural fit already weaved into our thinking"*, increasingly for the fire and rescue services too, *"it chimes with the recent shift in our operational imperative towards being a prevention service"*. For police leaders and practitioners the appeal of the public health approach – *"this is a real lightbulb moment for us"* – is viewed as impactful in providing a lens through which to re-imagine behaviours, relationships and circumstances, and to consider how to process and respond to these differently. All partners recognised that different individuals and agencies are at different points in their understanding of what constitutes a fully coherent public health approach, but cited the implicit value in the shared ambitions to develop a collective (counter) narrative that is grounded but malleable.

"It's that spirit to say 'what happened to you', that empathy that sets that apart from 'you have broken the rules'…when you do wrong, you still go through the [criminal justice] system and are held accountable and responsible but there's attention to how you are treated, how people interact with you, understand you. You cannot keep putting plasters on the wound you've got to get to the root causes and usually these are wider social determinants" SG 2

"The biggest measure of the benefit of the VRP will not necessarily be what we do as a group but how we lead on getting a shared understanding of trauma-informed thinking out there. Then in answer to the question of who benefits most from the VRP – the population as a whole, building resilience, parenting support, health visiting so not just those who have committed crime as this is a whole systems approach" TM 3

Consistently, participants identified the value of the partnership being at the forefront of helping commission and rationalise the delivery of ACEs and trauma-informed training. Initiating this work is considered vital in raising awareness of the partnership activity, to allay any fears of the VRP being seen to be too progressive in its ambition, and of establishing credibility. The messages and values of empathy and of adopting new ways of thinking built into the interventions are viewed as underpinning the counter-narrative the VRP seeks to champion and lace into the fabric of organisational responses to violence. One respondent identified how – having observed VRP funded trauma-informed intervention activity within prisons – prisoners officers had approached the partnership to self-identify as a community who process and experience violence and that this had led to collaborative activity about creating conditions and behaviours to help reduce threat, harm and risk in that setting. This was indicative of a broader confidence from participants that their practitioner peers throughout Merseyside have the appetite for, and understanding of, these messages and that through tighter co-ordination progress can be made to generate impact and a cultural shift in thinking.

"We have more to offer in multi-agency working than [another city] but it is not as co-ordinated. There is duplicity, competition for funding, for us to be sustainable we need to prove prevention, slow the demand created by the scale of violence, and move fiscal and human resource into prevention. As the Chief Constable says, we won't arrest our way out of this problem and we have to be brave now to commit to prevention" SG 3

"Tackling violence has become normal business for all partners. If the police say to us they are taking out OCG nominals we will act as a presence in those communities, to go into high demand wards, build rapport, share intelligence with the police through Crimestoppers and show we are part of wider effort hostile to serious violence" SG

Whilst participants were positive about the short-term impact being generated internally within practitioner communities about engaging with the counter narrative, all recognised the bigger body of work required – longer-term – in landing these messages externally within communities. All cited the importance of investing in innovative projects to communicate effectively with audiences who have traditionally proved much harder to engage, and to constantly scrutinise that the *"right"* voices and the best conduits of communicating to the most vulnerable groups are being used. There was a confidence across the eight strands that consideration is being given to these engagement strategies and creative ways of capturing voices was happening. A source of optimism for many interviewed was how well they felt the messages and intent of the VRP would resonate with Merseyside communities and help the counter narrative stimulate conditions that reduce violence.

> *"If you raise awareness around the navigator work for example, that partners are in there working together, taking this seriously that community engagement is a key part of that and they will see that, this is about more than arresting and locking up"* TM 3
>
> *"I can see the VRP helping combat the 'no grassing culture' on Merseyside, when residents and the community see us responding differently rather than throwing people before the courts. I can see that working and they may start engaging, this is us trying something different so why not give it a chance"* TM 5

2.5 Community Consensus

> The Strategy identifies the significance of community engagement strategies in making the work of VRUs valid and sustainable. Developing community consensus is considered central to a place-based public health approach to serious violence prevention and of empowering and supporting local people and local organisations working to address the challenges affecting them. The strategy compels partners to be innovative, inclusive and progressive in their use of local intelligence and experience to support communities, especially those not always receptive to statutory services such as education, police or social services. In practice, the Strategy encourages partnership arrangements to map out community assets and consider how these can be developed; involve community members so they can take part in service design and delivery; reduce barriers to engagement; and address community level factors such as social capital and empowerment.

On Merseyside all participants recognised the need, as the VRP evolves, to raise the profile of the activities within the communities of the county, to build a more compelling *"community consensus"*[8]. Many accepted that knowledge of the partnership's work within practitioner communities was limited and that – at this stage – communities would struggle to identify any other than limited discernible impact attributable directly to the VRP. Connected to commentary covered in the Collaboration section, there were strong feelings from many that the VRP's ambitions, short and long-term, do need to be about managing expectations and that how far the VRP alone can go in changing attitudes within the community will always be difficult to quantify. However, there was a consensus that the early working of the VRP had given the partnership the best possible platform on which to embark the process of operationalising community buy-in. From the outset, multi-agency partners from across the county have been involved in developing the strategic approach for the VRP – from developing

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[8] The development of a logic model and theory of changes for the Merseyside VRP provides an initial understanding of activities implemented across Merseyside, that aim to prevent and respond to violence across the life course (see Section 7).

the Home Office funding bid, to engaging in VRP meetings and events such as the stakeholder event (see Section 2.6). Such activity has worked to bring together the community consensus whilst developing local public health approaches to tackling serious violence.

A key element of the VRP has been to raise the voice of young people. Through work with local partners, formal routes such as schools' parliaments, statutory body advisory groups have been utilised, as well as commissioned insight work (e.g. as part of the Eyes Open campaign, see Section 6.2), and through more informal routes such as youth groups or social media platforms. Participants pointed to the mobilisation of the community voices – as a result of VRP proactive community engagement - in funding decisions, the allocation of resources, and feeding into strategic planning events as making tangible the intent *"to adopt a whole systems, whole community approach"* (SG 1). All these more practical measures coupled with the spirit of the public health approach help to make real the VRP's positioning as a locally based and locally invested enterprise.

> *"I feel really confident that we will learn much more through engaging groups with the community insight, that dialogue will take place differently as it is through the VRP. We will get a more informed sense of what works and what resources are useful and get some real learning about that to share beyond the VRP, this will be about cultural changes and shifting norms in communities and that is powerful"* TM 3

The emphasis on local was important to many of the interviewees who would routinely see the work of the VRP being of benefit to their Merseyside community. Practitioners drew on the impact they were already observing in that the VRP was extending the *"reach of community networks to get people talking to one another, signposting services/resources better between groups and creating more mutual support"* (TM 5). Others situated themselves within the importance of the work and of the capacity to mobilise community support to tackle violence as *"making our City-region safer a place we feel greater pride in, something we can all share in"* (P 3). Similarly, the VRP brand incorporating the colours of all five local areas and the representation of "*a flower thriving and flourishing"* (TM 6) was cited as rooting the VRP in the county. The narration of local is not only viewed as a genuine and crucial element of building legitimacy in the eyes of the community, but is seen to chime with broader political efforts to promote the notion of Merseyside partners working together to respond more effectively to Merseyside based issues.

> *"We are seeing an emphasis on place-based leadership mentality on Merseyside, the Chief Exec in Liverpool, Wirral 2020 vision, Knowsley through their Chief Exec and so on, you are seeing really strong political leadership at that level…The communities of the region need to be empowered to do more for themselves to mobilise our assets"* SG 3

A couple of the respondents, inspired by the idea of locally empowered service delivery, identified how the model of the VRP can innovate responses to serious violence. The first identified how the VRP model of partners operating as facilitators under the umbrella of a public health approach helped renew the need "*to put community needs above those of your own agency"* (SG 3). The second argued that such co-ordinated and intuitively joined up working gave (public service) practitioners licence to *"let go and prioritise relationships and outcomes over processes and operation"*. That the connections made gives *"the frontline permission not to say 'it's not my job' but instead 'I know someone whose job it is, I know someone who can help you'"* (SG 2) in ways that help rebalance services and

practitioner professional confidence. What underpinned both respondents assessments' is the sense that partners having a clearer perception of shared outcomes has the capacity to both empower practitioners in their working and provides the community with a clearer message to engage with. That *"getting our internal wiring right means that Joe Public isn't bothered about how services are configured as long as they deliver"* (SG 2).

In terms of the development and sustainability of creating a community consensus, the added value of elected officials supporting the governance and sustained delivery of the VRP was noted by some participants. For example, through their membership on the Safer Merseyside Partnership to have clearer oversight of the VRP and help secure longer-term funding, and to help bring a new insight/expertise to funding and commissioning decisions.

> *"Where are the elected officials and if anyone is going to pull the plug on this it is the politicians and they are stakeholders and they need ownership…lots of residents approach ward members with concerns around serious violence these are people residents turn to and they could be real advocates for this approach"* SG 2

2.6 Exploring Principles of Partnership Working Across the Whole System

A stakeholder engagement event was held to explore the range of violence prevention activities currently being implemented across Merseyside and to enable a wide range of stakeholders to contribute to the development of the VRP strategy. Data collected from this event provided an opportunity to explore how the five principles of partnership working were currently being embedded across the system and can be enhanced in future practice. The format for the event was designed by the evaluation team in collaboration with VRP representatives, and included a range of activities to gather information about the collective outcomes of the various violence prevention initiatives being implemented. This approach aimed to facilitate a sense of shared purpose across the whole system and provide opportunity for stakeholders to recognise how their role is integral within the wider system. The event was facilitated by LJMU and ASVRP partners with strategic support provided by a National Troubled Families Practice Lead. Presentations from the Police and Crime Commissioner for Merseyside (Jane Kennedy), Assistant Chief Constable Jon Roy, Superintendent Mark Wiggins (Operational Lead for the VRP), Matthew Ashton (Director of Public Health, Sefton Council), Chad Thompson (National Troubled Families Practice Lead), Hannah Timpson (LJMU) and Louise Kane (Head of Performance and Analytics, Merseyside Police) set the context for the event.

86 stakeholders[9] representing over 40 statutory and non-statutory organisations based across Merseyside attended the event. This included organisations who were involved in delivering initiatives that had received funding (or been enhanced) by the VRP, alongside a range of initiatives that had not directly received support. The purpose of this was to understand the breadth of violence prevention activities that are implemented across Merseyside and to ensure that this activity is coherently and comprehensively incorporated into the future VRP strategy to ensure a consistent, efficient and effective approach. Stakeholders participated in a range of activities throughout the day, including identifying and prioritising outcomes, understanding the activities that contribute to a reduction in violence and exploring gaps. Stakeholders were also asked to consider the implementation of activities across the life course, the strengths of the VRP as a collective, the added value of the VRP, and the focus for priorities over future months and years.

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[9] 106 individual partners (identified by the VRP) were invited to attend the event.

The event reinforced the notion that, despite only being active for a short timeframe, the VRP were successfully embedding principles of collaboration and co-production with key partners across Merseyside. Despite providing a wide range of support for violence prevention, stakeholders identified that they were all working to achieve the same outcomes (presented in the logic model, Section 7). This enabled stakeholders to identify a shared sense of purpose; this was evidenced by (free-text) evaluation data collected during the day.

> *"[The event provided] a greater sense of direction"*
>
> *"[The event enabled us to] share learning and help shape the next steps"*
>
> *"Increased understanding of the role of VRP and how this links to other local commissioning"*
>
> *"It'll gather a common purpose for a single goal"*
>
> Stakeholder event evaluation feedback

The event also served to further develop collaboration and co-production, with almost half of respondents (43.5%, n=27/62) reporting that the event had facilitated collaborative working, and almost all respondents (93.5%, n=58/62) reporting that they had networked and made new contacts as a result of the event. A further 85.5% (53/62) shared information with colleagues and almost half (40.3%, n=25/62) felt they would incorporate new learning into their practice. Many commented that the event had been useful, suggesting this should be delivered on an annual basis.

> *"The chance to input, make decisions was instrumental. [The] plan will be strategic and focused/targeted"*
>
> *"Provide[d] valuable insight from partners to help the strategy be focused and accountable"*
>
> *"The diversity of the audience in terms of agencies represented"*
>
> *"This should be annually"*
>
> Stakeholder event evaluation feedback

The information gathered during the event was used to develop a logic model (see Section 7); this model demonstrates that local partners are successfully embedding the principle of counter-narrative development, by delivering initiatives that provide positive messages to young people. The model shows that early intervention and prevention initiatives are being implemented that support children, young people and community members who may be at-risk of violence. The logic model also demonstrates that the partnership is already, or aiming, to deliver interventions to address the social determinants of health (for example, improving housing, education, and access to healthcare) that will result in better outcomes for people in Merseyside.

Stakeholders at the event acknowledged the importance of ensuring community consensus, recognising the need to ensure that the voices of people directly affected by violence were reflected within the strategy. The need to establish data and intelligence sharing was also acknowledged by all stakeholders and viewed as integral to the strategy. Here, all stakeholders were keen to work collaboratively to mobilise any necessary processes and identify how to overcome any challenges.

3. Merseyside VRP 2019/20 Work Programme

Throughout 2019/20, the VRP focused on eight core work programmes:
- Early help (ACEs and Trauma Informed Approaches)
- Education programmes
- Navigators and support
- Medics against violence
- Youth Offending Service and Integrated Offender Management
- Pathways programmes and interventions
- Mentors and role models
- Community engagement and resilience

Whilst each work programme has been led by a member of the VRP team, they are not mutually exclusive, with some work programmes significantly encompassing and supporting another. Equally, some funded interventions support multiple work programme 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 life course. The VRP has a key role in coordinating these activities to ensure they are complementary, and any unnecessary duplication is reduced. During 2019/20, around 200 activities and interventions were funded by the VRP. Funding for interventions/activities has been allocated via three core approaches:

Place-based approach
- Each local authority was provided with funding via community safety partnerships (CSP), and community and voluntary services (CVS), to allow them to implement/fund violence prevention interventions/activities relevant to the local community. Local CSP and CVS leads have been linked together to ensure a joined up approach, to maximise the use and impact of resources and VRP funding, and reduce unnecessary duplication and saturation of activities.
- Selected local communities were provided with funding to implement interventions and activities relevant to local community needs (see 3.8).

Core VRP work programme interventions/activities
- Local services were provided with opportunities to bid for VRP funding to support the delivery of interventions/activities. Funding calls were advertised for specific intervention types via external partners (e.g. sports, via Healthy Stadia[10]).

Whole system approach
- The VRP allocated funding to activities to enhance the whole system approach to violence prevention, such as countywide communication campaigns, stakeholder events/conferences, and practitioner training (e.g. see 3.9).

The following section provides a summary of the eight core work programmes, and place-based and whole system approaches, with examples of activities and interventions.

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[10] https://healthystadia.eu/sports-projects-to-help-tackle-violent-crime-in-merseyside/

3.1 Early Help (ACEs and Trauma-Informed Approaches)

Adverse childhood experiences (ACEs) include all forms of child maltreatment, as well as other factors that affect the environment in which a child grows up, that increase children's exposure to trauma, including living with a household member who misuses substances, has a mental health problem or has been incarcerated, or where domestic violence is present (Bellis et al, 2014). Whilst ACEs can have immediate consequences for the child, they have also been associated with greater risk of a range of health harming behaviours (e.g. substance use) and poor health (e.g. low mental health; chronic disease) across the life course (Bellis et al, 2014; Hughes et al, 2017). ACEs are significantly associated with violence victimisation and perpetration (Hughes et al, 2017). ACEs can be prevented, and research suggests that early help, particularly support for families, can prevent and mitigate the impacts of ACEs (Asmussen D et al, 2020).

With this in mind, this work programme has aimed to develop service and practitioner level understanding of ACEs and the impacts of trauma across the life course, as a foundation for developing and implementing trauma-informed approaches across frontline services in the county. The VRP is aiming to increase the number of practitioners trained to adopt a Trauma Informed Approach (TIA) to support young people and families that are most impacted by ACEs and other trauma, to prevent risk of involvement in serious violence and associated mental and physical health issues. In preparation, key partners from across each of the five local authorities came together to map out current provision of ACE/TIA training, and trauma-informed approaches, and subsequently agreed on a place-based approach to implement future training. Thus, each area was provided with VRP funding to uplift/implement ACE awareness and TIA training, based on local needs. The ACE awareness training has been targeted towards organisations who work with young people but may not have the knowledge or skills in this area. In addition, ACE awareness training was funded for countywide stakeholders, such as police and fire service, and other services (e.g. via Healthy Stadia).The TIA training aims to provide more in depth training for practitioners in more specialist roles (e.g. social workers, families' teams, and youth offending) to equip them to adopt wider trauma-informed approaches. Section 5 outlines an overview of the training provided and impacts on practitioner knowledge, attitudes and anticipated work practices.

Youth Offending Teams (YOTs) across Merseyside have been funded (following submission of a collaborative bid) to deliver Advanced Trauma Led Practice Training for managers. This funding is also being used to purchase resources to further support YOTs to deliver interventions across the youth justice system to reduce risks of violence/knife crime, re-offending and prevent risks of exploitation and gang activity (supporting the YOT/IoM work programme, see Section 3.5). Further, the VRP has funded the provision of support for children impacted by parental or familial incarceration (see Section 6.11 for a case study on the programme).

3.2 Education Programmes

A core focus of this work programme has involved scoping existing education provision across Merseyside in relation to violence prevention, including knife crime, serious violence, gangs and exploitation. The mapping was conducted by the VRP in collaboration with county leads for education across different educational provider types. This has helped to illustrate examples of good practice across the education sector and a clear commitment amongst all education providers to prevent violence, reduce risk, and promote protective factors. However, it has also identified: gaps in provision; examples of saturation with, for example, certain schools/areas repeatedly targeted with

the same messages or interventions from different organisations; examples of interventions delivered with no or little evidence/evaluation; and, areas to develop across the system. Key VRP considerations raised from this include coordinating responses across schools, provision of guidance on evidence-based interventions and/or testing of interventions, and developing processes and support to prevent school exclusions. For example, the VRP has commenced activity to explore with relevant leads across Merseyside schools, if and how the county can develop and implement a consistent approach to permanent exclusions, which considers the relationships between school exclusions and vulnerability, exploitation, and serious violence. In addition, a number of countywide interventions have been funded via the VRP across primary and secondary schools, alternative provision and further education, to support and enhance existing provision. Funding has supported the development of new interventions, and implementation of existing interventions in additional areas/schools across Merseyside. Examples of these interventions include:

Primary schools
- Ariel Trust[11] have been developing and testing an education resource for Year 6 pupils on the criminal exploitation of young people. The resource has been developed in collaboration with local schools, leading to the production of an animated film co-produced with 20 children. 15 primary schools across all five local authorities are testing the resource which includes interactive presentations, the animation, handouts and lesson plans (see Section 6.1).

Secondary schools
- Princes Trust[12], Everton in the community[13] and LFC foundation[14] have been delivering one-to-one or group based programmes for young people who may be vulnerable, marginalised, disengaging from education and/or presenting early signs of, or already engaged in, offending or anti-social behaviour. Programmes are delivered over a period within schools (with some activities also taking place outside of the school environment) in primary and/or secondary schools, often as an alternative to their main education provision. Sessions aim to provide young people with the time and support they may need to develop practical skills, coping strategies, healthy relationships and ways of thinking, and to understand some of the issues that can lead to serious violence. Some providers are also delivering programmes across the whole school (e.g. LFC foundation, who provide education sessions and a mentor in some schools). Others are delivering programmes within and outside the school setting (e.g. Everton in the Community, who support disengaged young people [aged 12-24 years] to build skills for the future regarding construction, sports, media, education and hospitality). Some programmes are supported by existing programmes and workshops implemented by the provider (e.g. community football sessions). Section 6.4 provides a case study of the LFC Foundation Onside+ programme.
- Terriers[15] and D-Street media[16] have been developing/delivering theatre and educational-based interventions for Merseyside schools, community centre and youth venues. Terriers consists of two plays (Terriers and Eve's Story) exploring common issues that young children experience relating to gangs, knife and gun crime, violence and exploitation. In September 2019, three plays were performed at the Royal Court Theatre, with young people from a range of mainstream schools and alternative education schools (e.g. pupil referral units) attending. The plays have been followed up with delivery of activities within 26 Merseyside schools (in areas identified as at risk of violence) by the Terriers programme team (e.g. performances following by discussion),

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[11] www.arieltrust.com/
[12] www.princes-trust.org.uk/about-the-trust/where-we-work/north-england/liverpool-centre
[13] www.evertonfc.com/community
[14] https://foundation.liverpoolfc.com/
[15] https://terriersplay.co.uk/
[16] www.d-streetmedia.co.uk/

and schools within PHSE lessons (schools were provided with access to a newly created online educational toolkit). Resources have also been produced by D-Street media to support Merseyside Police to deliver activities in secondary schools around knife crime. Resources include a DVD (a scripted drama) that can be used by police delivering the intervention, and educational resources for schools to allow them to follow up the police activity through workshops with the students in future PSHE lessons.

Alternative provision

- **C.E.L.L.S[17]/Urban solutions** have been delivering an interactive consequence-based learning programme based on 'lived experience' across alternative education providers, which includes universal and targeted work, implemented based on need. The programme includes: a one-day awareness raising/discussion session covering knife crime, criminal responsibility and first aid techniques; intensive 1-to-1 mentoring (over 16/18 weeks) which includes routes into diversionary activities; and, professional development for staff and adult safeguarders[18].

Further education

- Knifesavers have been delivering education on how to control major life threatening bleeding from knife wounds to young people in further education establishments and secondary schools (in areas identified as at risk of violence) (see Section 3.4). The training also seeks to change attitudes in relation to knife crime, highlight the risk of knife carrying, and the impacts of a knife wound. Training is delivered by health professionals from the Major Trauma Centre in Liverpool and uses a combination of short talks and practical sessions using medical simulation dummies.

3.3 Navigators and Support

Across the UK, the role of community navigators has been developed and tested in a number of areas (e.g. Scotland; London). Navigators are people (often with a youth or social work background) based within Accident and Emergency (A&E) Departments who can support relevant patients to 'navigate' their way away from violence, criminal activity or other harms (whether they are a victim, perpetrator, or both). Support is provided by the Navigators within the A&E, and afterwards in community settings. In December 2019, the VRP in collaboration with Alder Hey Children's NHS Foundation Trust and Merseyside Youth Association commenced a trial of the Navigator project, including navigators based within the A&E and in the community. Up to the end of February, 43 young people had been/were being supported via the project. Insight work is also taking place with young people via the Liverpool Safeguarding Children's Partnership and Alder Hey Young Persons Advisory Group to include their views about the role and impact of the Navigators to ensure they can shape the support provided. Section 6.7 provides a case study of the Navigator project.

3.4 Medics against Violence

This work programme has focused on educating the public about knife crime, changing attitudes towards violence and knife carrying and developing first aid skills, particularly around supporting someone who has a knife wound. The VRP has funded two VRP partners to deliver this work programme across Merseyside:

- The Streets Doctors Programme have been delivering education to young people across all YOSs and two pupil referral units.

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[17] http://www.cells-itsup2u.org
[18] LJMU are evaluating the work programme (academics external to this evaluation).

- Knifesavers[19] have been delivering education to young people in further education establishments, and secondary schools (see 3.2). VRP funding is also supporting access to resources (e.g. first aid dummy) which will be used in education provision now and in the future, including training implemented for partners working in night-time economies, taxi drivers and community football coaches. In addition, VRP funding has supported the provision of bleeding control kits across numerous settings in Merseyside. These packs have also been introduced in the neighbouring county (Cheshire; albeit not funded by Merseyside VRP), and have recently been used to save the life of a 16-year-old male.

3.5   Youth Offending Service and Integrated Offender Management

This work programme has focused on mapping current support and intervention for offenders involved in violence. This includes young offenders supported by the youth offending service and those up to the age of 25 years in prison. It includes providing/uplifting interventions identified as being suitable to reintegrate young offenders into the community, and/or providing them with education, alternatives to offending and support around training, addiction and finances and other aspects as required. This also includes providing support where gaps were identified such as mental health support. The VRP has funded interventions alongside prisons, probation and youth offending services in both prison and community settings:

- A pilot mentoring, education and support programme for young offenders, delivered in Wirral. In agreement with the CPS, youth offending team and safeguarding teams, young people are offered engagement in the programme, as an alternative to prosecution through the courts. Both the young person and the family need to agree to participate in the programme, which includes four months of support, mentoring and education such as: offence focused interventions (provided by the YOT);

> *"If they are successful on the course then they do not get a conviction, which prevents any negative impact on their future, but ensures they have had the required support and reparation as an out of court disposal"* VRP update report – YOS pilot programme

parenting and whole family support (e.g. via Early Help); mentoring; mental health support; education support; and any other support required. At the time of writing, six young people were participating in the programme, which is due to be expanded.

- Buddi tags, voluntarily worn by 10 high risk violent offenders managed by the Integrated Offender Management (IoM) teams to help them stay out of areas they have offended in or from associates they have offended with leading to violence.

> *"…examples of their benefit include one male who wore one to stay out of prison resulting in him finishing a training qualification he could not otherwise have done"* VRP update report – Buddi tags

- A pilot education and support programme for 20 high-risk offenders on licence from prison, consisting of six modules relating to knife crime. The programme explores impact, behaviour and alternative approaches as well as ensuring they are able to obtain suitable accommodation and positive activities to reduce reoffending risk. It also included supporting them with positive opportunities such as gym and travel passes, and when required, support with rent to provide them with a suitable accommodation base (vital to reducing reoffending).

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[19] www.knifesavers.co.uk

- **Mentoring support for prison leavers** convicted of violence offences and at lower/medium risk (and thus do not meet IoM criteria), to help reintegrate them into communities. Support starts in the prison setting, continues when they are released and focuses on accommodation, training and mentoring from the Merseyside Offender Management (MoMs) service and the Princes Trust. Mentors adopt a trauma-informed approach, to build a positive relationship with the person. At the time of writing, 12 offenders were participating in the programme.
- **Training in refereeing, coaching and grounds maintenance to violent offenders** incarcerated at Walton Prison (which has a football pitch) provided by the Liverpool County Football Association (FA). Qualifications are provided to those passing the training to assist them in obtaining employment by providing them with suitable qualifications and providing positive activity on release.

> *"The FA have reported those on the course have been some of the best they have had who have really shown interest in this work"* VRP update report - County FA

- **Community and prison-based family forums** to engage with family members of 18-25 year olds who are in prison with patterns of violent behaviour, facilitated by Partners of Prisoners (POPs). The forums provide a platform for families to raise the issues affecting them and their communities, and for partners to provide information and signposting where appropriate to deal with any issues they may have with regards to finances, wellbeing, mental health and other matters.

3.6 Pathways Programmes and Interventions

This work programme links in with the YOT/IoM, Education and Medics Against Violence work programmes, and aims to explore and develop pathways and interventions for offenders, and people at-risk of offending. It focuses on education, employment and housing and included developing interventions with the At Work teams in each local authority and subsequent support for an individual through the intermediate labour market. A directory of organisations that can provide support with training has been developed to support YOTs and probation in the future. Examples of other VRP activity include developing connections between key partners to enhance and increase provision of housing (and wraparound support) for ex-offenders.

3.7 Mentors and Role Models

This work programme includes activity delivered through various VRP work programmes, such as the YOS/IOM (e.g. mentoring and support for offenders), education (e.g. education, mentoring and support for schoolchildren) and Navigator work programmes. Examples of other VRP funded activity include support, mentorship and education for vulnerable or at-risk young people delivered via Career Connect (see Section 6.8 for a case study on the programme) and Local Solutions.

3.8 Community Engagement and Resilience

A key focus of this work programme has been to ensure that the community, particularly young people, have a key role in informing the development and implementation of the VRP work programme, and that community assets are promoted and supported. In 2019/20:

- A strategic assessment of formalised youth groups and forums in existence across Merseyside was completed by the VRP. This enabled the VRP to see what the most appropriate mechanisms for formalised youth voice engagement are, so that the voice of young people who are most at risk can be heard over the course of 2020-21 and beyond. As a range of youth groups already exist within local authority areas (e.g. youth parliament; young advisors groups; young ambassadors), these will be utilised as key forums to engage with young people. The VRP have a key focus on

hearing the voices of those young people who are exposed to, and/or at risk of, or involved in violence, anti-social behaviour and other key issues (e.g. exploitation). Thus, processes are being established to engage with young offenders to hear their views about what they would have needed to prevent them from offending and what can be done to support other young people. VRP funded interventions are also being used an avenues to capture young people's views. For example, Liverpool CSP young advisors[20] are obtaining the voice of young people in relation to the Navigators project. The VRP also funded key insight work with victims, families of victims and frontline workers as part of the development of the Eyes Open campaign to raise awareness of Child Criminal Exploitation

- Through Police Surge Funding, community funding opportunities were offered to targeted areas. These '**Cash for Communities**' events were set up to promote and support community resilience and assets. Here community members are asked to submit proposals for community activities. Members of the community then decide collectively which activities are funded and implemented within their community. One example of an activity funded via these events includes a community football tournament. Organised by a youth group, the event included approximately 40 young people who entered teams for the tournament. In addition, the local police and youth club members joined to form a team. Before the competition started, the Police led a question and answer session with the young people regarding police stop and search powers.

> *"Very successful…as we engaged with a large amount of young people using football as a medium"* (Written feedback from local police lead)

- Local areas have implemented activity to raise the profile of young people's voices to inform the delivery of local interventions. For example, in St Helens, the St Helens Youth Council Knife Prevention Campaign works to deliver initiatives lead by the Youth Council to engage with young people. St Helens Community Safety Partnership are using VRP funding to carry out behavioural insight research to understand young people's views on violence and prevention activity.
- Young people are the principle beneficiaries of the interventions funded through the VRP and where possible, the VRP have directly engaged with service users across the county through their interventions to capture their views on their aspirations, their sense of community pride and assets, feelings of safety, and support available to them. Where it was not possible to directly engage, a resource pack was circulated to help project coordinators garner the voice of young people around these themes. The youth voice resource pack was particularly important for those organisations working with the most high risk young people, as the project leaders (as trusted adults), were able to have more open and honest discussions with the young people involved than would have been possible for VRP direct engagement.

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[20] Young people who engage other young people to promote their voice around issues of concern, and subsequently feedback to services to inform their plans/delivery.

3.9 Whole System Activities and Interventions

To develop whole system approaches to violence prevention across the county, a range of activities have been implemented or funded by the VRP including:

Countywide stakeholder events, to promote a shared whole system public health approach to violence prevention. For example:
- Introductory events to promote the VRP and the public health approach to violence prevention during the initial months of the VRP development.
- Themed events bringing together partners from key settings (e.g. sports, NHS) to explore their role in violence prevention, and raise awareness of the VRP and key underlying principles.
- A stakeholder engagement event to explore the range of violence prevention activities currently being implemented across Merseyside and enable a wide range of stakeholders to contribute to the development of the VRP strategy.

Engagement with related countywide interventions, such as county lines prevention efforts.

Communications, raising the profile of the VRP, developing the VRP brand and delivering key prevention messages and campaigns. For example, through the development of a Merseyside VRP website (ww.merseysidevrp.com/) and social media accounts (e.g. twitter: @MerseysideVrp), an animation explaining the purpose of the VRP[21] and the Eyes Open campaign (see Section 6.2) was utilised

Mental health support provision, for young people and their families, including:
- Integrative therapeutic support (1-to-1 and/or group work) within community venues;
- Access to specialised neurodevelopmental mental health support for young people with conditions such as ADHD and those on the ASD spectrum;
- Access to intensive, trauma-informed, mentoring support, as a step up and step-down holistic approach;
- Delivery of an ACE recovery course (one for young people and one for parents);
- Delivery of a train the trainer parenting course within each local authority area;
- Delivery of ROAR mental health training and resources to primary school across Merseyside;
- Broadened capacity of parental support including parent consultation, 1-to-1 parental support, parent coffee mornings and drop-in sessions; and,
- Broadened capacity of family support including systemic family therapy, family mediation, family support and consultation.

Data, research and evaluation, to support the VRP to understand the nature and extent of violence, risk and protective factors, and evidence around prevention approaches. This includes commissioning activity to inform the problem profile and response strategy, and the future VRP work programme:
- The TIIG (Trauma and Injury Intelligence Group; https://tiig.ljmu.ac.uk/) have developed a data repository and hub, bringing together data from health, police and other sources (see Section 4).
- Research to understand the risk factors for offending behaviour based on local YOT data.
- An evaluation of the VRP 2019/20 work programme, including development of a logic model and theory of change, presented in this report.

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[21] https://www.youtube.com/watch?v=prtrS9eCYWU&feature=emb_logo

4. The Merseyside VRP / TIIG Data Repository and Hub

The Trauma and Injury Intelligence Group (TIIG) was established by the Public Health Institute (PHI) in 2001, to develop an injury and violence surveillance system to enable systematic data collection and sharing across the North West of England (https://tiig.ljmu.ac.uk/; Quigg et al, 2012). TIIG collect and report on injury information from A&Es and the North West Ambulance Service (NWAS) in Merseyside, Cheshire, Cumbria, Lancashire and Greater Manchester. The TIIG injury surveillance system is a vital resource to local partners and communities in the North West used to understand violence, develop and target interventions, and monitor patterns of violence over time (Quigg et al, 2013; 2017). To support the Merseyside VRP, TIIG were commissioned to produce a bespoke, robust, interactive, user-friendly, web-based data repository and dashboard profiling serious violence across the county.

Development of the repository

The data repository aims to bring together multiple datasets including A&E, NWAS, police, fire and rescue, hospital admissions and walk-in centre data. Initially, a rapid scoping exercise to identify potential sources of violence data across Merseyside was conducted. This provided an understanding of what data was available, what it can tell us about violence, if and how the data can be accessed, the quality of the data, and its utility in violence prevention. Work then began on accessing datasets and data repository development.

The repository was produced in consultation with VRP stakeholders during three workshops. Stakeholders included the police, clinical commissioning group (CCG), local authorities, CSPs and other organisations. The first workshop (October) asked stakeholders to consider what the repository should look like, how it could be used locally, what data could be incorporated, how it could support the aims of the VRP, and what outputs the repository should produce. The second workshop (December) was concerned with further development of the repository, in particular prioritising VRP goals, considering whether these were short, medium or long term, and giving thought to how the data repository could support the achievement of these goals. Following both workshops, discussions and activities were written up and cirulated to the stakeholder group. Findings were then used to inform the development of the repository to ensure it met stakeholders' requirements. The final workshop (March) allowed stakeholders, following a demonstration, to test the data repository. Each stakeholder was given access to the repository and a series of activites to work through to check its functionality and provide feedback on their experience and how they thought the repository would support their role.

Data quality work

In order for data to be useful, data providers need to collect data to a consistent and detailed level. Information Sharing to Tackle Violence (ISTV) requires A&Es to collect additional data around violent incident attendances (NHS Digital, 2014) including the date and time of incident, specific location of assault (e.g. name of street/pub/club/bar) and weapon used. However, data completion and data quality around ISTV data items can fluctuate and in order to provide a reliable overview of violence trends, data completion should be consistent. Furthermore, to identify hotspot areas of where violence is taking place, and to identify whether a weapon was used in the assault, data quality needs

to be of a high standard. To improve data quality and further support the Merseyside VRP, TIIG carried out data quality work with each A&E Trust. This included: arranging regular meetings with A&E Reception Managers, Trauma Consultants, and Business Intelligence to discuss data quality; providing monthly data quality reports; and, producing posters for A&E staff and patients, reiterating what data should be collected, and informing patients why it is being collected. Finally, TIIG held an A&E engagement event bringing together multiple A&Es to share best practice and discuss barriers to data collection. This event also included representation from Merseyside VRP to highlight why the data is useful and how they will be using it. This work has seen a marked improvement in A&E data quality.

The data repository and hub

The repository and hub went live in March 2020, with TIIG providing secure access to those who need it. On the hub, data is displayed using a variety of mediums including graphics, charts, tables and interactive maps. The front page (dashboard) allows users to customise content relevant to them e.g. set the featured map to focus on their locality. Data is also provided through customisable maps that can be split by different datasets, e.g. A&E, police, ambulance, fire and rescue and different geographies, such as local authority, LSOA, MSOA and ward. Data is presented as both numbers and by rates per 100,000, and split by the whole population as well as, where possible, by those aged 25 years and under. Maps can be used to identify hotspot geographic locations, focus in on specific areas (e.g. a specific ward) and look at trends over time. Furthermore, maps can be overlaid with levels of deprivation, locations of educational establishments, children centres, licensed premises and green spaces. Users can customise the maps to their preference and download them for use in their own reports and work. The data repository also contains data hub charts, which can be similarly edited and customised, and a page for other supporting data, which includes relevant violence related data breakdown (e.g. hospital admissions analysis carried out by Public Health England). Finally, there is a news and links page which signposts to relevant news articles and organisations, and a report repository which houses violence related reports and journal articles.
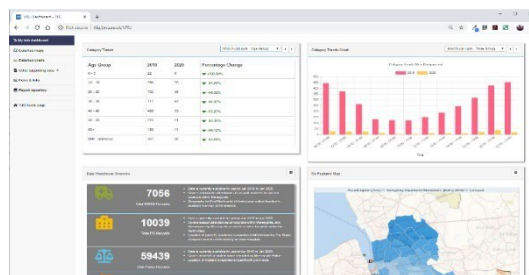
Barriers and next steps

The two main barriers in the VRP data repository development have been: 1) ensuring data collected and shared is good quality and useful; and, 2) accessing new datasets. In terms of data quality, the data quality work TIIG have conducted has improved the situation at A&Es and there is now a focus on maintaining this work and extending this model to other organisations as their datasets become available. Additionally, and relating to data quality, the hub allows A&E attendance assault location details to be mapped. This data is collected 'free text' and is therefore difficult to assign to e.g. mapping co-ordinates. TIIG are currently building a reference table for hotspot locations to enable the mapping of this data and further support in identifying where serious violence is taking place. Finally, whilst TIIG have been successful in identifying and collecting new datasets, there have been difficulties encountered, particularly in accessing Merseyside Walk-in Centre data. This has been due to provider capacity issues and heightened by some Walk-in Centres changing providers during the process. However, during 2020, TIIG will continue to work with these organisations, and others, with the support of the VRP, to demonstrate why the inclusion of their datasets is important as well as showcasing the benefits to them, both in terms of having access to the repository and contributing to achieving the overall aim of the VRP, to reduce violence.
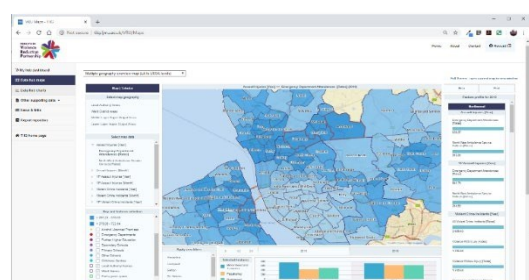
5. ACE / Trauma-Informed Approaches Training

5.1 Training Overview

The Merseyside VRP provided funding to all local authorities and other organisations to implement training events across Merseyside to increase and improve workforce awareness of ACEs and/or trauma-informed approaches (TIA) and other related subjects (e.g. mental health). The training was delivered across Merseyside between January and March 2020. In total, 34 ACE/TIA training events were planned, with a further 15 mental health focused events (MYA ROAR training; which included ACE training), and a number of other tailored events and resources were also implemented (n=9).

ACE/TIA awareness training: Across the training rollout, four training events were carried out in January and eight in February (an additional event was cancelled due to low up take). The majority of training was scheduled throughout March (n=21 events), and five were carried out in early March. However, due to Coronavirus disease (COVID-19) and government guidance to limit public gatherings, the remainder of events were postponed (n=16). Table 1 provides details of the ACE/TIA training events. The majority of events focused on an introduction to ACEs. Sefton also provided an advanced session, which was used as a second day of training for some professionals (who attended the awareness training) and for professionals who were already working within an ACE-informed framework. The training targeted professionals working with young people and families in a number of settings including schools, early help and children's services, sports and voluntary sector, police and the fire service. Training events varied in size from smaller focused sessions of 14 professionals, to larger scale events of 80-145. The training events were mainly half day to one full day sessions and focused on increasing knowledge of ACEs, the impact of trauma, and using trauma-informed approaches.

Up to early March, over 700 Merseyside practitioners had attended the ACE/TIA training.

ROAR (Merseyside Youth Association [MYA]) – Merseyside: ROAR is a training programme designed for professionals working within schools, including teachers, learning mentors and SENCO. The training aims to equip professionals with skills and knowledge to respond to mental health needs within their schools using the whole school approach ROAR response model. The training aims to:

- Raise awareness of mental health;
- Explore the impact of risk factors including ACEs on mental health and how this impacts on thoughts, feelings and behaviours;
- Be able to spot the signs and symptoms of mental distress in primary school children;
- Help schools to build resilience in their children; and,
- Equip delegates to follow the ROAR response for children experiencing mental distress.

The one-day ROAR training course was carried out across Merseyside, with 11/15 planned events carried across January to March (25 attendees at each event).

Up to early March, approximately 275 local practitioners had attended the ROAR training.

ACE Recovery Toolkit (Rock Pool) – Merseyside, Sefton and Wirral: The ACEs Recovery Toolkit was produced by Rock Pool for people working with individuals or groups who have experienced ACEs. The toolkit is designed for use by facilitators working with parents, families and young people, following a two-day training workshop provided by Rock Pool. The toolkit aims to educate and inform parents/carers about the impact of ACEs on them and their children and uses a trauma-informed psycho-educational approach to facilitate learning and practical methods for parents developing their resilience and strategies to reduce the potential impact of ACEs on their children. The aims are for:

- Participants to better understand the impact living with ACEs may have on them and their children, and the tools to mitigate the impact of ACEs;
- Participants to have increased self-esteem and develop strategies for building resilience and that of their children; and,
- Participants to have increased understanding and implementation of healthy living skills.

The training course for facilitators was provided on two occasions in Merseyside (this included support from MYA, and Wirral utilised VRP funding for five members of staff) and in Sefton during the roll out of VRP funded ACE/TIA training (up to 15 attendees at each event). A further training course (co-delivered by Rock Pool and MYA) was postponed due to COVID-19.

Leader Introduction to Developing a Strategic Approach to Trauma-Informed Practice (Kate Cairns Associates) – Sefton: A half-day seminar with 25 senior leaders within Sefton. The seminar introduced strategic leaders to the ACE training being provided for their staff, so they could promote the training and support staff to implement trauma informed practice.

E-learning ACE awareness (College of Life) – Knowsley: Knowsley purchased 50 licenses for an e-learning ACE awareness training, 35 of which were provided to professionals working with families in Knowsley. The two-hour CPD e-learning training targeted professionals working in education, health and social care. The training aimed to help professionals understand ACEs, trauma and resilience and the impact on children and adulthood.

ACEs engagement with residents, young people and parents – St Helens: St Helens carried out a focus group with 22 parents at children's centres. Two planned community events were postponed.

Facilitated Whole System ACEs workshop – Wirral: A one-day, multi-agency whole system workshop was developed for professionals. Due to COVID-19 the workshop was postponed.

'Bucket' Animations (MYA) – Merseyside: Two bucket animations developed by MYA, including a behaviour is communication bucket for children which can be accessed here: https://vimeo.com/user22054561/review/395437463/45ef031e54 and a staff self-care bucket which can be accessed here: https://vimeo.com/user22054561/review/395014534/f1acc7fad1

ACE information resources for young people (MYA and CAMHS) – Merseyside: MYA and CAMHS developed an ACE information video and resource for young people which can be found here: https://youtu.be/Z56mIO7Wk3U and here: https://www.liverpoolcamhs.com/aces/what-are-aces/#.XqcysW4D_2o.mailto

Children's social care – Liverpool (Dr Frank Maguire): Ongoing trauma-informed information and support provided to Children's Social Care.

Table 1. ACE/TIA training overview

Provider	Title	Type	Target	Duration	Area	Est. attendance	Details
Healthy Stadia	Making a case for ACE aware and trauma-informed sports participation	ACE Awareness	Sport sector, clubs, coaches, volunteers, Merseyside CVS	½ day	Merseyside	30	• The nature and extent of ACEs • How trauma can have profound adverse effects on behaviours, emotions and lifelong opportunities • ACE aware and trauma-informed approaches • How supportive relationships and environments can prevent or help reverse the harm from ACEs and reduce violence
	Knowsley CVS		CVS	½ day	Knowsley	Postponed	
Cherished	Merseyside Police ACE Awareness	ACE Awareness	Police recruits	½ day	Merseyside	93	• What is trauma, the ACE study and how it defines ACEs • The impact of trauma on the body, brain and behaviour • How early intervention can minimise the negative impact of ACEs on a young person into adulthood • Intervention and effective support within settings • The attachment needs of a young person and how this manifests within adults • Self-care for professionals
	Merseyside Fire & Rescue Service ACE Awareness		Fire Service Advocates, Arson, Early Help, managers	1 day	Merseyside	46	
	Liverpool ACE Awareness		Alternative Education Providers	½ day	Liverpool	34	
	LCVS ACE Awareness		CVS	½ day	Liverpool	Postponed	
Jennifer Nock	Attachment and Trauma: ACEs	ACE Awareness	Schools	1 day	Liverpool	77	• What is attachment and why does it matter? - The life-long impact of secure attachment • The impact of ACEs, developmental, relational trauma • The developmental impact of adversity, trauma and loss on children, including developmental vulnerabilities: executive functioning, physiological and emotional regulation, psychological development • Key areas for changes- developing attachment and trauma sensitive in schools

Provider	Title	Type	Target	Duration	Area	Est. attendance	Details
Merseyside Youth Association	ACEs and Trauma	ACE Awareness	Schools, youth workers, teachers, those working with young people not in education	1 day	Merseyside	24 Further sessions postponed	• The nature and extent of ACEs • How trauma can have profound adverse effects on learning, behaviours, emotions and lifelong opportunities • ACE aware and trauma-informed approaches • Attachment based classroom strategies • How the supportive relationships and environments that schools provide can prevent and reverse harm by building resilience • The pros and cons about asking about ACEs • The importance of self-care when listening to traumatic experience • A whole school approach to trauma
College of Life	ACE/TIP awareness training	ACE/TIA Awareness	Multi-agency frontline practitioners	1 day	Knowsley	49 Further session postponed	• Identify the range of ACEs used in the CDC Kaiser ACEs study • Know how ACEs affect long-term health; what can be done to prevent ACEs • A shared language for trauma-informed practice(TIP) and ACEs • Know how to support recovery from ACEs including a review of the pentagon model (Prevent, Detect, Protect, Manage, Recover) • Know how to build resilience • Understand the basics of TIP • Understand the basics of Neuroplasticity

Provider	Title	Type	Target	Duration	Area	Est. attendance	Details
Kate Cairns Associates	Universal - Introduction to TIP/ACEs	ACE/TIA Awareness	Multi-agency practitioners	1 day	Sefton	151 (across two KCA events)	• How toxic stress affects brain function and can lead to trauma • The impact of unmet needs for recovery from toxic stress and trauma • The importance of resilience in the adult network to support optimal brain development • The skills that practitioners need to engage effectively with children and families who have experienced trauma • How trauma informed practice can make a difference throughout childhood and beyond
	Advanced Practitioner TIP	Advanced	Early Help workforce	1 day	Sefton	160 (across two KCA events)	• Enables learners to understand key issues, and to practice and develop skills in preventing and dealing with secondary trauma • Understand the impact of living and working with traumatised children and young people • Understand how to help prevent and manage secondary trauma in different settings
St Helens	Early help workshop 2020: ACEs	ACEs/TIA Awareness	Multi-agency practitioners	1 day	St Helens	145	• Update on early help • Introduction to the psychosocial impact of ACEs and developmental trauma • Resiliency as a framework for mediating the effects of ACEs and trauma • Family Nurse Partnership interventions to support clients who have experienced ACEs • Case study activities
Crea8ing Careers (CC)	ACE awareness	ACE Awareness	Multi agency	½ day	Wirral	67 (across two CC events) Further sessions postponed	• Understand how trauma and toxic stress affects our body and brains • Identify how ACEs impact health, educational and social outcomes • Discuss strategies to support individuals to mitigate the effects of ACEs • Assess how trauma/toxic stress awareness may impact our practice and behaviour
	ACE awareness Wirral CVS		CVS	½ day	Wirral	17	

5.2 Impact of the Training

To explore the impact of the ACE/TIA training, a pre and post-training survey was implemented. The surveys explored key outcomes including knowledge and confidence in ability to understand ACEs/TIA and support someone that has experienced ACEs/trauma. The survey was implemented across the majority of training sessions (see Table 2), with a number of training sessions excluded from this evaluation element, as the survey was not appropriate to the training delivery and/or aims. This section of the report provides analyses from 397 completed pre and post-training surveys. Around 150-170 additional trainees completed a pre and post-training survey, however due to COVID-19 the evaluation team were unable to collect these surveys in time to be included in the evaluation, and thus this data is not included in this report. This includes surveys completed at the Sefton training events that had around 150 attendees.

Sample characteristics

A third (37.3%) of surveys were completed at training delivered by Cherished, with the remaining surveys completed at training delivered by other providers (Creating Careers, College of Life, St Helens Council and Jennifer Nock). Four in ten (42.6%) participants reported working in St Helens, 40.3% Liverpool, 20.4% Knowsley, 15.2% Wirral and 11.9% Sefton. 70.8% reported working with schoolchildren, half parents (56.6%) or families (57.9%), 52.7% adults, and 46.8% preschool children. The majority of participants were female (73.4%) and of white ethnicity (96.6%). Nearly eight in ten, (73.8%) were age 25-54 years (Table 2).

Knowledge, attitudes and confidence

Pre-training, around a third of trainees reported having very/quite good knowledge of ACEs (31.3%), their potential impacts across the life course (32.7%) and links with health harming behaviours (30.5%), and 27.2% the impact trauma can have on brain development. Less than one fifth (18.8%) stated that they had very/quite good knowledge of the role of resilience in mitigating the impacts of ACEs, 13.4% breaking intergenerational cycles of abuse through ACE-informed approaches, and 15.7% the basic concepts of trauma-informed practice (Figure 2). Post-training, the proportions reporting very/quite good knowledge for each statement increased to over 90%. To

Table 2: ACE/TIA training survey sample characteristics (n=397)

		Frequency	Percent
Gender	Male	102	26.6
	Female	282	73.4
Age group (years)	16-24	67	17.4
	25-34	101	26.2
	35-44	94	24.4
	45-54	90	23.3
	55-64	32	8.3
	65+	2	0.5
Ethnicity	White	370	96.6
	Other	13	3.4
Years of service in current role	2 years or less	168	43.6
	More than 2 years	217	56.4
Training provider	Cherished	147	37.3
	Creating Careers	11	2.8
	College of life	39	9.9
	Jennifer Nock	75	19.0
	St Helens Council	122	31.0
Training location	Merseyside	147	37.3
	Liverpool	75	19.0
	St Helens	122	31.0
	Knowsley	39	9.9
	Wirral	11	2.8

"I didn't know about this ACEs. I am glad I can now understand certain situations." Trainee

compare changes in pre and post-training knowledge at an individual level, scales were coded from one (very poor) to five (very good), and mean scores (of all knowledge questions) were compared[22].

Overall, compared to pre-training, post-training participants were significantly more likely to report increased knowledge on ACEs/TIA (mean average score, pre 2.9 and post 4.5; p<0.001).

Figure 2: Proportion of trainees reporting very/quite good knowledge of ACEs/TIA and related concepts
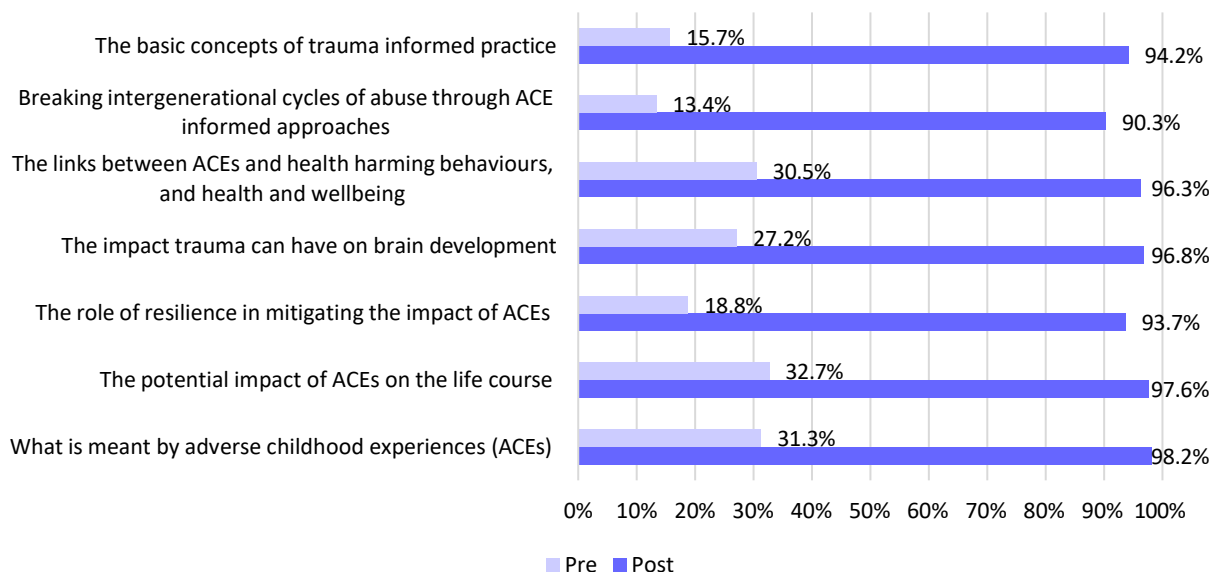
Pre and post-training, the majority (around 90%) of participants agreed that: it is possible to change a person's life course, regardless of their number of ACEs; it is important for professionals/staff/workers to

"It's made me look at people (not just children) differently" Trainee

understand what trauma/ACE -informed practices are; everyone has a part to play in supporting individuals who are experiencing trauma; agencies should work together to prevent and mitigate ACEs and related trauma; training on ACEs is important; and, it is worthwhile to change the way we work with individuals who have ACEs (Figure 3).

Pre-training, a quarter (25.8%) of participants reported feeling very/quite confident in asking about ACEs/trauma whilst supporting people in their

"Opening or new way of thinking towards, approaching work" Trainee

professional role. Less than a fifth felt confident in supporting someone affected by ACEs/trauma (18.9%) or implementing an ACE/trauma-informed response (14.1%). Post-training, the proportions reporting being very/quite confident for each statement increased to around 80% (Figure 4). To compare changes in pre and post-training confidence at an individual level, scales were coded from one (not confident at all) to five (very confident), and mean scores (of all confidence questions) were compared[22]. Overall, compared to pre-training, post-training participants were significantly more likely to report increased confidence in implementing ACE-informed approaches in their professional role (mean average score, pre 2.6 and post 4.1; p<0.001).

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[22] Using Wilcoxon signed rank test.

Figure 3: Proportion of trainees agreeing with selected statements related to ACEs

Statement	Pre	Post
It is possible to change a person's life course, regardless of their number of ACEs	90.4%	96.8%
It is worthwhile to change the way we work with individuals who have ACEs	93.5%	99.5%
Training on ACEs is important	95.3%	99.5%
Agencies should work together to prevent and mitigate ACEs and related trauma	97.1%	98.9%
Everyone has a part to play in supporting individuals who are experiencing trauma	96.1%	98.9%
It is important for professionals/staff/workers to understand what trauma/ACE informed practices are	96.1%	98.9%

Figure 4: Proportion of trainees reporting being very/quite confident in asking about ACEs/trauma and responding, whilst supporting people in their professional role

Statement	Pre	Post
Support someone who is affected by ACEs/trauma	18.9%	82.4%
Implement an ACE/trauma informed response	14.1%	79.7%
Ask people about ACEs/trauma	25.8%	86.7%
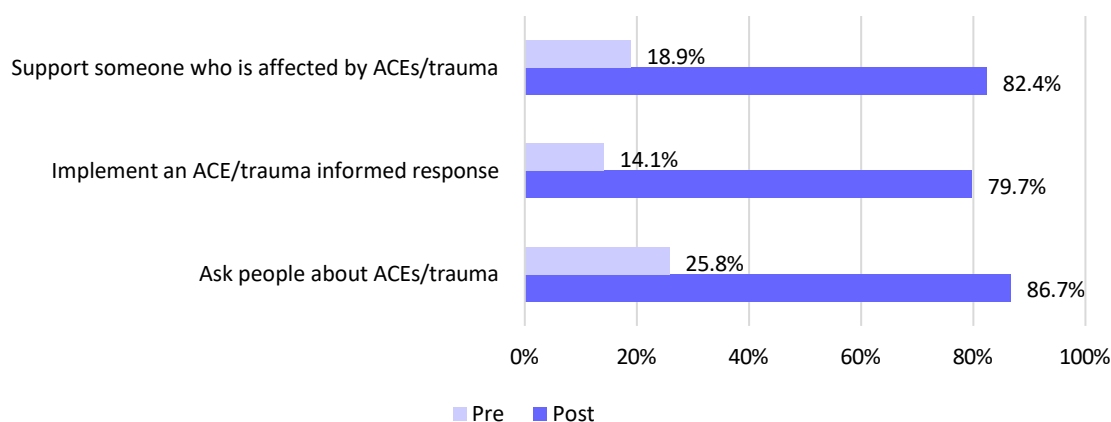
Perceptions of the training and anticipated impacts on professional practice

The majority (over 90%) of participants viewed the training positively, including its content, delivery, materials and length (Figure 5). Over nine in ten agreed that the trainers were knowledgeable (98.9%) and interacted well with the group (98.7%). The majority agreed that they would recommend the training to others (97.0%), that the training was useful for their work (97.3%), and that they would apply what they had learnt in to their work practice (96.8%). Trainees were asked to provide written feedback on the training course. Whilst many trainees praised the full training session, a number of key aspects were highlighted as being particularly beneficial. For example:

"A phenomenal achievement to deliver a course of such intensive and sensitive content on your own and to make it engaging, interesting and informative" Trainee

- Use of case studies and real-life examples;

- Example of resources, and links to their job role and client group;
- Interactive networking discussions between trainees, and with the trainer;
- Use of different materials (e.g. videos);
- Detailed trainer knowledge of subject, including theory, research and practice, and the links across the life course (including early brain development); and,
- A passionate and knowledgeable trainer.

Trainees were asked, what changes, if any, they will make to their professional practice because of attending the training. Key emerging themes included:

- Changing approaches to working with clients (e.g. take an ACE/trauma-informed approach; listen more; less judgemental; more compassionate and understanding; change language used);
- Considering wider circumstances of families/individuals, including histories (considering ACEs and impacts of trauma); exploring issues and underlying causes in more depth with clients.
- Sharing knowledge learnt with other practitioners;
- Advocating for changes in professional practices (e.g. assessment procedures); and,
- Changing service level strategies, delivery plans and responses to support clients more effectively (e.g. school pupil behaviour plans/consistency of support for pupils; whole system trauma-informed approaches).

"Challenge assessments which see the behaviours without considering experience and trauma" Trainee

"…making sure that I help families to be able to talk about their childhood experiences and help them to recognise how to move on" Trainee

"I would like to change the language we use in school. I will look at improving our quiet/nurture space. Offer to meet a sensory need when a child is in crisis" Trainee

"Change of language used by staff, peers and parents - no more meltdowns in our school, just children in crisis" Trainee

Figure 5: Proportion of trainees agreeing with selected statements about the ACE/TIA training

Statement	Percentage
I will apply what I have learnt in the training in my work practice	96.8%
What I have learnt in the training is useful for my work practice	97.3%
I would recommend the training to others	97.0%
The length of the training was just right	93.6%
The training materials were good	97.9%
The trainers interacted with the group well	98.7%
The trainers were knowledgeable	98.9%
The training content was delivered in a way which was easy to understand	97.9%

6. Case Studies of VRP Funded Interventions

This section presents 11 case studies of VRP funded interventions. These interventions were selected by the VRP and evaluation team for inclusion as a case study in the evaluation to illustrate the various intervention types (Box 3) funded during 2019/20 across Merseyside.

Universal interventions:

- **Grassing and Grooming** (6.1), an education resource for primary school teachers focusing on child criminal exploitation (CCE).
- **Eyes Open** (6.2), a communication campaign for whole communities focusing on CCE.

Selective/indicated interventions and/or tertiary prevention:

- **Chance for Change** (6.3), a multi-component programme delivered in schools for young people at risk of or engaged in violence or anti-social behaviour.
- **Onside+** (6.4) and **Marine in the Community** (6.5), sports-based multi-component programmes delivered in schools for young people at risk of or engaged in violence or anti-social behaviour.
- **Positive Vibes** (6.6) and **Right Choice** (6.7) and multi-component programmes delivered within and out of school settings for young people at risk of or engaged in violence or anti-social behaviour.
- **Navigators** (6.8), health based and community support for young people at risk of or engaged in violence or anti-social behaviour, identified within A&E and community settings.
- **Young People's Advisory Service** (6.9), a multi-component programme providing supportive and therapeutic services to young people and families in the community.
- **ADDvanced solutions** (6.10), a coaching programme for young people who have a neurodevelopmental condition.
- **Safe Together** (6.11), an art therapy programme supporting children impacted by parental or familial imprisonment in the community.
- **Beacon programme** (6.12), a multi-component programme delivered within the fire service for vulnerable young people who need additional support outside of mainstream education.

Box 3: Public health prevention activity (Krug et al, 2002)

Public health prevention activities typically focus on three levels:
- **Primary prevention**: activities that aim to prevent violence before it occurs.
- **Secondary prevention**: activities that focus on the initial consequence of violence, or provide immediate responses to violence.
- **Tertiary prevention**: activities that focus on providing ongoing long-term support to victims.

Interventions can also be grouped by their target group:
- **Universal**: activities aimed at the whole population, without regard to individual risks of violence.
- **Selected**: activities aimed towards those at increased risk of violence.
- **Indicated**: activities aimed towards those who have already demonstrated violent behaviour.

6.1 Grassing and Grooming Education Programme (Ariel Trust)

Overview

Ariel Trust is a registered charity aiming to improve the quality of education for young people, with a specific focus on the development of evidence-based anti-violence education programmes. The Grassing and Grooming programme is the latest stage of Ariel Trusts wider project (SafeSkills) that looks at different types of grooming in young people and targets the 9-12 years age group, and has been running for the past four years.

> *"We have developed anti-violence resources for schools for over a decade and we work closely with local authorities"* Project Lead

SafeSkills developed through a process of consultation with the NSPCC, 200 primary schools and an evaluation partner. The existing Safeskills education resources[23] were used as a foundation to develop and pilot the Grassing and Grooming programme funded via the VRP.

The Grassing and Grooming programme was developed to respond to the risks associated with the criminal exploitation of young people and focuses on how the culture of *"not being a grass"* is used to silence young people and draw them into criminal gangs. The programme is being piloted and delivered in 15 Merseyside primary schools[24] and comprises a short animated film supported by three activity lessons (Box 4). In

> *"Grassing is portrayed to many young people as being an absolute betrayal, and for many practitioners, they haven't been able to get young people to talk because of this belief"* Project Lead

order to implement the intervention, trained practitioners carried out five teacher-training sessions in three schools from each of the five boroughs.

The programme moves away from being a knowledge-based intervention, and aims to enable young people to practice the skills of identifying and talking about grooming. The resources were developed as part of an extensive process of consultation and co-creation with young people, with sessions exploring the culture of not grassing, the hierarchy of gangs, and exploring who was actually being protected by not disclosing grooming behaviour. As a result, a range of activities were developed to explore this, with the overall aim being to change young people's perspective and to see this culture as part of a criminal grooming process. Additionally, a substantial focus of the activities is on developing and practicing positive communication strategies both for a victim, and for a bystander, to enable them to speak out and ask for support.

In order to deliver the training, during the first lesson, a film showing a scenario of a young person being groomed was developed. The film portrays a scenario where a young person is asked to carry a package by an older boy. He then has the package and his bike stolen from him, and is pressurised into not reporting the incident. The film aims to show elements of grooming such as persuasive language, peer pressure and coercion, in the hope that participants can identify these behaviours. The film then asks the audience *"if you find yourself in that situation, what are you going to do, and who are you going to talk to?"* The purpose of this element of the lesson is to explore the motivations and intentions of the characters, particularly in how they are using 'grassing' to silence a character and to change young people's perspective, so that they can see this as part of a grooming process.

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[23] https://www.arieltrust.com/node/89
[24] Identified by the VRP.

Box 4: Grassing and Grooming programme activities, materials and resources

Activities
- Development and piloting of education materials/resources
- Consultation and co-creation with young people
- Teacher training delivered in 15 schools (three schools from each of the five boroughs)
- Delivery (by teachers) of three 1-hour lessons within schools for young people (implemented/to be implemented)

Materials/resources
Grassing and Grooming education resources include:
- Lesson plans and resources
- Animated film showing a grooming scenario (to be shown to young people and used during lessons)
- Web-based support for teachers
- Evaluation materials and guidance produced for use by implementing schools to monitor programme impacts (e.g. young people's perceptions and behaviour).

A group activity then follows the film, where the young people use a variety of different drama techniques to practice the conversations they would have if they were the characters in the video. This is designed to help young people practice asking for help from others and to enable them to use the correct vocabulary when discussing their situation i.e. exploitation, abuse, control and coercion. To increase confidence in using this language, the intervention creates a safe space for them to practice using it.

> *"Telling young people not to do this is not helping, we want them to be able to communicate if there is an issue, and let an adult know."* Project Lead

The second lesson focuses on the original video, however it looks at it from the perspective of a bystander who is observing his friend being groomed by the older person. The aim of this session is to help participants identify bystander behaviours and think about situations where they might themselves have been a bystander. This session also includes a role-play of a conversation where the bystander would offer support to the person being groomed, and there is emphasis placed on the fact that they are not in trouble by telling someone about the incident.

The third lesson explores the potential consequences for the victim if they continue on the path they have started on and moves on to explore how they could ask for help. A group discussion is facilitated, where participants are encouraged to think about the actions that could be taken, and how they have the ability to alter their future based on those decisions.

Facilitating factors

The Merseyside VRP funding has enabled the piloting of the Grassing and Grooming programme in 15 schools, and the development of programme materials/resources. A key facilitating factor to programme implementation has been the long-standing relationship between Ariel Trust and schools across Merseyside, with 54 primary schools currently utilising one of their existing education resources prior to VRP funding. As a result of their 10-year relationship with schools relating to anti-violence

> *"It's really hard to develop a relationship with teachers and schools and only time will do that. This is something we have built up over a 10 year period and it's invaluable."* Project Lead

interventions, a level of trust and respect has been built, which helped to facilitate the implementation of the Grassing and Grooming programme.

Barriers

As a result of the closure to schools and services due to COVID-19, there has been some disruption in delivery of the intervention, which has also limited the amount of feedback collected. One of the potential future barriers discussed lies with partner's priorities often shifting rapidly, meaning that materials need to be altered or redone in line with these changes. This can have financial and time implications, particularly for interventions such as Grassing and

> *"It needs to be put into context with the other resources we provide, and primary schools want to be able to do this."* Project Lead

Grooming, which uses media tools to facilitate the programme. Additionally, it often means that existing resources are re-branded, or simply left behind. Further barriers identified related to the fidelity of the Grassing and Grooming intervention, and the desire of schools to have this delivered as part of the larger SafeSkills package (which provides 30 hours of resources, as opposed to 3). It was felt by schools that the separation of the topic from the wider programme reduces the context in which it sits, and possibly effects the overall impact and fidelity of the programme aims.

Outcomes and impacts

Figures obtained from Ariel Trust indicate that:
- 25 teachers were trained from 15 schools.
- A minimum of three schools from each borough received the training.
- 17 teachers reported they had utilised the resources/implemented the programme.
- An estimated 425 young people have taken part in the lessons delivered as of March 2020.

Planned activities by Ariel Trust[25] to gather teachers and young people's views on the educational resources provided some positive indications. For example, teachers reported how the materials linked in to a curriculum requirement as part of a healthy relationship programme being rolled out in all schools. Additionally, the resources were praised for encouraging the use of language when it comes to discussing issues such as grooming, and the recognition of terminology being important.

> *"Links in well with Yr5 stay safe materials about developing pupil voice and ability to speak up/have vocabulary. Will support with new healthy relationship curriculum for September"* (Primary School Teacher)
>
> *"The training was useful and helped me to think about the language we need to teach the children to use and recognise"* (Primary School Teacher)

The training as a whole was viewed by teachers as being age appropriate, useful, and exciting and would help to encourage students to talk in a *"safe space"*. It was deemed to be different from any other resources to date, and highly engaging for young people, as well as innovative and insightful.

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[25] Feedback activities including: discussions with teachers during training and training evaluation forms; pre and post-intervention surveys for young people; and a one-to-one meetings with teachers after delivery.

"Yes the resources are a great tool and age appropriate" (Primary School Teacher)

"Great insight into the resource and look forward to hearing children's voices and ideas in a safe place" (Primary School Teacher)

"The Grassing and Grooming resource is different from anything I have seen before, very likely to engage with the young people I am working with at the moment" (Primary School Teacher)

"I've been teaching for a long time and I've seen a lot of these initiatives. Mostly I've seen them before, they're just a rebranding of the same old thing. 'Grassing and Grooming' is different; I think this will really work for our pupils" (Primary School Teacher)

Project Leads were able to collect feedback from one primary school where the programme was implemented in two classes (approximately 28 children). This feedback came in the form of pre and post-intervention surveys (facilitated by teachers; see Box 5), as well as video materials capturing the sessions themselves, and a one-to-one catch up between the teacher and the project lead. The findings from the teacher feedback session found that *"The teacher felt the lessons had led to a clear shift in the attitudes of the young people. At the start of the programme they were very clearly very influenced by the idea that it is wrong to grass; that it is disloyal and that grassing might lead to loosing friendships"* (Project Lead). This attitude was reported to have shifted during discussions, with participants recognising that, in the scenario depicted in the film, the person telling them this (e.g. to engage in criminal activities, and not to grass) was not a friend and was only trying to protect themselves. The young people were reported to recognise that the idea of grassing was being used to control and exploit the younger character in the film. The teacher noted that the group recognised the peer pressure and a need for belonging in the video shown in session 1. During the second session, it was observed that the young people participating were honest about their previous inability to recognise negative bystander behaviour and expressed a desire to change this behaviour going forward. For the final session, the nature of the future consequences for the characters in the video was discussed by participants, and there was a consensus by the children that doing nothing would be the worst option, and that speaking to an adult would be appropriate.

Box 5: Pre and post-intervention survey findings (young people)

Findings from the pre and post-intervention questionnaires completed by young people (n~28) at one school showed that:

- The number of young people who disagree with the statement *'You should never 'Grass' on someone'* increased by **22%** post intervention.
- *'Being a 'Grass' is always wrong'* saw an increase in disagreement post intervention by **8%.**
- An additional **18%** of participants agreed that *'If someone calls you a 'Grass' they are trying to control you'* post-intervention compared to prior to taking part in the programme.
- The number of young people who agreed that *'Even though people tell me 'grassing' is wrong, I would talk to an adult about serious situations'* increased by **9%** post intervention.

In a different school, the Project Lead reported an unanticipated outcome where the school decided to turn the role-play conversations into a theatre performance piece and the parents of the young people were invited to watch. The school was described as being in an area where there is a high prevalence of grooming. During this performance, a parent from the audience chose to participate in the role of the parent, alternating between a punitive attitude and an open conversation approach.

The demonstration of alternative ways of having a conversation on this topic was perceived by the Project Lead as helping to demonstrate to parents the importance of a safe space for disclosure.

"This is a community where the issue is real, Young people who are vulnerable, and it's impactful to see parents standing in front of peers and saying what should be done." Project Lead

Sustainability and next steps

The project lead reported that the feedback received on the programme from teachers and students would be used to refine the intervention. This type of cyclical process of evaluation and refinement was reported as being used for all Ariel Trust programmes. Thus before the next iteration of the programme, a round of innovation will take place where resources will be refined and enhanced. Additionally, after the collection of all feedback has been completed, a website will be designed, and will be launched for all schools in Merseyside from September 2020, in order to align with the new curriculum. Further funding is necessary to continue implementing the programme however.

It is hoped that the development of a fully interactive website will provide improved training and resources for teachers. If additional funding can be secured, a second cycle of programme rollout will commence with more than 60 new schools identified for potential involvement in the next academic year. Ariel Trust also aims to extend the reach of the programme to include more parental engagement, and enhance the teacher-training experience. Feedback from teachers also shows a desire from schools to have higher engagement from the policing sector to further enhance the training programme. Ariel Trust would also like to see the expanded training programme SafeSkills being made available to all schools, incorporating the Grassing and Grooming programme as part of wider delivery.

"We want to improve fidelity through better teacher training and more widespread engagement of parents" Project Lead

6.2 Eyes Open Communications Campaign (Merseyside VRP)

Overview

The Eyes Open communications campaign aims to prevent child criminal exploitation (CCE) by:

- Raising public awareness of CCE;
- Altering public perceptions so that young people dealing drugs are recognised as being exploited and vulnerable (and not just 'drug dealers');
- Raising awareness of how to identify the signs of CCE; and,
- Increasing reporting of CCE.

"A campaign that's asking the public to keep their 'EYES OPEN' to the signs of drug gangs grooming our county's kids, and if they see, hear or suspect anything to report it anonymously to Crimestoppers." (Merseyside VRP press release)

Merseyside VRP funded and led the development and implementation of the campaign. Focusing on CCE across Merseyside is a key priority for the VRP due to its links with violence, whether this be as victims and/or perpetrators, including intimidation and threats made by those exploiting children. Merseyside is one of the highest exporters of child exploitation outside the county (known as county lines) and CCE exists within the county. The Eyes Open campaign targets Merseyside residents including children, parents/guardians and families, as well as the community, and statutory and voluntary services. The campaign concept, materials and core messages were designed in collaboration with various statutory, community and voluntary organisations, and through behavioural insight work with young people, parents and community members, including victims of CCE/county lines, and desk based research. Interviews with previous CCE victims and family members of CCE victims, informed key campaign messages illustrating real-life experiences of CCE. Key behavioural insight findings[26] included:

- **Audience:** focus on the community - adults are most likely to react to the campaign; children need education to help prevention.

"It's not the child's fault, it's everyone's responsibility" (Young person, behavioural insight)

"Young people aren't scared of authority any more. They like the lifestyle. The lifestyle needs to be portrayed as really bad" (Young person, behavioural insight)

- **Approach:** Demonstrate how and why children are victims, to promote compassion amongst the public (educate them, be authentic, focus on the victims, use simple language).

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[26] Implemented by Uniform.

> *"If you can get one person to tell their story that is much more effective than doing anonymous case studies or quotes."* (Youth worker, behavioural insight)
>
> *"Somebody's brother, somebody's sister, somebody's son"* (Paramedic, behavioural insight)
>
> *"It's slavery really"* (Recreational drug user, behavioural insight)
>
> *"Don't try to be down with the kids, just say it in a simple and straightforward way"* (CCE victim, behavioural insight)

- **Encouraging action:** Empower communities and inform them that taking action will make a difference; reframe reporting (to different agencies); and take a long-term approach.

- **Strategy:** raise awareness – young people and the community need to know CCE is happening; change perceptions (children as victims/create empathy); encourage action; show results.

> *"You need to say how and when you should report, and what positive results it leads to for people to do anything"* (Teacher, behavioural insight)
>
> *"People don't want to grass, young people or people on estates. A helpline would be better"* (Young person, behavioural insight)
>
> *"A week-long campaign won't fix this, it takes years to get people to think differently or do anything differently"* (Social worker, behavioural insight)

The campaign was officially launched publically on 25th March 2020 including a range of materials that provide information on CCE/county lines, signs to identify grooming, and contact details for support and reporting services (e.g. police, Crimestoppers, NSPCC, Childline, Fearless, Safeguarding):

- **A campaign website** (https://eyes-open.co.uk/), raises awareness of the campaign, children's experience of CCE, and provides access to campaign messages and materials, and contact details for support/reporting services.
- **A campaign film** (1 min, 35 seconds) and **radio infomercials**, raises awareness of CCE through a real-life example of CCE, using the voice of a child (boy age 13 years) who has experienced grooming and his mother, and the campaign and support/reporting services.
- **Outdoor artwork** including posters/adverts on buses, fire engines, telephone kiosks, bus stops, and in train stations.
- **An educational resource pack** to support schools to teach students about CCE, grooming and county lines. The support pack explains the signs of exploitation, the different actions and behaviours that might be identified in the child abusers who are doing the grooming, and of the victims themselves. It raises awareness that *"the more the young people know, the more they can keep themselves, and their friends, safe"*.

- **A pocket guide for children and young people** providing information under a number of headings: what does CCE look like; what might happen when people exploit you; what is county lines; what is grooming; where does grooming take place; what are the signs of grooming (e.g. Box 6); the stages

of grooming; child sexual exploitation; what are the signs of child sexual exploitation; do exploited people act in a certain way; recognising unhealthy relationships; and, who do you call for help.

Box 6: Examples of signs suggesting that someone is being groomed
- They go missing from school or home, sometimes for weeks.
- They have more than one mobile phone.
- Maybe you just feel something doesn't 'feel right' but you can't suss it out.
- Unexplained amounts of cash.
- Getting picked up or dropped by cars by unknown people.
- Self-harm or significant changes in emotional wellbeing.

- **Visual resources** available to download demostrating examples of the impacts of CCE and the weapons, drugs and equipment that may be involved.

Knife injury as result of child criminal exploitation

Download

Cuckooed home of vulnerable adult

Download

- **Press and social media,** including a press release/campaign launch and content (e.g. text, GIFs, link to campaign website) on social media pages, including Facebook, Twitter and Instagram.

Merseyside Police ✔ @MerseyPolice · Mar 24
The #MerseysideVRP has, this week, launched a campaign to stop drug gangs grooming kids in our community - **EYES OPEN** asks you to help us b learning how to spot the signs & to report crime to @CrimestoppersUK #eyesopen

www.eyes-open.co.uk
GIF

💬   ♻ 3   ♡ 15   ⬆

Mum who worked 40 hours a week for her kids learned he son was dealing drugs to prostitutes

"There is no stereotype, this can happen to any family"

Facilitating factors

Behavioural insight work with young people, parents and community members (including victims of CCE/county lines) ensured that campaign messages were relevant to the target audiences, and in particular could demonstrate real-life examples of CCE experienced

> *"It's time we saw drug gangs as the abusers they are."*
> Press reported quote from local practitioner

across local communities. The campaign was well supported from local media, multi-agency partners and community members (including victims and their family members) from an early stage of its development, with partners contributing to campaign design and delivery of messages.

Barriers

The campaign launched when the UK was experiencing a public health crisis (i.e. COVID-19). Whilst this did not influence the development and launch of the campaign, it did prevent the coordinated delivery of all campaign components. Whilst materials were prepared for schools and young people, school closures (enacted nationally the Friday prior to the launch of the campaign) meant that schools were unable to raise awareness of the campaign directly within school settings. Partners were encouraged however to share campaign materials and messages electronically, for example through uploading materials on to partner websites and sharing of messages via social and other media.

Outcomes and impacts

The awareness raising campaign was delivered through a range of media. Initial data covering the first few weeks of the campaign demonstrate the dose and reach of each awareness raising component (which will have inevitably been influenced by COVID-19):

- **Radio infomercials**[27] ran 564 times by three radio stations targeting different community cohorts (e.g. young people/parents; older adults; and men aged 30+ years) covering Merseyside over two weeks (from 23rd March).
- **Educational resource pack/pocket guide for children and young people**: 20,000 printed, delivered/to be delivered to all primary, secondary and alternative education schools across Merseyside.
- **Press and social media**:
  - Various media outlets covered the campaign including a two-page spread in the Liverpool Echo newspaper (print version) and online media stories[28].
  - Targeted 2-week digital campaign across three radio stations and accompanying websites (including homepage takeover) and social media (e.g. sharing video content), and linking of the campaign in to News Team Programmes and other programme discussions (e.g. CityTalk).
  - Multi-agency awareness raising via social media (e.g. police, OPPC, Our Merseyside, CSPs, academia).

Radio City News @RadioCityNews · 4h
.@MerseyPolice have launched a new child criminal exploitation awareness campaign. Here's a video telling you what to look out for - there's also more info on our website. #eyesopen

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[27] Licensed for use for 12 months.
[28] E.g. https://www.liverpoolecho.co.uk/news/liverpool-news/mum-who-worked-40-hours-17963413

An unanticipated outcome of the campaign has been the expansion to other areas in the North West of England and North Wales. The North West Regional Organised Crime Unit (a collaboration between Cumbria, Lancashire, Merseyside, Cheshire, GMP and North Wales police to fight organised crime) has supported, and subsequently implemented, the Eyes Open campaign during the same weeks as Merseyside VRP. This increases both the potential reach of the campaign across a broader geographical area, and the consistency of messages to prevent CCE across areas.
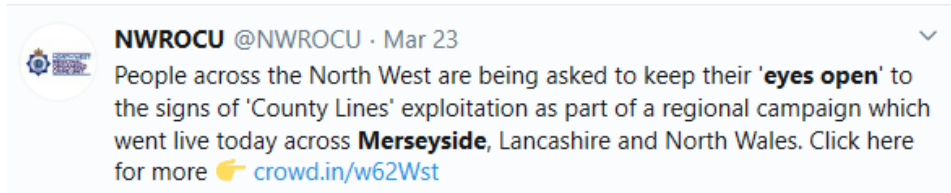
Sustainability and next steps

From the start of campaign development, the VRP aimed to develop a sustainable product that can be implemented repeatedly at key times of the year. It was anticipated that they would run the campaign in 2019/20 and again in 2020/21, using the same materials. As a result of COVID-19, some campaign elements that were meant to be implemented in 2019/20 will be implemented in 2020/21 at an appropriate time. For example, schools will be encouraged to use the educational resources and distribute pocket guides, at a suitable time when schools reopen. Local press (print and radio) have also agreed to rerun the campaign again once the current public health crisis has diminished.
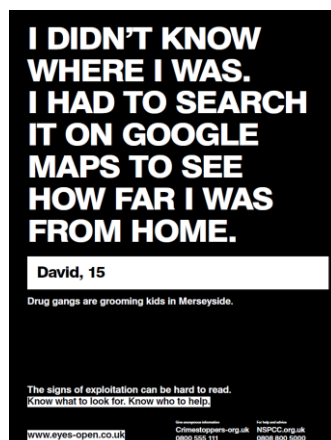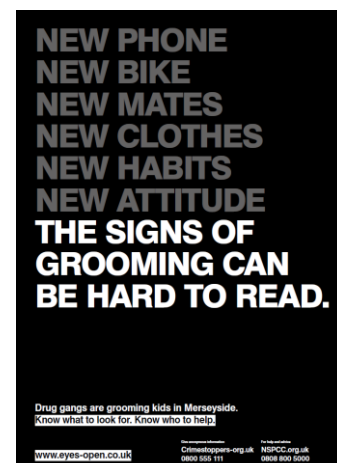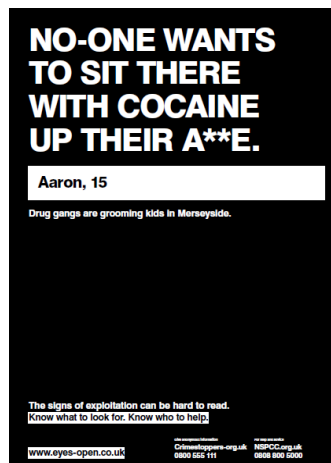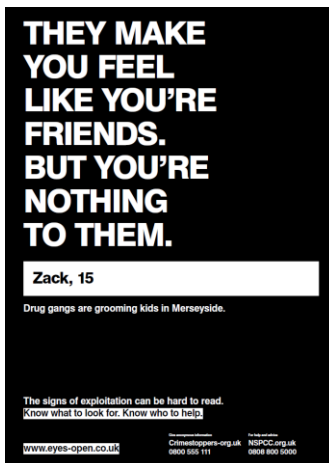
6.3 Chance for Change Programme (Shaftsbury Youth Club)

Overview

Shaftesbury Youth Club was established in 1886. The centre aims to help young people to achieve their potential through supporting them in a range of activities including sports, recreation, education and personal development. This led to the development of the Chance for Change programme for children and young people in schools. The aim of the programme is to reduce youth crime, anti-social behaviour and improve engagement with young people.

The programme was originally written for young people in key stage 3/4 (secondary school). However, the programme practitioner adapted the programme to be more age appropriate for primary school children including easier to understand, simpler to digest sessions. The sessions are conducted over an 8-week period, with one session per week (see Box 7 for session schedule and content). Each group session lasts approximately two hours, however, one-to-one

> *"The programme was changed to be age appropriate for children and also to be able to put the programme together to keep them engaged, because how it was, it would have been quite long-winded, she has also done it in much more smaller chunks, so it is manageable for the young people."* Practitioner

sessions are also run with children who have additional needs and these sessions typically last around 45 minutes - *"anyone from the school who stands out that has lots of things going on, whether that is going on at home like; domestic violence, drugs, alcohol within their homes".* This allows the programme practitioner to give the young person extra time and a chance to talk privately without other members of the group present.

Each school allocates a private and quiet space for the sessions to take place e.g. library, empty classroom, nurture room. The programme practitioner visits a different school each day from 9am until 3:30pm except on one day per week where two schools are visited. The programme is run in five schools across Wirral. A recruitment email was sent out to every primary school across Wirral, schools were selected on a first come first serve basis until the programme practitioner was at full capacity (five schools). The programme works in collaboration with other organisations and services already operational within the school such as educational psychologists and counselling services. These links allow for the sharing of information and knowledge between services *"so, often I'll meet her, and we will have a quick chat. You know she does a very different thing to me but she's in most of the schools I'm in on the same days, so I have a little chat with her and she says 'How was this one?" or 'Did they say anything this week?" (P2).* The schools allocate the children they feel would benefit most from the programme - *"the school just identify the children and I just say "Thanks", take my little list and off I go. So, it's good"* (P2). The programme consists of group work and a range of activities. For example in one exercise children colour in a drawing of a person to represent how they are feeling (e.g. happy, sad, scared etc).

Box 7: Session schedule

Week 1: Getting to know each other

Week 2: Personal identity - gender, race, age, disability

Week 3: Healthy lifestyles (cooking practical; make a fruit salad)

Week 4: Healthy relationships, personal space and consent

Week 5: Anti-social behaviour, bullying and cyber-bullying

Week 6: Knife crime

Week 7: County lines and drugs

Week 8: Trip to Shaftesbury Youth Club and celebratory event

> *"They can colour their own bodies so what area they feel that emotion. One little girl has done it last week everything but her eyes and hands was grey she picked the colour to represent scared, it nearly made me cry because how is that child even beginning to try and learn when she feels like that"* Practitioner

Facilitating factors

Having a good relationship or a close link within a school facilitates the sharing of information about the children taking part in the programme. This is particularly important when there are safeguarding concerns. Working alongside other support services within the school was also identified as a facilitating factor. As the programme is not therapy intensive and covers different topics from other programmes on offer, it complements other provision rather than duplicates existing support, allowing children to access a broad suite of intervention activities.

> *"I'll go to the head teacher, safeguarding lead or the family liaison and knocking on the door and say so and so said this and they might say 'Oh, we know all about this do you want to look?' and I say 'No, no I just wanted to put it out there. It just didn't sit right with me'. Then they will say 'Oh, no it is getting dealt with', stuff like that."* Practitioner
>
> *"I just chat to one of the children about things in my group, I pick things out and think oh I'll do a little bit on that with her. But I know the counselling services are doing a lot more in-depth work on emotions and things like that, so we sort of complement each-other"* Practitioner

The programme practitioner was identified as a key facilitator for the programme by a deputy head teacher from one of the intervention schools and the chief executive from the youth club. It was perceived that the facilitator had put a lot of time and effort into adapting the programme to be suitable for the target audience and was able to form close relationships not only with the children taking part in the programme, but also with schools, other services and families of the children.

> *"I think that for me, that it's about her as a person and how she delivers it and how she's taken a broad curriculum that was an original one for years 10 and 11 because you're talking 15/16 year olds and she's gone like that [clicks fingers] and changed it. That is what's key, she has made it her own and that is what I think the children like, she makes them feel part of it"* Chief executive

Barriers

One of the barriers identified at the beginning of the programme was locating a suitable place to conduct the group sessions. Initially in some schools, sessions were conducted in shared spaces within the schools where other staff and students were frequenting, which resulted in the sessions being continuously interrupted. This also had potentially adverse impacts on how much the children engaged with the programme as it was perceived that they were less likely to disclose if they felt that there was a chance that they might be overheard. However, after the facilitator brought the issue up with schools an alternative space was identified for the remaining sessions.

> *"When I first came a couple of the schools would put me in the shared area. That just didn't work because people come to fill the water bottle up listening in and then my kids were not speaking. It only happened in the very first weeks, when I first started and in the end I said 'I can't it needs to just be us and no interruptions'. So, every school has took that on board and now there is a safe space which is just for us."* Practitioner

Another barrier to implementing the programme was identifying the children who were most appropriate in terms of readiness to engage in the programme. Some children initially tried to engage in the programme, however, they had too much going on at home, once this settled down, they were re-introduced to the programme when they were able to better engage.

> *"You know two children were removed from their mum and then put on my programme; they were never going to engage. They engaged with me, but I don't think they cared about healthy eating and cared about anti-social behaviour when all kinds were going on at home"* Practitioner

Developing trust with the children was identified as a key barrier particularly if the children thought the programme was in relation to social services. Many of the children had a history of negative experiences with social services, and the facilitator reported it was sometimes difficult for them to engage in the sessions. To overcome this, the first session is used to establish a relationship between the facilitator and the child before any more serious topics are broached.

> *"That is a big barrier that I feel, once I start explaining that I am not with social services and the reasons why I am here and what we will be doing week by week they relax a bit"* Practitioner

Outcomes and impacts

The children visit Shaftesbury Youth Club in their final week. They are given information and consent forms to become members of the youth club to take home to their parents. This allows the children to have an additional support network in place once they have completed the programme. It also gives children the opportunity to interact with other children, and engage in sports and recreation activities. This was perceived as a means of helping children to stay out of trouble by giving them something to do outside of school. Having

> *"To join they just need the signed forms that I give them and 50p, some can't because mum doesn't drive or you know whatever, but I always encourage them to join, I think we have had eight new members as a result of the programme."* Practitioner

links with multiple organisations and services has allowed for sharing of information and this was reported to have resulted in improvements in children's health and welfare both within and outside the school setting.

> *"Tonight, we had tea at shafts and I was watching her and she had like, 2 Oreo pound bars, had every single bit of it and I thought she hasn't had a single proper thing to eat. But she doesn't know I know so, it's good it all links in. I made her eat a hotdog and she was like "I don't like it" and I said "No, you can't just eat 2 bars of chocolate"* Practitioner

Impacts were also recognised in the form of disclosures of previous ACEs. One child in particular had a one-to-one session with the practitioner where she disclosed ACE's from when she was younger, the school was aware of the incidences however, the practitioner had no knowledge previous to the session that the child had experienced these ACE's. It was seen as a positive impact for the programme that the child felt comfortable and confident enough to disclose such events to the practitioner.

> *"For her to have that trust and have me in her life, to have a stable consistent person coming in to school. It's took her three months but she's done it. She hasn't disclosed everything, I went and had a meeting straight away, they're aware of everything but they were just like "Oh, we are so happy she's never, ever told any other service we've had in place with her"* Practitioner

Sustainability and next steps

The Chief Executive felt that the programme is only sustainable if the programme practitioner continues to run the programme. If someone else took over the programme, then the programme might not continue to be as successful as it currently is - *"the programme would be sustainable to some extent but I actually think it would not be very sustainable if I take the programme practitioner away".* The idea of co-delivering the programme with schools was proposed, however it was also acknowledged that this would reduce the autonomy and independence of the programme; something which was considered one of its main benefits as children regarded it as a separate entity to the school system. An alternative

> *"I think that it is important that we have got this autonomy now and that is why I think it would be fair to do it with a volunteer. Where programme practitioner supports the volunteers, she goes in and delivers with the volunteer they continue to help the school for a period, and it is the programme practitioner who supports them in order to do that. That's what I would like to see"* Chief Executive

suggestion to increase the sustainability of the programme was to recruit volunteers who could be trained to deliver the programme. These volunteers could be supervised by the programme facilitator to ensure that the programme was still being delivered to a high standard. This would also increase the reach of the programme and allow it to be implemented in more schools, whilst maintaining the programme's independence. Funding was identified as a barrier to broadening the reach of the programme. Currently, there is only one facilitator delivering the programme which limits time and capacity and means the programme is restricted to a few schools. To improve the programme's reach more individuals need to be trained to run the programme.

> *"The only barrier that I've got I suppose for the programme as a whole is that there is not enough money. I need to duplicate what programme deliverer is already doing"* Chief Executive

6.4 Onside+ Programme (LFC Foundation)

Overview

Onside+, designed and led by the LFC Foundation, aims to support children aged 11-16 years in the development of life skills that will support their social and community development. The programme is delivered in secondary schools and aims to teach young people skills to engage them in other opportunities, away from potentially participating in a life of criminal activity, anti-social behaviour and gangs.

> *"'It's very targeted, we don't work with the whole school…we work with about 25-30 kids, in groups of boys and girls, sometimes separate, sometimes we mix them together"* Intervention deliverer (ID)

Onside+ is a 16-week programme, consisting of 13 core topics, which address issues such as knife crime, gangs and toxic masculinity, healthy relationships and consent, county lines, and drugs and alcohol. Topics were decided according to *"what was happening, depending on what we felt like the [intervention] areas needed, the city [Merseyside] needed, the kids needed, and how they would react to it".[29]* Sessions are delivered in small groups

> *"Designed sessions to allow them to express themselves…be free to talk…be free to get involved"* (ID)
>
> *"Teaching them how to be good people, how to respect, how not to take drugs, not to use knives"* (ID)

to a range of year groups (year 7-11) dependent on the requirements of the school. Additional one-to-one support is provided to pupils who require further support or struggle to work well in a small group environment. *"We work with kids who don't do the group sessions but we work with on a one-to-one basis, they can't cope in a group, so we'll do one-to-one with them to help them embed into a group."* Sessions are designed to educate, elevate and give support to pupils, providing a different learning environment to 'typical' classroom education, while tackling community issues. Additional sessions are factored in, beyond the core sessions, so that school-specific topics can be addressed if necessary, or alternative topics/whole school assemblies can be provided. Sessions are delivered during the school day and for this reason it is important that consideration is taken to ensure pupils involved in the programme are not consistently missing key lessons such as Maths and English. For example, one school will not permit Onside+ to work with older year groups (i.e. years 10 and 11) due to these being more critical years for exams. Pupils are selected to join the programme as they are deemed to be 'at risk' by their teachers for several reasons. The risk referral criteria used is based on that provided by the Home Office for the wider Onside+ programme and includes criteria such as poor behaviour, school attendance, family members in prison, family members known to be in gangs etc.

The programme was initially delivered in six secondary schools in North Liverpool from May- July 2019 through funding from the Home Office[30]. Additional funding from the VRP allowed the expansion of the programme in September 2019 into two secondary schools based in another part of Merseyside (experiencing high levels of violence). The VRP funding stream provides the funding for the two schools and the remainder of the 2019/20 programme is funded by the Home Office and the support of the LFC Foundation and its trustees. Funding allows for each school to have a member of LFC Foundation staff working in the school for two full days per week throughout the school year.

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[29] All quotes from an intervention deliverer.
[30] Received through a joint bid in collaboration with Everton in the Community, Shrewsbury House Youth and Community Centre, and the Princes Trust.

Several additional partners and external organisations are involved in the delivery of Onside+, generally on an ad hoc basis. These include Knifesavers, Street Doctors, an ex-footballer, a life experience speaker[31], a nurse consultant, as well as drawing on the expertise of other LFC Foundation staff (mental health and drug awareness).

> *"…the knowledge that the individual had on drugs and alcohol and he could transfer it to the kids and also to just have a different face in for the kids, you know, to look at, to relate to, to deliver the sessions. And for them it was also very exciting as well"* (ID)

Facilitating factors

One of the biggest facilitating factors for Onside+ has been the drive of the LFC brand and the influence and appeal that this has, to both schools and participants. The ability to use facilities such as Anfield football ground to organise and host multi-school events, the partnerships and links that the LFC Foundation have to support the programme delivery, and the added extras such as the use of the LFC Foundation's hospitality box on match days as a reward for the programme participants are unique assets that set the project aside and provide opportunities to pupils that they otherwise would not have. Furthermore, the LFC Foundation run several other programmes across North Liverpool, but also in the VRP funded intervention area, and these are available for Onside+ to signpost participants to, allowing pupils further opportunities to engage in physical activity outside of school and at a time when they may otherwise engage in less productive activity. The support from the LFC Foundation, particularly surrounding issues (e.g. safeguarding) that could be raised in sessions, is also a facilitating factor, especially from a delivery viewpoint. *"If I feel like I need help then the help is always there. Especially when it comes to things like safeguarding issues, I'll report it and then get help, getting the kids help or anything that the kids need, I can get the school involved or the Foundation are always there to help."*

> *"'…so we can sort of tell the kids that you can also go to Kicks on a Friday night, so we can focus on getting the kids off the streets…so by me being in the school I'm also directing them to another project that can help them on a weekly basis to which is also great"* (ID)

The experience of delivery staff was also seen as enhancing the success of the programme and has facilitated sessions and interactions with pupils that might not otherwise have been achieved. For example, the Onside+ co-ordinator at the two VRP-funded schools has previous experience of coaching young people across various programmes run by the Foundation. Their experience and expertise in delivery has meant that they have skills that have allowed them to not only teach pupils but be a role model to them, which has enhanced the programme and rapport with the participants. A final facilitating factor is that a standardised curriculum has been developed by the Onside+ team and delivery can be transferred across coaches between schools if necessary.

> *"They always ask me how did you get your job. So I always tell them there's a path where you can come and do voluntary with us…I think focusing on that as well will benefit the kids so much because they'll realise that there is more to life than just what they've got"* (ID)

Barriers

Initial challenges of delivery came directly from the schools who, at the time, lacked full understanding of the programme. It was difficult to get the groups together logistically and teachers have objected

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[31] E.g. drug use, criminality, gang membership, incarceration, and recovery.

to taking children out of lessons at times, particularly key lessons. Time was needed to get the teachers on board and understand the need for the programme in the local community. Some difficulties were also experienced with participants, as some pupils were reluctant to engage with sessions.

Outcomes and impacts

The intervention delivery perceived a number of positive impacts of the programme, including improvements in participant's behaviour, punctuality, attendance and desire and aspirations. Examples of participants opening up about their personal experiences and how this had affected them were noted, and how engaging with pupils in a one-to-one capacity enabled more targeted support.

> *"From the first day I met with this individual they opened to me straight away, about a domestic situation between their mother and father splitting up, and how that affected their life. Living from one house to another affected her negatively, both in and out of school. From our weekly meeting she kept me updated with her family life and everything else, we manage to give her the attention needed in school and started monitoring her school behaviour. We helped her apply for college and made her a CV so she could apply for a part time job when she leaves school and starts college"* (ID)

Increasing pupil knowledge of topics that they would not typically learn in school was also identified as a positive impact of the programme. The intervention deliverer reported that individual pupils also perceived other benefits, such as having the confidence to speak up about wanting to give up something or admitting to a deliverer about potentially harmful behaviour that they had previously engaged in.

> *"We've managed to stop some fights before they've happened…I've told them, if you turn up to a fight and someone gets stabbed…you're part of the crime…and they're like oh I didn't know"* (ID)
>
> *"Helping them out with their personal life, their school life…some of them they don't know how long they can get for carrying a knife, you know, just knowing information like that is vital and without this funding that couldn't have happened"* (ID)
>
> *"Sometimes during the sessions the kids might not tell you a lot but after they'll come and see you and they'll be like look…after that session I want to give up this, I want to give up that, can you help me out to do this, can you help me out to do that…which is really key"* (ID)

There are also benefits to the school more widely. For example, one school was planning a raffle to raise funds for the school and as part of this, the LFC Foundation was able to offer football kits, balls and other prizes to increase the funds raised from the raffle.

> *"Their behaviour in school is good…a lot of them have improved…the teachers will stop and tell you know…oh he's really improved you know…like from the words you've had with him…he's been good the last few weeks"* (ID)
>
> *"Kids who were late Monday- Friday now coming in early say 2 days per week, or even sometimes they make sure they're in early on the days they have us for a session"* (ID)

Parents of participants were also reported by the intervention deliverer to have recognised the impact of the programme on their children.

> *"One parent contacted me through the school to say that whatever you've been doing with my son, it's really working and they've been telling me so much about the sessions they've been doing with you"* (ID)

Sustainability and next steps

The initial months of delivery of Onside+ in the VRP funded schools and the wider Onside+ programme has allowed the development of strong foundations, both within the schools and with the pupils engaging in the programme. Consistency of delivery and ongoing support to the schools and the local community by the LFC Foundation is essential in supporting sustainability and growth of the programme. There have been discussions about re-structuring the programme for the future school years to allow more staff to deliver in more schools, as well as increasing community-based delivery to support additional community cohesion in targeted areas.

Suggestions for programme development include the enhancement of employability skills through the programme. Examples given include taking pupils in years 9-11 to explore workplaces and gain some experience and understanding of what particular businesses do, for example, banks, law firms, hospitals etc. This will help them to explore different paths and alternative routes in life.

> *"A lot of the kids seem to just like one thing…like they're just like I want to do engineering or become a plumber…but I think it's good that we sort of open up their minds and make them more creative…and that will also help towards reducing violence and crime as well because they'll always have something to do, something to challenge them"* (ID)
>
> *"…understand that there is more to what we're doing than just telling them to put their knife down, start behaving"* (ID)

6.5 Marine in the Community Programme

Overview

The Marine in the Community charitable trust was created to form a link between Marine Football Club and the community, in order to improve and enhance the lives of people living in Crosby and the surrounding areas. The Marine in the Community VRP funded programme aims to support young people to make positive life choices through the use of sport. Guided football coaching sessions are undertaken in a school setting and the sessions also focus on team-building, respect, fair play and honesty in a wider context. Football was chosen in particular given the city links to football.

Schools are approached to become involved in the programme, which is delivered by Marine in the Community staff on site at the school and in school time (or immediately after). The decision to run the sessions in school time or at the close of the school day, and on the school site, was designed to increase the chances of participation. School staff are asked only to identify students suitable for the programme and liaise with parents concerning participation, and schools are not asked to contribute to the funding of any activities. The target group for this initiative are young people deemed 'at risk' of potentially becoming involved in anti-social behaviour or those requiring additional support to ensure they reach their potential. Schools are asked to identify pupils who they believe would be suitable for the programme and who would benefit from additional support through sport-related activities. In collaboration with schools, programme leads identified years 8/9 (aged 12-14 years) as the target group, given that older year groups are often focused on exams and it is during this more impressionable age that young people often become involved in anti-social behaviour. Six schools were participated in the programme, with approximately 15 young people from each school taking part. The programme structure consist of:

- 4 weeks of football coaching; followed by a 'football festival' (27th February 2020)
- 4 weeks of football coaching ; followed by a 'football festival' (2nd April – postponed due to COVID-19)

The two 'football festival' events aim to bring together the young people from all participating schools. The events include an inter-school football tournament as well as socialising activities (such as pizza and snacks), and workshops on key violence-related topics. In the first football festival, each group attended a presentation with someone working within violence reduction. A previous head teacher who has a history of working with young people with challenging behaviour; an ex-Liverpool FC player and Crimestoppers volunteer; and, an ex-probation officer who is involved in anti-violence work facilitated presentations. Students were split in to two groups, with one group exploring general crime and consequences, while the other group focused on knife crime including gang association. During the second festival, after the football tournament and socialising time again, the groups would then attend the presentation they had not seen at the first one. It was felt that this would be a more appropriate method of delivery as there would be too much information to take in during one day.

As part of the programme, there is also a possibility for staff development through training provided by Marine in the Community to become football coaches, and some staff within the participating schools have been trained in this role and have been financially compensated outside of their normal teaching role for extracurricular activities.

Facilitating factors

Funding was initially received by another organisation for an older target audience, but the facilitators felt that there was a missed opportunity to target those who could be more impressionable or

vulnerable to becoming involved in anti-social or high-risk behaviour. Thus, Marine in the Community secured funding from the VRP to target those between the ages of 12-14 years and this was used to fund coaching, the festivals and the guest speakers.

Teachers were important facilitators for this programme as a point of contact was required at the school (and initial acceptance from the school) as well as liaising with parents for permission for their child to participate. Some schools were not willing/able to participate, so communicating to the schools that this was a potentially positive experience for some of their young people was a key element for the success of the programme. The Marine in the Community team of coaches (and newly trained coaches from the school staff) were also key facilitators. Support from guest speakers working within the area of violence reduction and the support staff from the Marine venues to host the football festivals were another key element. Local media was also supportive as the project lead had spoken on BBC Radio Merseyside to promote the initiative.

Barriers
The most significant barrier the programme faced was the closure of schools due to COVID-19. Although the first festival went ahead and some schools were close to completion of the programme (some with only 1-2 weeks remaining) none of the participating schools were able to complete the itinerary and the final planned festival had to be postponed. Although guest speakers have confirmed they will still be available once the festival can take place (to ensure continuity) this has meant that evaluation data collection (collecting young people's views) was not able to proceed as planned. Although the programme staff and some of the school staff stated that there were some positive outcomes from the programme so far, there is no quantifiable data at this point to corroborate this. One of the barriers also identified by Marine in the Community prior to the commencement of the programme was that some schools were hesitant to become involved in the initiative, even though it was delivered by external staff and with no financial contribution required from the school. It may be that some school staff felt that this was not a viable programme for their students or, that they were concerned it would be too time consuming for the school staff involved. It was also identified that there needed to be more engagement with local media and advertising of Marine in the Community generally to ensure the programme was promoted efficiently.

Outcomes and impacts
Although the programme could not be completed and evaluation data could not be collected in the intended manner, the programme facilitators indicated that they had received informal positive feedback from students and school staff. Some of the key points which were identified included:
- Staff and young people were glad the sessions took place in school time or immediately after as it made engagement easier and more effective.
- Young people demonstrated increased awareness of key areas such as 'association' with violent crime and how, even if they are not specifically participating in it, it could have a negative impact on their lives.
- Young people were able to identify with the guest speakers as being from the local area as well as using sport to have a positive impact on their lives.
- Staff felt that the young people were engaged and that it was a positive experience and communicated that they were happy to be involved.
- Some staff could also access further training to become a Marine in the Community coach.

Programme facilitators expect that, on successful completion of the programme, young people will have gained increased knowledge of the negative impacts of gang-association and violent crime. They expect that taking part in the programme will increase young people's self-confidence, respect and team-building skills as well as improvements in football skills.

Sustainability and next steps

Whilst it is possible for the programme to be rolled out into more schools and for this to run at least twice a year (following the school terms), this is dependent on future funding. Expanding across schools, however, was viewed as important to help break down traditional social barriers between schools and different areas. Collecting feedback from the schools participating in the VRP funded activity was seen as key to evidencing the value of the programme and supporting future delivery, and the programme implementers are keen to continue to collect evaluation data if they are able to implement the final stages of the programme. The programme implementers hope to promote the programme further via local media.

Some of the main areas identified for further development were:
- Increased use of social media in particular to reach the target audience directly;
- Clear information provided to schools - possibly in the form of an infographic to clarify that participation in this programme will not result in schools undertaking additional work once parental consent is achieved;
- Further media outputs such as radio/newspaper and increase of advertising generally;
- Facilitate more than one cycle during an academic year (September - December and January - April); and
- Link this provision to existing work/programmes on the Marine website or have an additional section for this programme.

6.6 Positive Vibes Programme (Knowsley Youth Mutual)

Overview

Knowsley Youth Mutual (KYM) is an organisation which offers a variety of services and opportunities for young people, across Knowsley and surrounding areas in Merseyside. Their approach to youth work and working with young people has one key focus: helping young people to improve their relationships, as when young people have positive relationships with themselves and with others, they are able to play a positive role in building vibrant communities. Although it is currently going through a transition period to rebrand as 'Vibe' which will result in some changes to the structure and operation, it will retain its primary focus of supporting young people. The Positive Vibes programme is a new initiative developed by KYM aimed at supporting young people who are identified as having the potential to engage in or who are currently already involved in high-risk behaviour such as carrying a weapon. The focus of the Positive Vibes Programme is to support young people to develop positive relationships, on four levels: with themselves (improving their self-esteem); with other people (quality of relationships); important relationships around them (conflict resolution); and with their local community (pride and belonging). Each level of the Vibe relationship model is intertwined into sections of the programme.

Through VRP (and other) funding, the Positive Vibes programme has brought together young people from two different local schools in order to encourage integration, positive interactions and pro-social behaviour. The programme also aims to reduce risk-taking behaviour by encouraging positive choices and decision-making. It is designed to offer excitement, goal setting, confidence building, team-work and community involvement to make positive life choices beyond the end of programme. In particular, the Positive Vibes programme focuses on:

- Reducing participation in high-risk behaviours;
- Improving the confidence and skills of young people to help them make positive choices; and,
- Altering young people's attitude to knife crime in particular.

The target group were young people around the age of 14, who had been identified as being 'at risk' of becoming involved in anti-social behaviour. School staff were asked to identify potential participants and the 'recruitment event' would then target those individuals in particular. One of the programme staff explained that most of the young people who were selected to participate were at risk of becoming involved in crime (and post-completion still felt that this was the right group of young people to undertake the programme). This was due to the areas where they lived (having a high crime rate), the people that they were known to associate with and how they spend their spare time, which it was thought, could lead to criminal behaviour.

The teaching staff corroborated student responses to initial questionnaires that all participants lived in areas of high crime rates and where it was easy to get drugs. Staff also identified that young people maintained friendship groups which were involved in anti-social behaviour, as well as other risk factors including one participant being a looked after child, four participants being involved in violence at school and three outside of school as well as two participants having a primary caregiver with substance misuse. Ultimately, programme staff and teaching staff felt that this was the appropriate target group and there were 12 participants between the two schools who began the programme. This initiative was designed to involve young people in a positive, participatory way by ensuring their involvement in the project was on an 'application' basis, whereby the young people would attend a recruitment event and actively seek to join the programme. They would then attend scheduled

sessions which focused on different aspects of self-development over a period of six weeks, culminating in a 'celebration event' which was organised by the young people (Box 8).

Facilitating factors

Programme staff included members of KYM and a member of staff from an external contractor (NLP) as well as school staff from each school (in varying capacity). Teaching staff were asked to identify suitable young people who would benefit from this type of intervention and then work with the programme staff to organise a 'recruitment' event, attend some of the sessions held at Our Place in Huyton and then facilitate mentoring sessions on the school site. The programme was also dependent on there being sufficient staff to transport the young people safely from one site to another.

> **Box 8: Programme structure**
>
> **Recruitment Event** - Application day
>
> **Week 1** - 'Relationship with the self and others' - this week asked participants to consider themes and resilience which involved team building exercises and problem solving.
>
> **Week 2** - 'Relationship with the self, others and the individual' - external delivery of Neuro Linguistic Programming (NLP) focusing on communication and personal goal setting.
>
> **Weeks 3-6** - 'Relationship with the self and community' - individual mentoring sessions took place, usually in the school environment, as well as a six-hour 'Community Mix Day', which included meeting elderly residents or those with disabilities.
>
> **Celebration Day** - Organised by young people to encourage team work towards a common goal (go-karting was chosen as the activity by this group).

Barriers

Some young people were identified as not being mature enough for this type of programme, although the age group was still deemed to be the appropriate target group. Established friendship groups were also a barrier which was identified by school staff in particular, as participants would often revert back to their established social practice and be disruptive. The 'Celebration Day' was also disrupted due to one of the schools closing following a period of norovirus, resulting in several of the young people not being able to participate in the day they had planned to commemorate finishing the programme.

Outcomes and impacts

An evaluation of the programme was conducted by Liverpool Hope University (including Dr Hough[32]). As part of this evaluation, individual semi-structured interviews and group interviews were conducted with programme staff and school staff to determine the impact of the programme. The latter group of staff were also asked to complete a pre-questionnaire for each young person. Pre and post-questionnaires were provided to the young people involved in the evaluation, and one-to-one interviews were conducted by evaluation staff with the young people on the 'Celebration Day'. Between staff and participants, it was identified that prior to completing the programme, most of the young people:

- Did not feel safe walking through their neighbourhood;
- Felt it was easy to get drugs in the area where they lived;
- Identified that they lived in an area with high crime rates;
- Stated they had friends who got into trouble;
- Felt they did not have choices about what to do in life; and,
- Stated that they did nothing or little with their spare time.

On completion of the programme all of the young people:

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[32] Full evaluation findings will be presented in a separate programme evaluation report published by Liverpool Hope University.

- Stated that they had enjoyed the programme and would recommend the programme to other young people;
- Provided extremely positive feedback about the programme staff;
- Reported that the programme was delivered in a way that was easy to understand, by staff who were knowledgeable and interacted with the young people well; and,
- Believed the programme was a good idea and they would recommend it to other people.

In the qualitative interviews, the young people explained that they particularly enjoyed the sessions that involved them being active in some way, for example the climbing wall and archery. Student engagement in such activities was noted by one teacher as something that they did not expect, as students do not typically participate in school-based activities. Following completion of the programme, several key improvements were noted by staff, which included positive changes in young people's behaviour, such as removing themselves from challenging classroom situations and attending detentions. Teaching staff also felt that many of the young people now had improved relationships with teachers and were able to manage their responses to situations better.

"They actually participated. The participation [...] shocked me a little bit because I would not have expected them. You know seeing them in school to be a bit more withdrawn, less willing to participate" Teacher

"Well purely on the change in them I would have to rate it highly. I think it's something that's got its own sort of flavour to it and especially where they are based it's brilliant" Teacher

Sustainability and next steps

It is possible that this programme could be rolled out and extended by including more schools and/or several cycles of the programme per academic year. This could be beneficial at any point in the academic year as teaching staff noted that: *"…when they came back into school there was a marked improvement not just in their behaviour but their attitudes as well. They seemed to have understood that they had been on something they had been given the opportunity to do something different and they had grasped it."* More cycles of the programme would enable more young people to benefit from the intervention and allow for greater integration between schools, which could facilitate breaking down traditional social barriers.

Some areas identified for improvement were:
- Programme staff already recognised that the NLP session with an external practitioner did not work as well as the sessions delivered by internal staff, so have determined to undertake the training themselves to be able to deliver the NLP module in future programmes.
- The mentoring sessions were a particular success and programme staff and evaluators determined that this could be extended in future programmes (either in frequency or duration).
- The maturity level of some participants and pre-existing friendship groups need to be considered prior to programme commencement to ensure full participation.
- Group work and participation was identified as being the favourite part of the programme by the young people so this could be extended where feasible.

6.7 Right Choice Programme (Career Connect)

Overview

The Right Choice programme is an early intervention which aims to equip young people with increased resilience and to prevent negative behaviour escalating. The programme was developed by a careers organisation, Career Connect. The charitable organisation delivers services across the North West, including Merseyside, and aims to support young people and adults in achieving their aspirations and working with a range of services and groups including schools and youth offending services.

The Right Choice programme was rolled out in Sefton, Liverpool and St. Helens, and looks at identifying young people (age 13-16 years) who are at risk of criminal behaviour (particularly gun and knife crime). It aims to get young people to 'reflect' on their behaviour and encourage positive change through discussion with the young people about how dangerous situations can arise, perceptions of what gun and knife crime is, the choices they have, grooming and familial relationships. Specifically, the project aims to:

> *"The project was a dovetail onto our current offers and to improve the outcomes and barriers for what some of the young people we work with are facing"* Project Manager

- Develop young peoples' self-awareness, with particular focus on personal strengths, weaknesses and triggers, and improve mental health and wellbeing by providing young people with a greater understanding of the impact of anxiety and stress and strategies to manage emotions, behaviour and anxiety.
- Educate young people to understand criminal exploitation and grooming by providing them with strategies for reducing the risk of involvement by raising aspirations and mapping alternative pathways through careers advice, guidance and information.
- Explore the mechanisms used to involve young people in gun and knife crime, and look at the implications for those involved, and the wider impact on the community.
- De-escalate risk factors and develop resilience by building young people's awareness of opportunities, working towards set individual goals and supporting positive transitions and engagement in education, employment or training.

The project equips participants with increased resilience and understanding through a high intensity coaching and development programme delivered over six weeks. Delivery was carried out either in groups or in a one-to-one setting, depending on the needs of the young person and the organisation it is being delivered in. Whilst delivery mechanisms could be altered, all facilitators were provided with the same information pack with which to build their sessions around. The intervention took place in schools, pupil referral units and youth centres, with 10 organisations (six schools, four alternative education settings) and approximately 40 young people taking part. An additional eight referrals for individuals came from the Early Help team. Examples of the content of sessions are provided in Box 9. Whilst the programme was delivered for a set six week period, referral pathways for young people to other support services (e.g. family mediation) and alternative activities where provided where appropriate.

> *"The young people really respond to activities and it's important we keep the sessions interactive to make them effective."* Project Facilitator

Box 9: Programme structure and content

Session 1 Initial meeting to gather information about strengths and difficulties in the young person's life (e.g. school attendance, home life, behaviour).

Session 2 Coaching session on actions, consequences and choices of the young person's lifestyle and behaviour.

Session 3 Resilience coaching where young people are given various examples of prominent people who they may be able to identify with.

Session 4 The 4 C's (Challenge, Commitment, Control and Confidence) are introduced and young people are set a challenge with a reward incentive of a £10 voucher. An example challenge may be to attend school on time every day for one week.

Session 5 Gun and knife crime are discussed, including consideration of reasons why someone may carry a weapon and what the consequences could be. YouTube testimonials from past offenders and victims are also used to provide the young person with real life examples and their associated consequences.

Session 6 Anger management is discussed, and exercises are used to help young people to understand their thoughts and actions. One means of doing this is asking young people to draw pictures of words and actions they associate with their anger (Figure 6). This exercise helps the young person to reflect on their individual triggers, strategies to avoid triggers and potential consequences of actions.

Facilitating factors

The VRP funding has enabled Career Connect to staff the Right Choice intervention, which facilitated the production of an engaging early help intervention, supporting young people on the cusp of engagement with the criminal justice system, previously identified as a gap in provision. Career Connect have a longstanding relationship with schools and organisations across the North West, which helped to facilitate the uptake of Right Choice. There was also demand for the programme in other settings such as alternative education and other community organisations.

Figure 6: Examples of images drawn by a young person as part of an anger management session
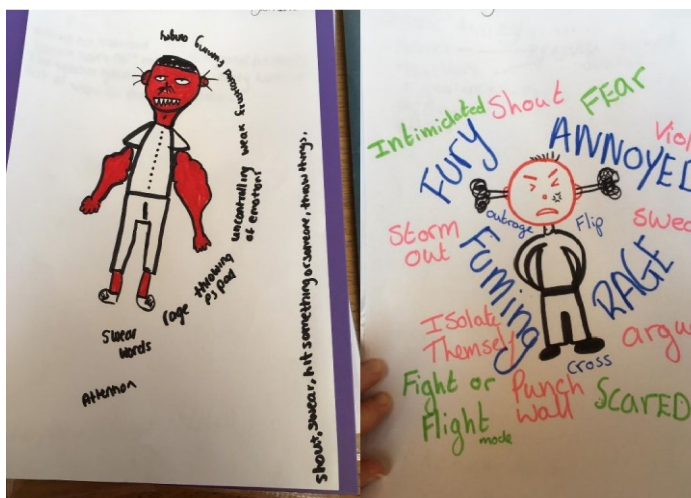
The images are of words which the young person associated with anger

Barriers

One of the major barriers was the demand for the programme exceeded its capacity. The project manager believed if the project had been implemented over a longer time, more young people could have been recruited and supported through the programme. Whilst some referrals were received from the Youth Offending Services and Early Help teams in the initial stages of the project, engagement from the young people was minimal, and the programme of work was not continued with these cohort. However, project implementers ensured there was alternative support available to this cohort (e.g. at home or supporting them to move schools). Another barrier faced by the facilitation team was the disruptive behaviour of some of the participants in alternative education settings.

Engaging young people in groups was seen as a lot more difficult than on a one-to-one basis, and challenging behaviour was observed in some sessions. Towards the end of the intervention period, there were barriers to implementing the programmes in schools and other services due to COVID-19.

"Keeping their attention was very difficult. It was very hard to get them to fill out paper forms and this needs to be considered in the future"
Project Facilitator

Outcomes and impacts

Forty young people from 10 schools or alternative education settings took part in the programme over the three month implementation period. Unfortunately, due to COVID-19 and closures within organisations, formalised feedback was unable to be collected, however anecdotal evidence collected from programme facilitators indicated they felt the intervention had enhanced relationships and filled a gap in education for supported young people. They also detailed how rewarding it was to provide a space for conversation with the young people, who previously may not have been receptive to this. Facilitators discussed that they felt the young people had really benefited from the intervention and that attendance for most was a positive experience. In particular, facilitators felt that the one-to-one sessions really encouraged a *"chatty and receptive conversation"*. Teachers reported a noticeable improvement in school attendance from those who took part in the project and many young people who had previously been on a restricted timetable were allowed back full time.

"Teachers told me that they were surprised how well we got the young people to open up, and I think that's because we facilitated an open environment for them to talk " Project Facilitator

"The Right Choice project enabled us to develop further relationships with schools for whom we had identified there was a need for enhanced early help delivery" Project Manager

Facilitators also provided some quotes they had gathered from young people about their experiences of the intervention, suggesting they viewed the programme positively.

"I learnt stuff I hadn't really thought about before, and feel more positive" Young person quote reported by Facilitator

"That was a belter anger management session!" Young person quote reported by Facilitator

Sustainability and next steps

The future of the intervention primarily relies on securing additional funding, as continued dedicated staffing would need to be identified. There is scope for learning from the project to inform and be incorporated into existing work within Career Connect, with some crossover of content already existing. However it was reported that in the City Region for 13 - 16 year olds, Career Connect are not funded to deliver an intensive programme for those at risk of offending (violent crime), in particular delivery on gun and knife crime, and criminal exploitation components. Managers and

"It is important we need to look at what we offer and continue to expand and develop our service to meet the needs of our clients to address individual barriers to achieve better outcomes"
Project Manager

facilitators also expressed a desire to have greater community involvement with the programme, for example linking with local sports organisations to refer young people on the project to these activities.

6.8 Navigators Pilot Project (Alder Hey NHS Trust / Merseyside Youth Association)

Overview

The Navigators project involves a youth worker (i.e. a Navigator), based in Alder Hey 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"* (whether they are a victim, perpetrator, or both). The A&E Navigator is supported by Community Navigators (based within MYA), who provide on-going support in the community settings. The Navigator project involves wrap around support, whereby a multi-partner strategy is used to deliver and identify suitable pathways tailored to the young person. The project aims to break cycles of violence, support young people and families, and in the long-term reduce pressure on the NHS. The Navigators provide holistic support to young people via one-to-one discussions and a six-week support programme. The A&E Navigator commenced their role in December 2019 and provides generic support to young people attending the A&E, and refers them to other support services, including the Community Navigators (based within Merseyside Youth Association (MYA); commencing their role in January 2020).

> *"We'll talk to the young people and the families, and we'll look for a pathway for the young person to come away from, either the lifestyle they're in or any at risk situations they're in"* Navigator

The Community Navigators deliver a six-week community based programme, assisted by guest speakers. The programme includes young people referred from the A&E Navigator, and other pathways. The sessions focus on tackling the issues and adverse effects of carrying a knife, along with impacts on the individual, families and communities. Sessions begin with questions and answers, allowing the Navigators to gain some insight into the lives of the young people. The sessions then utilise guest speakers to carry out sessions including ADDvanced Solutions (see 6.10), who discuss neurodevelopmental conditions; Knife Savers (see Section 3), who specialise in first aid for victims of knife crime; and speakers discussing county lines and child exploitation. The final session is a weekend residential trip, with outdoor activities, no phone signal and as described by the Navigator, an opportunity for them to deliver quality work.

> *"As you will know, violence and knife crime have no boundaries at the moment, while we are busy looking at one cohort, we might miss the other cohort, so it's having a holistic approach right across the spectrum"* Navigator

> *"This will be a chance for us to get some really quality work delivered, some one-to-one, some group work, just taking the young people away, having a chat with them, give them a bit of guidance, and some support, and just try and get them on the right path"* Navigator

Facilitating factors

Partnership working and collaboration between Alder Hey Trust, the Merseyside VRP and MYA was a key facilitator in establishing the pilot project. Although the Navigators are from different organisations, they were reported as communicating and working routinely together well. The Navigators see communication with

> *"Alder Hey is really pleased to be part of this project and to lead its development in partnership with the VRU to support young people whether they are either at risk of, or experiencing, violence in Merseyside"* Lead from Alder Hey Trust

each other and the additional partners of the VRP as a fundamental factor towards achieving the aims and objectives of the programme. The Navigators often referred to previously working with partners when in a youth worker role and described how this facilitated contact with the partners as part of this project, and engagement with young people.

> *"I've worked with many over the years anyway, a lot of the partners that they have brought in, I'm used to referring young people on, so are partners that are well established in the communities anyway, a lot that we've worked with over the years"* Navigator
>
> *"I think due to the support from Talent Match, myself and my colleague's background and [other Navigator] background, no, we've had no issues. I think we've been fortunate that we've got good links with the community, they're aware of us because we've been based there before"* Navigator

Barriers

The Navigators reported minimal barriers to implementing the programme in its initial few months, although it was highlighted that more time was needed to learn from the pilot. Time limitations, particularly with the MYA six-week programme, resulted in limited time to plan the programme, and for young people complete it (by March 2020). However, the MYA Navigators were able to successfully plan and deliver a six-week programme, which was reported as popular amongst the young people in the community.

> *"It's just a short amount of time, I was under the impression the programme had to be finished by the end of March, so, it was a lot of work to get some quality work delivered"* Navigator

One of the Navigators described the challenge of identifying the right service for the young person, in order to ensure an appropriate pathway is implemented. However, it is important to note, that the A&E Navigator recognises this as more of a learning curve, rather than a barrier.

> *"We have had a bit of trouble trying to source the right partners, we've been told about certain partners that we can refer to, but when we've tried to refer to them they haven't been the right partner that's fitted the need of the young people in the hospital. So, we've had to source them, but that's what I'm saying to you, that's the way that it is, it's a learning curve for everyone"* Navigator

Another unfortunate barrier has been the outbreak of COVID-19, as a government lockdown led to a change in focus for Alder Hey, as well as a complete pause of the MYA six-week programme.

> *"The big issue we've had is obviously what's going on, currently with the coronavirus, which is halting everything"* Navigator

Outcomes and impacts

Both the A&E and Community Navigators felt the programme was having a positive impact. The programme outcomes, whether short-term or long-term, differed between organisations, and differed between Navigators, along with ambition for their own programme element. An immediate

impact has been the identification and support provided to young people, who may not have otherwise been supported. Up to the end of February, 43 young people had been/were being supported via the project, including 32 identified via A&E. Critically, data from Alder Hey is helping to illicit valuable information on the types of issues young people experience, and the support they may need. Data shows that knife crime is not affecting the cohort as

"I think young people are more aware of the consequences, more aware of the impact carrying a knife has on family members that have been a victim of knife crime, and they're more aware of how people are exploiting them to carry a knife" Navigator

much as assumed; young people engaged in the programme have attended the A&E due to other types of violence and/or other vulnerabilities have been identified, including intoxication, exploitation and self-harm. Further, many of those who have require support are attending the A&E on a Monday or Tuesday, requiring support related to exposure to harms, including via social media during the weekend. It is anticipated that young people's engagement in the programme will help improve their health and well-being, change their behaviours, and reduce violence and other anti-social behaviours in the community.

Additional outcomes during the pilot have been: the development of partnerships with those delivering similar programmes across the country; referrals to the six-week programme from the community (perceived to be the result of the Navigator having good existing links with the community and the community recognising the value of the programme for young people); promotion of the VRP within the A&E department; and the project enabling Alder Hey to explore and develop their data collection processes.

"We've had eight self-referrals, we've never had that before, and that's because people realise do you know what, this is what they're doing and they're doing a good job and the kids are realising that as well" Navigator

For example, the Navigator works with A&E staff to ensure patient records accurately reflect the reason for their A&E attendance, particularly important if the child does not disclose violence upon attending the A&E.

Sustainability and next steps

The Navigator project is in its early stages of piloting, and whilst it has had some positive outcomes to date, further piloting is needed to assess its impact, and understand the mechanisms that will support continued delivery within existing partners, and across other A&Es. Insight work is taking place with young people via the Liverpool Safeguarding Children's Partnership and Alder Hey Young Persons Advisory Group to include their views about the role and impact of the Navigators to ensure they can shape the support provided. Piloting to date has alluded to a number of considerations for future development and implementation:

- The name of the 'Navigators' needs to resonate with young people.
- The health landscape is complex and NHS services have a number of pressing priorities beyond violence, including but not limited to COVID-19.
- Not everyone who receives a violence-related injury may attend an A&E and may attend another different health setting, such as a walk-in centres (where the presenting complaint is not recorded).
- The A&E Navigator is not always present at the A&E, meaning patients may be missed.

Critically, following further piloting and insight work, a local delivery model needs to be developed for the future implementation and/or expansion of the project.

6.9 Young Peoples Advisory Service (Merseyside Mental Health Collaborative)

Overview

Young Peoples Advisory Service (YPAS) are working in partnership with Merseyside Youth Association (see Section 4) and ADDvanced Solutions (see 6.10), as part of a Merseyside wide Mental Health Collaborative, who collectively secured VRP funding to enhance and deliver mental health support for young people across Merseyside.

Established in 1966, YPAS is a voluntary sector organisation that provides a mental health service for children (5-15 years) and young people (16-25 years). YPAS offers a wide range of services all with the aim of improving the mental health and emotional wellbeing of children, young people and families. YPAS has three community hubs located across Liverpool, one in the city centre, one in north Liverpool and one in South Liverpool. YPAS aim to deliver supportive and therapeutic services to young people and families. Some examples of support services include: parent or carer coffee mornings; parenting

> *"'YPAS is very much a valued service for the city in terms of our geographical location and the fact that we are accessible citywide"*
> Practitioner

programmes (Incredible Years, Youth Connect 5); systemic family therapies; and, an information, advice and guidance service. YPAS also have school-based projects including the Children and Young People Wellbeing Practice (CYWP) project in every Liverpool secondary school (33 schools) and the Seedlings Project in every primary school (123 schools) across Liverpool. *"We work with thousands and thousands of children and young people throughout the year".* Additionally, YPAS specialise in LGBT programmes including the Gay Youth R Out (GYRO) project and Action Youth for young transgender individuals. Both of these programmes are implemented in either group sessions or one-to-one format. *"YPAS are also part of several partnerships including CAMHS partnership since 2015, Talent Match with MYA as well as a whole raft of other partnerships".*

YPAS became involved in the VRP work after being invited to a strategic meeting, before the official funding had been released *"A few likeminded people were brought around the table to start looking at how health can start working more closely with the police, these meetings had been happening for about five months before the money came into play, so we were a bit ahead of the game because we were part of that original partnership".* As part of the VRP funding received by the partnership between YPAS, MYA and ADDvanced Solutions, YPAS provides therapeutic interventions for young people. MYA are the main conduit for individuals referred to the partnership, and also have navigators in place (see 6.7) to refer at-risk young people to appropriate support within the partnership. If therapeutic support is deemed appropriate MYA refers the young person to YPAS - *"We pick that referral up and contact the family, we will outreach to get that young person into therapy, because we have access to the schools, we are able to reach them through there".* The YPAS therapeutic programme ran for a period of three months with large numbers of young people, parents/carers and families accessing the intervention with similar numbers each month (numbers supported during a January are provided in Box 10).

Box 10: Numbers supported by the intervention in January
- 23 young people
- 38 parents/carers
- 17 families

Facilitating factors

Existing partnership working between YPAS, MYA and ADDvanced Solutions and the cross over between organisations in terms of the cohort of young people they were working with enabled the three organisations to jointly bid for the VRP funding to continue to work together.

> *"Because we already work on the Talent Match project which is Merseyside wide, so that's why we put in a bid together, it felt like a natural progression and was the only way we could have got something up and running that quick in a four month period"* Practitioner

Building strong relationships with the individuals who access the services is key to encouraging individuals to engage. That YPAS was already well known and respected in the community made this process faster and increased the likelihood that individuals did not view YPAS as a police or probation service. The VRP funding was a key facilitating factor in the reach of YPAS service. The service usually has a waiting list, however the additional funds allowed the service to fast track some individuals, and crucially, provide support to all referred individuals in a timely way. Before the VRP funding the most serious referrals (those with safeguarding issues) would be dealt with quickly, however, the more generic referrals would be on a waiting list for between 12-14 weeks. Thus, the additional resources allowed YPAS to provide support to all levels of need.

> *"…because we have a waiting list, we are not out there looking for young people, this funding has made it possible for us to get out there"* Practitioner

As a result of being part of the VRP, YPAS have also increased their collaborative working with other organisations across Merseyside, particularly ones they have not worked with closely before.

> *"It's not unusual, it's not new but it's nice that we are working more with Youth Offending Service and the police. Having those relationships are everything and underpin the workings of a good partnership"* Practitioner

Barriers

One of the main barriers was the perception that organisations are not aware of the YPAS programme and organisations struggle to know where to refer young people to. Whilst links with partners across Liverpool are very strong, those links with organisations across the wider Merseyside footprint are less so. This was thought to be predominately down to the relationships with other partners across Liverpool, in particular the CAMHS partnership. This also became apparent when YPAS tried to get services from other areas across Merseyside to join their partnership.

> *"There is that disconnect, people don't know what is out there, not just YPAS but all the different services across the city"* Practitioner

> *"So if we get referral through for Liverpool we have really tight pathways to get people seen, however if we get a young person in from St Helens we can't send them to Liverpool CAMHS so then it became more difficult…because it was such a short deadline we could only get Liverpool organisations around the table, we did try"* Practitioner

Programme implementers felt that there is a stigma towards their services, especially when young people know that something is funded by the government or the police. There is a level of mistrust that needs to be overcome for young people or families to engage with a service.

> *"To help with that stigma, YPAS as an organisation has spent the last two years gaining community buy in, so the trust is extremely high, It is important when trying to reduce any stigma it's not only important within the partnership but you have really good established links with the community"* Practitioner

Outcomes and impacts

YPAS measure impact and outcomes against nationally validated Routine Outcome Measurements (ROM). This allows them to accurately demonstrate the impact that they have on a young person and evidence their programmes' effectiveness. The ROM measures a range of different outcomes including the young person's mental health, behaviours and school engagement / attendance, and other family / parent outcomes. Practitioners at YPAS reported improvement in young people's mental health and wellbeing, and parent's ability to manage their children's behaviours and set boundaries.

Sustainability and next steps

It was acknowledged that the programme is still in its infancy and ongoing at the point of interview, thus it was difficult to know what the next steps might be in the future. However the programme implementers felt the programme needed long-term investment with secure funding for at least three years, to be able to implement sustained change. The 16-week funding which was received as part of the VRP was too short to enable the organisation to recruit new staff. To overcome this, staff already employed by YPAS worked additional hours to cover the workload for the new programme. Additional long-term funding would allow the hiring of additional staff to support the programme and increase its sustainability.

> *"If you are working with individuals with those needs it has to be looked at as a whole system and approach it holistically, If we don't then there will be a whole raft of needs that won't be picked up"* Practitioner

> *"As a young person it shouldn't be a postcode lottery, depending on where you live, if the money is distributed evenly then any young person who could be exploited, suffer from criminal exploitation they should be able to access a service"* Practitioner

It was also felt that there was more scope for multi-agency working and an integration of services going forward. Practitioners felt that no single service can tackle all of a young person's needs and therefore those needs must be addressed collectively by services. Furthermore, services need the funding to have reach consistently across areas so all young people have services in their area which they can access.

6.10 ADDvanced Solutions Coaching Programme (Merseyside Mental Health Collaborative)

Overview

ADDvanced Solutions Community Network (ASCN) was set up to help support young people, families, and professionals who either live with or are supporting a young person with a neurodevelopmental condition. This includes genetic conditions, learning difficulties and associated mental health needs. ADDvanced Solutions is a community interest company, third sector provider and is working in collaboration with MYA and YPAS as part of Merseyside Mental Health Collaborative. ASCN received funding from the VRP to conduct a coaching programme with young people who have a neurodevelopmental condition.

The VRP funded ASCN coaching programme to run over twelve weeks with the aim of working intensively with six young people (and their families) who present with, or have, a diagnosis of a neurodevelopmental condition. The six individuals were identified through ASCN's wider offer, including its members only Facebook page (with over 4000 members) and through MYA. The young people accessing the programme currently reside in Liverpool, Knowsley, St Helens and Wirral, aged 12-16 years old and are predominantly male. The six young people include those who either have a diagnosed neurodevelopmental condition, those with a suspected diagnosis, and young people who have Youth Offending Service (YOS) or police involvement or who are at risk of being a victim or perpetrator of criminal exploitation. The programme ran between January and March 2020.

The intervention is a combination of ASCN's family learning programme and coaching model based on Why Try, a Cognitive Behavioural Therapy (CBT) based coaching programme from the USA which includes the use of visual aids, music, and activities such as work sheets about labelling, problem solving and resilience *"we are not therapists and that's really important, therapy isn't always appropriate, and we have found coaching is more appropriate to our client group, so goal setting, understanding themselves and their behaviours, triggers and putting strategies in place to help them manage themselves better"*. The sessions are held either in the individual's home or school. ASCN offer a bespoke model combining expert training with ongoing practical support designed to meet the needs of young people and their families such as family learning programmes, community workshops and events. This model allows for a holistic approach, which considers the needs of the whole family on a case-by-case basis.

Facilitating factors

Previously established partnerships, such as those with MYA and CAMHS, and experience of working together on other programmes was considered a key facilitator. Such partnership working allowed different organisations and coaches to share knowledge and skills with others in addition to facilitating referral processes.

> *"Having good relationships with other organisation where they will contact me if they have an individual who might fit well with what we do. We also help by consulting on cases and inter-partner working"* Practitioner

Participating families interest and commitment to ASCN's programmes was considered a key facilitating factor by practitioners. The lived experiences of the coaches caring for an individual living with a neurodevelopmental condition was considered one of the programmes strongest assets, as it

enabled them to form stronger relationships with families and facilitated a deeper understanding of the families strengths and difficulties.

> *"All of the coaches have personal experience living with someone with a neurodevelopmental condition, and that gives us a level of understanding of what that family might be going through."* Practitioner

Barriers

The intensive nature of the programme was cited as one barrier to implementation and the primary reason for only being able to work with a small cohort of individuals at any one time within the timescale. Further to this ASCN had just one member of staff funded to work on the VRP programme. It is also this individual's responsibility to assess any risks associated with going to individual's homes as well as any safeguarding issues.

> *"Because of how the coaching intervention works you need a significant amount of time because it's reflective, planning sessions, action planning, intervention, ensuring that the actions have taken place. You can't just give them something to do and they will go off and do it, it needs to be followed up. So the work across the whole programme is really high"* Practitioner

Young people are assessed using a coaching assessment as to whether they can be considered 'coach ready' and will engage in the programme. A potential barrier to accessing the programme is if the young person and their family do not want to make behavioural change or engage in the programme. The short time frame was also identified as a barrier. The programme received funding in December 2019 and started recruiting in January 2020 which meant that there was only three months to implement the programme before the funding finished. The programme leader highlighted another key barrier was identifying individuals to take part in the programme. There was no clear pathway for referrals and most referrals were either from word of mouth or self-referrals to the service, primarily driven by the Facebook group.

> *"I've had a referral but I'm waiting for it all to go through before I can start, so communication is difficult. I could have been working with that individual since three weeks ago but I'm waiting on the go ahead that it's okay and that it's been signed off"* Practitioner

Outcomes and impacts

Prior to the commencement of the programme, individualised goals are set based on feedback from the young person and their parents, thus goals are specific to each of the young people and sessions are tailored around the achievement of these goals *"so for example, one mum said she wanted to see a reduction in her child's anger towards her".* Examples of other goals are provided in Box 11. The practitioner keeps a log of each session, which includes activities completed during the session and their observations on the young person's behaviour. In

Box 11: Examples of individualised programme participant goals

- Be able to stop getting in trouble at school and at home
- To stop getting annoyed or angry with everyone all the time
- Want to get on with people better and find out why I am getting annoyed and angry all the time

addition, both the young person and parents are asked to provide feedback at each session on the progress of identified goals. If the practitioner is also working with the young person in a school setting, their teacher is asked to contribute feedback. Overall, feedback from parents has been

positive, with families reporting improvements in behaviour in both home and school life (Box 12). Although the programme was not complete at the time of interviewing, the practitioner felt that by approximately a third of the way through the programme the young people began to exhibit signs of improvement.

> *"By week 3 client had started to open up and was building up relationships. Understanding their behaviours more and using the language from the exercises and visual cues to describe situations or feelings"* Practitioner
>
> *"A client gets a certificate from school for dealing with situations really maturely, getting involved in group discussion and displaying such kindness on the yard and in the classroom"*
> Practitioner

Box 12: Parental report to a practitioner on child progress following programme completion

Hi, I thought you'd like to hear something that my son was telling me yesterday. He was queuing for his lunch and a girl pushed in front of him. Somehow her shoe came off her foot (not sure if he caught her shoe by accident or on purpose), so she turned and tried to punch him. He said that he used a Ju-Jitsu block (didn't retaliate!!) and walked away from the situation! I am so proud. He said that the girl was behaving like 'the old me'. A few months ago, he would've battered the girl. The progress is remarkable and the fact he recognises how he used to react, and he chose to react differently! yay! Have a good week.

Sustainability and next steps

ASCN's quality and standards director felt that it was important that programme cohort numbers remain small to maintain a high quality service. It was also felt that having staff with lived experiences can help establish a bond with individuals and families more easily. In order to improve the overall reach of the programme however, more coaches need to be trained, more time allocated to the implementation of the intervention, as well as more involvement from schools. Wider dissemination of the programme through schools is needed to increase sustainability. Other areas for programme development include:

- The referral process would benefit from being adjusted and streamlined. Referrals should be made to one accessible place, where the individual is then assigned to the programme that best fits their needs whether that be ASCN or other programmes such as YPAS or MYA.
- Further develop professional's knowledge of neurodevelopmental conditions within ASCN as well as across other organisations so they are able to intervene earlier with those who need support. This would help prevent or reduce long-term harm.
- Linking school personnel (e.g. teacher), parents and the child together so they can work towards the agreed outcomes with the aim of all parties taking their responsibility seriously. Schools should agree to not exclude the young person whilst they are on the programme. *"In short, the programme needs good partnership working who are delivering the same message, working intensively with a manageable number of clients".*

> *"ADDvanced Solutions Community Network's facilitators are professionally qualified and their lived experience really helps because you have more of an understanding".* Practitioner

6.11 Safe Together: Children of Prisoners Programme (My Time Project)

Overview

The Safe Together: Children of Prisoners intervention is an art therapy programme that aims to support children impacted by parental or familial imprisonment. The intervention aims to:

- Teach children about fine art, including techniques and history;
- Provide children with the tools they need to develop fine art;
- Develop children's skills such as drawing and artistic expression, and knowledge and use of pastels, paint, water colour, collage and clay;
- Develop children's confidence; and support children to self-sooth;
- Provide therapeutic group support for children;
- Raise awareness of children's experiences and their voices across the community.

Safe Together is a new pilot intervention implemented by an active researcher (and founder of the My Time Project) and consultant clinical psychologist, and fully funded by the VRP. It builds on existing programmes implemented by the MyTime Project that supports children affected by parental imprisonment in the community[33]. The My Time Project is *"a service created with children, for children"*, and its mission is for all children with a parent in prison to be able to access specialised community-based support (see Box 13 for core values).

Box 13: My Time Project core values (underpinning the Safe Together intervention)

Respect: We respect children and families as experts of their own experience.

Non-Judgemental Approach: We take a non-judgemental approach to our practice.

Individual Differences: We do not see children of prisoners and their families as all the same. We acknowledge individual differences and support each family in a bespoke manner.

Child and Family Led: We work collaboratively with families and we are child and family led.

Expertise: Whilst we recognise the significant trauma that children and families face when a parent is sent to prison we do not position our families as victims, but as competent and able people with much to offer.

Reflection and Growth: We are not content to simply stick to our ways of working. Instead, we constantly try to find new and better solutions to the challenges our families face.

Person Centred Approach: We offer possible solutions and coping mechanisms but respect the families' choice on what advice they wish to take or not take.

Partnership Work: We recognise the children we serve are best supported when we work in partnership with other third sector and statutory agencies. We take the safeguarding of children seriously.

Change Makers: We strive to advocate for the rights of our children and families locally, nationally and internationally.

The Safe Together intervention was implemented with 11 children from January to March 2020 and included eight 2-hour sessions delivered primarily in a local community centre, over eight weeks on either a Saturday or a Sunday. This included seven practical art sessions and one trip to the Tate Liverpool Art Gallery and Museum to learn about different art forms and artists, colour, contrast, meaning, and for the children to consider what art impacted them and why. At each session the children were provided with a variety of healthy food and drinks and after the field trip to the Tate

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[33] www.themytimeproject.com/

they all went out for dinner as a group. During each session, the children were supported by a child clinical psychologist artist and a prisoner's children specialist. The children explored fine art and this was used as a medium to express difficult experiences. The children were invited to discuss experiences pertaining to the imprisonment of a family member. The types of things that were discussed were arrest, prison visits, having no contact, bullying, home visits, how the media affects prisoners families (especially children), and having hope/positive thinking. The intervention concludes with an art exhibition, designed and delivered by the children. Whilst this has not yet been implemented (see barriers below) the exhibition aims to provide the children with an opportunity to present the art they produce and verbally share their stories to a private audience (including parents/guardians and siblings, and invited professionals). The art exhibition is then open to the public for a period of time.

Facilitating factors

The Merseyside VRP funding was a key facilitating factor, as the programme would not have ran without it. In addition, as a programme implementer is also employed at LJMU, they were able to secure space within the LJMU Art and Design Academy for the art exhibition. Key to programme delivery was the

"We also want to say a HUGE thank you to Merseyside Police for funding this programme - thank you we have loved it" Children's speech

identification and access to a child psychologist who is also an artist and practices art therapy and was able to work weekends. As a serendipitous coincidence the psychologist also has lived experience of growing up with incarcerated parents, and therefore the children were able to quickly feel relaxed and safe in the therapeutic space when the psychologist was able to share that she too had parents in prison, yet had used this difficult experience as a source of strength and was able to be resilient and ultimately successful.

Barriers

COVID-19 meant that the art exhibition could not be implemented. This has prevented the collation of information to measure the impact of the programme on participants[34], and children's and parents views. Critically, the children have not yet had the opportunity to display and present their art and share their 'voices' to parents/carers and siblings, and other stakeholders. Seeing their work displayed and appreciated, getting positive feedback from the audience and having the opportunity to give the speeches they wrote was anticipated by programme implementers to be particularly empowering for the children, building their confidence and self-esteem.
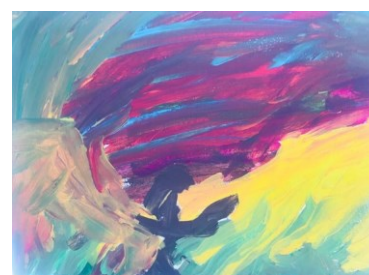
Outcomes and impacts

Eleven children (aged 5-13 years; three boys, eight girls) who had (currently or previously) a parent/guardian, or a family member incarcerated (or legally detained under the Mental Health Act) participated in the intervention.

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[34] All participants were asked to complete a short survey pre-intervention to measure strengths and difficulties and self-esteem. Programme implementers aimed to repeated the survey following the art exhibition to measure distance travelled between the start and end of the programme. Post-intervention surveys have been distributed to participants via email; to date they have had a small response date (<50%). Due to low number, data are not presented in this report.

- Nine children attended the intervention with another young person from their family (e.g. siblings from the same and/or separate family household);
- For most (n=6) children the person incarcerated was their father; for others it was a grandparent or uncle;
- Two children had more than one person in their life incarcerated;
- Four (out of nine) children regularly visited their family member in prison;
- For two children, their family member had been released, and for one they were living in the family home at the time of their participation in the programme.

To date the intervention has led to a number of key outcomes:
- The children have designed and prepared for an art exhibition called Safe Together. Whilst this has been postponed, the preparatory work has included the children making art and writing speeches which they intend to present and deliver at the event (once implemented);
- Children have been provided with an activity during a time when activities may not have been available to them (i.e. weekend);
- The children have produced art demonstrating their stories that will be shared in the art exhibition and also developed into a self-help booklet for other children.

> *"After our trip we all went out for dinner together which was really lovely. Spending time together is an important part of our project. We feel safe together"* Children's speech

The intervention deliverers reported that children provided positive feedback about the intervention during delivery of the sessions and speeches produced by the children for the art exhibition, and written feedback from three children highlight some key impacts for them. This included: feeling safe during sessions; group bonding; opportunities to share experiences in a safe space, free of judgement; learning a new skill; the use of art to help them express themselves, deal with difficult emotions more effectively and increasing their safety (e.g. through reducing their physical acts of frustration); and, helping them think more positively, through enabling them to focus on happy memories and their future aspirations. Intervention delivers identified a number of broader outcomes including:

> *"The art therapy gave me a place to express myself through art, talk about my worries and listen to others. I loved learning how to use different media and using new techniques. The art supplies I was given was a nice surprise and it is inspiring me to expand on my creative knowledge"* Written feedback from child

- Funding provided to a local community centre through hiring of rooms to deliver the intervention;
- Potential cost savings and benefit for families, as children were provided with a meal during each session (many children were living in impoverished situations).

In addition, through the delivery of the art exhibition, it is anticipated and hoped that the voices of the children will be raised, local partners will understand more about their lives, and the support and response they receive from local partners and other people in the future will be enhanced (e.g. kinder). The development of a self-help book for children, produced in collaboration with children, is

anticipated to provide support for children impacted by parental or familial imprisonment (that is currently limited).

> *"We found that art is a really useful way to help us express our feelings. Sometimes there are things that are hard to say so we can explain them with colour, shape and pictures. We can relax when we are drawing and painting. Art helps us to channel our difficult emotions such as anger, sadness, frustration - this is much healthier than maybe lashing out, or getting into trouble at school because we have too many difficult emotions stuck inside us that can explode at any time. This means art helps us to be safe. Art also helps us to focus on the positives in our lives and we can paint our happy memories or even our hopes and dreams"* Children's speech

Sustainability and next steps

The intervention deliverers and children are hoping to complete the intervention as planned. The art exhibition will be rescheduled and implemented at a suitable time. The materials produced, and information gathered, as part of the intervention by and from the children will be used to develop a self-help book to be printed and distributed to prisoner's children around Merseyside. Additional data will be collected to evidence impacts on children and families, including post-intervention strengths and difficulties and self-esteem questionnaires (to explore distance travelled between the start and the end of the programme) and additional qualitative feedback. Delivery of future programmes is funding dependant. Moving forward, the hope is to gain funding for another creative therapeutic project. The children have expressed a wish to tell their stories through animation as animations allow for expression with anonymity. The programme implementers are currently communicating with a local animation company (Twin Vision) who has experience of working with children who have endured significant life challenges. The children want their animation videos to be shared with prisoners so that parents in prison might be able to understand the child's lived experience, and help to build safe relationships pre and post release between offenders and their children.

> *"We hope that through our art, others might understand a bit more about what we go through and perhaps this might mean people are kinder to children with a family member in prison"*
>
> *"We wish that we could trust the police if we were ever in a bad situation, we wish we could be known as the normal kid in school, rather than the kid with a parent in prison or the bad kid. We wish that people could understand us"* Children's speech

> *"Over the course of our art sessions we have gained a lot of confidence, and have found that art is a different form of expressing ourselves. The art sessions allowed us to express our inner thoughts and feelings without being judged. Knowing it was ok to talk about what I was feeling to others without being criticised, and hearing other's experiences and knowing I wasn't on my own. Feeling safe and going to the Tate gallery was fun. It was exciting to see how art can be seen whether it is a drawing or sculpture. Art is a form of expression which has no boundaries. [The programme implementers] and the students were fab and totally understood how and what people like me feel. Without their help and support people like me would continue in silence. The centre where our sessions were held was very safe and secure and was a relaxed environment to be in. We really enjoyed our sessions which made the weekend more fun. The best part of our art sessions was receiving our art boxes at the end. Thank you [The programme implementers] and everyone for your support"* Written feedback from siblings

6.12 Beacon Programme (MFRS)

Overview of programme

The Beacon Programme, designed and led by Merseyside Fire and Rescue Service (MFRS) Youth Engagement Team, aims to support children and young people (aged 9-16 years) in a unique team and confidence-building project. The programme aims to encourage self-development by instilling fundamental Fire Service principles of self-discipline, leadership and teamwork. The Beacon programme is a six-week (primary school) or 12-week (secondary school) alternative education course, run during school term times. The programme runs for one day per week; transport and lunch are provided to promote engagement Sessions are delivered in group sizes up to 12, as the course is typically delivered at local fire stations. The programme consists of various topics including practical fire service activities (hose drills, breathing apparatus drills, and search and rescue techniques), energising team building games (start of the day and after lunch) and classroom discussions (community safety awareness, first aid, and road and water safety).

> *"We always say to the young people…it's about giving you a fun and enriching experience…it's unique…you'll be wearing fire kit, you'll be working with real fire engines, you'll be using real equipment that the firefighters use…so there is no pretend about it…but it's safe, it's also about providing a safe environment for young people as well"* Programme Facilitator (PF)

> *"…they're working in teams and afterwards we'll review it and say right what worked, was it communication, was it listening to others, not taking over…all life skills come into that really"* PF

Following completion of the course, young people take part in a 'pass out parade', in front of their parents/carers, teachers, local councillors, partner services and senior officers within MFRS, to demonstrate the skills they have learnt throughout the course and to celebrate their achievements. A standard 'scheme of work' is followed, dependent on whether the course is 6/12 weeks long. Some variation in course content can be achieved to allow sessions to suit the needs of participants. Schools are asked to provide pre-course assessments for each participant to support this. For example; *"if all young people struggle with reading and writing, we can do lots of adaptations….using pictures instead…we find out about previous experiences that may cause triggers or flashbacks".* Sessions are designed to educate participants and make them *"fire safe aware citizens"* while also *"building confidence, raising self-esteem, making them feel as though they can achieve and working on their behaviour".* Providing a unique and fun opportunity to learn in an alternative environment to the typical school classroom setting, the courses are designed to help participants develop skills such as

> *"…it's about young people having a positive engagement with a uniformed service…for us it's about collaborating with partners to reduce the number of students being excluded from mainstream education, to help improve their school attendance"* PF

> *"Creating fire safe aware citizens…to help improve their social and moral responsibility in the community"* PF

teamwork, communication, problem solving and working with others.

Young people are selected to take part in the programme as they are deemed to be 'at risk' by their school teachers for several reasons. The risk referral criteria are set out by MFRS and includes criteria

such as children experiencing adversity/trauma, those that are or have been close to becoming involved in anti-social behaviour, students with poor attendance and those experiencing vulnerabilities (i.e. 'looked-after' children, young carers, young people with disabilities, and young people from BAME groups). In short, participants may be any *"students who need additional support because they are struggling in mainstream education"*.

The programme was initially developed over 18 years ago and was, historically, predominantly funded by the schools receiving the programme. Due to austerity and funding cuts, the decision was made by MFRS to stop delivering the programme around four years ago, to make way for alternative programmes such as the Fire Cadets. Funding received from Everton in the Community saw a bespoke programme delivered in November 2019, and following Merseyside VRP funding the programme was subsequently re-launched in January 2020.

Between January-March 2020, the course has been delivered in three schools in Liverpool and two in Knowsley (completion of some of these courses has been halted due to COVID-19). The schools were selected in partnership with the local authorities, based on local need and priorities. When delivering the programme, MFRS predominantly utilise their own internal staff members to deliver on the different aspects of the course, occasionally calling on other agencies for support (e.g. drugs and alcohol services).

Facilitating factors

One of the biggest facilitating factors for the delivery of the Beacon programme was the speed at which MFRS were able to mobilise and launch the programme to allow delivery to fit into the timeframe set out by Merseyside VRP. As the Beacon programme had previously been delivered in many schools across Liverpool, with over 100 sessions delivered in the previous Beacon, there were already links and relationships in place with many schools. This helped to facilitate the quick mobilisation of the

"The brand – Merseyside Fire Service…it's about trust, being seen in the community…it's quite a strength for us when we're approaching schools that we're from the fire service…it's a trust already built in with a lot of partners so we could turn things around quite quickly" PF

programme going forward. In addition, the collaborative working between the VRP and MFRS meant that MFRS were able to approach the 'right' individuals at the relevant schools to ensure that time was not wasted in the process of accessing schools who would be happy to receive the programme. Having the support of the schools was vital in the success of the programme; from providing pre-course assessments, to support from staff and a willingness to *'get involved'* in sessions. Additionally, the brand of MFRS is a positive, in that they are seen to be in a position of trust within the community and therefore gain respect from external partners and schools. Moving forward, MFRS Strategic Lead for Youth Engagement is keen to work more in partnership around targeting schools/vulnerable groups and tailoring the programme to meet local priorities.

Barriers

Due to the funding timescales, establishing new relationships with schools was an initial barrier. However, through using strong strategic partnerships, this was addressed swiftly and enabled joint work around targeting specific schools and young people.

In terms of implementing the programme, it was sometimes the behaviours/attitudes of the young people and their willingness to 'buy-in' and engage with the programme that caused some challenges. The current programme facilitators are both highly experienced with many years of working with young people (0-25 years). They are equipped with skills and experience to deal with all kinds of challenging behaviours from participants. To help overcome these, participants are asked, along with their parents, to 'pledge' at the start of the programme, which outlines the expectations for participation. This includes attending regularly and being on time. Delivery staff also recognised that external influences and home life can be a barrier to delivery of such courses. There was a good understanding by the staff that external influences and adversities have a huge impact on the students.

> *"We do have a laugh with them, we do make it fun…we don't tend to see, most of them don't carry on with that attitude for long"* PF

> *"Obviously you may be able to have a positive impact when they are with you but you don't have any say over their home life…outside influence…home and background influence…it can sometimes go against everything you're trying to get through to them"* PF

Unfortunately, a final barrier to implementation was the COVID-19 situation which put a halt to all delivery from mid-March onwards. MFRS have worked hard during this time to continue to support its participating schools and the young people who were taking part in these courses and hope to recommence the courses as soon as possible.

> *"'Due to covid-19 the courses have had to be suspended. We still have) links with the teachers from those schools. We're putting together workbooks for them, information about wellbeing and general young people's advice in this climate. It's a way of keeping the young people interested and letting them know that we're still interested in you and we're hoping to continue supporting and get them to complete the course"* PF

Outcomes and impacts

The Beacon programme was delivered to 66 young people (66% male) and completed by 22 young people (some courses were halted due to COVID-19). The perceived impact of the programme, by managers and programme deliverers, was positive in many aspects. Developing skills in teamwork and communication, as well as leadership and problem-solving were described. The confidence development and 'feel-good' factor for participants was discussed by all

> *"It's those underlying skills…improving confidence and working with others that are so valuable"* PF

> *"Students leave with an awareness of how to stay safe and how to work as a team…I don't think teamwork is discussed as much in school…the importance of teamwork and leadership"* PF

MFRS staff, providing a unique opportunity away from the classroom. The increase in knowledge and awareness around fire safety and uniformed services was also recognised, particularly their ability to 'advocate' for the fire service and to pass on knowledge to the wider community, educating family and their peers on aspects such as checking smoke alarms and the impact of hoax calls.

Schools have provided feedback (to MFRS) about the course and have consistently reported positively about Beacon.

> "The course is boss... I love that we get to put the uniform on and learn how to be real firefighters" Young Person (YP)

> "Gives them an opportunity to shine in a way that maybe school doesn't – particularly for those who don't 'suit' a 'traditional' learning setting" PF

> "I sometimes struggle to attend school as I get really anxious and want to stay home with my mum, sometimes get frustrated and can be a bit cheeky towards adults. When I was attending the Beacon, I was sick and had to miss one session...this made me really sad and I was upset. I like being praised and was so proud when I was presented with certificates and I know my mum was proud of me" YP

> "Their needs have been met, by being recognised for doing something, by the positive praise they've had, by achieving something...the next day when they've gone into school, their self-esteem, they feel good about themselves and their attendance improves and they want to go" PF

> "Building positive relationships with a uniformed service...especially for young people who may have had negative experiences or have negative opinions of the police in uniform...it just gives the young people a positive image" PF

School teachers have also recognised the impact that the Beacon programme has been having on the participants, highlighting that the staff delivering the course are fantastic, that the course activities are appropriate and engaging and that it is impacting on the participants beyond the course, in their school and home life.

> "One of the participants was selected because he lacks confidence and often isolates himself from his peers. To see him getting involved with teamwork activities and especially group discussions, has been a big achievement in helping him develop his confidence" Teacher

> "The impact on the children's behaviour, attitude and attendance has been amazing" Teacher

> "Parents who struggle to get out of bed to get their children to school are there every week so their son/daughter can attend the course" Teacher

> "Children can just be themselves on the course – especially the children who have a "front" in the school and in the community" Teacher

> "The course is just so good – tailor made for children of all ages and stages of their own development" Teacher

Sustainability and next steps

MFRS have begun to relaunch their Beacon programme and have developed some good relationships with schools and programme participants. It is hoped that through increased funding, this will be sustainable going forward, as the opportunity for participants is unique, particularly in primary school where such interventions are scarce. Ultimately, MFRS staff are aware that the ability to secure sustainable funding relies on the ability to demonstrate effectiveness, proving the worth of the programme and demonstrating its benefits to funders. As well as using this downtime due to the COVID-19 situation to revisit session plans and improving Schemes of Work, MFRS are also revisiting all evaluation forms and methods of data collection to ensure that they are fit for purpose and capture the impacts of the programme relevant to funders. There is also discussion about expanding capacity of the programme beyond school attendance and improved behaviours. More broadly, MFRS are in

the process of conducting a full review of all of their deliver and working in a more trauma informed way.

> *"I think if you've got young people who are struggling in school and they get an opportunity to go and achieve something….there's an excitement about it…to know that they are going to achieve something outside of the school environment, to me, is a huge boost to them"* PF

Suggestions for programme development included more input from external agencies and partners, including the police service. Merseyside VRP had offered to deliver some sessions to young people as part of the programme and MFRS are hoping that this will happen once the programme recommences. Other suggestions for external agencies which may enhance the programme included the provision of some money management, cookery, health sessions and age-appropriate sexual health awareness. One MFRS staff member suggested that making the course slightly more challenging for its participants might be somewhere that the programme can develop going forward.

> *"For me, I'd like to make it slightly more challenging as we go on…for them…I'd like to engage the firefighters more…like having a firefighter there to say, right were going to go up these ladders now, and just having something a bit more challenging in the future"* PF

7. The Merseyside VRP strategy - Development, Approach and Anticipated Outcomes

Engagement with local partners has been a crucial element of the development of the future VRP strategy. Consulting with partners to map initiatives and ensure the coordination of evidence and interventions has been a priority. Data collected from this evaluation has been used to inform the strategic direction of the VRP, supported by the development of the Problem Profile and a Theory of Change, developed through this evaluation.

7.1 The Problem Profile

The Merseyside VRP problem profile *"aims to provide [a] baseline understanding to the Merseyside Violence Reduction Partnership (VRP), its stakeholders and its community about the reality of violence within the Merseyside area with the intention of highlighting potential areas of risk using data to support findings and provide the reader with further clarity as to the benefits of a public health approach"*. The profile provides information on:

- Demographic overview of Merseyside;
- Risk and protective factors for violence in Merseyside;
- Serious Violence in Merseyside;
- Public Perceptions and User Insight;
- Interventions and other evidence sources to prevent serious violence;
- Public Health Data Findings.

A range of data sources are utilised from across a number of partners such as police, health and fire and rescue. The profile is informed by data provided in the TIIG data repository and hub, and research, including that funded by the VRP.

7.2 Theory of Change: Merseyside VRP Strategic Vision and Core Values

Evidence collected through this evaluation is presented in the form of a theory of change (Figure 7) and logic model (Figure 8). This model has been developed to illustrate how the Merseyside VRP is anticipated to achieve a range of positive short, medium and long-term outcomes. The model incorporates the Merseyside VRP strategic vision (Box 14), and is supported by a Theory of Change. Specifically, the model details:

- The key inputs and resources required to deliver the strategy and information about the range of data being collected to evidence whether the outcomes are being achieved.
- The range of partners who are required to work together in order to successfully embed violence reduction initiatives across Merseyside and create positive outcomes.
- How the core values of the Merseyside VRP are being embedded across the whole system, ensuring that community is at the heart of the VRP and initiatives are trauma informed.
- How the strategy is ensuring the coordination and maximisation of resources, thus avoiding duplication and enhancing efficiencies

The logic model also provides a framework for monitoring and evaluation, to demonstrate how, where and for whom the anticipated outcomes are expected to be achieved.

The Theory of Change provides the narrative to explain the processes and mechanisms of change that will occur as a result of the Merseyside VRP strategy.

7.2.1 Activities: mobilising change

The activities that have been supported by the Merseyside VRP provide early intervention and prevention to address and support outcomes for people at risk of and/or affected by violence. The VRP Strategy aims to adopt a life course approach, implementing interventions from pre-pregnancy and conception through to later life. Data collected through the evaluation shows that a range of activities are being delivered across Merseyside that contribute to violence reduction, and that these are being implemented across the life course (Figure 7), and across prevention levels.

This evaluation has identified a number of key activities that are specific to the VRP:
- **A collaborative public health approach:** The VRP is delivering collaboratively at both a strategic and operational level, with excellent buy-in and commitment from a wide range of statutory and non-statutory organisations. The strategic group have identified strengths across the system and ensured a true public health approach has been adopted from the start. Key partners are committed to adopting violence prevention within the policies of their respective organisations. The VRP have made links with NHS leads across Merseyside to ensure serious violence is adopted into all policies. This work should be incorporated into future evaluation to understand the

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Box 14: Merseyside VRP strategic vision and values (www.merseysidevrp.com)

We aim to:
- Tackle the causes of serious violence in Merseyside
- Reduce serious violence in Merseyside and particularly youth violence in public spaces
- 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 our response is bespoke to the challenges in each area of the county

We will ensure that:
- **Community is at the heart of the VRP:** Serious violence cannot be addressed if we do not work with communities. The VRP will ensure its work is underpinned by the voice of young people and communities across Merseyside.
- **Coordination and maximisation of resources:** There are examples of cutting edge work to tackle serious violence across Merseyside. The VRP can support this work by coordinating activity, reducing duplication, sharing good practice and helping to integrate practice across a range of partners.
- **Communication:** Messages about knife crime and serious violence shape people's fear of crime and their subsequent behaviour. The VRP will influence the story that is presented to our children, young people, families and communities. Communication between partners is also key to the success of the VRP, and the team and Steering Group will develop ways to maximise its effectiveness.
- **Trauma informed approach:** Significant investment has already begun in this area through workforce development and we will ensure this underpins all services, recognising how people's adverse childhood experiences have shaped their life and can lead to problems which can be focused inwardly (anxiety, depression, suicidal thoughts) or outwardly (offending, aggression, impulsivity). This has significant implications for how to work and intervene with young people and their families.

effectiveness and impact of these partnerships. The VRP strategy reflects the need for a life course approach that provides early intervention and prevention initiatives from pre-conception through to older years. Activities delivered by local partners reflect the public health and trauma informed approach and take a positive approach to counter the negative discourse that traditionally surrounds violence. For some partners this approach reflects their current practice, whilst for others, this is a newer approach that is being enthusiastically adopted.

- **Early help:** The VRP acknowledged the importance of developing service and practitioner level understanding of ACEs and the impacts of trauma across the life course, in order to ensure that trauma informed approaches would be implemented across frontline services in Merseyside. Since January 2020, over 30 ACE awareness training events have been carried out with over 700 individuals, representing a wide range of organisations. The analysis of evaluation findings to date suggest that the training is needed and well received by those who attend. Further evaluation could explore the immediate and longer-term impacts of this investment.

- **Developing and enhancing pathways and support for people at risk of and/or affected by violence:** The VRP has invested in a number of effective interventions to provide early intervention and support for people at risk of and/or affected by violence. This includes support for people at risk of violence, via diversionary activities and life skills programmes (e.g. delivered by the LFC Foundation) as well as support for children of prisoners (e.g. through the Safe Together programme), victims of violence (e.g. through the Navigator Programme) and offenders (e.g. through mentors, role models, the Youth Offending Service and Integrated Offender Management initiatives). Support is also provided to vulnerable groups by raising awareness of child criminal exploitation (e.g. through the Eyes Open campaign) and working with schools, mobilising activity to support relationships between school exclusions and vulnerability, exploitation and serious violence. The VRP has also mapped education provision in order to evidence examples of good practice and gaps in provision. The mapping identified examples of saturation and interventions that are not adequately evidence-informed. As a result, this has led to the development of a consistent approach to support and enhance new and existing education provision.

- **Mental health:** The VRP recognise the importance of addressing the wider social determinants of violence and the role of mental health in preventing and addressing violence. The VRP have funded a range of mental health services to increase provision and support across the sector with a particular focus on services provided to people under the age of 25 and their families. Interventions have included courses for individuals (such as integrative therapeutic support and support for young people with ADHD and ASD) and families (such as family therapy and parental support programmes) at risk of and/or affected by violence. Interventions have also been targeted towards schools (via the ROAR mental health training programme in primary schools, for example).

- **Community is at the heart of the VRP:** the VRP recognise that serious violence cannot be addressed if they do not work with communities. The VRP is committed to ensuring its work is underpinned by the voice of young people and communities across Merseyside.

Figure 7: Overview of Merseyside VRP Interventions across the Life Cycle
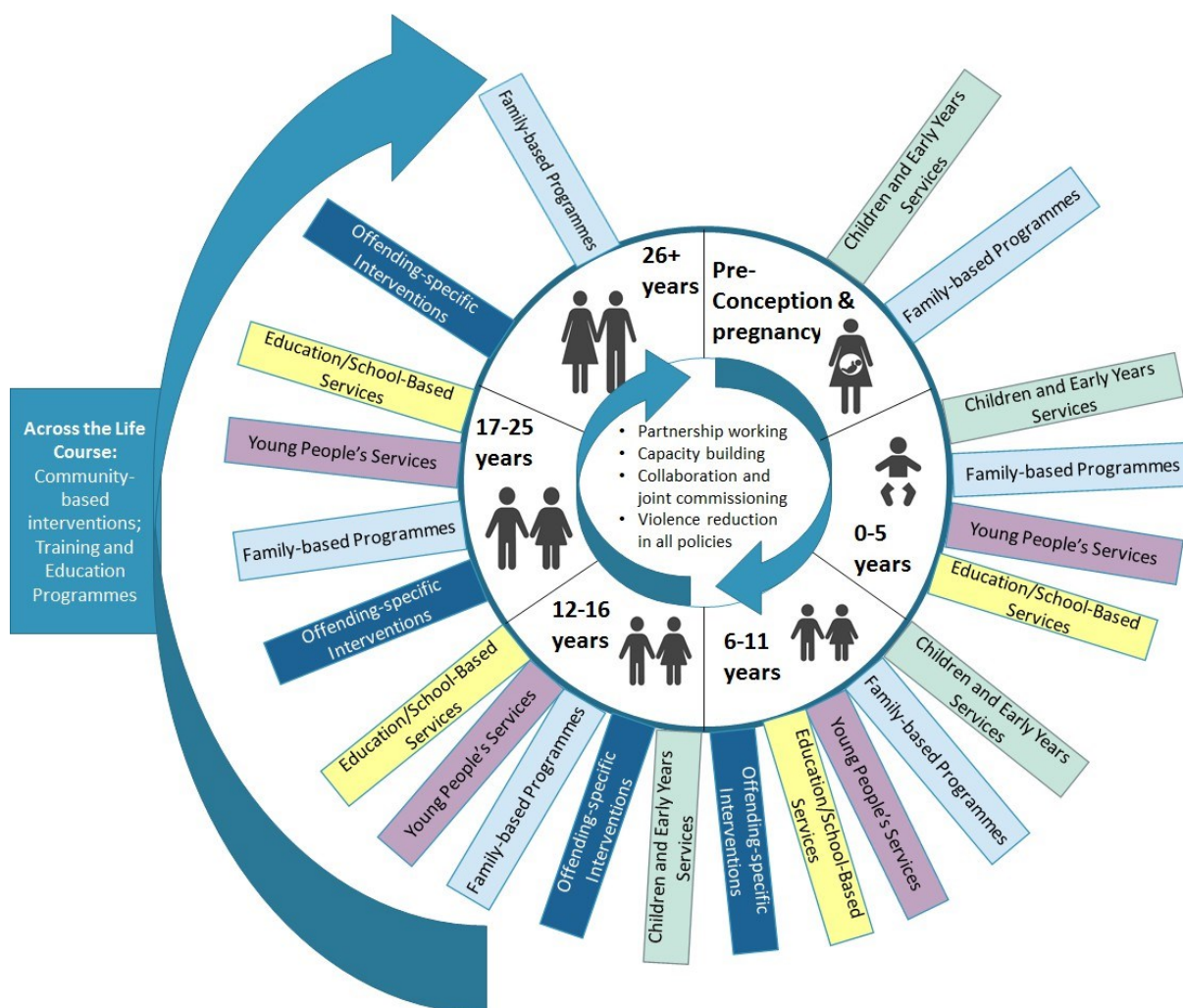
7.2.2 Inputs: coordination and maximisation of resources

A range of resources are required to ensure the VRP strategy can be delivered effectively and efficiently. The VRP have identified and mobilised examples of cutting edge work to tackle serious violence across Merseyside. The VRP can support this work by coordinating activity, reducing duplication, sharing good practice and helping to integrate practice across a range of partners.

Although the VRP provides funding to mobilise initiatives, an overarching aim of the strategy is to ensure these initiatives can be delivered sustainably in the longer-term. Further work is required to explore how the system can be supported to develop a sustainable infrastructure for future delivery, particularly as many key partners are third sector groups reliant on external funding. Key partners required to deliver the strategy include statutory organisations (e.g. local authorities, Merseyside Police, Department for Work and Pensions, Merseyside Fire & Rescue Service, Schools, Prisons and Probation) alongside non-statutory organisations (e.g. community and voluntary services). All partners acknowledge the importance of having a wide range of groups involved in the strategy, ensuring communities are placed at the heart of delivery.

Intermediate outcomes: The short and medium-term steps that will contribute to the final goal include a range of whole system, individual, family and community-based outcomes. These include improved access to mental health support, school-based initiatives, housing support and family-based interventions, alongside improved access to specific support for offenders and people at risk of offending. Improving access and support to these initiatives will result in improving outcomes for people across a range of areas, including employment, housing, education, aspirations, skills and safety.

The final goal: The overarching aim of the Merseyside VRP is to create healthier, safer communities. This includes improved community resilience and improved mental and physical health outcomes that will result in a reduction in violence-related hospital admissions, fewer people reliant on welfare support, a more productive economy and a reduction in health inequalities across the Merseyside population, as a result of ensuring those most in need of support are receiving/accessing this.

The VRP strategy includes a number of core values to support this goal:
- Tackle the causes of serious violence in Merseyside;
- Reduce serious violence in Merseyside and particularly youth violence in public spaces;
- 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; and,
- Ensure our response is bespoke to the challenges in each area of the county.

Enablers: The internal enablers that drive change are those mechanisms that can be controlled within the VRP strategy. Here, the enablers are the high quality services that deliver the activities that have been identified as being integral to the success of the strategy, the partners identified to mobilise these and the ethos, values and attitudes of all those involved:
- **A trauma informed approach** is integral to the Merseyside VRP strategy, and significant investment has already begun in this area through workforce development. The strategy will ensure this approach underpins services, recognising how people's ACEs may have shaped their life and can lead to problems which can be focused inwardly (anxiety, depression, suicidal thoughts) or outwardly (offending, aggression, impulsivity). This has significant implications for how to work and intervene with young people and their families.
- **Communication:** Messages about knife crime and serious violence shape people's fear of crime and their subsequent behaviour. The VRP will influence the story that is presented to children, young people, families and communities. Communication between partners is also key to the success of the VRP, and the team and Steering Group are developing ways to maximise its effectiveness.
- **Community resilience and responsibility:** The VRP have mobilised community resilience and engagement initiatives to explore how best to respond to and reduce serious violence within communities. The VRP recognise the need to invest time and effort to communicate with the most vulnerable members of the community. Partners described the importance of operationalising community buy-in and acknowledged the need for local communities to identify and mobilise opportunities to address and support violence reduction activities. Whilst the VRP strategy should act as a vehicle to mobilise and raise the profile of violence reduction activities, local partners will need to continue efforts to develop a local response that is appropriate for the assets and needs of local communities.

The external enablers required to ensure the Theory of Change will be successful and outside the immediate control of the VRP include the funding available to deliver the strategy, wider social and political factors, and the attitudes of organisations or groups who are not part of the VRP.

7.2.3 Assumptions: sustainability and infrastructure

The success of the Merseyside VRP strategy is based upon a number of underlying assumptions. These include assumptions that: Home Office funding will be made available to mobilise the strategy across 2020/21; key partners involved in the core VRP group will have capacity to continue to provide strategic expertise and support; wider partners involved in delivering the VRP (as detailed within the logic model) will exist and have the capacity and resources to operationalise the VRP strategic activities; all partners will prioritise violence prevention and incorporate these into their respective policies; all partners will prioritise data sharing in order to ensure decisions can be made on best evidence.

Local partners acknowledged that funding will not be recurrent and are committed to developing evidence-based sustainable interventions that will create immediate and longer-term change. The ability of the VRP to upscale interventions has been recognised as a priority challenge for stakeholders to address. Whilst there is evidence that this is already happening in some areas (such as the roll out of ACE training, for example), the importance of accurate monitoring, intelligence and evaluation has been identified as being paramount to supporting smaller organisations that are dependent on short-term funding cycles.

7.2.3 Evidence: monitoring and intelligence

A wide range of high quality quantitative and qualitative evidence is currently being collected in order to test the Theory of Change. The outputs included in the logic model detail the range of data available to evidence whether the short, medium and longer-term outcomes are being achieved.

Stakeholders recognised that the problem profile and the data hub would be instrumental to the future efficiency of the VRP. Some partners highlighted challenges surrounding access to data, capacity to interrogate available data, and the need to ensure the appropriate outcome indicators are in place to measure the impact of the VRP. The development of a clear monitoring and evaluation framework will complement the VRP strategy and Theory of Change.

Figure 8: Merseyside VRP logic model

Stakeholders (left column):
- Local Authorities Inc. Public Health and Social Care
- Merseyside Police
- Merseyside Fire & Rescue Service
- Department for Work and Pensions
- Schools/Education Providers
- Community and Voluntary Services (VCS)
- Prison, Youth Offending Teams and Probation
- Youth Justice System
- Community Sports Groups
- VRP Academic Support

Activities

Children and Early Years
- Early Help Parenting Programmes
- 0-19 Universal Services
- School-based mental health programmes
- Speech and language activities
- Targeted support e.g. SEN, LAC, children of prisoners

Family
- Family Nurse Partnerships
- ACEs interventions (workforce and families)
- Whole family work/mediation
- Troubled Families/Targeted family support/mentoring
- Support domestic abuse and vulnerable adults

Young People
- Youth Clubs/activities
- Employment interventions for young offenders
- Diversionary activities
- YOT-led activities
- Targeted/specific risk-taking behaviour programmes
- Identification of vulnerable victims
- Navigator Programme

Education/School based
- Violence awareness/risk activities (e.g. young people/school staff)
- Mentoring work schemes e.g., with young people, employers, care leavers
- PSHE Curriculum/pastoral support
- Training and advice for schools and parents e.g. COEP, ROAR
- Restorative practice/justice
- Careers training/reducing NEET
- ACEs/TIP/DA training for frontline staff
- Education, training and employment support

Community
- Targeting of hotspot areas
- Community safety activities
- ABCD/resilience building
- Targeted community-based interventions
- Housing support
- Preventative policing
- Leisure/sport/parks diversionary activities e.g. for NEET, care givers

Offender specific
- Targeted/prevention work with people at risk of offending
- Enforcement/tactics
- Interventions for young people in custody and on release
- Targeted work with young people to prevent further offending
- Court mandated interventions
- Disruption activities
- Multiagency response to organised crime

Outputs

- Crime: Police data
- Crime: Youth Offending data
- Crime: Probation (NOMS/CRC)
- Crime: Local authority data (e.g. ASB, MARAC)
- Health: A&E (TIIG data)
- Health: Local authority data (self-harm/alcohol-RH)
- Health: Navigator project data
- Health: CCG data
- Health: Health visiting data
- Intervention/service specific e.g. VCS
- Employment: DWP data
- Employment: Career Connect data
- Employment: Local authority data
- Social Care: Children's services data, Early Help/Troubled Families referrals
- Education: Local authority Schools data, vulnerable pupils
- Workforce: Training attendance
- Homelessness: Local authority data
- MFRS data: Deliberate ASB fires, engagement data

Short-term outcomes

- More families and young people accessing mental health support
- The narratives of young people/communities are embedded within the VRP strategy
- Organisations across the system have increased awareness of pathways of support for reducing violence
- Organisations across the system have increased understanding of violence and related-risk factors
- Increased education (for staff and students) around violence prevention in schools
- Increased engagement between parents and schools
- Development of positive relationships between schools and communities
- Increased identification and support for vulnerable students
- Schools better equipped to intervene/prevent bullying
- Better identification of crimes that could lead to serious violent crimes
- Wraparound support for offenders at point of arrest
- Improved targeting of organised crime gangs by Police
- Improved access to accommodation for families
- Improved identification of Trends and hotspots to better target resource and intervention
- Workforce are aware of and understand how to identify/provide support for individuals/families around mental health
- Organisations across the system are aware of and understand how to identify/provide support for individuals/families around ACEs

- Increased aspirations amongst young people
- Improved feelings of safety within communities
- Improved feelings of safety amongst young people
- Improved feelings of safety within families
- Reduced fear of violence in the community
- Challenged acceptance of violence
- Improved understanding/recognition and use of community assets
- Improved school attainment, attendance
- Reduced school absences, truancy and exclusions
- Improved skill-levels amongst young people aged 16-24 years
- Improved outcomes for young people aged 16-24 years with additional needs
- More young people engaging with training
- Improved access to employment opportunities **for those furthest away from employment**
- Improved qualifications amongst young people
- Improved employment outcomes for young people
- More at risk groups and families living in secure housing
- Reduction in homelessness rates across Merseyside

Longer-term outcomes

- More people in skilled, well paid jobs
- Reduced worklessness and unemployment rates
- Improvements in local productivity
- Reduction in domestic violence
- Reduced risk in child exploitation
- Reduced risk of offending
- Reduced risk of re-offending
- Reduced risk of serious harm
- Reduction in all violence
- Reduction in serious violence
- Reduction in knife-enabled serious violence amongst <25 years
- Sustained reduction in arrests

- Shift in cultural norms
- Improved community resilience
- A sense of belonging for people in communities
- People feel that they live within a safe and happy community
- Improved mental wellbeing (target populations and wider communities)
- Improved health outcomes associated with wider determinants

- Reduced hospital admissions associated with violence and serious violence
- Fewer families/individuals reliant on welfare support
- Reduced financial cost of violence
- Increase in economic productivity
- Reduced health inequalities/closing the gap in health inequalities

8. Conclusion and Recommendations for Future Delivery

The overarching aim of the Merseyside VRP is to prevent violence and develop healthier and safer communities across Merseyside, for current and future generations. Following provision of Government funding, a multi-agency partnership has led the development and establishment of the VRP, and the implementation of a range of whole system, place-based and thematically focused activities and interventions. Core activities have focussed upon:

- Promoting a public health approach to violence prevention across the county;
- Enhancing partnership working and synergies across prevention activity;
- Developing understanding of existing community assets and approaches that can prevent (or inadvertently promote) violence;
- Enhancing multi-agency data sharing and interrogation, and subsequent understanding of violence across Merseyside;
- Enhancing activities to prevent violence and/or mitigate impacts;
- Ensuring prevention approaches are relevant for the local community, and the community is at the centre; and,
- Defining the vision, and short and long-term ambitions of the VRP.

Thematically focused interventions have targeted whole populations, and those at risk of and/or involved in violence, and have been supported by the promotion of trauma-informed approaches across services, and uplifting of mental health provision for young people and families. Evaluation findings have provided insight into the impacts of the VRP during its short delivery period. A broad range of partners have influenced the future direction of the VRP, and through the commissioning of over 200 activities and interventions impacts on local communities are starting to emerge, at varying levels of the whole system. Emerging evidence from case studies of VRP funded interventions illustrate the reach of prevention efforts to those most affected by violence, and allude to some of the impacts for young people, families and wider communities. The multi-agency and tiered structure of the VRP, and development of the logic model, theory of change and VRP strategy document, grounded in local multi-agency intelligence and community engagement, embeds a collaborative community-centred approach to the VRP, that has the potential to promote its sustainability and impact in the future. The evaluation has alluded a number of considerations for future development and implementation, and evaluation and monitoring.

Strategic Approach, Infrastructure and Sustainability

- The VRP should continue to provide a critical function for Merseyside to support the development and implementation of interventions to prevent and/or mitigate the impacts of violence, relevant to the local community context. This includes promoting the evidence base, supporting the piloting of new interventions, and where relevant promoting multi-partner programme implementation, maximising community assets and efficiencies, and coordination of community based programme activity.
- The tiered structure of the VRP should be maintained, with oversight from the Safer Merseyside Partnership and VRP steering group. These groups should continue to support and promote partnership working across the whole system. They should continue to consider if they are representative of all relevant partners across the county who can influence violence prevention, and have a key role in the delivery of the VRP strategy.
- All VRP partners should ensure that they embed violence prevention, and their commitment to the VRP strategic approach, in to their own organisational policies.

- The VRP should continue to embed the voice of the community within VRP programme activities, with a specific focus on ensuring that the voice of those most affected by violence is heard and influences the VRP strategic approach and delivery.
- The VRP should communicate the strategy, the underpinning logic model and theory of change, and the intended impact to all partners including the community. Various communication types and avenues will be needed to reach all relevant partners and community members.
- The VRP should develop a framework to integrate planning, delivery, research and evaluation.
- The VRP should identify, support and/or influence national policy and strategic approaches that will influence violence prevention at a local level (e.g. ACE/trauma-informed approaches).
- The VRP should work with relevant bodies to embed a public health approach to violence prevention in practice based education curricula for key workforces (e.g. police, health, youth work, social work, and probation).

Funding and commissioning
- The VRP should facilitate the development and implementation of interventions that can evidence high impact and are appropriate for the community's needs (as per feedback from multiple stakeholders), which may be delivered by a range of organisations, beyond those that are more well-established. Funding decisions should consider the current needs of the community, potential impacts on violence prevention, existing evidence for the intervention/approach and alignment with the VRP strategy and problem profile.
- The VRP should work to develop collaboration and joint commissioning across partners with a longer-term vision for violence prevention, including work around school exclusion.
- VRP partners should consider promoting continuity in the partners/individuals who have been employed to deliver selected, indicated or tertiary prevention work (that are showing positive impacts), and where relevant assist with salary and project delivery costs.
- Given the adoption of a public health approach to violence prevention, and limitations of short term interventions/funding of interventions, the VRP should continue to consider the sustainability of the VRP, and interventions it supports (both with and without VRP financial support), and where feasible embed approaches into mainstream services. Equally, the VRP should seek to influence national funding bodies, including the Home Office, to promote a considered, long-term approach to allocation of funding, to support VRPs to subsequently promote a public health approach to violence prevention at a local (and national) level).
- The VRP should ensure that funding for interventions in 2020/21 is distributed to intervention deliverers by September, in order that they can have the option to run more than one programme of delivery before the end of March 2021.

Planning and Delivery
- Whilst the logic model, theory of change and strategy document should underpin the VRP approach and future delivery plan, the VRP should be flexible to the changing landscape in the short and long-term, including for example, changes in political and operational leadership and priorities.
- The influence of the global pandemic (COVID-19) on the VRP delivery plan should be considered. Key areas for consideration include impacts on:
  o The nature and extent of violence occurring across the community, considering for example, the impacts of public health measures (e.g. physical distancing/isolation) on domestic violence and ACEs, and if the nature and extent of other forms of violence, such as CCE are affected (positively and/or negatively);
  o Partner agencies capacity and ability to deliver services, interventions and support; and,
  o The wider social-determinates of health for the community and young people as a whole.

- The VRP should prioritise activities based on efficiency and intended outcomes.
- The VRP should use existing evidence to inform the development and implementation of violence prevention programmes across Merseyside. Where new interventions are developed and tested, or existing interventions are adapted in to new settings or population groups, where feasible the VRP should support partners to implement robust evaluation before scaling up.
- The VRP should consider developing a repository of support provision for young people and families across Merseyside, to aide signposting across services.
- Intervention deliverers need to ensure that relevant partners are aware of what is needed from them to ensure effective delivery of the programme, and positive impacts for young people, from the start of the programme (so as not to waste any time).
- For school-based interventions, intervention deliverers should ensure there is good buy-in from teaching staff, not just senior leaders, before the beginning of the programme. This would increase the teachers' understanding of why the young people are being removed from their classroom and what signs they should be looking out for when they return to class to note even the slightest change in behaviour/attitude.
- Where relevant, intervention costs should include budgets for elements that aim to reduce inequalities and promote the social determinates of health (e.g. provision of food for young people attending interventions; transport costs to aide access to interventions).
- Where feasible and relevant, intervention deliverers are encouraged to train their own staff (e.g. youth workers) to deliver all programme elements, ensuring continuity in programme delivery and engagement with young people, and improved programme sustainability.

Early Intervention and Prevention
- Evidence suggests that to prevent violence, pathways for intervention need to happen early. The VRP should ensure it focuses on a range of prevention types, including universal approaches that focus on early years, parent and family-based interventions.
- VRP interventions should also target young people at risk (and those at risk but not seriously enough to be picked up on) of, and/or involved in violence, as well as providing opportunities for all young people.
- The VRP should continue to develop and embed a trauma-informed approach into all initiatives.
- Consideration should be given to exploring the development and implementation of whole school approaches to developing the health and well-being of children, with consideration to the role of school exclusions.

Trusted Voices and Connected Communities
- The VRP should continue to take a place-based approach to delivery, supporting areas to develop and implement activity relevant for local community needs.
- All organisations involved in the VRP should ensure that they connect with the community and ensure the community can and does influence prevention activity.
- Where feasible, the VRP should work to promote the social determinates of health (e.g. education, economic stability through employment, access to healthcare), to prevent violence, and/or mitigate the impacts of violence.

Evidence and Best Practice
- The VRP should keep abreast of the continually emerging evidence on violence prevention, and where feasible contribute to the evidence base, sharing learning across partners at a local and national level.
- The VRP should consider liaising and working with other VRUs to collectively develop evidence on new and/or comparable interventions implemented across VRUs (e.g. Navigators).

- The VRP should facilitate and participate in partner-wide meetings/events to share best practice, both across the county and other VRUs/areas.
- The Problem Profile, Data Hub and evidence from community voices should be refreshed to ensure that the drivers of violence are continually understood, and prevention activities are targeted and relevant to the community.

Evaluation and monitoring

- An evaluation, monitoring and research framework should be devised to assist the VRP in deciding which interventions should be evaluated and monitored, and in what detail and format, and the research that should be supported to inform the long-term VRP strategy.
- Future evaluation of the VRP should use a systems approach (see Box 15), with more thorough evaluation of interventions that have a limited evidence base and/or that are relevant for more detailed evaluation (e.g. include an adequate number of participants from which to draw meaningful conclusions).
- Future evaluation framework development should consider how local partners can be supported to monitor and evaluate interventions. Consideration is needed around the evaluation needs of interventions, which will vary across time and place.
- The data repository and hub provides a vital resource for monitoring changes in violence across Merseyside, measure progress in intended outcomes, and informing intervention delivery. The VRP should work to support the development of the data repository and hub, particularly in relation to improving the breadth and quality of the data available to local partners. The utility of the hub in informing prevention activity should be assessed regularly, to ensure that it is fit for purpose, and relevant partners are aware of and actively using the data and related analyses.

Box 15: Systems approach to evaluation

Egan et al (2019) suggest a systems approach is most effective where there is more than one primary goal being measured and a Theory of Change is being explored. Egan et al (2019) also acknowledge that there is no gold-standard systems approach to public health evaluation and do not advocate for the use of a single method. The choice of systems approach depends upon the methodological requirements of the evaluation. A number of systems evaluation methods could be used for the VRP evaluation (adapted from Egan et al, 2019):

- **Qualitative research with a systems lens:** Sampling participants from different parts of the system, exploring the impact of the VRP on relationships and change, and understanding how different parts of the system affect one another. A systems perspective is used to exemplify how stakeholders experience and respond to the VRP and its activities.
- **Adaptation of traditional evaluation approaches with a systems perspective:** Implementing traditional evaluation methods to understand pre and post-changes, analysed within a systems perspective. For instance, exploring key activities to understand facilitators to behaviour change, barriers, and challenges, as well as understanding what works well, for whom and under what circumstances.
- **Concept mapping:** Understanding problems, challenges and solutions through stakeholder engagement. Understanding the broader factors that influence violence prevention activities in Merseyside and present opportunities for change. The ongoing development of a logic model can reflect the factors that stakeholders consider to be important.
- **Network analysis:** Carrying out work to map how different people or organisations connect to one another to identify key influencers within a network (organisations who have more influence than others) and whether some parts of the network are isolated or working in silo. This data can be mapped and repeated to understand changes over time.

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10. Appendix 1: Methods

To meet research objectives, a range of methods were implemented.

Review of programme documentation: Documentation, materials and correspondence produced throughout VRP programme delivery were collated and reviewed. This included programme and training materials, monitoring forms, meeting notes, and update reports. Members of the research team also observed selected VRP activities (e.g. meetings/events) and interventions (e.g. ACE training). Information collected through such review and observation is used throughout the findings to complement data collected by other methods (e.g. stakeholder interviews).

Semi-structured interviews: Qualitative semi-structured interviews were carried out with VRP steering group/team members (n=10) and intervention implementers (n=16) across VRP funded interventions. Interviews were conducted between January and March 2020 and ranged in length from 13 minutes to one hour 35 minutes. Interviews were carried out both face-to-face and over the telephone, and all interviews were audio recorded and transcribed. Interview questions focused on: background to the VRP work programme and broader violence prevention activity across Merseyside; experiences of, and progress in implementing the work programme; barriers and facilitators to implementation (and if and how barriers were overcome); areas for development; actual and anticipated programme impacts; and, programme sustainability.

Surveys: To identify changes in knowledge, confidence and attitudes related to ACEs/trauma informed practice, practitioners (n=397) attending ACE/trauma informed practice (implemented by five different training providers) completed pre and post training surveys. Survey questions included: basic demographic and occupation information and training history (pre only); knowledge of ACEs/trauma; confidence in ability to support clients in a ACE/trauma informed way; attitudes towards ACE/trauma informed practice; and, perceptions and anticipated impact of the training, and recommendations for change to content or delivery (post only).

Stakeholder workshop: A stakeholder engagement event (n=86 practitioners involved in violence prevention or related activities across Merseyside) was held in February 2020 to explore the range of violence prevention activities being implemented across Merseyside, understand anticipated outcomes, and inform the development of the strategic approach for the VRP for the next financial year. The information gathered during the event was used in the evaluation to develop the logic model.

Data analyses: Thematic analyses was used to analyse the data from the semi-structured interviews and the stakeholder workshop. The analysis is presented with illustrative quotes where appropriate to highlight key findings. Quantitative analysis of the pre and post training survey data was undertaken in SPSS (v.26) using descriptive statistics and paired samples test (Wilcoxon signed rank).

Ethical approval: Ethical approval for the study was granted by Liverpool John Moores University Research Ethics Committee (REC no 20/PHI/001).