



Home Office

Process evaluation of the Violence Reduction Units

Research Report 116

August 2020

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Executive summary

Background

In the summer of 2019, the **Home Office announced that 18 police force areas would receive funding to establish (or build upon existing) Violence Reduction Units (VRUs)**. The areas were selected to reflect those with the highest levels of serious violence. The VRUs' **core aim was to provide leadership and the strategic coordination of all relevant agencies, to support a 'public health' approach to tackle serious violence and its root causes**. The same 18 police force areas also received separate funding to reduce violence through law enforcement.

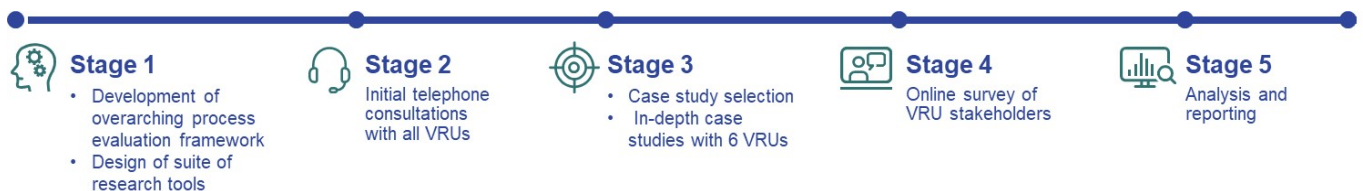
The Home Office commissioned an **independent evaluation of VRUs to:**

- **investigate the early implementation of the VRUs through a process evaluation (led by Ipsos MORI); and**
- **assess the amenability of VRUs to an impact evaluation in the future (led by Ecorys).**

This report focuses on the former.

The **process evaluation employed a mixed-method approach** that was undertaken in five stages as illustrated in the diagram below.

Outline of process evaluation methodology



Key findings

Local context and rationale

VRUs were **responding to rising levels of violent crime** and had **identified a common set of perceived key drivers** of serious violence prior to the development of their Problem Profile. These included **adverse childhood experiences (ACEs), deprivation and austerity**, which had manifested in a variety of ways that had made individuals more at risk of becoming involved in violent crime.

Some VRUs expressed that they would initially focus on reducing serious violence for the **under-25 age cohort**, with a particular **focus on knife and gun crime**. In addition, **some VRUs intended to broaden their focus beyond the serious violence categories set out in the strategy**, to target activity beyond the under-25 age cohort and across complementary areas such as sexual exploitation, domestic violence and modern slavery.

VRUs sought to **bring together different organisations to tackle serious violence** by understanding its root causes. Linked to this, VRUs described their key activities to **focus on leading and coordinating the local response to serious violence**, including the development of a Problem Profile

/Strategic Needs Assessment (SNA) and Response Strategy, as well as **potentially funding specific interventions**.

Models of working (operational set-up)

The majority of the VRUs were made up of at least three 'layers':

- a **governance board**;
- a **dedicated team of strategic/operational staff** who were commonly seen as 'the VRU'; and
- an additional more **localised interface that operationalised activity on the ground**.

This third level had most typically utilised existing Community Safety Partnerships (CSPs).

VRU **membership** across the three layers **included most, if not all, of the required representatives outlined in the Home Office guidance**. Many VRUs had also engaged a broader range of organisations. Regardless of the VRU structure, **all VRUs were working closely with existing partnerships and local organisations** to develop a more prevention-focused, holistic and coordinated approach to addressing serious youth violence.

Over half of VRUs were led by a member of the local Office of the Police and Crime Commissioner (OPCC) who had typically occupied a strategic, policy and/or programme management role. This reflected the fact that this group of professionals were experienced in working across organisations to identify local problems and develop strategies. **VRU governance boards had typically been led by the PCC or representatives of the OPCC**, which had enabled strategic alignment of VRU and surge funding.

Although the **core VRU teams typically included at least a director, programme manager, project support officer, analyst/researcher and public health colleague**, there appeared to be quite a lot of diversity in their size and membership. Most **core VRU teams comprised primarily seconded staff** from key organisations. The **sustainability of this approach was being considered** as VRUs moved into year two of the programme, which would be exacerbated from March 2020 by the COVID-19 pandemic, which has led to the majority of public health and some police members to be recalled back to their home teams to support the large-scale national response.

VRUs had made **significant progress in raising awareness of their mission and vision** amongst all three layers of their structures. However, they had made **more limited progress engaging the wider public and young people** in their ongoing development as many were still assessing how best to engage these groups.

Public health approach (strategic set-up)

VRUs **focused their efforts on developing a strategic public health approach (PHA) across their activities**, which would inform more targeted frontline delivery in year two. However, **longer term cultural change was required to embed a PHA both horizontally and vertically across all partner and delivery agencies**.

Although VRUs were given the opportunity to localise and tailor their branding, many had chosen to use the Home Office branding to retain visible links to the wider Serious Violence Strategy, which was perceived to add gravitas during the developmental stage of the VRUs. However, **a small number of VRUs reported having experienced challenges in relation to Home Office branding and the name 'Violence Reduction Unit'**. For example, some VRUs had found that the 'violence reduction' label had

put off or even deterred some organisations from engaging with them (e.g. some schools and local child protection services), as it was perceived to relate only to policing matters.

All VRUs aspired to share and collate a wide range of data and intelligence, with most currently (as at March 2020) relying on data that were more readily accessible, and all acknowledging that this activity would remain a work in progress over the coming years of the programme. VRUs had found it challenging to access data from particular agencies, which more commonly included education, the probation and youth services and social care data. The majority of data that had been shared were anonymous and had been provided at an aggregate level.

VRUs had commissioned a broad range of interventions to tackle serious violence. Given the time constraints, this was undertaken prior to the development of the Problem Profile /SNA and mainly involved extending and enhancing existing interventions. The development of the Problem Profile /SNA may lead to significant changes to the VRU's intervention portfolio in year two, to ensure that it reflects the needs identified in Problem Profile s/SNA and associated Response Strategies.

The majority of VRUs were on course to deliver their Problem Profiles/SNAs by the end of March 2020 and the work undertaken had enhanced VRU knowledge of the key drivers of serious violence and issues within VRU areas. At the time of reporting (March 2020), almost all VRUs were yet to finalise their Response Strategies, reflecting the length of time it had taken VRUs to develop the Problem Profiles/SNAs that were required to inform this. Both Problem Profiles/SNAs and Response Strategies should be viewed as evolving documents that will mature and be subject to change over time.

Perceived (early) outcomes

Good progress had generally been made by the VRUs over the first year of the programme, which had in most cases laid a foundation for a more evidence-based and targeted response to serious violence in year two of the programme.

Although more work was required to fully operationalise the VRUs, the early results provide an indication of the extensive groundwork that had been developed over year one of the programme.

VRU perceptions of the effectiveness of their commissioned interventions illustrated a more mixed response. This reflected most had been commissioned prior to the development of Problem Profiles and that in a lot of cases, it was early to comment on their effectiveness.

Evaluation of subsequent years of the programme will enable a more comprehensive assessment of the outcomes and impacts of the VRUs and a fuller explanation about how, why and in what context success has been achieved.

Implications for future development

The achievements and lessons learnt from the process evaluation form an important part of the growing evidence base. They will help existing VRU and non VRU areas to mobilise to meet the requirements of the forthcoming serious violence duty,¹ and the Home Office and wider Government to support this development. Following are the key implications shown by this work.

¹ <https://www.gov.uk/government/consultations/serious-violence-new-legal-duty-to-support-multi-agency-action>

- It will be important for **existing VRUs** to **consolidate their activities, with a particular focus on**:
 - **stabilising their core staff teams and staffing models to ensure longer term sustainability**, with special consideration given to the core roles identified in Table 6.1;
 - **engaging all agencies and stakeholders** that are felt to be of relevance to the local area and **continuing efforts to encourage and influence cultural change** to enable the embedding and delivery of a PHA to tackle serious violence;
 - **commissioning evidence-based interventions that meet strategic need**;
 - **developing clear and comprehensive communication and engagement strategies** that include greater and improved discourse with frontline staff, local communities and young people, and specific activities to communicate finalised Problem Profiles/SNAs and Response Strategies; and
 - **building local evidence bases** to inform evolving Problem Profiles/SNAs and Response Strategies, including **improved data sharing** between agencies and **setting up robust monitoring and evaluation processes** to assess the effectiveness of interventions.
- **Non-VRU areas** that are considering how best to meet the forthcoming duty **may benefit from**:
 - **initiating mapping exercises that identify and seek to align their existing serious violence infrastructure, including working closely with their CSPs to understand local narratives**;
 - **considering who the most at risk groups are likely to be within their area**; and
 - **considering which individuals would be best placed strategically to lead future activities**.
- The **Home Office and wider Government need to consider** the following to enable the future success of the VRU programme:
 - **sustainability of funding** to align with the longer term timescales required to implement a PHA to tackling serious violence effectively;
 - **providing consistent, clear and accessible terminology** that more effectively explains the **expectations of a PHA**;
 - **developing guidance to enable more effective data sharing** across multiple agencies; and
 - **Providing additional guidance to support better alignment with existing statutory functions/partnerships**.

1 Introduction

In 2019 the Home Office awarded grant funding to 18 Police and Crime Commissioners (PCCs) to establish or build upon existing Violence Reduction Units (VRUs). The selection of these PCCs was based on the levels of serious violence experienced between 2014/15 and 2017/18. VRUs form a key component of Home Office action to implement a public health approach (PHA) to tackling serious violence and its root causes.

The Home Office subsequently (in September 2019) appointed Ecorys UK and Ipsos MORI, in partnership with the University of Hull, to deliver an independent evaluation of the VRUs. The evaluation comprised two elements:

- study to assess the feasibility of carrying out a robust impact evaluation of the VRUs in the future (led by Ecorys UK);²
- a process evaluation to explore how VRUs have been implemented in practice, including key enablers, barriers and lessons learned from the first phase of delivery (led by Ipsos MORI).

This report presents the results of the process evaluation, which was carried out between December 2019 and March 2020.

1.1 Background to the Violence Reduction Units

The Government's Serious Violence Strategy, published in April 2018, set out its programme of work to address recent increases in knife crime, gun crime and homicide. The strategy emphasised early intervention and prevention and underlined the need for a balanced approach that responded to the underlying, root causes of violence as well as delivering effective law enforcement. The programme of actions set out in the strategy reflected the importance placed on partnership working across different government departments and sectors (e.g. education, health, social services, housing, youth services, and victim services). Within this programme, actions were set out in relation to four key themes which included:

- tackling 'county lines'³ and misuse of drugs;
- early intervention and prevention;
- supporting communities and local partnerships; and
- effective law enforcement and criminal justice response.

² Ecorys (2020) *VRU Impact Feasibility Report*.

³ A term used to describe organised criminal networks involved in exporting illegal drugs into one or more areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

In March 2019 the Treasury announced the £100m Serious Violence Fund aimed at addressing violent crime. In line with the earlier strategy's focus on partnership working, £35m of this new fund was targeted at supporting multi-agency approaches to tackling and preventing serious violence at a local level. Specifically, this funding was awarded to 18 PCCs to establish or build on existing VRUs in the year 2019/20; £63.4m of the Serious Violence Fund was allocated to the 18 forces as surge funding (additional funding for law enforcement operational activities, e.g. increased officer deployment and improved intelligence).⁴ Hospital admissions for assaults with a knife or sharp object was used as the basis for selection of the 18 areas most affected by serious violence and the funding allocations.

All VRUs had to ensure that they each delivered a mandatory 'core function'. This was to provide leadership and strategic coordination of all relevant agencies to support a 'public health' approach to tackle serious violence and its root causes. This drew heavily on the historic work and evidence generated by the Scottish Violence Reduction Unit (SVRU) – also referred to as the Glasgow model – the Violence Research Group at Cardiff University⁵ and the World Health Organisation (WHO). VRUs adopted a PHA based on the WHO's definition, which places emphasis on addressing the risk factors that increase an individual's likelihood of becoming a victim or perpetrator of violence⁶ and can be summarised as follows:

- focused on a defined population;
- with and for communities;
- not constrained by organisational or professional boundaries;
- focused on generating long-term as well as short-term solutions;
- based on data and intelligence to identify the burden on the population, including any inequalities; and
- rooted in evidence of effectiveness to tackle the problem.

The Home Office application guidance also stipulated that all VRUs had to produce two mandatory products to support delivery of the PHA within the first year of the programme.

- A Problem Profile or Strategic Needs Assessment (SNA), which identified the drivers of serious violence acting in the local area, that took steps to identify the cohorts of people most affected.
- A Response Strategy, which described the multi-agency response being delivered by the VRU, its members and other partners, and which will tackle the drivers identified in the Problem Profile/SNA and work to reduce serious violence in the specified local area. This product should also set out how the action being taken by the VRU will enhance and complement existing local arrangements responding to serious violence.

⁴ £1.6m of the funding is being used to ensure that police forces have better data to help their planning.

⁵ <https://www.cardiff.ac.uk/violence-research-group/about-us/violence-prevention-group>

⁶ https://www.who.int/violenceprevention/approach/public_health/en/

A note on terminology

The VRU programme was originally conceived using the WHO's public health approach terminology, which was reflected in the initial application guidance issued by the Home Office. Over time, this terminology has evolved from the use of the term 'public health approach' to the use of the term 'whole-systems approach' in recognition of the latter becoming more commonplace and better understood across many of the agencies involved in the programme.

Given the early stage of the programme at which the process evaluation was undertaken, the report uses the public health terminology, to reflect the language used in the research tools and the resultant views expressed by the VRUs at the point at which the evaluation was conducted.

Alongside the VRU core function, at least 20% of funding in each police force area was to be used for specific interventions working with young people (aged under 25).

In this context, VRUs had three specific outcome measures to achieve:

- a reduction in hospital admissions for assaults with a knife or sharp object, and especially among victims aged under 25;
- a reduction in knife-enabled serious violence, and especially among victims aged under 25;
- a reduction in all non-domestic homicides, and especially among victims aged under 25 involving knives.

A summary of the funding allocated to each PCC is outlined in Table 1.1.

Table 1.1: VRU final funding allocations for PCC force areas

Final funding for each VRU	Force area
£7,000,000	▪ Metropolitan Police
£3,370,000	▪ West Midlands; Greater Manchester; Merseyside; and West Yorkshire
£1,600,000	▪ South Yorkshire; Northumbria; Thames Valley; Lancashire; Essex; Avon and Somerset; and Kent
£880,000	▪ Nottinghamshire; Leicestershire; Bedfordshire; Sussex; Hampshire; and South Wales

Source: <https://www.gov.uk/government/news/funding-for-violence-reduction-units-announced>

In 2019 the wider context for establishing and implementing VRUs included a number of complementary developments also aimed at exploring the feasibility of strengthening multi-agency, cross-sectoral approaches to tackling serious violence. This included the Government's April 2019

consultation⁷ on proposed options for “...achieving an effective multi-agency approach to preventing and tackling serious violence”. The Government’s response to the consultation, issued in July 2019, outlined its next steps and intention to “...bring forward primary legislation to create a new duty on organisations to collaborate, where possible through existing partnership structures, to prevent and reduce serious violence”,⁸ and amend the Crime and Disorder Act 1998 to mandate serious violence as an explicit priority for Community Safety Partnerships (CSPs). This will complement the investment in VRUs and create a legal framework to support their sustainability moving forwards.

Wider support for this shift towards adopting a PHA to address the levels of serious violence and its root causes was evident in the reports and guidance issued by other partners with a stake in reducing serious violence. For example, in October 2019 Public Health England published its guidance⁹ to support local partners across different sectors to understand the effects of serious violence in their local communities and work together to prevent and reduce this violence. In addition, the Youth Select Committee welcomed the adoption of a PHA to address serious violence in its most recent report, and also noted the need for sufficient support and funding ‘to provide the integrated care which the public health approach relies on’.¹⁰

In this context VRUs, and any subsequent evaluation of their activity, will form an important contribution to the developing evidence base of what works in implementing a PHA to addressing serious violence.

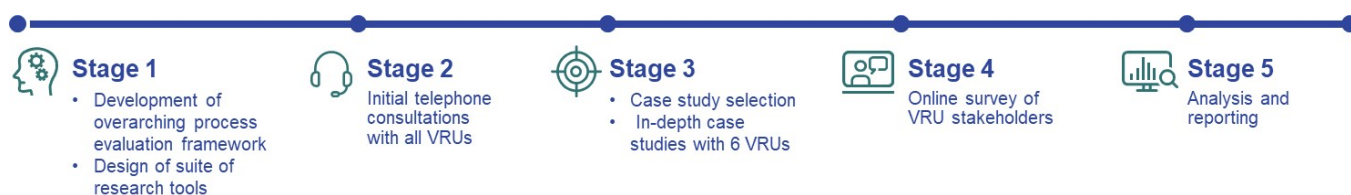
1.2 Aims and objectives of the evaluation

The overall purpose of the evaluation was to provide an in-depth understanding of how VRUs have been implemented in practice, specifically in relation to their adoption of a PHA to tackling serious violence. As described above, this included two interconnected strands of work – an impact feasibility assessment and a process evaluation – the latter of which forms the focus of this report.

1.3 Process evaluation methodology

The process evaluation employed a mixed-method approach that was undertaken in five stages as illustrated in Figure 1.1.

Figure 1.1: Outline of process evaluation methodology



Stage one: Development of an overarching process evaluation framework and suite of research tools

An overarching process evaluation framework was co-developed with the Home Office at the outset of the evaluation to inform the design of comprehensive research tools and underpin data collection. The framework was informed by a short desk-review of existing contextual, programme and evaluation-

⁷ Home Office (2019) *Serious Violence Legal Duty Consultation* <https://www.gov.uk/government/consultations/serious-violence-new-legal-duty-to-support-multi-agency-action>

⁸ *Ibid.*

⁹ Public Health England (2019) *A whole-system multi-agency approach to serious violence prevention* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/862794/multi-agency_approach_to_serious_violence_prevention.pdf

¹⁰ British Youth Council (2019) *Our Generation’s Epidemic: Knife Crime* See page 53, paragraph 42, <https://www.byc.org.uk/wp-content/uploads/2020/02/Youth-Select-Committee-Our-Generations-Epedemic-Knife-Crime.pdf>

related documentation. This included a review of evidence from the SVRU (also referred to as the Glasgow model) and the Violence Research Group at Cardiff University.¹¹ Established in 2005, the SVRU is a national centre of expertise on tackling violence that adopts a PHA to addressing violence.¹²

The framework, which is set out in Annex B, lists each of the main process elements associated with the VRUs, including:

- the local context and rationale;
- objectives;
- models of working;
- adoption of a PHA; and
- perceived (early) outcomes.

Each of the process elements is then broken down to illustrate:

- a description of its associated objectives;
- corresponding evaluation questions;
- the main evidence sources that would be drawn on to assess its effectiveness; and
- the expected data collection methods to be employed to gather this information.

After a review by the Home Office, the evaluation framework was translated into a suite of research tools:

- a topic guide for use during the initial consultations with all 18 VRUs;
- topic guides for use during the in-depth case studies; and
- an online survey of VRU stakeholders.

Topic guides were pre-populated using information drawn from the complementary impact feasibility strand of the evaluation and tailored to include additional prompts to ensure that the predominant features of each VRU were explored.

Stage two: Initial consultations with all 18 VRUs

Initial telephone consultations were undertaken with the 18 VRUs in January 2020, which in the main involved either just the VRU Director or a small number of the core VRU team who took part in a group consultation (see Table 1.2). Participants were recruited using an email list of key contacts provided by the Home Office. The main focus of this set of consultations was to gather early feedback on implementation progress and any emerging issues/challenges. The interviews also informed the sampling approach for other data collection elements of the process evaluation.

¹¹ <https://www.cardiff.ac.uk/violence-research-group/about-us/violence-prevention-group>

¹² <http://www.svru.co.uk/>

Table 1.2: Breakdown of initial telephone consultation calls

Type of interview	Number of interviews	Number of interviewees
One-on-one	8	8
Group	10	27
Total	18	35

Source: Ipsos MORI process evaluation

Stage three: In-depth case studies

Six in-depth case studies were undertaken with a sample of VRUs (in Hampshire; Manchester; Northumbria; Nottinghamshire; Thames Valley; and West Yorkshire) in February to March 2020. The selection of the six areas were informed by a typology of the VRUs developed as part of the impact feasibility element of the evaluation. This enabled the research team to take a purposive sampling approach to ensure the inclusion of a range of VRUs based on:

- diversity of funding allocation;
- structure;
- intervention spend; and
- CSP involvement.

This was discussed with the Home Office to ensure that particular areas/models of interest were included, which informed the final decision on which six areas to approach and involve.

The purpose of the case studies was to supplement the initial set of consultations (which provided a high level 'breadth' view across all VRUs) with evidence gathered from across a wider range of VRU members and stakeholders (including strategic, operational and frontline staff) to illustrate the collective views from across each of the individual case study areas. This enabled analysis of where consensus and any divergence in views was expressed, the reasons for these, and how this had affected progress.

Each case study was informed by a review of the summary produced following the relevant initial process consultation and involved a mix of face-to-face and telephone consultations with between six and eight strategic, operational and frontline staff from each of the VRUs (see Table 1.3). Participants were recruited by email from contact lists provided by the relevant VRU directors.

Table 1.3: Breakdown of interviewee roles in relation to VRU

Role in relation to VRU	Number of interviewees
Strategic	26
Operational	11
Frontline	8
Total	45

Source: Ipsos MORI process evaluation

Stage four: Online survey of VRU stakeholders

An online survey of VRU stakeholders was undertaken across all 18 VRUs covering the same broad topics as the in-depth case studies. VRU directors supported the recruitment of participants through the provision of contact details to the evaluation team. This included members of the VRU governance boards, the core VRU teams and delivery/frontline partners. Ipsos MORI then disseminated the online survey by email.

The online survey was disseminated to 195 stakeholders involved in delivery of the 18 VRUs, who were each provided with two weeks to respond to the survey; 116 full responses were received, which implies a response rate of 60%. An additional 72 partial responses were also received, the majority of which had only responded to the initial 25% of the survey. A decision was therefore made to discard all partial responses and the analysis presented in this report is therefore based on the 116 full responses only.

Table 1.4 provides a breakdown of the role that the survey respondents played within their VRU, which shows that the majority (42% or 48 out of 116) formed part of the core VRU team.

Table 1.4: Survey respondents' roles within their VRU

	Total	Percentage
Core VRU team	48	42
Strategic partner	33	28
Operational partner	16	14
Delivery partner	19	16
TOTAL	116	100

Source: Ipsos MORI VRU Stakeholder Survey March 2020

Annex C contains a more detailed description of the characteristics of the survey respondents.

Survey findings in the report have either been illustrated in their aggregate form (i.e. frequencies and percentages of the total 116 respondents) or broken down by respondent type in instances where the results differed between these groups. In these cases, the research team aggregated the operational and delivery partner results to avoid implications being drawn from too small a sample size.

Stage five: Analysis and reporting

Integrated thematic analysis aligned with the process evaluation framework was undertaken to triangulate the three research elements of this strand of the evaluation. This analysis forms the basis of the results presented in this report.

Evaluation limitations

By necessity, the evaluation has drawn heavily on qualitative evidence that has mainly been drawn from stakeholders who have been integrally involved in the set-up of the VRU. This may result in positive reporting bias. Future evaluation of the programme should seek to gather views from a wider range of stakeholders to address this issue.

1.4 Report outline

The remainder of this report is structured as follows:

- Chapter 2 – sets the scene for the VRUs and provides contextual information about their starting points;
- Chapter 3 – examines the structures and models of working that have been developed to support the operational set-up of the VRUs;
- Chapter 4 – describes and assesses the progress that has been made by the VRUs in implementing a PHA to tackling serious violence;
- Chapter 5 – provides a summary of the early perceived outcomes of the VRUs;
- Chapter 6 – provides implications for the future development of VRUs for both existing VRUs and areas that are preparing to meet the forthcoming serious violence duty.

This report also contains four annexes, which provide:

- Annex A – a glossary of abbreviations used in the report;
- Annex B - the detailed process evaluation framework;
- Annex C - a description of the stakeholder survey respondent characteristics and accompanying frequency tables of the survey responses; and
- Annex D – further developmental considerations that may be helpful for existing VRUs as they continue to mature and develop, and non-VRU areas as they gear up to meet the requirements of the forthcoming serious violence duty.

2 Local context and rationale

2.1 Introduction

This chapter looks at the local context and rationale for the establishment Violence Reduction Units (VRUs), sets the scene for VRUs and provides contextual information about their starting points.

2.2 Serious violence and its drivers

VRUs were responding to rising levels of violent crime, as identified by policing data

Serious violence – homicide, knife crime and gun crime – rose between 2015 and 2017 across all VRU areas, and indeed across virtually all police force areas in England and Wales. In addition, robbery rates have sharply increased since 2016 and nearly all police forces have experienced an increase in knife crime offences with a growing trend of knife possession.¹³

Within VRU areas and nationally, these increases were accompanied by a shift towards serious violence involving young people under 25 years of age,¹⁴ as well as a rise of ‘county lines’ and associated criminal behaviours/gang-related problems from 2018.¹⁵

VRUs identified a common set of perceived key drivers of serious violence prior to the development of their Problem Profile/Strategic Needs Assessment

Beyond identified demographic factors (age, gender and ethnicity) from police and hospitalisation data, VRUs identified a range of other factors that have been linked with both perpetration and victimisation of crime and violent behaviour. Most of this is based upon anecdotal data (experience and perceptions), with a minority driven more by existing data-related work undertaken prior to the inception of VRUs.

At a local level VRUs reported that key issues had emerged differently across rural, urban and deprived areas, which had led to the identification of ‘hotspots’ of serious violence, particularly in relation to ‘county lines’. VRUs also perceived that a combination of adverse childhood experiences (ACEs), deprivation and austerity had acted as the root causes of serious violence in their localities; these manifested in a variety of ways and made individuals more at risk of becoming involved in violent crime.¹⁶ Further details included the following.

- Perceptions that austerity had led to cuts to key services such as community policing, youth and community services, which had previously served to support young people and in some cases discourage them from becoming involved in crime.

¹³ Home Office (2018) *Serious Violence Strategy*. <https://www.gov.uk/government/publications/serious-violence-strategy>

¹⁴ *Ibid.*

¹⁵ *Ibid.*

¹⁶ Home Office (2016) *Modern Crime Prevention Strategy*. <https://www.gov.uk/government/publications/modern-crime-prevention-strategy>

- ACEs were perceived to have led to school exclusions, alcohol and substance misuse, and increased vulnerability to pressures exerted via social media, which in turn were perceived to have influenced young people to become involved in violent crime.

Detail on the extent of the problems (i.e. to quantify the extent to which ACEs are an issue) are expected to be identified in the Problem Profiles developed by each VRU.

2.3 Key aims and priorities of Violence Reduction Units

VRU priorities reflected those set out in the *Serious Violence Strategy* (April 2018) and their key aims reflected those set out in the VRU Home Office application guidance

The strategy placed an emphasis on early intervention and prevention, emphasising a public health approach (PHA) to violence.¹⁷ It aimed to tackle the root causes of violence and prevent young people from getting involved in crime in the first place. VRUs reported that their initial priorities aligned with those set out in the strategy.

As a result, VRUs aimed to bring together different organisations to tackle serious violence by understanding its root causes, which in the first instance, involved coordination of the agencies stipulated as core members in the Home Office application guidance.¹⁸ Some VRUs also reported that VRU funding had acted as a catalyst for a more joined-up approach.

“We have lots of existing partnerships... but there was not a joined up coordinated vision around what the causes of violence are... and joint responsibility to tackle underlying social determinants. Funding has made a serious impact on ensuring a public health approach is more understood among people working in the area of serious violence.” (VRU member)

VRUs described that their key activities were to focus on leading and coordinating the local response to serious violence as well as potentially funding specific interventions. In addition, and as expected, VRUs reported that this would include the development and delivery of two mandatory products during the course of the year one funding period – a Problem Profile/Strategic Needs Assessment (SNA) and a Response Strategy.

In some instances, this was to include taking a shorter term focus on strengthening local policing and a longer term focus on prevention. One VRU defined this as being a shift from being “*crisis led*” towards a focus on prevention.

“The VRU is a vehicle to divert resources from reactive interventions towards early intervention activity.” (VRU member)

Many VRUs expressed that they intended to focus their efforts on reducing serious violence for the under-25 age cohort, with a particular focus on knife and gun crime. This was driven in part by the requirement to track progress against common, statistical success measures, which most VRUs stated were the right starting point.

¹⁷World Health Organisation (2002) *World report on violence and health*.
https://www.who.int/violence_injury_prevention/violence/world_report/en/

¹⁸ Core membership was to include the relevant Chief Constable; the Police and Crime Commissioner; local authority/ies; the Clinical Commissioning Group; Public Health England or their equivalent in Wales; the Youth Offending Team; relevant local educational institutions; communities and young people; the voluntary sector and the local business community,

In addition, just under half of the VRUs also intended to evolve their focus beyond the serious violence categories described in the strategy. This included expansion to target activity beyond the under-25 age cohort to form a more holistic approach for the whole population, and/or to expand their scope beyond knife crime and gun crime to other key themes such as child sexual exploitation, domestic violence and modern slavery. For some, the expansion was driven by local statutory data and anecdotal evidence of prominent complementary issues in their area (that were beyond the remit of the Home Office's definition of serious violence in the Serious Violence Strategy), whilst others more fundamentally believed that the issues could only be addressed by taking a whole population approach.

2.4 Building on existing partnerships

VRUs were operating in a complex policy and delivery landscape amongst a wide range of other initiatives aimed at reducing serious violence. All VRUs intended to build on and enhance existing infrastructure.

All VRUs reported an intention to build on the range of existing multi-agency arrangements that were already in place prior to the programme, which they were enhancing, extending and knitting together. These included:

- Community Safety Partnerships;
- Health and Wellbeing Boards;
- Serious Organised Crime Partnerships;
- troubled families;
- Youth Justice; and
- the new safeguarding multi-agency arrangements.

VRUs went on to state that the knitting together process would help to avoid overlap and duplication of activity, which in theory should lead to more efficient use of resources. This was to be initiated via a series of mapping exercises of the range of existing local activity already underway, to identify what was working well and less well, and as a result, how they could best add value to the existing landscape.

“The [area] VRU builds on a considerable amount of existing violence prevention activity that was localised in [the area] and mostly police-led. There was also a range of primary, secondary and tertiary violence prevention initiatives being undertaken across the area. A rationale for the VRU is to coordinate county-wide activity, to develop an evidence base of what works to reduce violence in the area.” (VRU member)

2.5 Summary

In summary, the VRUs were all seeking to support the realisation of the ambitions set out in the Serious Violence Strategy through the development and adoption of a holistic, localised and tailored approach to tackling the prevailing issues within their area.

3 Models of working

3.1 Introduction

Violence Reduction Units (VRUs) were given the flexibility to deliver their requirements through the creation of an entirely new partnership arrangement, or by building on existing partnership structures, to ensure that they were able to tailor their models of working to build on locality-specific strengths and capabilities. This led to variations in the operating structures set up by VRUs, which forms the focus of this chapter.

This chapter explores how VRUs have structured themselves, their leadership, governance arrangements, and the composition of the core VRU teams. Where possible, it provides an explanation of the rationale underpinning these decisions. It also provides a detailed description of the communication and engagement approaches that have been utilised to date (as at March 2020).

Given the early stage development of the majority of the VRUs, it has not been possible to assess the effectiveness of individual structures and their associated models of working; these should be examined during year two of the programme as the structures and associated activities mature. However, the sections below will seek to explore the key differences and similarities of the models of working.

3.2 Structure and composition

Two types of operational structure emerged in principle, with many similarities across the two

Two operational structures emerged over the course of the first year of the VRU programme – a single/central unit and a hub-and-spoke structure (see Table 3.1). The first of these structures, the single/central unit, which had been adopted by the majority of VRUs (13 out of 18), housed a core VRU team, who were responsible for strategic and operational delivery. This core team was routinely supported by a governance board, and in the majority of cases was also supported by district-level engagement, which varied in composition and remit.

The second of the structures, the hub-and-spoke model, had been operationalised in the remaining VRUs (5 out of 18). This included a regional core VRU team, the *hub*, and a formalised set of local VRU teams in sub-police-force areas (e.g. district/local authorities), the *spokes*, which were all overseen by a governance board. In these cases, the regional VRU team was responsible for the delivery of pan-area strategic and operational delivery, as well as oversight of local delivery that was facilitated by the spokes.

Table 3.1: Overview of VRU structure

VRU structure	Description	VRU
Single/central	<ul style="list-style-type: none"> Core VRU team – responsible for strategic and operational delivery Supported by a governance board Often supported by district-level engagement 	Bedfordshire; Essex; Greater Manchester; Kent; Lancashire; London; Merseyside; Northumbria; Nottinghamshire; South Wales; South Yorkshire; Thames Valley; West Midlands
Hub and spoke	<ul style="list-style-type: none"> Core regional VRU team – responsible for pan-area strategic and operational delivery, and oversight of local VRU teams Local VRU teams – responsible for local delivery Supported by a governance board 	Avon and Somerset; Hampshire; Leicestershire; Sussex; West Yorkshire

There were no consistent factors that led VRUs to select one of the two identified structures. Decisions were instead based on what would work best for each individual VRU, which included the following considerations.

- The extent to which complementary infrastructure was already in place that could be readily built on, including multi-agency partnerships at the force area such as multi-agency safeguarding arrangements (MASA)¹⁹ and Serious and Organised Crime Partnerships,²⁰ and those at the district level such as Community Safety Partnerships (CSPs).
- The intended balance of strategic versus operational intentions, where the VRUs that chose to focus more on strategic coordination relative to directly contributing to operations, tended to opt for a single/central structure that reflected that balance.
- The availability of resources and (the original) one-year funding period limited one VRU’s ability to implement a hub-and-spoke model that was their original intention. They were unable to recruit the relevant number of staff members into their proposed spokes, and therefore reframed as a single/central unit.

Most VRUs felt that it was crucial to include district-level representation, which typically utilised existing CSPs

Irrespective of the structure selected, the majority of the VRUs reported that it was crucial to include district-level representation, to build local momentum, gather locally held knowledge and in some cases, to lead the commissioning and oversight of locally based interventions. Local representation more typically utilised existing CSP structures, that comprised multi-agency partnerships (including representatives from the police, local authorities, fire and rescue authorities, probation and health

¹⁹ The Children and Social Work Act 2017 stipulated the requirement for three statutory safeguarding partners – local authorities, and the relevant Clinical Commissioning Group (CCG[s]) and chief officer of the police – to make arrangements and agree how they will work together with relevant agencies to safeguard and protect the welfare of children in their area.

²⁰ Partnerships between a broad range of agencies to support one another in tackling serious and organised crime, through activities such as information sharing and exchanging intelligence.

services) that were working together to protect local communities from crime and help people feel safer. Many CSPs had already begun to consider how to tackle serious violence in their localities, and therefore welcomed the opportunity to become involved in a coordinated regional approach and response to this significant issue.

District-level engagement had been facilitated in two main ways.

- The set-up of local VRU teams (the spoke in the hub-and-spoke model) or formal relationships with CSPs, which had been tasked with gathering local evidence to support the building of regional Problem Profiles/Strategic Needs Assessments (SNAs) and/or local Problem Profiles/SNAs/action plans. In some cases these had been allocated a pot of devolved funding to commission interventions that supported local young people/adults.
- The recruitment or engagement of specific members of staff to act as a conduit between a central/single VRU unit and its constituent districts (which in effect acted like virtual spokes), such as programme delivery managers, district managers, local coordinators and community safety leads.

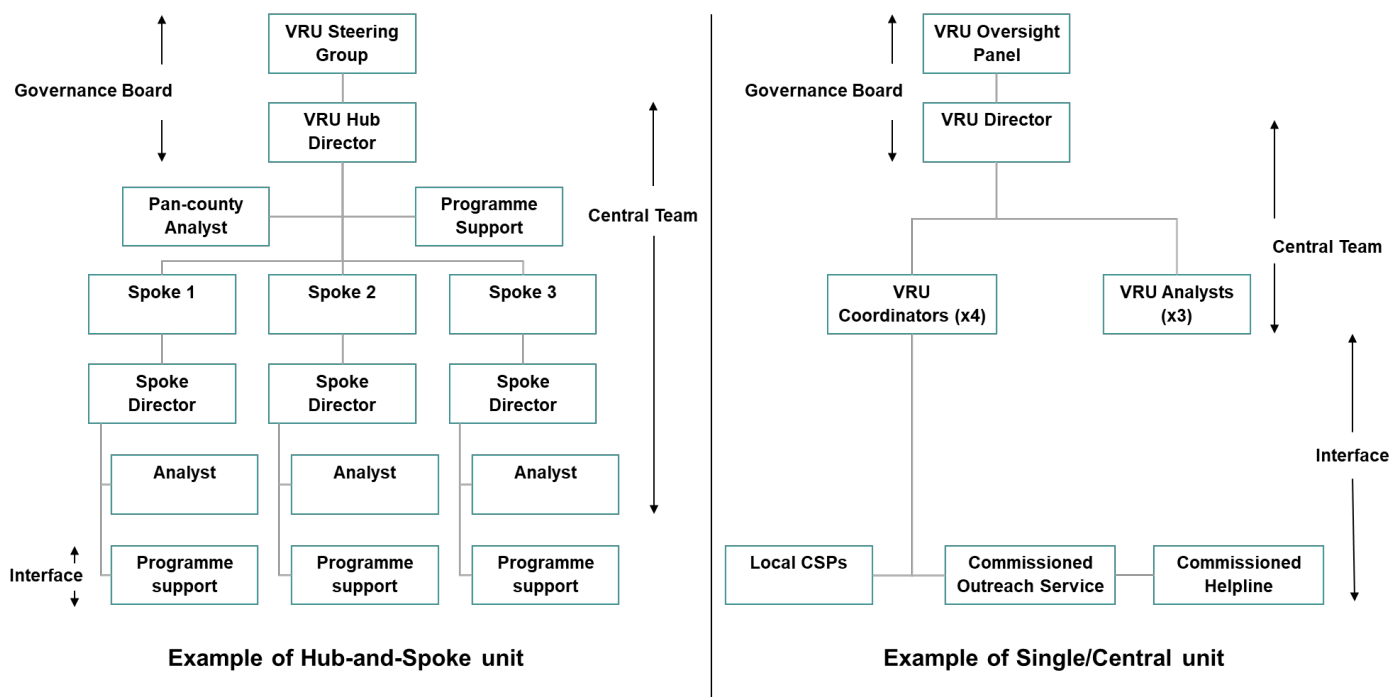
Most VRUs consisted of a three-tiered structure, each part having specific responsibilities

Although two different structures had emerged in name, the majority of VRUs had at least three 'layers':

- a governance board;
- a dedicated central team of strategic and operational staff who were commonly seen as 'the VRU'; and
- an additional, more localised, interface that planned and operationalised activity on the ground.

The main difference in structure therefore appeared to relate to the way in which the local interface was being facilitated and the remit of this function as described above. Figure 3.1 provides an illustration of a single/central unit and a hub-and-spoke model to show the similarities and differences between them.

Figure 3.1: Examples of VRU structures



VRUs remained at an early stage of their development and as a result it was not possible to assess the effectiveness of individual structures

Given the early stage of development of the majority of the VRUs, it has not been possible to assess the effectiveness of individual structures. These should be examined during year two of the programme as the structures and associated activities mature.

3.3 Core membership

VRU membership was heavily influenced by the stipulations made in the Home Office VRU application guidance

The Home Office VRU application guidance specified that VRUs must have the following representation:

- the relevant Chief Constable;
- the relevant Police and Crime Commissioner (PCC);
- the local authority/ies with responsibility for the geographical areas principally targeted by the activities of the VRU – Directors of Children’s Services and the Director of Public Health may be suitable representatives;
- the local Clinical Commissioning Group (CCG);
- Public Health England or Public Health Wales; and
- the Youth Offending Team (YOT).

VRUs reported they were able to engage most members with relative ease, as stakeholders were generally welcoming of the opportunity to get involved. This was reinforced by findings from the stakeholder survey, where 91% of respondents (105 out of 116) reported that their VRU had been either very or fairly effective in getting all the relevant partners on board (see Annex C, Table C13).

Breaking this down further, over half of survey respondents (58% or 67 out of 116) reported that their VRU had been fairly effective in engaging all relevant partners. This reflected the difficulties that some VRUs faced gaining representation from roles that fell outside of this core membership, but were nonetheless perceived as important to the success of the VRU. These included schools and education institutions, local hospitals, the probation service, local business and the court system, which had either:

- been challenging to navigate as VRUs had limited knowledge of who to approach and how each organisation was structured, or
- had been reluctant to get involved with the VRUs.

However, the VRUs were hopeful that they were simply experiencing teething issues and that, over time, new avenues of dialogue would be opened up, which would be catalysed by the publication of their Problem Profile/SNA that they hoped would prove relevant to this group of organisations.

The wider implication of this finding may be that further consideration needs to be given to expanding the core membership of VRUs to ensure that it includes representation from all agencies that could provide valuable input to establishing and delivering a longer term approach to tackling serious violence.

3.4 Leadership

VRU directors had been drawn from a range of professions, including the police, public health, the Office of the Police and Crime Commissioner (OPCC) and local authorities

Over half of VRUs were led by a member of the local OPCC, who had typically occupied a strategic, policy and/or programme management role. This reflected the fact that this group of professionals were experienced in working across organisations to identify local problems and develop strategies.

In addition, several VRUs had been co-led by both a member of the local OPCC and a representative from public health and/or the local constabulary. The rationale for this combined approach to leadership centred around the opportunity this provided to draw on the capacity, experience and networks of two complementary and vital partner agencies.

Whilst it was too early to appropriately make a judgement on the extent to which the background and culture of the leadership had influenced a VRU's direction of travel, the evaluation findings suggest that the VRU directors had been pivotal in providing strong and influential leadership to mobilise a new strategic approach to tackle serious violence. It is likely that any differences in leadership will become more apparent as the VRUs mature over the course of the next one to two years.

3.5 Violence Reduction Unit governance

PCCs played a key role in VRU governance

The VRU governance boards had typically been led by the PCC or representatives of the OPCC, which had largely been dictated by the fact that the original funding applications were also led by these organisations. One of the key benefits of this approach had been the strategic alignment of VRU and surge funding, which in some cases was being viewed as a holistic pot of funds that in its totality should be directed at addressing a range of primary, secondary and tertiary interventions that seek to address serious violence.

Pooling Violence Reduction Unit and surge funding

A number of VRUs were seeking to pool VRU and surge funding, to support the strategic alignment of the two funding programmes and build on the surge fund-related activity that was already taking place to tackle serious violence at the tertiary level.

The model of working selected by the Greater Manchester VRU was influenced by local police and the work already being undertaken as part of their surge funding. The VRU chose to focus on complementing the local surge funding strategy to ensure that what was being implemented upstream by the VRU would align with activities being taken as part of the surge funding. The ambition was to work together, so that the knowledge generated by the VRU could also support greater evidence-based action and coordination of surge funding activities.

Membership of the VRU governance boards had either involved building on an existing structure or establishing a new VRU-specific board

VRUs had adopted two main approaches to establishing governance and oversight for the VRU:

- embedding the VRU within existing strategic groups, such as criminal oversight boards, Health and Wellbeing Boards and senior level steering groups; and

- establishing specific governance boards for the VRU with senior representation from all mandatory member organisations.

Governance board membership tended to reflect the core membership stipulated in the Home Office VRU application guidance. In addition, a number of the VRUs had extended membership of their governance groups to include stakeholders from a range of statutory and non-statutory partners and existing local multi-agency partnerships. Additional stakeholders included the Crown Prosecution Service (CPS), the probation service, local NHS healthcare providers and local prison services. Some VRUs were also seeking to work with local initiatives that involved young people in policymaking (e.g. Young People's Parliament) to broaden the membership of their governance boards.

Those that had not achieved the required engagement on their governance boards cited their early stage of development as the main reason for this, and added that they were likely to have recruited the remaining members by the end of the first year of the programme. This formed part of a wider and more general consensus across the VRUs about their level of maturity and the need to continuously evolve and adapt their membership to meet the needs of their local populations.

Despite differing levels of development, VRU governance boards were perceived as a valuable asset that were providing key benefits:

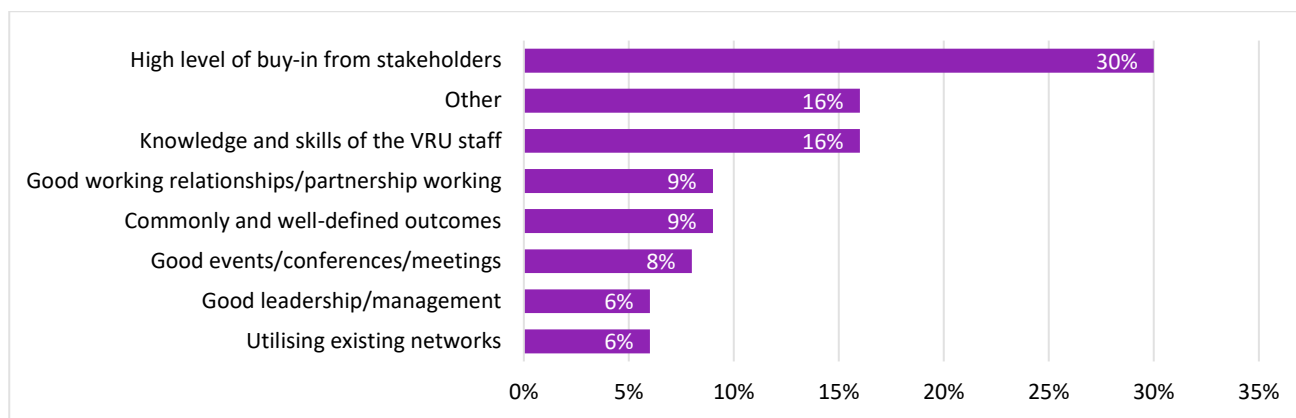
- senior input into the development and implementation of VRU strategies, which included ensuring alignment with other strategic and cross-organisational plans and activities;
- support to overcome organisational barriers and identify key contacts across organisations to support VRU engagement (e.g. a senior CCG representative providing contact details for local healthcare providers); and
- senior-level accountability and sign-off (e.g. review of Problem Profiles/SNAs).

This was supported by findings from the stakeholder survey, where 77% of survey respondents (89 out of 116) perceived VRU governance arrangements to be effective, whilst a small minority (16% or 19 out of 116) stated that it was too early to assess their effectiveness yet (see Annex C, Table C11).

Stakeholder buy-in was a key enabler to effective governance but gaining buy-in was a challenge for some

Figures 3.2 and 3.3 illustrate the key enablers and challenges experienced by survey respondents in relation to governance arrangements. The most commonly cited enablers included stakeholder buy-in (30% of respondents), the knowledge and skills of VRU staff (16% of respondents) and other factors (such as a shared understanding and vision, clear lines of communication and co-location of members). Conversely, the most commonly cited governance-related challenges identified by survey respondents were: establishing the crucial buy-in from stakeholders (18% of respondents); the limited time (17% of respondents) and resources (12% of respondents) to develop the required processes; and a combination of other factors including an inability to change policy set at the national level, lack of cross-boundary working and difficulty encouraging some organisations to think more laterally beyond their own priorities.

Figure 3.2: Key enablers of effective VRU governance



Source: Ipsos MORI VRU Stakeholder Survey March 2020

Figure 3.3: Key barriers to effective VRU governance



Source: Ipsos MORI VRU Stakeholder Survey March 2020

3.6 Composition of the core Violence Reduction Unit team

The composition and size of the core VRU team varied significantly across the VRUs

Although the core VRU teams typically included at least a director, programme manager, project support officer, analyst/researcher and public health colleague, there appeared to be quite a lot of diversity in their size and membership. For example, some included representation from across several agencies including the police, children’s services, education, health, the YOT, the probation service and the voluntary and community sector (VCS) representation, whilst others were less developed. In addition, many VRUs had chosen to expand their teams to include activity specific roles such as:

- communication and engagement leads/specialists;
- early pathway coordinators;
- partnership leads;
- education leads;
- serious violence prevention coordinators; and

- VCS sector leads.

It was also evident that some VRUs had invested considerable resources in bringing analysts, and project and administrative support on board, to support the development of the Problem Profile/SNA and the rapid mobilisation of interventions respectively. Conversely, others had not been in a position to achieve this as they were still evolving their membership and/or had experienced recruitment issues as a result of the short-term nature of the funding. This latter issue appeared to have been more pronounced for analysts, who were reported to be in high demand and short supply, which meant that recruitment was highly competitive and required the offer of a long-term position and job security, which VRUs had not been able to provide. Sustainability of those successfully recruited into analyst posts should be carefully considered to ensure the continuing success of VRUs.

There also appeared to be a relationship between the overarching aims and focus of the VRU and the size and composition of the core VRU team. This manifested on the one hand in smaller and more strategically focused teams in those VRUs that had chosen to focus primarily on the development of the Problem Profile/SNA, Response Strategy and the embedding of a high-level coordinated approach to tackling serious violence. On the other hand, in larger more delivery-focused teams in the VRUs that focused more of their attention on commissioning and managing interventions. This could indicate that smaller teams have had to prioritise tasks (such as the development of mandatory deliverables), whereas larger teams had been able to focus on both delivery of strategic and operational activities.

For those VRUs that operated hub-and-spoke models, the spokes typically included a district-level manager and representatives of organisations addressing serious violence at this level. This included representatives from local multi-agency safeguarding arrangements, educational institutions, prison services, district police forces, YOTs, public health and CCGs.

Most core VRU teams primarily comprised seconded staff from key organisations, who had typically been working part time in the VRU

Findings from both the qualitative consultations and the stakeholder survey indicated that the majority of VRUs had relied heavily on seconded staff from key partner organisations. The main reason for this approach to recruitment was due to challenges associated with recruiting permanent staff into short-term roles. However, it allowed for quicker access to staff resources as well as supporting stronger partnerships across organisations.

Over two-thirds of survey respondents from the core VRU team (67% or 32 out of 48 respondents) reported they had been seconded into their role (see Annex C, Table C5).

This model of working was associated with both benefits and challenges. Looking first at the benefits, VRUs reported that secondees had brought extensive working knowledge of their sectors, working practices, cultures, strategies, organisations and wider networks to the team. This had enabled the team to develop a common understanding of the starting points of each of their partner organisations and the opportunity to learn from and harness the wealth of knowledge held within each organisation. It had also created a wide network of inter-agency relationships that could be called upon to gather intelligence and data to inform the Problem Profiles/SNAs, map existing local activity, and examine what type of interventions were likely to prove most effective. And most significantly, it helped to catalyse and foster improved multi-agency working from the outset.

Conversely, many VRUs had begun to consider the sustainability of the secondee model and were concerned that they may lose key members of staff at the end of year one, as their host organisations called them back into their substantive posts following the initially agreed seconded timeframe. Although this would result in benefits to the VRU and host organisations as staff returned with new

skills, relationships and a comprehensive understanding of the VRU, VRUs may find it challenging to fill empty posts in the absence of longer term funding. It was also important to note the distinction between the current (as at March 2020) approaches taken by Public Health England and Public Health Wales, where the latter has made violence prevention a strategic priority, which translated into them providing three full-time public health staff to work in the South Wales VRU.

The sustainability of this model was likely to also be significantly affected from March 2020 by the COVID-19 pandemic, which had led to the majority of public health and some police VRU members to be recalled back into their home teams to support the large-scale national response.

Physical co-location was considered to be a key enabler for many of the VRUs

The majority of VRUs chose to co-locate their core teams (see Table 3.2) within the OPCC, the police or one of the constituent local authorities. Co-location within an existing agency or structure had been facilitated to ensure the rapid mobilisation of the VRUs and to capitalise on the perceived added value it would generate in relation to multi-agency working and cultural change, data sharing and the sharing of in-kind resource.

Table 3.2: Breakdown of co-located compared with non-co-located VRUs

	VRU	
Co-located	<ul style="list-style-type: none"> ▪ Avon and Somerset ▪ Bedfordshire ▪ Essex ▪ Greater Manchester ▪ Lancashire ▪ Leicestershire ▪ Merseyside 	<ul style="list-style-type: none"> ▪ Metropolitan London ▪ Northumbria ▪ Nottinghamshire ▪ South Wales ▪ South Yorkshire ▪ West Midlands ▪ West Yorkshire
Not co-located	<ul style="list-style-type: none"> ▪ Hampshire ▪ Kent ▪ Sussex ▪ Thames Valley 	

Source: Typology of VRUs developed as part of the impact feasibility strand of the evaluation

VRUs that were co-located in existing premises highlighted that this had enabled them to identify stakeholders and build informal relationships, which had proven invaluable during this developmental stage. In addition, some VRUs added that the co-location of their analysts alongside counterparts from the base organisation within which the VRU was located had also played a crucial part in them being able to gain agreement to access various data sets from statutory providers.

"The idea about co-locating analysts is to bring about quick and easy info gathering and sharing, to encourage the shared approach." (VRU member)

Co-location

The Nottinghamshire VRU reported that their co-location within a council building had enabled the VRU to identify quickly key teams and individual officers to work with, as well as third-sector partner agencies that could support the VRU. This provided greater opportunities for informal discussions with staff from other agencies outside the VRU, which they stated had enhanced their decision making. The VRU also reported that being in the same building had facilitated easier access to partner data and in this specific case, that co-location of the VRU had helped to improve partnership working between statutory organisations in the city and the wider county.

Team members from the Greater Manchester VRU also stated that co-location had been “critical” to its success, especially given the short timeframes and dynamic nature of the programme. One stakeholder believed that in the absence of co-location, it would have been easy for each member of the core VRU team to work in silos within their individual organisations. This would have significantly reduced the effectiveness of their partnership approach and, much like the first example, stakeholders also highlighted the benefits of informal discussions made possible as a result of the team being co-located (leading to greater learning and knowledge sharing between agencies).

Four of the VRUs chose not to co-locate their core teams. The following reasons were cited:

- The difficulty of finding a suitable location to house the team, in terms of availability (i.e. availability of space), ensuring the availability of appropriate facilities (e.g. suitable Wi-Fi and office equipment) and convenience for team members (i.e. accessibility and travel).
- The geographical scale of some VRU areas and the dispersed nature of team members, particularly those who had been seconded and worked part time in the VRU and were predominantly based at their host organisation.
- A sense of confidence and trust across team members that they would each take responsibility for delivering their respective actions using their specific areas of expertise.

Overall, VRU team members did not see this as a barrier to the effectiveness of their VRU and instead sought to build more virtual connections.

Implementation progress appeared to be heavily influenced by the maturity of regional and local existing multi-agency partnerships

All VRUs had built upon existing partnerships, infrastructure and local networks to develop a coordinated approach to addressing serious youth violence and operationalise and rapidly mobilise their activities. Resultant progress made by individual VRUs appeared to have been heavily influenced by the strength, capacity, capability and maturity of their regional and local existing multi-agency partnerships and networks, and the extent to which the region had already begun to build a strategy to tackle serious violence.

In addition, a small minority of VRUs (4 out of 18) had significantly benefitted from the opportunity to enhance and expand existing VRU or similar structures that were already operating prior to receipt of the Home Office funding. This had enabled this small group to make considerable progress, building on relationships with local CSPs, existing violence-focused working groups and partnership frameworks, which starkly contrasted with other VRUs who had spent significant resources and time setting up their VRU over the first year of the programme.

VRUs highlighted a number of roles as crucial to the effective implementation of the VRU, which more commonly included public health colleagues, police, analysts and programme managers

Reflecting back on their first year of operation, VRUs identified a number of roles as key enablers of the progress they had made. The most commonly cited roles were:

- Public health colleagues – who had acted as the driving force of the underpinning public health approach (PHA), enabled access to public health data sets, and heavily supported the development of key deliverables, such as the Problem Profile/SNA and Response Strategy.
- The police – to ensure alignment between the VRU and surge-funded activities, as well as other complementary police operations.
- Analysts – who brought a specific and necessary skill-set to the team and had led the collation and analysis of the Problem Profiles/SNAs.
- Programme and project managers – who had been critical to ensuring the successful delivery of the large number of commissioned interventions.
- Sector and activity specific roles – such as education, probation, children’s services and CCG leads, who had been crucial in engaging their respective partners and network of organisations across police force areas, and community engagement leads or specialists who had been crucial in enabling the VRU to tap into existing community engagement networks.

Sector specific roles

Greater Manchester had recruited a number of roles including the following.

A clinical lead to act as a system leader across all areas of health, including facilitating the VRU obtaining data from local NHS healthcare providers and engaging with relevant health stakeholders.

An education coordinator who was leading the engagement of senior leaders across the education sector.

A partnership lead who was responsible for the coordination of all violence reduction partnerships, day-to-day management of the VRU and the development of an area-wide violence-related SNA and Response Strategy.

A youth justice coordinator who has led engagement with Youth Offending Services to raise standards and improve consistency across the area.

A voluntary and community organisation coordinator who has acted as a conduit between the VRU and community and voluntary sector organisations in the area.

Representatives from the regional police force – including a violent crime superintendent, detective sergeant, sergeant, analyst and victim coordinator – who have worked closely with all partners within the VRU to ensure that the policing activity across the area is in line with the collective PHA.

The VRU felt that having these key coordinator roles in place helped to support the implementation of the VRU. The respective roles had facilitated engagement with sector-relevant partners and stakeholders, managed the commissioning of interventions and, where possible, accessed data to support the development of Problem Profiles/SNAs (or to identify potential sources of data that might be valuable to the VRU).

3.7 Communication and engagement

VRUs had made good progress in raising awareness of their mission and vision amongst all three layers of their structures

There were clear indications that VRUs had been successful in raising awareness of their mission and vision across strategic, operational and delivery partners. A deliberate focus on building and establishing trusted relationships within the core VRU team and between the VRU and operational and delivery partners, was mentioned by VRUs as driving effective communication. At the strategic level VRUs had relied on bureaucratic lines of communication to engage those in governance roles.

In order to achieve this VRUs had employed a diverse range of approaches, which had heavily relied on pre-existing engagement mechanisms that might not have had the desired reach to engage affected communities. This likely reflects that at the time of reporting (March 2020), many VRUs were still in the process of developing a communications strategy that will detail how they plan to communicate within the VRU, as well as with stakeholders and the wider public. This will be completed and implemented in year two.

Findings from the stakeholder survey (see Annex C, Table C10) reinforced the progress made in communicating the mission and vision of the VRU across all partners – it showed that nearly all respondents (98% or 114 out of 116) reported that the aims and objectives of the VRU had been clearly communicated to partners. Similarly, 96% (111 out of 116) reported that they were clear on the priority areas of activity for their VRU. However, VRUs had made less progress in engaging wider stakeholders, the public and young people.

At the time of reporting (March 2020), many VRUs had not yet gathered the vital input from their local communities to inform their strategy and operations. Furthermore, few VRUs reported engagement with young people (despite ambitions) and instead expressed that this will form a key priority in year two of the programme.

Examples drawn from the minority of VRUs that had begun this type of engagement included:

- seven VRUs commissioning a national charity to deliver one-off community engagement events, and bringing together local community organisations, religious groups, young people and local politicians to discuss local issues and concerns relating to serious violence; and
- working through Youth Parliaments and targeted engagement events that had sought to gather the views and experiences of young people in relation to their perceptions and fears of violent crime in their local area.

Good practice example of VRU community engagement (including young people)

Community capacity building and empowerment is a strategic priority for the Nottingham VRU, which had developed and was delivering its Community and Young People's Engagement Strategy, to ensure that community voices, particularly those of young people, were considered in a meaningful way. This included the following.

Working through its community engagement specialist to utilise effectively the countywide Ending Youth Violence Network (EYVN), which comprises a network of 84 third-sector organisations involved in addressing youth violence, to engage community organisations and young people. The community engagement specialist, who also chairs the Network, has acted as a conduit to facilitate the flow of key messages and information between the VRU and organisations within the EYVN.

An aim to support key individuals in the city and county who play pivotal community outreach roles, to harness their capacity to act as conduits, build consensus and provide a counter-narrative. This will include working through existing experienced Community Ambassadors, and the recruitment of a small number of young people into Youth Ambassador roles, with all Ambassadors provided with appropriate training and resources.

The facilitation of a number of focus groups that have been held with young people to cover varying themes that the VRU aims to address, including the impact of social media on violence. This research has produced significant qualitative data that has informed recommendations in their SNA and the development of individual interventions. Young people from across the city and county have also been engaged in the co-production of a social media campaign that aims to 'de-glamorise' youth violence, provide an alternative narrative and signpost young people and their parents and carers to resources that may assist them in developing protective factors.

3.8 Summary

In summary significant progress had been made to set up the operating structures of the VRU. This had included the recruitment of a core VRU team, the setting up of a governance structure, and the development of a suitable local interface to operationalise the work of the VRU in the relevant constituent districts. VRUs will continue to evolve and mature these structures over the course of year two of the programme, which will include bringing on board representation from new agencies that have not yet been engaged, and a more comprehensive focus on communication and engagement with the wider public and young people.

4 Adopting a public health approach

4.1 Introduction

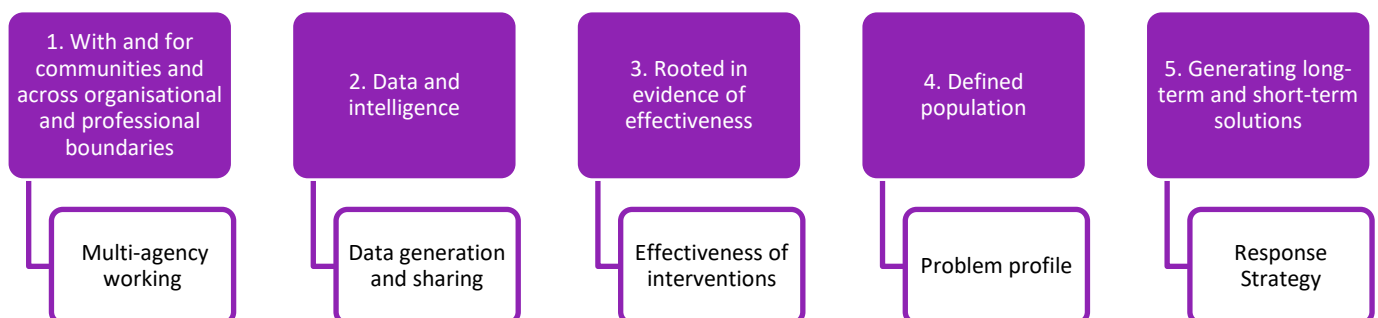
The Home Office application guidance for the Violence Reduction Unit (VRU) programme stipulated that all “VRU activity enabled by the funding must support a multi-agency, ‘public health’ approach to preventing and tackling serious violence”.²¹ This was associated with an expectation that much of VRU activity would focus on leadership and coordination of the local response, and funding early intervention to prevent serious violence that “builds on, complements and enhances existing arrangements”.²² As a result, the VRUs were asked to adopt the World Health Organisation’s (WHO’s) definition of a public health approach (PHA), which is summarised as follows:

- focused on a defined population;
- with and for communities;
- not constrained by organisational or professional boundaries;
- focused on generating long-term as well as short-term solutions;
- based on data and intelligence to identify the burden on the population, including any inequalities; and
- rooted in evidence of effectiveness to tackle the problem.

Translation of this high-level definition into a locally appropriate PHA was to be guided by colleagues from regional Public Health England or Public Health Wales teams, who were to provide support and advice to determine the best course of action.

This chapter describes and assesses the progress that has been made by the VRUs in implementing a PHA to tackling serious violence, and where possible breaks this down as shown in Figure 4.1 to illustrate to what extent each of the elements of the PHA have been achieved.

Figure 4.1: Translation of the WHO pillars of the public health approach into chapter sections



²¹ Home Office (2019) *Violence Reduction Units – Application Guidance*.

²² *Ibid.*

4.2 Readiness to adopt a public health approach

Many agencies had already begun to embrace key aspects of a PHA in their local areas prior to the inception of the VRU, which increased their readiness to engage with and support the programme

Many agencies were beginning to embrace aspects of a PHA across a variety of areas prior to receiving VRU funding. For example, in some areas there were existing partnership frameworks that brought together a wide range of agencies from across different sectors to focus on and embed a whole-system and evidence-driven approach (i.e. had begun to assess data to understand local problems and needs) to the prevention of serious violence. As a result, many agencies were already active in this space and therefore welcomed the inception of the VRU and associated Home Office funding, which they viewed as a much needed catalyst that would enhance existing efforts to develop a PHA and enable a more coordinated response to tackle serious violence.

Existence of multi-agency working

Community Safety Partnerships (CSPs) have played a central role in the early development of the local interface in many of the VRUs. Although CSPs may involve similar organisational representation as VRUs, their role is typically focused at the local level as opposed to the regional level and their remit tends to cover a broader set of issues than solely violence and crime (also including emergency planning and licensing and trading). CSPs were viewed as an essential starting point for partnership development in the relevant areas, as they possessed a number of useful qualities. This included the following.

Broad multi-agency representation: CSPs tend to be made up of representatives from the police, local authority, fire and rescue services, health services, probation service and community organisations – providing an existing network of organisations through which VRUs can engage and focus resources.

Good source of local data and intelligence: CSPs have significant levels of knowledge and information about the issues faced by a local area.

Familiar with PHA practices: Some CSPs had a good level of understanding around trauma-informed approaches to tackling serious violence and contextual safeguarding, through their experience of working on issues around criminal exploitation (and county lines), domestic violence and reoffending. This supported the fostering of a common purpose between VRUs and CSPs.

Relationships with Police and Crime Commissioners (PCCs): For some VRU areas, CSPs report into the PCC, with the PCC also taking a leading role within the VRUs. This enabled VRUs to build on existing relationships and strategic structures to facilitate and support partnerships.

Some VRUs also built on existing multi-agency partnerships that were seeking to address violence. For example, the Essex VRU developed a Violence and Vulnerability Framework in June 2018. This involved the development of governance arrangements to support this framework and the organisations involved had already started delivering a PHA, albeit using different language (i.e. whole-systems approach).

4.3 Multi-agency working

VRUs had successfully brought together a range of complementary agencies to implement a PHA to tackling serious violence

VRUs recognised the value of and had been proactive in bringing together complementary agencies and organisations to develop and work towards a common and shared purpose that was underpinned by a PHA. As set out in Chapter 3, this involved a mixture of working with and through existing partnerships, and the building of new inter-agency relationships to develop a coordinated approach to tackling serious violence. As a result, significant progress had been made in establishing initial VRU structures and membership, which will continue to evolve and mature over the course of year two of the programme.

“A multi-agency approach takes place at every level. We are not aiming to duplicate anything; we are looking to add value.” (VRU member)

“Police can’t police serious crime out of business. They can’t police organised crime out of business. You’ve got to have that joined-up approach to say actually this is what health can do, this is what social care can do, it’s what schools can do, it’s what youth groups can do. It’s that proper approach to say, let’s recognise what’s going on with these kids, give them the support they need, give the parents the support they need.” (VRU member)

This was supported by findings from the stakeholder survey (see Annex C, Table C13), which showed that 84% (97 out of 116) of respondents perceived that VRUs were improving multi-agency working (e.g. through better coordination of the range of organisations involved in tackling serious violence).

VRUs had to date focused their efforts on developing a strategic PHA across their activities, which was well understood by governance boards and core VRU teams and would inform more targeted frontline delivery in year two. However, longer term cultural change was required to embed a PHA both horizontally and vertically across all partner and delivery agencies.

Over the first year of the programme VRUs had primarily focused on the development of their Problem Profile/Strategic Needs Assessment (SNA) and Response Strategy, which over time will form the basis upon which VRU multi-agency partnerships will operationalise their work on the ground. As a result, efforts had been strategic in nature, and VRUs had not yet had the opportunity to use the evidence gathered to inform more targeted frontline delivery. This finding was reinforced by the considerable differences in understanding the localised PHA between members of VRU governance boards and core VRU teams, who had a well-developed understanding compared with local delivery partners, who reported varying and often limited understanding.

Data collected via the stakeholder survey supports this finding. Most respondents (80%) reported that the VRU had been effective in helping to embed a strategic PHA (see Table 4.1). However, the extent to which those operating on the frontline were familiar with the PHA appeared more variable. Analysis of the stakeholder survey data also found that only 59% of respondents (68 out of 116) reported that

the VRU had been effective in embedding a PHA within frontline services, with an additional 24% (28 out of 116) stating that they did not know how effective their VRU had been, and 17% (20 out of 116) stating that their VRU had not been effective in this respect. Breaking down this response further also highlighted that respondents outside the core VRU team were more likely to report lower perceptions of effectiveness in embedding a PHA within frontline services (55% or 19 out of 35 operational and delivery partners, and 54% or 18 out of 33 strategic partners) compared with core VRU team members (65% or 31 out of 48).

Table 4.1: How effective do you think your VRU has been so far in relation to embedding a public health approach at a strategic level and within frontline services?

	Core VRU team	Strategic partners	Operational and delivery partners	Total (n = 116)
Embedding a strategic public health approach				
Very effective	42% (20)	45% (15)	23% (8)	37% (43)
Fairly effective	44% (21)	42% (14)	43% (15)	43% (50)
Not very effective	10% (5)	6% (2)	6% (2)	8% (9)
Not at all effective	0% (0)	0% (0)	0% (0)	0% (0)
Don't know	4% (2)	6% (2)	29% (10)	12% (14)
Embedding a public health approach within frontline services				
Very effective	13% (6)	9% (3)	15% (7)	14% (16)
Fairly effective	52% (25)	45% (15)	40% (12)	45% (52)
Not very effective	21% (10)	18% (6)	3% (3)	16% (19)
Not at all effective	0% (0)	0% (0)	3% (1)	1% (1)
Don't know	15% (7)	27% (9)	34% (12)	24% (28)
<i>Base no.</i>	48	33	35	116

Source: Ipsos MORI VRU Stakeholder Survey March 2020 – Question C13

The limited cascade of information about the PHA to the frontline reflected two challenges:

- firstly, the longer term nature of the PHA, which takes time to set up and mature, and typically requires around five to ten years to deliver intended impacts in full;²³ and
- secondly, the associated terminology, which many stakeholders reported as being nebulous and made it a challenge to interpret and in turn operationalise and cascade.

“[The term PHA is] one of those things that is slightly in danger of being used without being fully understood... there are times I'm not sure I fully understand it, despite reading all the research from Glasgow... In my head I use the old social work model... if you do immunisation it's better than treating measles, isn't it?” (VRU delivery partner)

As a result, many stakeholders were working with public health colleagues to translate the WHO definition into something that was more tangible and easier to cascade across agencies and partners. This had in some cases led to the VRU referring to the use of a ‘whole-systems’ or ‘population-based’

²³ This was also reflected in the impact feasibility assessment report, that accompanies this report, which suggests that “*impacts on population-level outcomes are likely to take some time to materialise*” and references the Scottish benchmark, which took over eight years to see profound reductions in serious violence.

approach, that is also rooted in the development of a greater understanding of the social determinants of an issue to provide a more effective and targeted response.

Promoting awareness of the public health approach

The Thames Valley VRU worked closely with its regional Public Health England (PHE) team to construct a narrative around the PHA to address serious violence. This involved a joint effort to disseminate the narrative through both the VRU's and PHE's networks (including issues around early intervention, adverse childhood experiences [ACEs] and a trauma-informed approach to serious violence).

The Lancashire VRU used the literature about a PHA to tackle serious violence as part of their engagement process, encouraging stakeholders and partners to take an interest in the literature and promote its message.

VRUs therefore acknowledged that it would take time to cascade the principles and requirements of the PHA beyond those directly involved in the VRU (i.e. the governance boards and core VRU teams). This will require the development of common language and a shared understanding of the local approach and priorities (this is in train), and in turn cultural change on the part of many partners for whom the new longer term focus is significantly different to their normal working practices. For example, there was wide recognition of the cultural change that will need to take place on the part of the police to move from being 'doers' with a focus on tertiary activities, to adopting a longer term preventative PHA. And finally, it was also widely recognised that deeper and more effective engagement of frontline delivery staff and local communities would be required to achieve longer term cultural change.

"I don't think they've had enough time to get any real traction. I think the [timeframe] was unreasonable but I think the framework they have set up and the key areas that they're looking at and the drive from the PCC is [correct]... there needs to be a bit of change in culture." (VRU member)

Some VRUs raised concerns about the branding of the programme, which was perceived to work against the underpinning public health principles and had as a result acted as a deterrent to the engagement of some agencies

Although VRUs were given the opportunity to localise and tailor their branding, many had chosen to use the Home Office branding to retain visible links to the wider Serious Violence Strategy, which was perceived to add gravitas during the developmental stage of the VRUs. However, a small number of VRUs reported having experienced challenges in relation to Home Office branding and the name 'Violence Reduction Unit'. Some felt that the term 'unit' did not quite reflect how the VRU operated and lacked inclusivity, whilst other VRUs found that the 'violence reduction' label had put off or even deterred some organisations from engaging with them (e.g. some schools and local child protection services), as it was perceived to relate to only policing matters. For example, one VRU found schools reluctant to engage because they did not want to be perceived as having a violence problem that required collaboration with the police, as it might have a negative impact on their reputation.

Adapting the name 'Violence Reduction Unit'

The Merseyside VRU has officially changed its name to 'Merseyside Violence Reduction Partnership' and has a logo that reflects the joined-up approach between the five local authorities across the county. This subtle change was perceived as vital and to be more in line with their aspirations for the VRU to take on a partnership approach to tackling serious violence.

Similarly, the Leicestershire VRU has branded itself as the 'Violence Reduction Network'. This reflected the broad range of organisations, communities and partnerships coming together across different levels to work towards a common purpose of violence reduction.

The Bedfordshire VRU has also changed its name to the 'Violence and Exploitation Reduction Unit' to more accurately frame the issues that they were seeking to address.

South Wales VRU has changed its name to 'South Wales Violence Prevention Unit' to reflect an emphasis on violence prevention.

Some of the VRUs indicated that they would consider rebranding as they mature in an attempt to overcome these barriers. This implies the need for carefully considered engagement and communication activities, that sensitively and appropriately describe the purpose and objectives of the VRU. Alternative suggested branding included 'Vulnerability Reduction Unit', which was perceived to reflect the holistic intentions of the programme.

4.4 Data generation and sharing

A key element of the PHA is the generation and use of data:

- to understand the prevailing issues and define the populations affected by serious violence; and
- to inform the development of targeted solutions to tackle the issues.

VRUs stressed the importance of 'being led by the data' to prioritise resources and identify where investment was likely to have the greatest impact.

All VRUs aspired to share and collate a wide range of data and intelligence, with most currently (as at March 2020) relying on data that were more readily accessible, and all acknowledging that this activity would remain a work in progress over the coming years of the programme

VRUs had begun to gather 'hard' quantitative data:

- to inform the development of Problem Profiles/SNAs;
- build relationships with partners; and
- identify solutions to address local issues.

There also appeared to be a growing consensus amongst VRUs about the added value of collating 'softer' more qualitative data (which were often referred to as intelligence) to add depth and nuance to the 'harder' quantitative data.

Data generation and collection had to date (March 2020) tended to include data that were more readily accessible in the relevant local area. This was accompanied by an acknowledgement that this activity would remain a work in progress over at least the coming two to three years of the programme, as it would take more time and resources to identify, access, interpret and thread together additional and less accessible data sources.

The following types of data and data sources provide an illustration of the datasets that had been more commonly accessed.

Hard data

- Policing data on local crime statistics: As most VRUs were led by the police, they found it relatively easy to obtain and use police data.
- Data on poverty and deprivation: These data were often readily available through national or local authority databases.
- Hospital data (e.g. accident and emergency statistics): Following the 'Cardiff Model', some VRUs had successfully agreed data-sharing arrangements to access accident and emergency data from local hospitals. However, VRUs reported issues with the quality of these data.
- Ambulance data: A minority of VRUs had agreements in place with local ambulance services to share data about callouts to violent or related incidents.
- Public health data: These data included data from joint SNAs and data accessed through PHE's 'Fingertips' website.
- Local authority data: Some VRUs were working with local authorities to gain access to child, adult and community safeguarding data, as well as data collected through specific programmes (e.g. the Troubled Families Programme).

Soft data

- Qualitative and anecdotal information gathered from CSPs and community organisations that had a wealth of local knowledge about the issues affecting specific areas. This included information gathered through community engagement exercises to identify problems affecting local neighbourhoods (e.g. 'postcode war' boundaries) or issues that were difficult to capture in a quantitative way, such as anti-social behaviour outside local schools.

Despite there being an appetite to collect data from across a wide range of sources, VRUs had found it challenging to access data from particular agencies, which more commonly included education, probation, youth services and social care data

VRUs identified some common gaps in their data collection to date (as at March 2020) .

- **Consistent and detailed health data:** The fragmented nature of many local health systems made it challenging for VRUs to access health data, including ambulance data. For example, VRUs that covered an area with multiple Clinical Commissioning Groups (CCGs) had in some cases only been successful in agreeing access to data from one CCG. This issue had resulted in some VRUs only being able to collect partial data, which did not provide sufficient coverage to identify the scale and location of problems and hotspots across the entire VRU area.

- **Data on school exclusions, attainment and young people not in education, employment or training (NEETs):** The fragmentation of the school system in many VRU areas meant that there was no single organisation or database through which to access education data. This led many VRUs down the route of having to negotiate data access with individual schools or education boards, which proved very time consuming and to date (March 2020) had not yet produced the required results.
- **National probation service data:** VRUs found it difficult to agree access to data from the probation service and youth justice and offending teams.
- **Youth services data:** Data from locally commissioned service providers delivering youth services had also been difficult to access.
- **Social care data:** There are notable challenges associated with accessing social care data, which were very fragmented or non-existent in some areas.

For most datasets, there was also a time lag (sometimes up to six months) which posed an additional challenge for VRUs in relation to the timeliness of information that might not reflect the prevailing issues.

The majority of data that had been shared were anonymous in their nature and had been provided at an aggregate level

Evidence drawn from the case studies indicated that VRUs focused initial efforts on gathering anonymous and aggregate level data to understand the scale and location of the prevailing issues in their area. This had in turn been used to shape the profiles of the individuals who are at risk of becoming involved in serious violence and therefore most likely to benefit from VRU support. There has been limited focus at this stage on trying to gather more granular-level data that identify specific individuals. This decision was a consequence of the early stage of development of the VRUs, which needed to first assemble higher level data to iteratively inform where further detail may prove impactful.

VRUs were developing data-sharing agreements but these will take time to finalise and operationalise

Data-sharing agreements (DSAs) were being extended and developed across the majority of VRUs to formalise the means by which both anonymised and identifiable data would be shared with the VRU. This was most commonly being approached in the following four ways.

- **Building on existing data-sharing arrangements:** This had proved successful for a handful of VRUs that had benefitted from well-established existing arrangements. For example, one VRU was working with NHS Digital to access aggregated health data with the ambition to develop this further to enable access to personal data, whilst another was building on an existing partnership they had with a local university that was undertaking in-depth analysis of crime and other data sources to inform the area's Problem Profile/SNA (more detail is provided in the good practice box below).
- **Capitalising on transformation activity across the public sector:** This had involved the expansion of existing data linking and sharing activity that had already overcome (or was in the process of addressing) several of the challenges that the relevant VRUs would have had to work through in their absence. Examples of this included working with the Information Commissioner's Office (ICO) and a local health and care record exemplar (more detail is provided in the good practice box below).

- **Development of specific data functions within the VRU that were tasked with developing and guiding DSAs:** This included one VRU that had set up a Data Steering Group made up of analysts from a range of agencies. Their role was to guide local data-sharing protocols to support the VRU's activities, which had effectively supported them to develop a clear plan to identify and approach data controllers and facilitate access to data.
- **Development of bilateral DSAs with individual partner organisations:** This involved:
 - identifying the relevant individual to liaise with in each organisation;
 - the building of a trusted relationship; and
 - the initiation of development of a DSA.

For example, some VRUs had originally planned to engage overarching education bodies to agree access to education data, but had to revise this approach to work with each individual school principal to access this information.

Data generation and sharing: Good practice examples

A small number of VRUs had been able to draw on existing infrastructure and data-sharing arrangements to access key sources of data.

The Greater Manchester VRU collaborated with a local university that had access to five years of crime data and was undertaking analysis of criminality and knife crime that the VRU had used to inform their Problem Profile/SNA and understand trends and patterns in violence.

The Hampshire VRU benefitted from an existing tool used within the county called InterAct. Each of their local VRUs (the spokes) had been able to draw on data from this tool to support data to inform the VRU's Problem Profile. Through the tool they had access to local information about violence and crime, as well as other issues affecting the area such as vulnerability, recent offenders, domestic abuse, and data from probation and commissioned services.

The Thames Valley VRU was seeking to exploit existing local transformation activity to share and join up data. It has been exploring ways to engage a local health and care record exemplar (LHCRE) – being led by a police data analyst. The LHCRE is in the process of joining up health and care records across the VRU area, which would provide a valuable source of identifiable, de-personalised and aggregate data on the health and care of the population. The LHCRE data could be layered with police data to help the VRU to understand and identify particular cohorts of the population engaging or at risk of engaging in serious violence.

The London VRU has been working with the ICO on the new 'Sandbox' service. The collaboration is one of ten projects to trial this approach with the ICO. The project, which supports better data protection by design, aims to help the VRU to improve both the breadth and granularity of public health, social care and community safety data to prevent and reduce crime. This will be achieved through using existing architecture, processes, governance, and data; ensuring that all documentation is lawful and General Data Protection Regulation (GDPR)-compliant. The project seeks:

- to understand the actual and perceived barriers to data sharing;
- encourage and facilitate greater data sharing;
- build trust in the project's approach to data protection; and
- work collaboratively with stakeholders, including a large number of CSPs.

However, understanding the complex landscape of information governance was a time-consuming process that has been challenging for most VRUs, particularly in areas where there was no pre-existing DSAs or infrastructure to draw on. In addition, most VRUs had not had sufficient time to develop the technical infrastructure to join up and host multi-agency data (where this did not exist already). They added that they were not yet in a position to monitor events in real time or conduct activities that would resemble a health observatory, which was a longer term aspiration for some.

VRUs had made good initial progress to set up some of the building blocks required to generate and share data to inform their direction of travel

Experience drawn from other programmes that have adopted a whole-systems approach, has demonstrated that data sharing and assimilation should be viewed as an iterative activity that takes considerable time (two to five years) and resources to achieve. As such, VRUs had made considerable initial progress to mobilise this element of their programme of activities rapidly over the first year, which had by necessity involved opportunistic collection of more readily available data.

Data drawn from the stakeholder survey (Table 4.2) provides further evidence to support the conclusion that good progress had been made by VRUs in getting data-sharing arrangements in place with partners over a relatively short period of time – over half of respondents (62% or 72 out of 116) reported that their VRUs had been effective in getting DSAs in place with all relevant partners. However, the data also reflected that more still needed to be done to establish fully effective DSAs with partners – over a quarter of respondents (26% or 30 out of 116) stated it was too early to say or that they did not know how effective VRUs had been in getting DSAs in place with all relevant partners.

Table 4.2: How effective have VRUs been in getting data-sharing agreements in place and in sharing data with all relevant partners?

	VRU team	Strategic partners	Operational and delivery partners	Total (n = 116)
Effectiveness of getting DSAs in place with all relevant partners				
Very effective	13% (6)	27% (9)	23% (8)	20% (23)
Fairly effective	58% (28)	36% (12)	26% (9)	42% (49)
Not very effective	13% (6)	3% (1)	14% (5)	10% (12)
Not at all effective	2% (1)	0% (0)	3% (1)	2% (2)
Too early to say/Don't know	15% (7)	33% (11)	34% (12)	26% (30)
Effectiveness of sharing data with all relevant partners				
Very effective	17% (8)	12% (4)	11% (4)	14% (16)

Fairly effective	58% (28)	48% (16)	37% (13)	49% (57)
Not very effective	10% (5)	0% (0)	6% (2)	6% (7)
Not at all effective	0% (0)	0% (0)	0% (0)	0% (0)
Too early to say/Don't know	15% (7)	39% (13)	46% (16)	31% (36)
<i>Base no.</i>	48	33	35	116

Source: Ipsos MORI VRU Stakeholder Survey March 2020 – Questions C17 and C18

Table 4.2 also shows survey respondents' views on the effectiveness of VRUs in sharing data with all relevant partners. The data suggest that VRUs had made progress in sharing data with all relevant partners, with three quarters (75% or 36 out of 48) of core VRU team members and over half (60% or 20 out of 33) of strategic partners reporting data sharing had been very or fairly effective. However, the data also show that operational and delivery partners were less positive, with just under half (49% or 17 out of 33) reporting that effective data sharing had taken place relevant partners. As such, the data indicate decreasing levels of confidence from partners that are further removed from the core VRU team. This suggests more work is needed to ensure that a 'golden thread' of information runs from the core to the organisations working on the frontline, and that all those involved are able to see the value of their inputs.

Moving forwards, VRUs will need to consider carefully the infrastructure required to facilitate the data sharing needed to build a comprehensive evidence-based approach. This is needed to ensure that they are able to plan and direct sufficient resources to deliver and sustain this very vital element of the programme.

A minority of VRUs also mentioned the ambition to achieve cross-VRU data-sharing arrangements to support a broader coordination of effort and to help overcome challenges caused by geographical boundaries. However, there has been little progress on this given the more prominent challenges VRUs faced when attempting to agree data-sharing arrangements within their local area.

4.5 Commissioning activity and assessment of the effectiveness of interventions

VRUs had commissioned a broad range of interventions to tackle serious violence, which given time constraints was undertaken prior to the development of the Problem Profile/SNA and mainly involved extending and enhancing existing interventions

The majority of VRUs had commissioned a diverse range of interventions that were working with children, young people and adults to address serious violence. Due to the short timeframe of the original one-year funding cycle, VRUs directed much of this funding towards existing interventions that were able to enhance, increase capacity and/or scale up their activities by the end of March 2020. VRUs also acknowledged that much of this commissioning activity had been undertaken prior to the development of their Problem Profile/SNA, which may lead to significant changes in their intervention portfolio in year two, to ensure that it reflects the needs identified in Problem Profiles/SNA and associated Response Strategies.

Complementary analysis drawn from the *VRU Impact Feasibility Assessment* report²⁴, which was based on information provided about 175 of the VRU interventions (which does not include all commissioned

²⁴ Source: Home Office (2020) *VRU Impact feasibility assessment*.

interventions) demonstrates the diversity in both target group and scale of interventions funded by VRUs (see Table 4.3 and box of examples below).

Table 4.3: Number of interventions supported by VRUs

Target group	Number of interventions	Proportion of projects across target group	Number of individuals supported (March 2020)
Level 4: Involved in crime/violence	35	20%	7,028
Level 3: Known risk/to services	48	27%	9,746
Level 2: Potentially high risk	51	29%	34,323
Level 1: Universal	34	19%	50,826*
Other	7	4%	1,455
Total	175	100%	103,378

Source: Home Office (2020) *VRU Impact feasibility assessment* (Note: *Excludes the Nottinghamshire Crime Stoppers programme).

Examples of level 2 and 3 interventions

The Hampshire VRU

Motiv8 (an early intervention service for young people not currently involved in the criminal justice system but who are at most risk of becoming involved in violence) in partnership with the Active Communities Network and Pompey in the Community, delivered a package of support for young people at risk of violence, focusing on those who have experienced ACEs through the **Trusted Adult Worker Programme**. Young people receiving Motiv8 one-to-one targeted support completed an action plan at the start of their support. The action plan identified a number of key outcomes that the young person wished to achieve and detailed how, and by whom, this would be facilitated. Sitting alongside wider plans for the family, individual action plans were regularly reviewed. This process allowed for amendments to the individual plans as well as an opportunity to highlight what was working well and less well within the project delivery as a whole, allowing appropriate action to amend the delivery if needed.

‘Cook here’, ‘Cook now’, ‘Just eat it!’ are three cooking development programmes that engaged young people aged 11 to 16 from across the Isle of Wight who were at risk of taking part in offending and/or violent/anti-social behaviour. The sessions aimed to help tackle social isolation and enhance levels of confidence, self-worth and self-esteem. The overarching aim of the project was to ensure that young people were not permanently disadvantaged in the future by providing participants with further training and future employment opportunities in the catering/hospitality industry, which was one of the island’s largest workforce sectors.

Example of a rehabilitative, targeted level 4 intervention

Enhance Liaison and Diversion Screening and Trauma Interventions for Children and Young People in Custody (pilot), The Thames Valley VRU²⁵

The programme worked in collaboration with the NHS Liaison and Diversion to treat young violent crime offenders using Eye Movement Desensitisation Reprogramming (EMDR). EMDR is a therapy designed to treat people who are experiencing post-traumatic stress disorder (PTSD) through the use of eye movement or sound sensations to enhance memory processing as a way to reduce the distress associated with experiences that have caused trauma.²⁶ The main aim of the programme was to reduce the effects of trauma in order to reduce reoffending. The project included screening a selected cohort of offenders, following which the target group were offered 6 to 12 overall treatment sessions once or twice per week. The ultimate goal was to support custody diversion with a 'Mental Health Treatment Recruitment'.

Examination of the difference between intended spend on interventions, as set out in the VRU applications, relative to actual spend illustrated that many VRUs increased the funding levels directed at interventions over the course of year one

VRUs allocated between 32% and 90% of their funds towards the commissioning of interventions, which was largely in line with the size of the total funding allocated to each police force area (see Table 4.4). This may reflect the relative proportion of funding required to finance basic strategic and recruitment activities. It is likely that this made up a greater proportion of expenditure for the VRUs with smaller funding allocations compared with VRUs that received larger funding allocations.

Exceptions to this pattern were largely caused by a number of VRUs having to reprofile their spending during the year to place greater emphasis on intervention spending as they had been unable to deliver some of their intended strategic activities. The scaling back of strategic ambition was most commonly caused by recruitment challenges, which meant that the VRUs were unable to bring in the required staff to deliver the relevant activities, or a recognition that some of the planned activity could not be completed within year one.

Table 4.4: VRU intervention funding allocation

VRU	Funding allocation	Intervention spend
Metropolitan Police	£7,000,000.00	90%
West Midlands	£3,370,000.00	86%
Greater Manchester	£3,370,000.00	81%
Sussex	£880,000.00	80%
West Yorkshire	£3,370,000.00	74%
Merseyside	£3,370,000.00	73%
Bedfordshire	£880,000.00	64%

²⁵ *Ibid.*

²⁶ For more information on EMDR see: <https://www.tewv.nhs.uk/services/what-is-eye-movement-desensitisation-reprocessing-emdr/>.

Lancashire	£1,160,000.00	62%
Kent	£1,160,000.00	54%
Hampshire	£880,000.00	54%
Thames Valley	£1,160,000.00	51%
Northumbria	£1,600,000.00	50%
South Yorkshire	£1,600,000.00	50%
Essex	£1,160,000.00	50%
Avon and Somerset	£1,160,000.00	45%
Nottinghamshire	£880,000.00	40%
Leicestershire	£880,000.00	39%
South Wales	£880,000.00	34%

Source: Home Office (2020) *Interim VRU Guidance*.

Although the majority of VRUs commented that their interventions were progressing well and would achieve the required delivery within the year one timeframe, most also reported that it was too early to determine their effectiveness as they had only been fully delivering since either Q4 2019 or Q1 2020.

VRUs were in the process of mapping the scope, scale and effectiveness of their existing strategic, operational and frontline activities to gain a better understanding of how serious violence was already being addressed in their area and how this could be used to drive a more coordinated and targeted approach

Most VRUs reported being in the process of undertaking mapping exercises to understand the scope, and scale of existing strategic activities, networks and interventions that seek to address the issue of serious violence in their area. The aim of this was to develop a comprehensive understanding of all related activity in their area to enable greater coordination of approaches and resources, and a more effective resultant approach (e.g. reduce duplication of efforts).

Assessment of the effectiveness of existing activities was also being considered, as VRUs sought to become more evidence-based to enable more informed strategic and commissioning decisions. For example, some VRUs had identified examples of good practice and/or effective interventions (deemed effective through a proven track record established prior to VRU), which they intended to bring together to inform the commissioning of more targeted activity in year two, that would likely include the setting up of up new interventions as well as the up-scaling of existing interventions. However, all acknowledged that the compilation and interpretation of the complex existing landscape and associated evidence base would take time to achieve (i.e. between five and ten years), with most referring to the Glasgow model²⁷ as the lead example for how long it would take to implement an effective serious violence programme.

²⁷ <http://www.svru.co.uk/>

4.6 Problem Profiles/Strategic Needs Assessments and Response Strategies

Problem Profiles/SNAs²⁸ had been developed in a systematic way and the majority of VRUs had either completed their Problem Profiles/SNAs or were close to completing them

The majority of VRUs had followed a similar systematic process to develop their Problem Profiles/SNAs. This had involved data gathering, cleaning, assimilation and interpretation, review by the core VRU team and final sign-off by the governance boards. In addition, some VRUs that had adopted a hub-and-spoke model had delegated Problem Profile/SNA development to their local VRUs (i.e. each spoke). This had enabled profiles to be tailored around specific local issues, which in turn had informed the development of an area-wide Problem Profile/SNA.

Data drawn from the stakeholder survey (see Annex C, Table C14b), suggested that the majority of VRUs were on course to deliver their Problem Profiles/SNAs by the end of the funding period (March 2020). This showed that 84% (40 out of 48) of core VRU team members had reported good progress, which was made up from 38% (or 18 out of 48) reporting that their VRU had completed their Problem Profiles/SNAs and a further 46% (22 out of 48) reporting that they were in the late stages of development.

Problem Profiles/SNAs were likely to vary greatly in their comprehensiveness and granularity

As discussed in section 4.4, VRUs had experienced varying degrees of success in setting up DSAs and accessing the required data; it is anticipated that this will lead to considerable variation in the comprehensiveness and granularity of the end of year one Problem Profiles/SNAs. Further feedback from the VRUs identified five contributing factors that had influenced this variation.

- The **extent to which VRUs were able to make use of historic DSAs** – where possible, VRUs had successfully drawn on existing data-sharing arrangements that provided access to a (relatively) rich source of data and information. This meant that the VRUs were able to develop their Problem Profiles/SNAs efficiently.
- The **level of influence of key members of the governance board** – some VRUs had benefitted from police and public health colleagues supplying data from previously commissioned work (e.g. homicide reviews, joint SNAs).
- The **absence of representation from particular agencies** on the governance board or in the core VRU team – this most commonly included education, probation and youth service representation, which suggests a need to make their engagement mandatory.
- The **level of analytical capacity available to each VRU** – some VRUs had successfully recruited one or more analysts, drawn on in-house analyst resource or outsourced work to a local university to lead the development of their Problem Profile/SNA.
- The **VRU's ability to rapidly mobilise their individual localities to assimilate the required information** – some VRUs had drawn heavily on the data and knowledge held by their local CSPs

²⁸ At the time of reporting (March 2020), it was not possible to conduct an analysis of the VRU problem profiles or Response Strategies, as a number were still being developed. Progress reporting therefore focuses on the process of developing these and assessment of their likely completion.

to inform their Problem Profiles/SNAs. This was viewed as an obvious source of information as the CSPs had a good level of knowledge about the key issues prevalent in their area.

Problem Profiles/SNAs had provided enhanced knowledge of the drivers of serious violence within individual local VRU areas

Regardless of the anticipated variation in comprehensiveness of individual Problem Profiles/SNAs, VRUs reported that the Problem Profiles/SNAs had enabled them to draw together a range of data that had enhanced their knowledge of the key drivers of serious violence and issues within their areas. This information was in turn being used to inform how they intended to work with their identified at-risk populations and make decisions about which organisations they should work with in order to reach these populations (even if they had yet to finalise the Problem Profile/SNA).

Response Strategies were also likely to vary considerably in their comprehensiveness and granularity

Data drawn from the stakeholder survey (see Table 4.5) suggested that VRUs had made good progress in relation to their Response Strategies, with almost three quarters of respondents (74% or 86 out of 116) reporting that VRUs had been effective in developing an appropriate Response Strategy for their area. However, the findings also reflected a discrepancy in views across respondent types. Those with strategic involvement in VRUs, such as the core VRU team and strategic partners, were more likely to provide a positive account of the progress made, with 81% (39 out of 48) of core VRU team members and 88% (29 out of 33) of strategic partners stating that an effective Response Strategy had been developed. In contrast, operational and delivery partners were less positive with just above half of respondents (51% or 18 out of 35) stating that they felt their VRU had developed an appropriate Response Strategy.

Table 4.5: How effective have VRUs been in developing an appropriate Response Strategy in their area?

	Core VRU team	Strategic partners	Operational partners	Total (n = 116)
Very effective	31% (15)	21% (7)	20% (7)	25% (29)
Fairly effective	50% (24)	67% (22)	31% (11)	49% (57)
Not very effective	8% (4)	3% (1)	6% (2)	6% (7)
Not at all effective	0% (0)	0% (0)	0% (0)	0% (0)
Don't know	10% (5)	9% (3)	42% (15)	20% (23)
Base no.	48	33	35	116

Source: Ipsos MORI VRU Stakeholder Survey March 2020 – Question C13

Further examination of the qualitative evidence illustrated that almost all VRUs were yet to complete their Response Strategy at the point at which the evaluation data was collected (between January and March 2020). This was largely influenced by the length of time it had taken VRUs to develop their Problem Profiles/SNAs, which were needed to inform an appropriate Response Strategy. In addition, many VRUs were still mapping existing activities to address serious violence within their area and were building an evidence base around ‘what works’ in tackling serious violence. As a result, the Response Strategies remained at an early stage of development, which may explain the more mixed survey responses from non-strategic partners, who may not yet have been involved in or been aware of its development.

“Ideally you would have had needs assessment, and digest that, and then have a Response Strategy but in reality this has moved side by side with commissioning.” (VRU Director)

However, despite the lack of formal Response Strategies in use, and frustrations raised about the counterintuitive sequencing of the two mandatory products, VRUs were using emergent information to inform where to focus their efforts to tackle and prevent serious violence and reported a desire to produce ambitious Response Strategies. For example, one VRU stated that they were developing a five-to ten-year strategy (rather than a delivery plan) that they intended to embed within all communities, public services and partnerships. This would include a response for how they intended to address gaps in support/provision.

Problem Profiles/SNAs (and Response Strategies) should be viewed as evolving documents that will mature and be subject to change over time

Most VRUs expected both the Problem Profile/SNA and Response Strategy development to be an iterative process that would continue to mature and evolve throughout the course of the programme. This reflects the changing nature of the local landscape, and the need for agility to enable appropriate adaptations to be made as and when new data are made available and/or when the prevailing issues change over time.

4.7 Overarching progress made to embed a public health approach

The evidence indicates that VRUs had made good initial progress to initiate a PHA. This included:

- bringing together complementary agencies to coordinate activities more effectively to address serious violence (through both strategic and operational investment);
- building new and extending existing data-sharing arrangements to improve the dissemination of knowledge and intelligence;
- developing a clearer picture of local problems (through the development of Problem Profiles/SNAs) and an associated understanding of ‘what works’ and which types of interventions could be employed to address these (through the development of Response Strategies and monitoring of local interventions); and
- identifying areas for further development within VRU areas, whether that be capacity and capabilities or gaps in data and evidence.

However, given the longer term nature of this approach, the development of the VRUs should be viewed as a work in progress that will evolve and mature over a number of years before reaching a steady state that can then be sustained as part of the ‘business as usual’ activities of a local area.

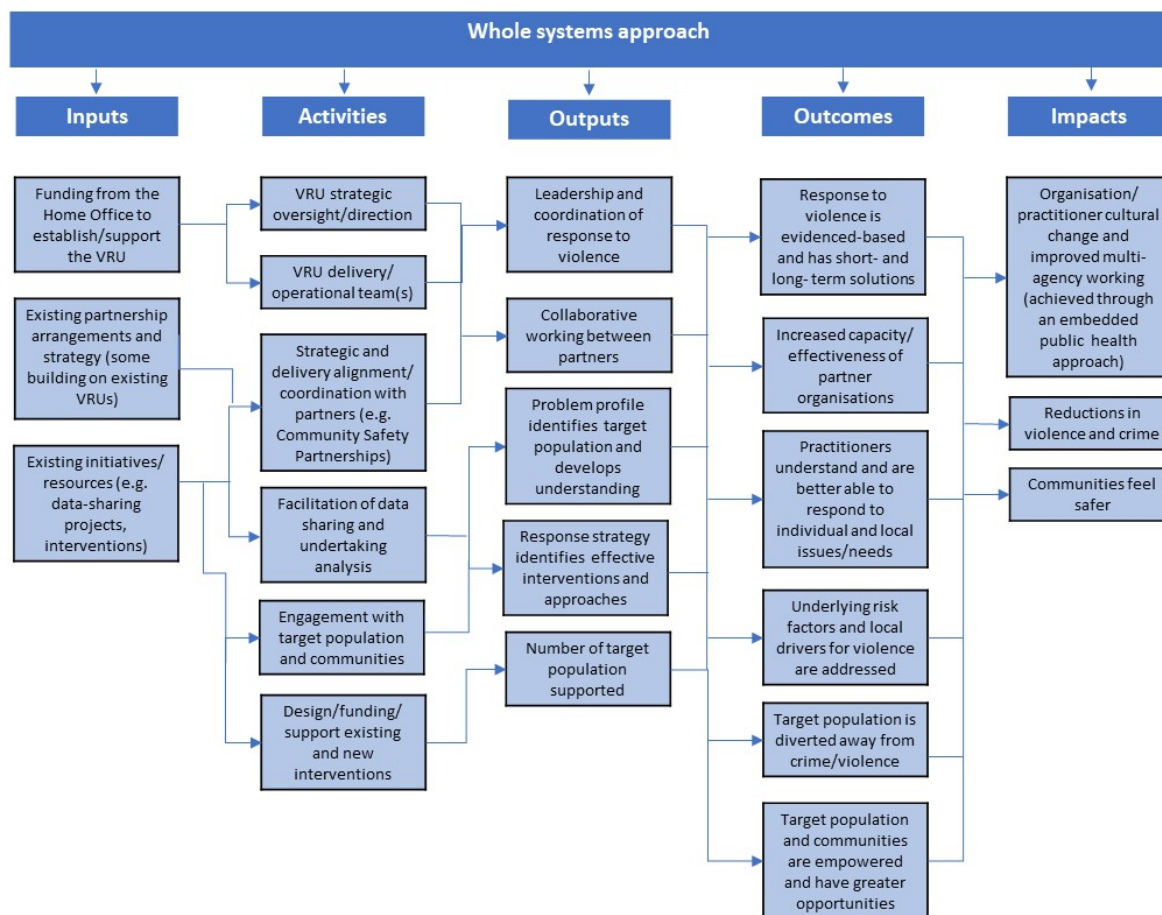
5 Perceived (early) outcomes

5.1 Introduction

Violence Reduction Units (VRUs) were tasked with setting up a multi-agency, public health approach (PHA) to preventing serious violence, which focused on strategic early intervention. The implementation of this type of approach needs to be considered against an appropriate backdrop that recognises the time and resources that are required to develop the required foundations upon which to base effective delivery. In particular, many outcomes will take some time (between five and ten years) to fully materialise. For this reason, it is important to reflect that the vast majority of VRUs are at an early stage in their development, having only been in existence for under a year, and that any assessment of perceived outcomes needs to take this into account.

Using the programme-level Theory of Change developed as part of the complementary impact feasibility strand of the evaluation (see Figure 5.1), it is clear from the results discussed in the previous chapters of this report that VRUs had initiated nearly all of the common activities to varying degrees. Looking further down the causal chain, it is also evident that this set-up activity was beginning to translate into the achievement of the outputs listed in the framework (which can be viewed as a mix of outputs and early-stage outcomes).

Figure 5.1: VRU programme-level Theory of Change



This chapter seeks to build on the qualitative evidence provided in previous chapters of the report. It provides a summary of the outcome-related evidence that was collected as part of the stakeholder survey about the perceived early-stage outputs and outcomes of the VRUs.

5.2 Perceived effectiveness of Violence Reduction Unit set-up

Good progress had generally been made by the VRUs over the first year of the programme, which had in most cases laid a foundation for a more evidence-based and targeted response to serious violence in year two of the programme

As discussed in the previous chapters of the report, VRUs had made good progress setting up their local structures, including governance boards, core VRU teams and in most cases, a local interface that was working with the constituent districts/local authorities. The complement of VRU staff and partners had also mobilised to develop their Problem Profiles/Strategic Needs Assessments (SNAs) and at the time of drafting this report (March 2020), were completing their associated Response Strategies. Many had also commissioned an initial set of interventions to support young people across their areas, the majority of which were extensions of existing activities that were perceived to be impactful. This combination of activities had been enabled by and provided much needed momentum for improved leadership, coordination and multi-agency working across all engaged agencies and partners, which it was hoped would result in a more evidence-based and targeted response to serious violence in year two of the programme.

Drilling down into the detail, findings from the stakeholder survey reinforced the qualitative findings presented earlier in the report. They demonstrated that respondents perceived that significant progress

had been made across a range of areas (see Figure 5.2), which included nearly all respondents reporting that VRUs had been effective in:

- getting all relevant partners on board;
- clearly communicating their aims and objectives to partners; and
- adding value to existing provision that seeks to address serious violence.

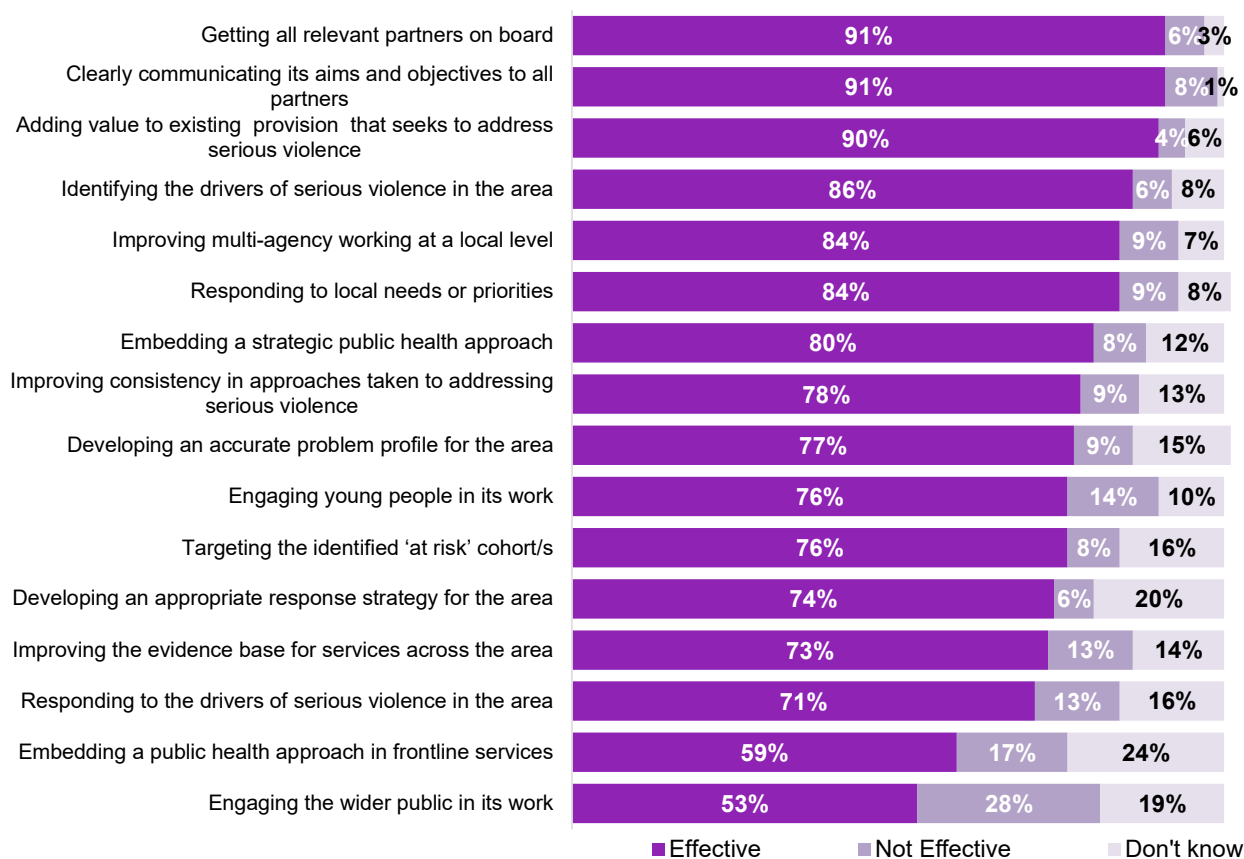
In addition, between 80% and 90% of respondents (between 93 and 104 out of 116 respondents) stated that their VRU had been effective in:

- identifying the drivers of serious violence in the area;
- improving multi-agency working at a local level;
- responding to local needs or priorities; and
- embedding a strategic PHA.

Survey respondents also highlighted two areas where more limited progress had been made:

- the VRUs' effectiveness in embedding a PHA in frontline services (59% or 68 out of 116 respondents); and
- engagement of the wider public in the work of the VRU (53% or 62 out of 116 respondents).

Figure 5.2: How effective has the VRU been so far in relation to...



Note: The data displayed in Figure 5.2 are subject to some rounding errors.
 Source: Ipsos MORI VRU Stakeholder Survey March 2020 – Question C13

As discussed in Chapter 4 of the report, these results are unsurprising, and indicate the early stage development of the VRUs, which will mature and become more sophisticated over time. For example, although the VRUs had begun to exhibit a 'golden thread' between their governance boards and core VRU teams, this had not yet translated down to the frontline, which was more likely to happen over the course of year two when VRUs will be in a position to communicate the results of their Problem Profile/SNA and Response Strategies across all partners.

As such, although more work was required to operationalise the VRUs fully, the early results provide an indication of the extensive groundwork that has been developed over year one of the programme.

5.3 Perceived effectiveness of the commissioned interventions

VRU perceptions of the effectiveness of their commissioned interventions illustrated a more mixed response that reflected most had been commissioned prior to the development of Problem Profiles and that in a lot of cases, it was early to comment on their effectiveness

Looking specifically at the perceived effectiveness of the interventions that had been commissioned over the first year of the VRUs, findings from the survey provided a slightly more mixed response (see Figure 5.3), with 63% of respondents (73 out of 116) reporting that they had been effective and 31% (36 out of 116) stating that it was too early to say or that they didn't know. This again reflects the stage of maturity of the VRUs, which recognised that they may make significant changes to their intervention portfolio

during year two of the programme, to ensure that it reflects the findings set out in the Problem Profiles and Response Strategies, which had not been possible during year one of the programme.

VRUs have also been asked to undertake local evaluation of their work during year two of the programme, which is likely to include, but is not limited to, an assessment of the effectiveness of their commissioned interventions.

Figure 5.3: How effective has your VRU been in delivering targeted interventions to tackle serious violence?

	All respondents
Very effective	14% (16)
Fairly effective	49% (57)
Not very effective	6% (7)
Not at all effective	0% (0)
Too early to say/Don't know	31% (36)
<i>Base no.</i>	116

Source: Ipsos MORI VRU Stakeholder Survey March 2020 – Question C15

5.4 Further assessment of the outcomes and impacts of the programme

Evaluation of subsequent years of the programme will enable a more comprehensive assessment of the outcomes and impacts of the VRUs and a fuller explanation about how, why and in what context success has been achieved. The suggested methodology for this is detailed in the complementary *Impact Feasibility Report* that has been developed by Ecorys, and at the end of Chapter 6 of this report.

6 Implications for future development of Violence Reduction Units

6.1 Introduction

This report has taken a detailed look at the early implementation of the Violence Reduction Units (VRUs), through in-depth exploration of what is working well and where challenges remain. By necessity, much of the focus has been on understanding the mechanics of VRU set-up, which has formed the large majority of VRU activities over the first year of the programme. This has included:

- an examination of both the operational set-up (developing structures, membership, composition of the core VRU teams), and the strategic set-up (readiness to adopt and initiate a public health approach [PHA]) to tackle serious violence; and
- an early assessment of the perceived outcomes that have been achieved as a result.

The focus of this final chapter is therefore to:

- consider the implications of the findings of the evaluation for the future development (i.e. as part of the confirmed funding for year 2020/21) of VRU and non-VRU areas that are beginning to facilitate preparatory activities to meet the forthcoming serious violence duty²⁹; and
- set out recommendations for future process-related evaluation of the programme.

6.2 Building blocks, key enabling factors and challenges, and further considerations

The achievements and lessons learnt from the process evaluation of the first year of the VRU programme form an important part of the growing evidence base that will support the mobilisation of the forthcoming serious violence duty. This includes:

- key learning to support the continued maturation of existing VRUs and initial mobilisation of non-VRU areas; and
- wider insight for the Home Office and the wider Government to support their ongoing function as an enabler in this domain.

The evaluation results have therefore been triangulated to develop:

²⁹ **Home Office** (2019) *Government Response to the Consultation on a new legal duty to support a multi-agency approach to preventing and tackling serious violence*
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/816885/Government_Response_-_Serious_Violence_Consultation_Final.pdf

- a set of operational and strategic ‘building blocks’ that are likely to be required to set up an effective VRU and;
- key enablers and challenges experienced by the VRUs during the development of the identified building blocks.

These are set out in Tables 6.1 and 6.2 and have been drawn from evidence that has been presented in this report. Please note that this list is not intended to be exhaustive.

Table 6.1: Key enablers and challenges – VRU operational set-up

Building blocks	Enablers	Challenges
Operational set-up		
1. VRU structure	<ul style="list-style-type: none"> • VRUs developed working structures that consisted of at least three layers – a governance board, core team and local interface – that brought together different areas of expertise. • Included building on existing partnerships, infrastructure and networks to develop and operationalise activities – maturity of these influenced implementation progress. • District-level representation formed a crucial part of VRU structure – helped to build local momentum, gather locally held knowledge and in some cases commission and oversee locally based interventions - most commonly facilitated through Community Safety Partnerships (CSPs), which will be mandated to include serious violence as an explicit priority in the future. 	<ul style="list-style-type: none"> • Implementation progress more limited for areas that had less mature existing infrastructure, as they were beginning from a less developed starting point. • Several VRUs found it challenging to navigate and ensure alignment with multiple statutory partnerships that already existed in the youth, crime and justice and public health space.
2. Leadership	<ul style="list-style-type: none"> • VRU directors drawn from range of professions – Office of the Police and Crime Commissioner (OPCC), the police, local authorities, public health – had provided influential leadership to mobilise a new strategic approach to tackle serious violence. 	<ul style="list-style-type: none"> • Evaluation not yet able to assess the extent to which the background and culture of the leadership had influenced VRUs’ direction of travel, which will become more apparent over the next one to two years of the programme.
3. Core VRU team	<ul style="list-style-type: none"> • Recruitment of an appropriately skilled core team with representation from across a wide range of agencies. • Crucial roles included: public health 	<ul style="list-style-type: none"> • One-year funding cycle made it difficult to recruit staff into short-term contracts – had been particularly acute for analysts who were reported to be in

	<p>colleagues, the police, analysts, programme and project managers, a variety of sector- and activity-specific roles (to act as conduits into their home agencies or to lead specific strands of work).</p>	<p>high demand, but short supply.</p> <ul style="list-style-type: none"> • Many staff seconded from their home agencies, which may cause sustainability issues in the future – likely to be further exacerbated by current the COVID-19 pandemic (since March 2020), which has led the majority of public health and some police secondees to be recalled to their home teams.
4. Co-location	<ul style="list-style-type: none"> • Co-location of core VRU team within an existing agency – OPCC, the police, local authority – had enabled the building of informal relationships, and improved multi-agency working, data sharing and sharing of in-kind resources. 	<ul style="list-style-type: none"> • Difficulty finding suitable space/location. • Not always practical for widely dispersed teams to travel to one location.
5. Governance board	<ul style="list-style-type: none"> • Governance boards perceived to be crucial as they provided senior input into the development and implementation of VRU strategies, supported VRUs to overcome organisational barriers and partner engagement challenges, and provided senior level accountability and sign-off. 	<ul style="list-style-type: none"> • Some VRUs not yet able to engage all relevant partner agencies – partly down to early stage of development. • Core membership stipulated in the Home Office VRU application guidance may have restricted engagement from other agencies that were perceived as crucial – in particular, education, youth services and probation service.

Table 6.2: Key enablers and challenges – VRU strategic set-up

Building blocks	Enablers	Challenges
Strategic set-up – development and initiation of a public health approach		
6. Multi-agency working	<ul style="list-style-type: none"> • Home Office funding provided the scope and resources required to engage a diverse range of agencies, stakeholders and communities to enable the initiation of a public health approach (PHA) to tackle 	<ul style="list-style-type: none"> • Some partners challenging to engage – see Table 6.1. • Limited information cascaded to the frontline about the PHA – partly reflected early maturity of VRUs and

	<p>serious violence.</p> <ul style="list-style-type: none"> • VRUs able to build on existing serious violence-related infrastructure appeared to have more success in bringing together complementary agencies and organisations to develop and work towards a common and shared purpose that was underpinned by a PHA. • Some VRUs moved away from the Home Office branding – Violence Reduction Unit – to ensure greater inclusivity and therefore better engagement of required partners. 	<p>challenges around the terminology associated with the approach, which was felt to be abstract and difficult to understand.</p> <ul style="list-style-type: none"> • Cultural change may take more time amongst partners for whom a longer term focus significantly differs from their normal working practices, e.g. the police. • Some VRUs that had retained the Home Office branding had faced issues engaging some partners, who did not want to associate themselves with a ‘violence’-related programme.
7. Data generation and sharing	<ul style="list-style-type: none"> • VRUs had harnessed multiple sources of data and intelligence to create a better understanding of the local drivers of serious violence. • Analysts formed a crucial part of this. • Data-sharing agreements more successfully agreed in cases where the VRU had the opportunity to build on existing agreements, specific data functions had been set up within the VRU, e.g. the Data Steering Group, partnership built with external organisations to aid this process. 	<ul style="list-style-type: none"> • Challenging to access data from particular services. including education, probation and youth services, and social care data. • Understanding the complex landscape of information governance was a time-consuming process, particularly in areas that had no pre-existing data-sharing agreements or infrastructure in place.
8. Effectiveness of interventions	<ul style="list-style-type: none"> • Several VRUs commented that they had adopted a risk-enabling culture that had allowed lateral thinking and new ways of working – had embraced a ‘test and learn’ approach, which led to the trialling of new interventions and the associated gathering of new intelligence of what works well and less well. 	<ul style="list-style-type: none"> • This type of activity takes time to deliver – will be ongoing as new evidence come to the fore. • Insufficient time to assess the effectiveness of interventions commissioned by the VRUs in year one.
9. Problem Profiles/Strategic Needs Assessments (SNAs) and Response Strategies	<ul style="list-style-type: none"> • Problem Profiles/SNAs developed more comprehensively in cases where VRUs were able to: (1) build on historic data-sharing agreements; (2) harness the influence of their governance board to unlock data; (3) recruit sufficient analytical capacity to lead the work; and (4) rapidly mobilise individual localities to assimilate the required information. • <i>Too early to identify key enablers regarding the development of Response Strategies.</i> 	<ul style="list-style-type: none"> • Insufficient time and often resources to develop a comprehensive Problem Profile/SNA – implying this will evolve and mature over time. • Short timeframe required to produce both Problem Profiles/SNAs and Response Strategies meant that they needed to be developed simultaneously instead of the former informing the latter.

10. Community engagement and communications	<ul style="list-style-type: none"> • <i>Limited evidence was available to identify key enabling factors that would support effective community engagement and communications – this activity will be prioritised in year two of the programme.</i> 	<ul style="list-style-type: none"> • VRUs over-relied on pre-existing mechanisms to engage communities, which limited reach and ability to co-design their approach with local providers, communities and young people.
11. Monitoring and evaluation of strategic and intervention related activities	<ul style="list-style-type: none"> • <i>It was too early to identify good practice in relation to monitoring and evaluating VRU activities.</i> 	<ul style="list-style-type: none"> • This activity did not appear to have been prioritised by many of the VRUs during year one of the programme.

Further information is set out in Annex D that details a set of additional considerations that may prove helpful for both existing VRUs as they continue to mature and develop, and non-VRU areas as they gear up to meet the requirements of the forthcoming serious violence duty.

6.3 Implications for future development

The process evaluation has shown that there are three key implications for future developments.

- It will be important for existing VRUs to consolidate their activities, with a particular focus on:
 - stabilising their core staff teams and staffing models to ensure longer term sustainability, with special consideration given to the core roles identified in Table 6.1;
 - engagement of all agencies and stakeholders that are felt to be of relevance to the local area and continuing efforts to encourage and influence cultural change to enable the embedding and delivery of a PHA to tackle serious violence;
 - commissioning of evidence-based interventions that meet strategic needs;
 - developing clear and comprehensive communication and engagement strategies that include greater and improved discourse with frontline staff, local communities and young people, and specific activities to communicate finalised Problem Profiles/SNAs and Response Strategies; and
 - building local evidence bases to inform evolving Problem Profiles/SNAs and Response Strategies, including improved data sharing between agencies and the setting up of robust monitoring and evaluation processes to assess the effectiveness of interventions.
- Non-VRU areas that are considering how best to meet the forthcoming serious violence duty may benefit from:
 - initiating mapping exercises that identify and seek to align their existing serious violence infrastructure, including working closely with their Community Safety Partnerships (CSPs) to understand local narratives;

- consideration of who the most at risk groups are likely to be within their area; and
 - consideration of which individuals would be best placed strategically to lead future activities.
- The Home Office and the wider Government need to consider the following to enable the future success of the VRU programme:
 - sustainability of funding to align with the longer term timescales required to implement effectively the PHA to tackling serious violence;
 - the provision of consistent, clear and accessible terminology that more effectively explains the expectations of a PHA;
 - the development of guidance to enable more effective data sharing across multiple agencies; and
 - additional guidance to support better alignment with existing statutory functions/partnerships.

6.4 Next steps: Future evaluation

The research team recommend the commissioning of a mixed-method process and impact evaluation, that is both formative and summative in its nature and that seeks to work collaboratively with the VRUs. This will enable the fostering of an agile 'learn-adapt-improve' approach that provides timely insight and learning opportunities throughout the evaluation life-cycle, and provides quantitative impact evidence to demonstrate the extent to which the programme is able to reduce violence and crime (as set out in the associated *Impact Feasibility Report*).

Annex A: Glossary of abbreviations

- ACE – Adverse childhood experience
- CCG - Clinical Commissioning Group
- CSP – Community Safety Partnership
- DSA – Data-sharing agreement
- ICO – (UK) Information Commissioner’s Office
- MASA - Multi-agency safeguarding arrangements
- OPCC - Office of the Police and Crime Commissioner
- PCC - Police and Crime Commissioner
- PHA - Public health approach
- SNA – Strategic Needs Assessment
- SVRU - Scottish Violence Reduction Unit
- VCS – Voluntary and community sector
- VRU – Violence Reduction Unit
- WHO - World Health Organisation
- YOT – Youth Offending Team

Annex B: Process evaluation framework

Process element	Process objective	Evaluation questions	Evidence	Existing information from parallel feasibility study	Consultations with all VRU leads	In-depth case studies		Online survey of delivery staff and wider stakeholders / partners
						Desk review of documents and data	Interviews and focus groups with delivery staff and wider stakeholders	
<p>Local context and rationale– we anticipate that much of this information will have been collected from the parallel impact feasibility study. We will therefore only gather further information on these elements in the event that we either need to validate the existing information or to fill any gaps in our understanding of the relevant issues.</p>								
<p>1. Initial drivers</p>	<p>To ensure each VRU seeks to identify and address the underlying drivers for action in their local area</p>	<p>What key drivers of serious violence were identified for each local area at the outset of the VRU? What supporting evidence was drawn on to form this view? Which population groups were identified as at risk/most affected?</p>	<p>Problem Profile and Response Strategy / VRU application views from leads / wider stakeholders / partner organisations</p>	✓	✓	✓	✓	

<p>2. Existing activity, infrastructure and multi-agency working to support a public health approach to preventing and tackling serious violence</p>	<p>To ensure VRUs build on existing activity, infrastructure and multi-agency working and to minimise any duplication of effort</p>	<p>To what extent was a public health approach to preventing and tackling serious violence already in place? What organisations / networks / activities / multi agency coordination already established to address serious violence in the local area(s)? How does the VRU intend to build on this? What effect has this had on the VRU structure / approach?</p>	<p>Problem Profile and Response Strategy / VRU application, views from leads / wider stakeholders / partner organisations</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	
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Objectives – the VRU ‘core function’ is to offer leadership and, working with all relevant agencies operating locally, strategic coordination of the local response to serious violence. This is associated with an expectation that much of VRU activity should focus on early intervention via the work of the core function and/or funding of specific interventions.

<p>3. Key areas of focus/priorities</p>	<p>To ensure VRUs focus their efforts to align with local priorities</p>	<p>What are the primary foci and areas of priority for each VRU? How were these selected and why? What is the % split of core function vs. interventions for each VRU?</p>	<p>Views from leads / wider stakeholders / partner organisations / Problem Profile and Response Strategy</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	
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Models of working – it will be important to understand the different models of working/approaches that are being taken to setting up and delivering the VRUs and the foundations upon which these are built. This will enable us to develop a set of typologies that will support the selection of the case study areas and enable thematic analysis of the process evaluation evidence.

<p>4. Structure and form</p>	<p>To ensure efficient and effective approach to VRU implementation, tailored to local context, needs and available resources</p>	<p>How have the VRUs been set up, what form have they taken and why? Is it a strategic / operational / structure or does it operate as both? Has this built on existing partnerships, and if so, how? To what extent do VRU structures / forms vary across different localities? What are the reasons for any variances? How has this impacted implementation?</p>	<p>Views from leads / wider stakeholders / partner organisations</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	
<p>5. VRU membership</p>	<p>To ensure the appropriate organisations / individuals are represented in the VRU</p>	<p>Which organisations / individuals are involved in the VRUs? How were they selected and why? What existing relationships does the VRU build on? To what extent has each individual member engaged with the VRU?</p>	<p>Views from leads / wider stakeholders / partner organisations</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>
<p>6. Governance and accountability</p>	<p>To deliver effective and consistent standards of implementation and delivery</p>	<p>How are the VRUs governed and how have accountabilities been determined? Are the governance structures aligned with any pre-existing structures? To what extent does this differ across the VRUs?</p>	<p>Views from leads / wider stakeholders / partner organisations</p>		<p>✓</p>		<p>✓</p>	<p>✓</p>

7. Engagement and communication	To ensure all relevant partners are effectively engaged & successful communication of VRU objectives, intentions and governance (internally & externally)	Which wider audiences (including the public) are being engaged, how and why? Are all relevant partners clear about the aims and objectives of the VRUs, their structure, governance and implementation intentions?	Views from leads / wider stakeholders / partner organisations		✓	✓	✓	✓	
Adopting a public health approach – VRU activity must support a multi-agency, ‘public health’ approach to preventing and tackling serious violence. It will therefore be important to determine how local areas have adopted the key principles of this form of approach, and to identify the associated critical success factors and barriers to achieving this.									
8. Early intervention and prevention	To ensure each VRU seeks to identify and address the underlying drivers for action in their local area	How are VRUs collectively defining and forming an understanding of the at-risk cohort? How are they coordinating a local response to the identified problem(s)? Has this changed over time? What is working well / less well and why?	Problem Profiles and Response Strategies, views from leads / wider stakeholders / partner organisations	✓	✓	✓	✓	✓	

<p>9. Data generation and sharing</p>	<p>To enable effective generation of intelligence and efficient exchange of information and data within and between partners to support implementation and delivery of the VRUs</p>	<p>What data is being generated by the VRU, how, by whom and why? How is this being generated and at what level is it being generated (i.e. at the aggregate level vs individual level)? To what extent does this include anonymised vs non-anonymised data? How is this different to what was available prior to the VRU? How, when, by whom and why is data being shared? What works well / less well and why?</p>	<p>Views from leads / wider stakeholders / partner organisations</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>
<p>10. Multi-agency / partnership working</p>	<p>To create a shared understanding of the local aims of the VRUs, effectively lead and coordinate partnerships, pool resources (financial and in-kind) and jointly deliver activities</p>	<p>How effectively are partners working together to deliver the core function of VRUs, and where relevant the development and delivery of associated interventions? How has consensus been gained on how best to work together? What has worked well / less well and why? How is a public health approach being ensured / developed at the frontline (e.g. all partner agencies have contextual safeguarding / trauma informed approaches)?</p>	<p>Views from leads / wider stakeholders / partner organisations</p>	<p>✓</p>	<p></p>	<p>✓</p>	<p>✓</p>

11. Capacity and capability building <i>(underpinning factor)</i>	To ensure staff involved have the capacity and are adequately equipped with the relevant skills and intelligence to implement VRUs	What capacity and capabilities are required to support the set up and implementation of the VRUs? Is this/has this been made available in each VRU? If not, why? What role are the VRUs playing in bolstering existing capacity / capabilities? Is there analytical capability to inform the development of the Problem Profile?	Views from leads / wider stakeholders / partner organisations		✓		✓	✓
12. Future planning	To ensure VRUs develop both short and long-term solutions, and adequately monitor and evaluate their practice and activities to inform continuous improvement	How does each VRU anticipate its activities will evolve over the medium-long term? What local level monitoring and evaluation is planned/underway to ensure sufficient learning and feedback is derived to drive continuous improvement? How sustainable is the current model of working? What core structures/activities will need to be in place to sustain the VRUs?	Views from leads / wider stakeholders / partner organisations	✓	✓	✓	✓	✓

Multi-agency experiences and perceived (early) outcomes – *we intend to gather an early-stage assessment of the perceived outcomes of the VRUs and what the key enablers and barriers have been to successful implementation*

<p>13. Benefits and added value</p>	<p>To gather views on the key successes and additionality of the VRUs</p>	<p>What benefits and added value will be/has been derived from the VRU (both strategic and operational) (i.e. enhancing existing partnerships / improving consistency of approaches)? How and why?</p>	<p>Views from leads / wider stakeholders / partner organisations</p>	<p>✓</p>		<p>✓</p>	<p>✓</p>
<p>14. Key ingredients / enablers / barriers to implementation</p>	<p>To gather learning on how to improve implementation of VRUs</p>	<p>What are the key ingredients required to effectively deliver a VRU and what are the main enablers of this? What are the key barriers to implementation of the VRUs?</p>	<p>Views from leads / wider stakeholders / partner organisations</p>	<p>✓</p>		<p>✓</p>	<p>✓</p>

Annex C: Survey frequency tables

This annex provides an overview of the profile of survey respondents and a comprehensive set of frequency tables derived from the survey results.

Profile of survey respondents

A breakdown of the respondents, by the organisation they represented, is detailed in Table C.1. It shows that the greatest proportion (28% or 33 out of 116) of respondents were drawn from local authorities followed by representatives from third-sector organisations (15% or 17 out of 116) and the Office of the Police and Crime Commissioner (OPCC) (12% or 14 out of 116). In contrast, there were no respondents from organisations representing the Crown Prosecution Service, Health and Wellbeing Boards and the Prison Service.

C.1 Which of the following best describes the organisation you represent? If you are on secondment, please select the organisation that you have been seconded from.

	Total	Percentage
Local authority	33	28%
Third-sector organisation	17	15%
Office of the Police and Crime Commissioner	14	12%
Police Force	12	10%
Community Safety Partnership	5	4%
NHS England	5	4%
Public Health England	5	4%
Youth Offending Service	5	4%
Further or higher educational institution	4	3%
National Probation Service	3	3%
Violence Reduction Unit (VRU)	3	3%
Community organisation	2	2%
Housing Association	2	2%
Church/religious institution	1	1%
Combined authority	1	1%
Fire and Rescue Service	1	1%
Magistrates' Association	1	1%
Youth work/youth services	1	1%

Other	1	1%
Crown Prosecution Service	0	0%
Health and Wellbeing Board	0	0%
Her Majesty's Prison Service	0	0%
School	0	0%
<i>Total</i>	<i>116</i>	<i>100%</i>

Source: Ipsos MORI VRU Stakeholder Survey March 2020

A breakdown of respondents by Violence Reduction Unit (VRU) structure is detailed in Table C.2. It shows that the majority of respondents (73% or 85 out of 116) were from single/central VRUs, whilst 27% (31 out of 116) were from hub-and-spoke VRUs.

C.2 Breakdown of VRU structure

	Total	Percentage
Single/central	85	73%
Hub-and-spoke	31	27%
<i>Total</i>	<i>116</i>	<i>100%</i>

Source: Ipsos MORI VRU Stakeholder Survey March 2020 and typology of VRUs developed as part of the impact feasibility strand of the evaluation

A breakdown of respondents by role within their organisations is detailed in Table C.3. It shows that just over half (51% or 59 out of 116) of respondents occupied operational roles (e.g. service manager, project manager, coordinator, researcher/analyst) within their organisation, whilst a large minority (46% or 53 out of 116) occupied strategic roles with their organisation (e.g. head of service, director, chief executive). A small number of respondents were working directly with service users on the frontline.

C.3 Breakdown of respondent's roles within their organisation

	Total	Percentage
Operational – service manager, project manager, coordinator, researcher/analyst	59	51%
Strategic – head of service, director, chief executive	53	46%
Frontline – working directly with service users	4	3%
<i>Total</i>	<i>116</i>	<i>100%</i>

Source: Ipsos MORI VRU Stakeholder Survey March 2020

Table C.4 shows a breakdown of respondents by all the VRUs they had been actively engaged with and the VRU they had most actively engaged with.

C.4 Breakdown of respondents, by VRU and the VRU they have been actively or most actively engaged with

	All VRUs actively engaged with	VRUs most actively engaged with	Difference
Avon and Somerset	8	8	0
Bedfordshire	6	6	0
Essex	8	8	0
Greater Manchester	5	4	1
Hampshire	7	7	0
Kent	6	5	1
Lancashire	9	7	2
Leicestershire	7	6	1
Merseyside	10	9	1
Metropolitan Police (London)	6	5	1
Northumbria	11	11	0
Nottinghamshire	9	9	0
South Yorkshire	9	8	1
Sussex	6	5	1
Thames Valley	5	4	1
West Midlands	5	5	0
West Yorkshire	6	5	1
South Wales	4	4	0

Source: Ipsos MORI VRU Stakeholder Survey March 2020. Base 116

A breakdown of respondents by VRU role is detailed in Table C.5. It shows that almost half of respondents were part of the core VRU team (42% or 48 out of 116), whilst almost a third of respondents occupied operational and delivery partner roles (30% or 35 out of 116) and over a quarter (28% or 33 out of 116) occupied strategic partners roles.

C.5 Breakdown, by VRU role

	Total	Percentage
Strategic partner – member of the VRU strategic/oversight group/board	33	28%
Member of the core delivery team within the VRU – in a seconded role	32	28%

Delivery partner – responsible for delivering interventions supported by the VRU	19	16%
Member of the core delivery team within the VRU – not in a seconded role	16	14%
Operational partner – member of the VRU operational/delivery group	16	14%
<i>Total</i>	<i>116</i>	<i>100%</i>

Frequencies tables of survey responses

The following tables provide an overview of the frequency of responses to the individual questions in the survey.

C.6 When did you first become involved with the VRU?

	Total	Percentage
Jan-2016	1	1%
Mar-2018	1	1%
Jun-2018	1	1%
Jul-2018	1	1%
Oct-2018	1	1%
Nov-2018	1	1%
Jan-2019	1	1%
Feb-2019	2	2%
Mar-2019	2	2%
Apr-2019	7	6%
May-2019	1	1%
Jun-2019	6	5%
Jul-2019	7	6%
Aug-2019	9	8%
Sep-2019	21	18%
Oct-2019	21	18%
Nov-2019	17	15%
Dec-2019	14	12%
Don't know	2	2%

Source: Ipsos MORI VRU Stakeholder Survey March 2020. Base 116

C.7 When did you first become involved with the VRU?

	Total	Percentage
2016	1	1%
2018	5	4%
2019	108	93%
Don't know	2	2%

Source: Ipsos MORI VRU Stakeholder Survey March 2020. Base 116

C.8 How did you become involved with the VRU?

	Total	Percentage
Approached by senior management within your base organisation to act as their representative on the VRU	38	39%
Volunteered to act as the VRU representative for your base organisation	17	18%
Applied for a position via a targeted recruitment process – where only a specific number of individuals were formally approached	15	15%
Applied for a position via an open/publicly advertised recruitment process	11	11%
Position is part of your current role	10	10%
Approached by Police and Crime Commissioner (PCC) to represent base organisation/sector	4	4%
Approached in order to deliver/produce specific strategy/piece of work	2	2%

Source: Ipsos MORI VRU Stakeholder Survey March 2020. Base = 97 (all non-delivery partners)

C.9 How important were each of the following as motivators for your engagement with the VRU?

	Very important	Fairly important	Not very important	Not at all important
To deliver a multi-agency approach to tackling serious violence	96% (65)	3% (2)	1% (1)	0% (0)
Strengthen existing relationships with local partners	87% (59)	10% (7)	3% (2)	0% (0)
To address gaps in provision aimed at tackling serious violence	82% (56)	16% (11)	0% (0)	0% (0)
To tailor your services better to local needs/priorities	81% (55)	15% (10)	1% (1)	3% (2)
Alignment to your corporate objectives	78% (53)	18% (12)	3% (2)	0% (0)
To implement a public health approach to tackling serious violence	75% (51)	22% (15)	1% (1)	0% (0)
Develop new relationships with local partners	69% (47)	26% (18)	2 (3%)	1% (1)
To share data and intelligence with local partners	60% (41)	35% (24)	1% (1)	3% (2)
To reduce duplication of provision aimed at tackling serious violence	56% (38)	34% (23)	0% (0)	9% (6)
Access to data and intelligence from local partners	54% (37)	29% (20)	10% (7)	4% (3)
Opportunity to secure additional funding	41% (28)	37% (25)	16% (11)	4% (3)
Other (please specify)	60% (41)			

Source: Ipsos MORI VRU Stakeholder Survey March 2020. Base = 68 (all non-applied for the position)

C.10 To what extent do you agree with the following statements relating to the VRU?

	Strongly agree	Agree	Disagree	Strongly Disagree	Don't know
I am clear on the strategic objectives of the VRU	66% (76)	33% (38)	1% (1)	0% (0)	1% (1)
I am clear on the priority areas of activity for the VRU	53% (62)	42% (49)	2% (2)	0% (0)	3% (3)
There are good lines of communication from operational/delivery teams to the VRU Board	28% (32)	51% (59)	6% (7)	0% (0)	16% (18)
There are good lines of communication from the VRU Board to operational/delivery teams	23% (27)	55% (64)	9% (11)	0% (0)	12% (14)
All relevant partners are engaged with the VRU	15% (17)	58% (67)	19% (22)	0% (0)	9% (10)

C.11 Overall, how effective do you think the current governance arrangements are for the VRU?

	Total	Percentage
Very effective	37	32%
Fairly effective	54	45%
Not very effective	8	7%
Not at all effective	0	0%
Too early to say/Don't know	19	16%

Source: Ipsos MORI VRU Stakeholder Survey March 2020. Base 116

C.12 How effective do you think the current internal performance monitoring and evaluation arrangements are for the VRU?

	Total	Percentage
Very effective	17	15%
Fairly effective	55	47%
Not very effective	5	4%
Not at all effective	0	0%
Too early to say/Don't know	39	34%

Source: Ipsos MORI VRU Stakeholder Survey March 2020. Base 116

C.13 How effective do you think the VRU has been so far in relation to...

	Very effective	Fairly effective	Not very effective	Not at all effective	Don't know
Adding value to the existing landscape of provision that is seeking to address serious violence	39% (45)	51% (59)	3% (4)	1% (1)	6% (7)
Identifying the drivers of serious violence in the area	38% (44)	48% (56)	6% (7)	0% (0)	8% (9)
Embedding a strategic public health approach	37% (43)	43% (50)	8% (9)	0% (0)	12% (14)
Getting all relevant partners on board	33% (38)	58% (67)	6% (8)	0% (0)	3% (4)
Responding to local needs/priorities	30% (35)	53% (62)	9% (10)	0% (0)	8% (9)
Engaging young people in its work	30% (35)	46% (53)	14% (16)	0% (0)	10% (12)
Clearly communicating its aims and objectives to all partners	29% (34)	62% (72)	8% (9)	0% (0)	1% (1)
Developing an accurate Problem Profile for the	28% (33)	48% (56)	8% (9)	1% (1)	15% (17)

area					
Improving multi-agency working at a local level	27% (31)	57% (66)	9% (11)	0% (0)	7% (8)
Developing an appropriate Response Strategy for the area	25% (29)	49% (57)	6% (7)	0% (0)	20% (23)
Targeting the identified 'at-risk' cohort/s	24% (28)	52% (60)	8% (9)	0% (0)	16% (19)
Improving consistency in approaches taken to addressing serious violence	21% (24)	58% (67)	9% (10)	0% (0)	13% (15)
Improving the evidence base for services across the area	21% (24)	53% (61)	12% (14)	1% (1)	14% (16)
Responding to the drivers of serious violence in the area	17% (20)	53% (62)	13% (15)	0% (0)	16% (19)
Embedding a public health approach within frontline services	14% (16)	45% (52)	16% (19)	1% (1)	24% (28)
Engaging the wider public in its work	11% (13)	42% (49)	25% (29)	3% (3)	19% (22)

Source: Ipsos MORI VRU Stakeholder Survey March 2020. Base 116

C.14a How would you rate the progress your VRU has made in relation to developing an accurate Problem Profile?

	%	Frequencies
The Problem Profile is complete and is being used to influence the activities of the VRU.	31%	36
The Problem Profile is in the late stages of development	41%	47
The Problem Profile is in the early stages of development	10%	12
Too early to say/Don't know	18%	21

Source: Ipsos MORI VRU Stakeholder Survey March 2020. Base 116

C.14b Progress reported by core VRU team members in relation to the development of their Problem Profile/Strategic Needs Assessment (SNA)

Core VRU team members	%	Frequencies
The Problem Profile/SNA is complete and is being used to influence the activities	38%	18
The Problem Profile/SNA is in the late stages of development	46%	22
The Problem Profile/SNA is in the early stages of development	10%	5
Too early to say/Don't know	6%	3
<i>Total</i>	100%	48

Source: Ipsos MORI VRU Stakeholder Survey March 2020

C.15 How effective has the VRU been in delivering targeted interventions to tackle serious violence?

	Total	Percentage
Very effective	21	18%
Fairly effective	63	54%
Not very effective	1	1%
Not at all effective	0	0%
Too early to say/Don't know	31	27%

Source: Ipsos MORI VRU Stakeholder Survey March 2020. Base 116

C.16 To what extent do you agree with the following statements relating to your role within your VRU?

	Strongly agree	Agree	Disagree	Strongly Disagree	Don't know
I have sufficient capacity to fulfil my role within the VRU	26% (30)	50% (58)	13% (15)	4% (5)	7% (8)
I have the required skills to fulfil my role within the VRU	43% (50)	50% (58)	1% (1)	0% (0)	6% (7)

Source: Ipsos MORI VRU Stakeholder Survey March 2020. Base 116

C.17 How effective has your VRU been in getting data-sharing agreements in place with all relevant partners?

	Total	Percentage
Very effective	23	20%
Fairly effective	49	42%
Not very effective	12	10%
Not at all effective	2	2%
Too early to say/Don't know	30	26%

Source: Ipsos MORI VRU Stakeholder Survey March 2020. Base 116

C.18 How effective has your VRU been in sharing data with all relevant partners?

	Total	Percentage
Very effective	16	14%
Fairly effective	57	49%
Not very effective	7	6%
Not at all effective	0	0%

Too early to say/Don't know	36	31%
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Source: Ipsos MORI VRU Stakeholder Survey March 2020. Base 116

C.19 How likely is it that the VRU will be sustained beyond the end of the VRU funding period?

	Total	Percentage
Very likely	25	22%
Fairly likely	32	28%
Not very likely	11	9%
Not at all likely	2	2%
Too early to say/Don't know	46	40%

Source: Ipsos MORI VRU Stakeholder Survey March 2020. Base 116

C.20 How likely is it that you, or another representative from your organisation, will continue to be involved in the VRU beyond the end of the funding period?

	Total	Percentage
Very likely	44	38%
Fairly likely	31	27%
Not very likely	7	6%
Not at all likely	1	1%
Too early to say/Don't know	33	28%

Source: Ipsos MORI VRU Stakeholder Survey March 2020. Base 116

Annex D: Further developmental considerations for existing Violence Reduction Units and non Violence Reduction Unit areas

Tables D1 and D2 provide some supplementary information to sit alongside the key findings listed in Tables 6.1 and 6.2 in Chapter 6 of the report. They detail a set of additional considerations that may prove helpful for both existing Violence Reduction Units (VRUs) as they continue to mature and develop, and non-VRU areas as they gear up to meet the requirements of the forthcoming serious violence duty. This is largely based on evidence that has been presented in this report, and in a small number of instances has been extrapolated to include recommendations that are based on the research team’s extensive experience of evaluating multi-agency working and whole-systems change.

Table D1: VRU operational set-up

Building blocks	Further considerations
Operational set-up	
1. VRU structure	<ul style="list-style-type: none"> ▪ What structures already exist to tackle serious violence and how could your VRU build upon these? ▪ How can the identified ‘layers’ of the model – most likely a governance board, core team and local interface – most effectively be brought together? ▪ What should the remit and responsibilities of each layer be and how will you ensure alignment of these? ▪ Which other local partnerships and networks could be utilised to enhance the decisions and work undertaken within individual localities?
2. Leadership	<ul style="list-style-type: none"> ▪ What challenges does your locality need to address to develop and embed a public health approach to tackle serious violence? ▪ In light of the challenges, what skills and expertise are required to catalyse and mobilise a new strategic approach to serious violence in the locality, and which profession/s should the leadership be drawn from?
3. Core VRU team	<ul style="list-style-type: none"> ▪ Which individuals from the relevant agencies are best placed to fulfil the required roles? ▪ What recruitment methods should be used to bring in more scarce specialist skills or expertise such as analytical capability? ▪ Will the requirements of each agency change over time and how might this affect the recruitment and employment models that are used, e.g. focus on secondments in the first instance?

	<ul style="list-style-type: none"> Given the long-term nature of the public health approach, what can be done to ensure the creation of a stable and sustainable team?
4. Co-location	<ul style="list-style-type: none"> Can the Office of the Police and Crime Commissioner (OPCC), one of the constituent local authorities, or a local police force house the core team? What added value might this achieve and does this outweigh any disadvantages?
5. Governance board	<ul style="list-style-type: none"> What existing governance structures exist in the crime and justice and the public health arena that could lend themselves to govern this programme of work? Are all the required partners represented on the relevant board? If not, could it be extended to meet the requirements? Which additional agencies should be invited to sit on the board and what engagement challenges might this involve?

Table D2: Key enablers and challenges – VRU strategic set-up

Building blocks	Further considerations
Strategic set-up – development and initiation of a public health approach	
6. Multi-agency working	<ul style="list-style-type: none"> What do partners perceive to be the key drivers of serious violence in the locality? How are individual partners currently working to address serious violence in the locality and what does this imply about their priorities and underlying culture? How does this influence the type of public health approach in the relevant locality, and how can that be made tangible to a variety of audiences? What complementary work has been undertaken in the locality and how could this inform the vision, objectives and common language?
7. Data generation and sharing	<ul style="list-style-type: none"> What relevant data are publicly or readily accessible? What additional data may prove valuable to inform the identification of the underlying causes of serious violence in the locality? Which agency holds these data and which individual or set of individuals act as the gatekeeper to this information? What data-sharing agreements are already in place that could be used to facilitate the secure and timely transfer of the identified data? What additional agreements need to be set up? How accurate and complete are the individual data sets? How often are they updated? What level of data is likely to be accessible?
8. Effectiveness of interventions	<ul style="list-style-type: none"> What work has already been undertaken on serious violence and how could this be extended and enhanced? What interventions has the area commissioned to tackle serious violence? Which target groups were these aimed at? What were their modes of delivery, where were they delivered and by whom? How effective have they been and to what extent are they replicable and scalable?

<p>9. Problem Profiles/Strategic Needs Assessments and Response Strategies</p>	<p><i>Problem Profile</i></p> <ul style="list-style-type: none"> ▪ To what extent can the distinct data sets collected be triangulated and overlaid to create a holistic picture? And how can this complex triangulation be most effectively interpreted to inform the Problem Profile? ▪ How can the information be most effectively presented to ensure that it is accessible to all partners? <p><i>Response Strategy</i></p> <ul style="list-style-type: none"> ▪ What are the key priorities for the locality and what actions need to be taken to achieve these? ▪ How will the relevant partners work together and who is accountable for the delivery of each action? ▪ What matched funding or in-kind resource can be drawn on to support the work? <p><i>Both products</i></p> <ul style="list-style-type: none"> ▪ How often and when should these products be updated to ensure that they reflect the evolving local landscape? ▪ What resources are required to achieve this?
<p>10. Community engagement and communications</p>	<ul style="list-style-type: none"> ▪ What existing networks and mechanisms could be used to engage local providers, communities and young people? ▪ What type of engagement methods need to be employed to ensure inclusivity across the relevant local populations? ▪ What key audiences would benefit from communication? ▪ What are the information requirements of each audience? ▪ What type of communication channel would work best for each target audience? And how regularly should communications be cascaded to each?
<p>11. Monitoring and evaluation of strategic and intervention related activities</p>	<ul style="list-style-type: none"> ▪ What does success look like at a strategic and intervention level? How can this be measured? ▪ What infrastructure needs to be developed to monitor and evaluate strategic and intervention activities?

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Ipsos MORI's standards and accreditations provide our clients with the peace of mind that they can always depend on us to deliver reliable, sustainable findings. Our focus on quality and continuous improvement means we have embedded a 'right first time' approach throughout our organisation.



ISO 20252

This is the international market research specific standard that supersedes BS 7911/MRQSA and incorporates IQCS (Interviewer Quality Control Scheme). It covers the five stages of a Market Research project. Ipsos MORI was the first company in the world to gain this accreditation.



ISO 27001

This is the international standard for information security designed to ensure the selection of adequate and proportionate security controls. Ipsos MORI was the first research company in the UK to be awarded this in August 2008.



ISO 9001

This is the international general company standard with a focus on continual improvement through quality management systems. In 1994, we became one of the early adopters of the ISO 9001 business standard.



Market Research Society (MRS) Company Partnership

By being an MRS Company Partner, Ipsos MORI endorses and supports the core MRS brand values of professionalism, research excellence and business effectiveness, and commits to comply with the MRS Code of Conduct throughout the organisation.

Data Protection Act 2018

Ipsos MORI is required to comply with the Data Protection Act 2018. It covers the processing of personal data and the protection of privacy.

ISSN: 1756-3666



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