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Merseyside Violence Reduction Partnership Whole System Evaluation Report: 2022-23

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MERSEYSIDE VIOLENCE REDUCTION PARTNERSHIP WHOLE SYSTEM EVALUATION REPORT: 2022-23

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About this report

Merseyside is one of several areas allocated funding since 2019 by the UK government to establish a Violence Reduction Unit. To inform the continued development of the Merseyside Violence Reduction Partnership (MVRP) since November 2019, Liverpool John Moores University (LJMU), have been commissioned to evaluate the MVRP as a whole (Quigg et al, 2020, 2021, 2022), and selected work programmes. In addition, since 2022/23, LJMU have been commissioned to implement additional research to fill gaps in local knowledge. This report forms one of a suite of outputs from the 2022/23 evaluation work programme, and specifically presents a whole system evaluation of the MVRP. Additional evaluation reports for 2022/23 explore:

- The Mentors in Violence Prevention Programme (Butler et al, 2023).
- Merseyside Police Trauma Informed Training (Wilson et al, 2023).
- The Navigator Programme (Harris et al, 2023).
- Ariel Trust Violence Reduction school education programmes (Butler et al, 2023).
- Child/young person violence and abuse towards a parent/carer (Bates et al, 2023).
- Time Matters (Harris et al, 2023).
- The Nurturing Programme at HMP Altcourse (to be published December 2023).

Evaluation outputs are available on the MVRP website: www.merseysidevrp.com or via the author.

Acknowledgements

Executive Summary

Merseyside is one of several areas allocated funding by the Home Office since 2019 to establish a multi-agency violence reduction unit. Merseyside Violence Reduction Partnership (MVRP) aims to take a whole system public health approach to prevention that complements existing multi-agency partnerships and brings together partners to develop a coordinated approach to tackle the root causes of violence. Since 2019, the MVRP has commissioned Liverpool John Moores University and its partners to evaluate the MVRP as a whole and selected work programmes.

Aim: This report is the fourth annual whole system evaluation of MVRP and aims to examine their implementation, embedding, and sustainability of a public health approach to violence prevention. The primary objectives were:

- To assess the progress that the MVRP has made in implementing different components of a public health approach to violence prevention across the region.
- To review the sustainability of the public health approach to violence prevention across the region.
- To identify key areas for further transformation, considering progress to date, and the requirements of the UK Serious Violence Duty.

Methods: The methodological framework was informed by the whole system approach to public health evaluation (Egan et al, 2019), combining qualitative interviews with members of the MVRP team (n=15) and Steering Group (n=14), five case studies of place-based interventions undertaken in each Local Authority area (using qualitative methods and secondary data analysis), and a survey with delivery partners (n=27) to update the MVRP logic model and theory of change.

What is MVRP delivering?

The MVRP provides strategic leadership on the public health approach to violence in Merseyside through policy, practice, and targeted communication. MVRP also funds a suite of primary, secondary, and tertiary interventions to prevent violence with a focus on early intervention, life course, place-based, and community led approaches. MVRP works across five priority areas: early years, education, health, whole-family approaches and preventing offending.

MVRP Team and Steering Group members had high awareness and appreciation of the public health approach and felt MVRP has maintained focus on this approach supported by the evidence hub. Delivery partners also demonstrated high agreement with the public health approach although they were less confident in the effectiveness of their organisations in using evidence to develop and evaluate violence prevention interventions. Delivery partners also showed high awareness of the aims and activities being delivered by MVRP. However, delivery partners were less confident in, and about, the longer-term impacts of the MVRP particularly in relation to community awareness and partners' ability to sustain their work and seek longer term funding. This echoed the priorities identified by MVRP Team and Steering Group members.

How does the MVRP work?

The refined theory of change focused on five key areas: 1) a multidisciplinary violence reduction team, 2) leadership at the opinion[1], senior, and strategic level, 3) evidence-based decision making, 4) whole family life course approaches to intervention design and delivery, and 5) communities as partners. The MVRP's full theory of change, including key context, mechanism, activities, proximal and long-term outcomes is summarised in figure 3.1.

What are the impacts of the MVRP?

In line with the World Health Organization's public health approach to violence, participants acknowledged that the MVRP impacted at different levels of the socio-ecological model.

- At the **individual level**, a range of outcomes were identified for young people and their families as a result of MVRP funded interventions. These included improved emotional and communication skills in young children, improved knowledge of violence and educational outcomes for school-aged children, increased employability and life skills for young adults and reductions in antisocial behaviour, engagement in crime and offending. Participants acknowledged the challenges of evidencing longer term impacts within the time and financial constraints of the MVRP work programme.
- At the **community level**, MVRP was associated with increased feelings of safety for young people and the community, changes in community attitudes towards violence and statutory services, and improved resilience. Participants noted that reductions in recorded serious violent crime seen across Merseyside were likely to have been produced by a range of policies and actions but were confident that MVRP has contributed to effective multi-agency working.
- A range of **organisational level** outcomes were identified for partners including improved multi-agency working, increased awareness of the public health approach to violence prevention, changing organisational ways of working and thinking, and better engagement with children and young people to guide priorities.
- At a **policy level**, participants felt MVRP's greatest influence lay in the effective communication of evidence and a future focus for MVRP was effectively collating and communicating this evidence to inform future policy.

Where does MVRP go from here?

MVRP members were increasingly thinking about the sustainability of MVRP in the final 18 months of Home Office funding. Participants highlighted several contextual factors which influenced sustainability including reduced public sector budgets, austerity, political change, the Merseyside geographical footprint and existing national policy (e.g. Serious Violence Duty). Key areas of focus for the MVRP in the coming 18 months were supporting current interventions to seek external funding, using short-term funding (staff training, purchasing physical resources) to embed interventions into business as usual for partner organisations, and leaving an evidence legacy from the work of the MVRP to inform future policy and actions.

Whilst the MVRP continue on a positive trajectory of influencing whole system change to support the implementation and embedding of a public health approach to violence prevention, at present, there

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[1] The phrase opinion leaders comes from Roger's (1962) Diffusion of Innovations theory and describes how people who are open to new ideas, are respected by a large number of their peers and engage with new innovations early, which is key to ensuring that these ideas are widely adopted

remain a number of areas which the MVRP could address and/or strengthen in order for the short-term outcomes to develop into longer-term impacts.

The role of the MVRP Steering Group

- The MVRP Steering Group should renew the terms of reference for the 18+ months and include – alongside information about the roles and responsibilities of all MVRP members and partners – a focus on plans being developed to implement legacy learning from the work of the MVRP.
- The MVRP Team, with support of the Steering Group, should develop a clear action plan for the next 18+ months, to help identify how the roles and responsibilities of all MVRP members and partners can embed public health thinking in how violence prevention partners in the Merseyside Region work together to reduce harm.
- The MVRP team, with support of the Steering Group, should renew efforts to clearly communicate about the processes used to determine what programmes receive funding and which programmes these are. The MVRP team should consider the role of the Community Safety Partnerships (CSPs) and Steering Group, in influencing these decisions (if they are not to be involved in decision making, a process of timely consultation should take place to ensure that funding would not be duplicated).

Enhancing collaborations with Community Safety Partnerships

- The MVRP team should develop clear systems for engaging with CSPs and other local partners via the Steering Group and other relevant engagement opportunities. The MVRP should identify a team member(s) to be responsible for directly liaising with CSP leads, enabling direct links with the MVRP Director and wider team members (as relevant), and the bidirectional sharing of local and regional information to inform prevention activity (including MVRP funded and non-funded activities).
- The evaluation continues to show that CSPs are committed to working in partnership with the MVRP and that they recognise the responsibility they have in implementing violence prevention and the MVRP priorities at a local level. The areas identified to sustain the progress made thus far are:
  - o To renew efforts by CSPs to embed a strategic and operational approach to violence prevention at a local level and to, collectively, share learning and examples of good practice that other CSPs can adopt.
  - o To renew the communication exchanges between CSPs and MVRP Team to help ensure that constructive and action/solution focused dialogue helps facilitate the impactful sharing of advice, expertise, and intervention awareness in the mutually beneficial efforts to address particular issues at a local level.

Delivering a Place-based Approach to Violence Prevention

- The MVRP needs to take a place-based approach. Whilst high level activity is happening (e.g. it is led by data and evidence-based), more work is required to ensure a bottom-up approach is implemented. The expertise and knowledge of local partners should be better used to aide decision making about the priorities/organisations that receive funding. Examples of this are being delivered (for example in Sefton) and the process and effectiveness of this approach will be reported on as part of the 2023/24 evaluation. Recommendations on scaling up this approach will be presented.

Community Engagement

- There has been, and remains, a need to better increase public awareness and understanding of the MVRP – with recognition of the challenging nature of trying to stimulate public awareness/consciousness of the long-term activities of the public health approach. There remains scope to make communities aware of the preventative interventions being implemented across Merseyside to address the root causes of serious violence and this can build on the progress that has been made (through the increased community involvement in MVRP-funded interventions and engagement activities such as the Hope Hack) to improve perceptions of community safety and ultimately, community connectedness.
- MVRP should continue to make use of the assets which exist within Merseyside communities (including well-respected community organisations and pro-social role models with experience of violence) and effective engagement activities (such as Hope Hacks) to increase opportunities to coproduce violence reduction activities which are based on community priorities and consider the varying needs of different communities/groups.

Sustainability

- In a theme consistent throughout the sequence of annual evaluations, those working to deliver the ambitions of the MVRP continue to identify the challenge of embedding a public health approach with limited resources. Preventative programmes need time to mobilise, respond and evaluate. It is a sign of how healthy the engagement with and understanding of the public health model is that practitioners are pushing back on short-term outcome measures. The long-term impacts of the MVRP are dependent on the sustainability of the programmes and initiatives that deliver MVRP activity and there is scope to keep building on the work taking place to support the sustainability in helping commissioned interventions to identify evidence of impact and secure new funding.
- There is a need to capture and consolidate the knowledge of previous and current Steering Group and MVRP Team Members about their experiences and insights of how public health approaches can be sustained within the Merseyside Region Criminal Justice and Public Health landscape. In ways that help focus beyond the MVRP, specifically the lessons they have learned in terms of the opportunities and challenges of – for example – information sharing, co-produced intervention activity, and shared organisational learning can help develop partnership working practices in the future.
- Partners recognise that MVRP activities should be collaboratively sustained following the cessation of Home Office funding. In order to sustain the partnership, the MVRP Team and Steering Group need to define what this partnership will look like, the governance arrangements (to ensure effective oversight, delivery, and activities) and, if and how it will be staffed and funded.

Communication and Programme Connectivity

- Partners continue to highlight the importance for the MVRP to develop a strategic, proactive, and coordinated approach to violence prevention at a regional and local level in order to reduce duplication and strengthen local impact. The MVRP should develop a clear process to improve communication across local areas, such as the MVRP attending local (e.g. CSP) meetings and including broader representatives from local areas (such as portfolio holders) within meetings/discussions about local area priorities.

Evidencing Impact

- The Evidence Hub Team should develop a clear and transparent framework for determining which interventions are evaluated and the type of evaluation required. The framework could utilise

existing VRU resources (e.g. Wales VPU Violence Prevention Toolkit) and wider resources such as the Youth Endowment Fund Toolkit.

- Evidence gathered from across the selected interventions, MVRP programme data and stakeholder perspectives have been used to develop an updated MVRP logic model. This model provides the theory about how the MVRP is influencing, or intends to influence, change in the shorter and longer-term, and provides a framework through which ongoing impact can be evaluated. The logic model should be used to guide the development of intervention monitoring processes, and updated annually to ensure it reflects the work of the MVRP as it develops across the next 18+ months.
- Working with wider partners including research and evaluation teams, the MVRP team should consider how they will measure progress in achieving short to long-term outcomes over the next 18+ months, and beyond, at whole system and intervention level.
- The MVRP should develop processes to share the evidence base on violence with local partners, including MVRP funded research and evaluations, and wider evidence (e.g. YEF toolkit). This could include clear inclusion of MVRP funded research and evaluation on the MVRP website, newsletters and other communications (e.g. social media) as well as dissemination at local, regional and national events.

Contents

1. Introduction

1.1 Background

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

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

Since 2019/20, the Home Office has continued to fund VRUs, accompanied by a national evaluation providing evidence on overall processes of programme implementation (Craston et al, 2020) and the feasibility of measuring outcomes nationally (MacLeod et al, 2020). Since their commencement, many VRUs have embedded programme evaluation into their local VRU work programmes, developing local programme / intervention logic models and theories of change, and implementing local evaluation of the whole system public health approach to violence prevention (e.g. Wales[2], Timpson et al, 2021) and/or evaluation of place-based approaches and interventions (e.g. West Midlands[3]). In Merseyside, the MVRP have commissioned a range of research and evaluation projects to inform the development and implementation of a public health approach to violence prevention and understand the development and impact of violence prevention interventions. Since November 2019, Liverpool John Moores University (LJMU), have been commissioned to evaluate the MVRP as a whole (Quigg et al, 2020, 2021, 2022) and selected work programmes, and the implementation of bespoke research projects to fill gaps in knowledge.

1.2 Evaluation objectives and methods (2022/23)

To examine the implementation, embedding and sustainability of a public health approach to violence prevention across a UK Violence Reduction Unit, the primary objectives of the evaluation were:

- To assess the progress that the MVRP has made in implementing different components of a public health approach to violence prevention across the region.
- To review the sustainability of the public health approach to violence prevention across the region.
- To identify key areas for further transformation, considering progress to date and the requirements of the UK Serious Violence Duty.

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[2] https://www.violencepreventionwales.co.uk/research-evidence/evaluation

[3] https://westmidlands-vru.org/evidence-evaluation/evaluation/

Place-based or themed interventions for inclusion in the evaluation were determined in collaboration with the MVRP. This report forms one of a suite of MVRP evaluation reports produced by LJMU in 2022/23 and focuses on the whole system evaluation. Separate reports are provided for the themed interventions and are available on the MVRP website (or via the author). The following interventions were evaluated as part of the 2022-23 work programme:

- The Mentors in Violence Prevention Programme (Butler et al, 2023).
- Merseyside Police Trauma Informed Training (Wilson et al, 2023).
- The Navigator Programme (Harris et al, 2023).
- Ariel Trust Violence Reduction school education programmes (Butler et al, 2023).
- Child/Young person violence and abuse towards a parent/carer (Bates et al, 2023).
- Time Matters (Harris et al, 2023).
- The Nurturing Programme at HMP Altcourse (to be published December 2023).

The methodological framework was informed by the whole system approach to public health evaluation, recommended by Egan et al (2019). This approach is deemed most appropriate where there is more than one primary goal being measured and a Theory of Change is being explored. Egan et al (2019) recommend implementing a number of methods; these are described in Table 1 with specific reference to the methods utilised in the current evaluation.

Table 1. Whole Systems Evaluation Methods

Example of Whole System Evaluation Methods	MVRP 2022-23 Evaluation Data Collection/Evidence Used
Qualitative research with a systems lens Sampling participants from different parts of the system, exploring the impact of the MVRP on relationships and change, and understanding how different parts of the system affect one another.	Interviews (n= 15) with practitioners who were working, or had worked, as a member of the operational team of the MVRP between 2022-23. Interviews with members of the MVRP Steering Group (n=14) representing Merseyside Police, Merseyside Fire and Rescue, Merseyside Probation Service, The Police and Crime Commissioners Office, The Department for Work and Pensions, Public Health, Community and Voluntary Services and Merseyside's five Community Safety Partnerships (CSPs).
Adaptation of traditional evaluation approaches with a systems perspective Exploring key activities to understand facilitators to behaviour change, barriers, and challenges.	Five case studies of place-based interventions undertaken in each Local Authority area which included interviews and focus groups with stakeholders and children and young people and analysis of secondary outcomes data. A survey with stakeholders representing partners currently delivering MVRP funded interventions (n=27).
Concept mapping Understanding problems, challenges, and solutions through stakeholder engagement. Understanding the broader factors that influence violence prevention activities in Merseyside and present opportunities for change.	A logic model and theory of change was developed to demonstrate the key activities and outcomes of the MVRP for 2022/23 and beyond.

1.3 Structure of the report

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

- Key principles of a whole system public health approach (see Box 1 and Appendix 7.2);
- World Health Organization (WHO) public health approach to violence prevention (Krug et al, 2002);
- Serious Violence Strategy (Home Office, 2018); and,
- Additional guidance produced to support VRUs to implement a whole system public health approach to violence prevention (PHE, 2019).

Section 2 provides delivery partner perspectives on the MVRP work programme.

Section 3 presents a refined theory of change using qualitative data to understand how stakeholders believe the MVRP is working to reduce violence in Merseyside.

Section 4 outlines the impacts of the MVRP across Merseyside.

Section 5 explores practitioner reflections on the sustainability of MVRP and future directions.

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

A range of international policy and guidance recommends the implementation of a whole system approach to tackle complex public health issues and create long-term effective change (Kleinert and Horton, 2015; Mabry and Bures, 2014; Rutter, 2011). Studies have identified the key principles that define a comprehensive whole system public health approach, highlighting the importance of effective operational mechanisms alongside the implementation of effective interventions (Bagnall et al, 2019). A review of studies recommends ten key features that must be addressed when implementing a whole system approach (see Appendix 7.2, Table 1; Garside et al, 2010; NICE, 2010). A study by Bagnall et al (2019) explored the published evidence on the application of a whole system approach on public health and related areas (including crime and justice), with reference to the key features outlined in Table 1; they found that programmes that addressed each feature were more likely to be successful than those that did not. Issues such as supportive leadership, stakeholder engagement, investment in relationships and sustainability planning were all key to success. Community capacity, trust and ownership were also identified as important (Bagnall et al, 2019).

2. What is MVRP delivering?

MVRP's vision is that all communities across Merseyside have the right to be free from violence in order to provide them with the best life chances. The MVRP aims to 1) tackle the causes of serious violence in Merseyside, 2) reduce serious violence particularly youth violence in public spaces, 3) use evidence and data to identify suitable responses to prevent violence, 4) provide opportunities for young people to fulfil their life chances

> **MVRP vision:** We believe that all communities have the right to be free from violence in order to provide the best life chances for all across Merseyside.

away from the impacts of violence and crime, and 5) create data led responses which are right for each area of the region. The MVRP delivery model is structured to *"achieve the balance of innovation, leadership, delivery…supporting others to deliver locally with a bit of funding, with a bit of support, with a bit of advice"* (P24, Steering Group). At a strategic level, the MVRP provides leadership on the public health approach to violence reduction across Merseyside through a multi-agency co-located delivery team and steering group. The MVRP develops policy and practice to support system change and capacity to prevent violence and uses targeted communication to increase awareness and commitment to the public health approach to violence. The MVRP also funds a suite of primary, secondary, and tertiary interventions to prevent violence with a focus on early intervention, life course, place-based, and community led approaches. Finally, MVRP delivers evidence-based practice, through continuous monitoring and review of strategic and funded intervention work to gauge the MVRP's impact (see figure 3.1). The MVRP delivers this activity across five key priority areas: early years, education, health, whole family approaches, and preventing offending.

The MVRP vision, values and operating model are reported in Year 1 whole system evaluation report (Quigg et al, 2020). The Year 2 evaluation report specifically details how the MVRP has been working to align with the WHO public health approach to violence prevention (Quigg et al, 2021). The Year 3 evaluation highlighted additional activities implemented by the MVRP during 2021/22 to enhance the whole system public health approach to violence prevention across Merseyside and address previous whole system evaluation recommendations (Quigg et al, 2022). This year's evaluation (Year 4) reviewed the progress made towards these actions and the whole system public health approach using qualitative data from MVRP Team and Steering Group members and survey findings from delivery partners. The survey was distributed to partners who are working with MVRP and delivering MVRP funded interventions and used recommendations from the year 3 evaluation to explore participants' awareness and views on the work and impact of the MVRP. Just over half of participants (n=13, 52%) were employed by voluntary and third sector organisations, and over half worked across the Merseyside region (n=13, 52%). Among the remaining participants, all local authorities were represented (Liverpool 20%, Sefton 12%, Knowsley 8%, St Helens 8%, Wirral 8%).

2.1 Public Health Approach

As in the previous years' evaluations (Quigg et al, 2021), the majority of participating MVRP Team and Steering Group members reported awareness and appreciation of the whole system public health approach to reducing violence. Participants felt MVRP had remained focused on this approach - *"we're sticking to our strategy. We are adhering to the remit of what we've been given money for from the Home Office and so we're following that public health approach"* (P14, MVRP Team). At a delivery level, the evidence hub was considered an important facilitator in maintaining the public health approach (discussed in greater detail below) - *"…for a bid to get through, we're looking at […] your cohorts that you want to deliver this to, what are all of the factors around these individuals [and] does it fit our whole family approach even if it is just for specific age groups"* (P14, MVRP Team). However, reminiscent of previous rounds of

interviews, participants felt MVRP perhaps was not taking a sufficiently strategic approach to implementing the public health approach across the whole system *"to support partners in trying to embed that thinking"* (P14, MVRP) and wanted greater emphasis placed on this (through the public health lead) to ensure sustainability.

> *"…having their own work stream rather than looking at everything and checking does it fit it and taking that strategic view…They're not looking at that whole system public health approach…I think we've probably fallen into getting [them] to support with specific things because we know there's a specific ask rather than getting people to understand what a public health approach is. I don't know whether I'd have someone more doing it in that strategic [way]…that's something that we probably need to focus on for next year." (P14, MVRP Team)*

Surveyed delivery partners were asked about key components of the public health approach to understand the extent to which this was being embedded across Merseyside. As summarised in figure 2.1 below, all participants (n=27, 100%) recognised the importance[4] of: identifying risk and protective factors to explain why violence occurs and who it effects; using evidence to develop violence prevention strategies and innovations; evaluating violence prevention interventions to understand what works for whom; and, partnership working across sectors to develop a coordinated and comprehensive approach to preventing violence. The vast majority also recognised the importance of defining the violence problem in their area through systematic data collection (96%), taking into account health and social needs across all stages of the life course when developing violence prevention strategies (96%), and listening and involving communities in the response to violence (92%).

Figure 2.1: Delivery partner views on the importance of key aspects of the public health approach

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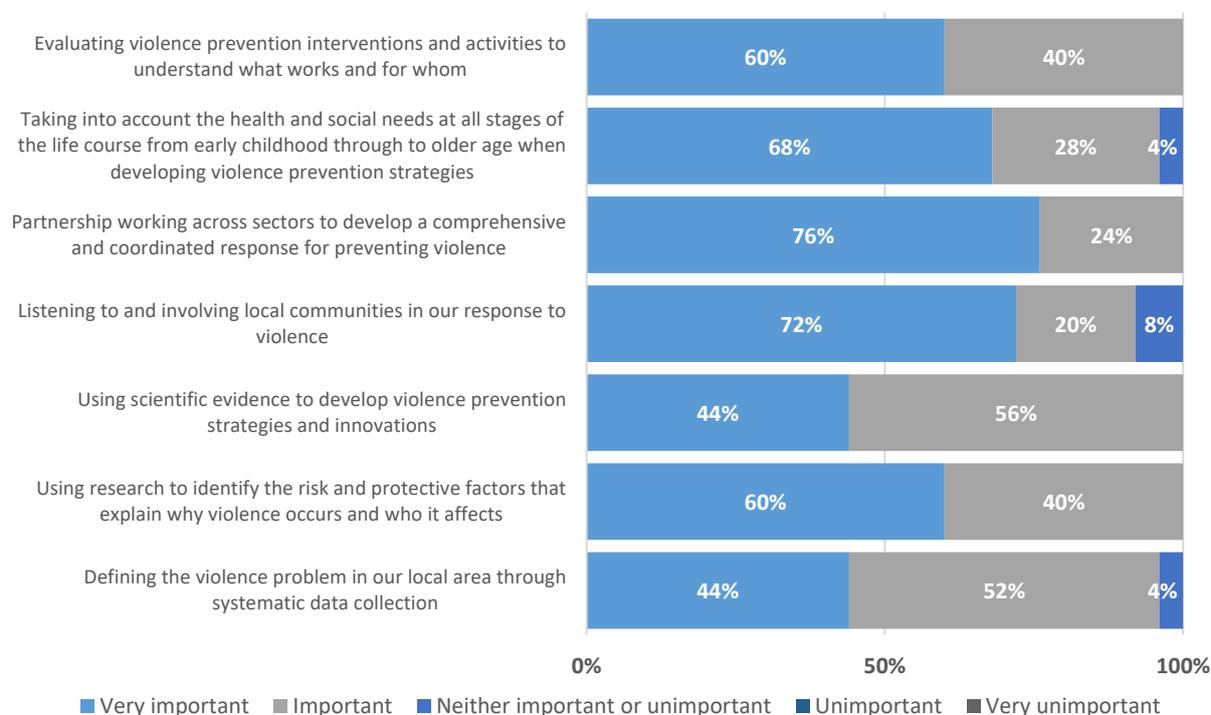
[4] Rated as either 'very important' or 'important'.

Surveyed delivery partners were also asked how effective they felt their organisation was in embedding the public health approach (figure 2.2). Whilst the majority of participants reported their organisation was either "very effective" or "effective", the proportions were lower than those recognising the importance of these aspects of the public health approach. Participants felt their organisations were most effective at partnership working across sectors to develop violence prevention strategies and interventions (88%). However, less than two-thirds of participants felt their organisations were effective at using evidence to develop violence prevention strategies and innovations (56%) and, evaluating violence prevention interventions to understand what works for whom (64%).

Figure 2.2: Delivery partner views on how effective their organisation is implementing key aspects of the public health approach
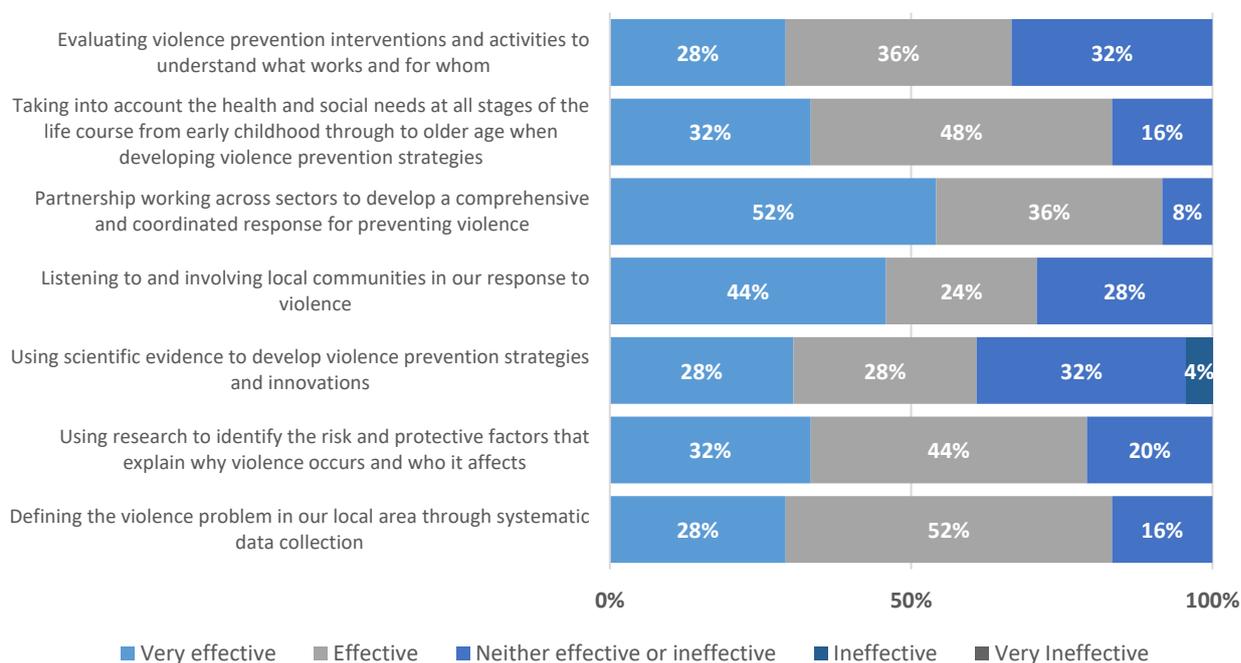
2.2 Delivery partner awareness

Delivery partners showed good awareness of the aims and activities being delivered by the MVRP with 92% understanding the aims and objectives, 80% aware of the activities/work being delivered and 88% agreeing or strongly agreeing that the MVRP supported the work of their organisation. The majority of participants agreed that MVRP had facilitated multi-agency working for the purpose of violence prevention across Merseyside (80% "agree" or "strongly agree") and just over three-quarters felt the MVRP had given them better understanding of what other organisations in Merseyside were doing to address violence. However, a slightly smaller proportion were confident in operationalising the whole system approach. Just over two-thirds (68%) agreed or strongly agreed that services across Merseyside were working well to prevent violence, that their organisation was able to share data with partners to inform violence prevention and that the MVRP was facilitating multi-agency data sharing for the purpose of violence prevention across Merseyside.

Participants largely agreed that the MVRP was having a positive impact upon their organisation and Merseyside more broadly (figure 2.3 below). The majority agreed or strongly agreed that MVRP was adding value to existing violence prevention and response activity (96%) and that they understood their role to

prevent violence as a member of the MVRP (96%). Participants were less confident about the longer-term impacts on their organisations and communities. This included communities being aware of the violence prevention work done by MVRP (56%), the support their organisations had from MVRP to sustain violence prevention activities and seek longer-term funding (68%) and feeling that MVRP was using the local knowledge of their organisations to make decisions about their priorities (72%). This was also reflected in free text responses where the main barriers of working with MVRP focused on maintaining their activities and workforce. Participants wanted support from MVRP to sustain and scale up their work with suggested support including: *"promote the outcomes of the work and secure longer-term funding", "accessible meetings [to] receive information on how to access and apply for funding to work in communities",* and *"work with VRP to embed our programmes into primary schools".*

Figure 2.3 Partner survey views on their work as part of MVRP
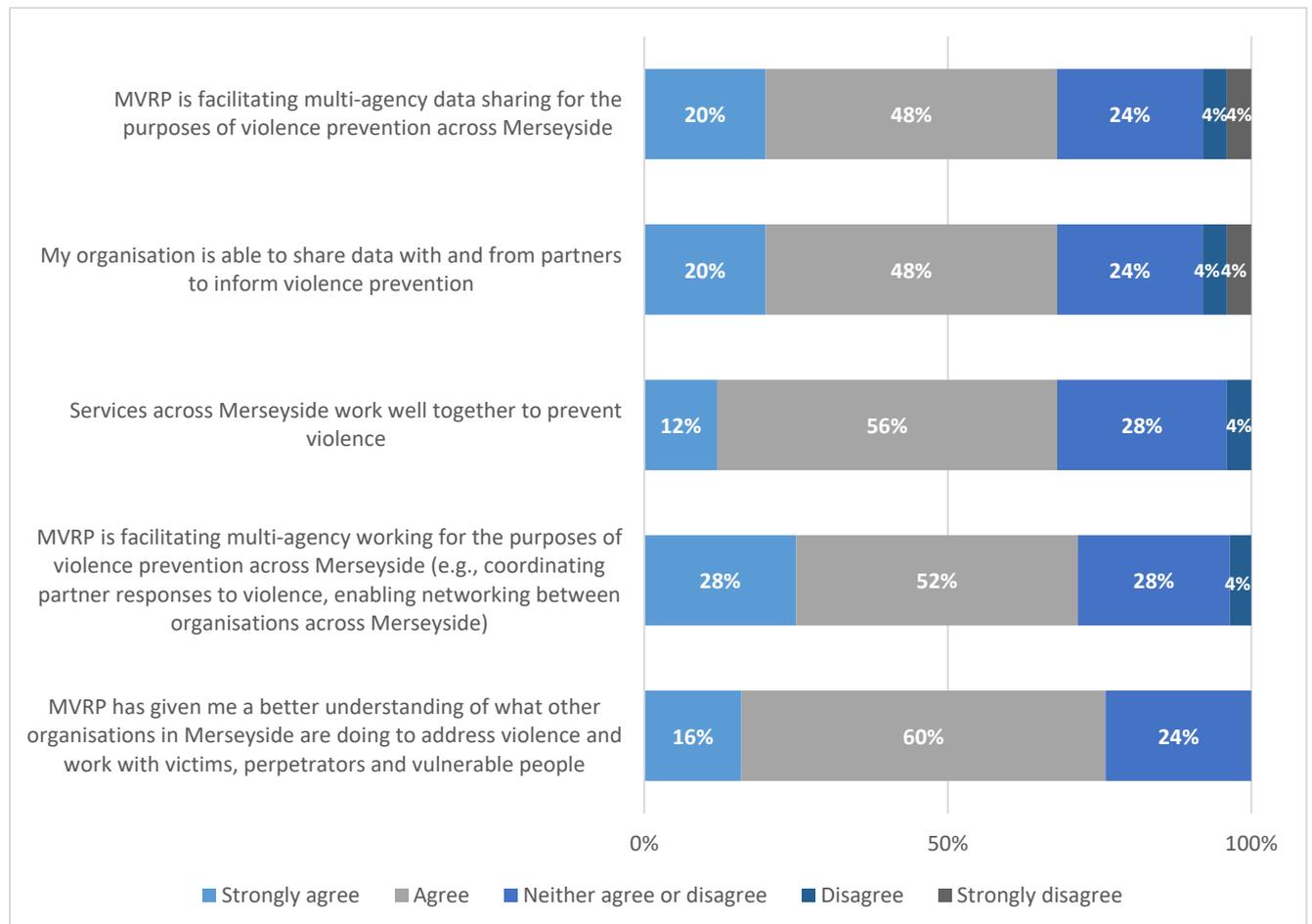
Figure 2.4 Partner survey views on the impact of MVRP on their work

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
MVRP captures data and evidence to show my organisation's work is effective in preventing violence	28%	56%	12%	4%	
MVRP communicates its work and learning well to local partners across Merseyside	28%	52%	12%	8%	
I feel supported by MVRP to sustain my violence prevention activities and seek longer term funding	24%	44%	24%	8%	
Our local communities are aware of the work MVRP is doing to prevent violence	28%	28%	24%	16%	4%
I feel that MVRP uses the local knowledge my organisation has to make decisions about their priorities	20%	52%	16%	12%	
I understand MVRP's process for allocating funding to partner organisations	28%	52%	12%	4%	4%
I understand my role and responsibility to prevent violence as a member/partner of MVRP	64%	32%	4%		
MVRP is engaging the wider public, including young people, in its work to prevent violence	40%	40%	16%	4%	
MVRP is engaging with all relevant partner organisations across Merseyside	32%	52%	8%	8%	
MVRP is improving the evidence base for violence prevention across Merseyside	44%	44%	12%		
MVRP is adding value to existing violence prevention and response activity	52%	44%	4%		

3. How does MVRP work: refined theory of change

This section summarises findings from the interviews carried out with 15 practitioners who worked as part of MVRP Team during 2022/23 and 14 members of the Steering Group. Interviews ranged in length from 35 to 75 minutes and the participants were drawn from partner organisations including Merseyside Police, Merseyside Fire and Rescue Service, Local Authority, North-West Probation Service, Education, Public Health, Youth Offending Service, Department of Work and Pensions, the Police and Crime Commissioners Office, Community Voluntary Services, Community Safety Partnerships, the NHS, Community Engagement, and the Evidence Hub team. The recorded interviews were analysed using a realist-informed lens to explore the context that determines whether the MVRP works, the mechanisms (or underlying processes) that operate in these contexts and the outcomes they produce. Quotes are used to demonstrate key themes. To protect anonymity, practitioners have been allocated a numeric code P1-29. A refined theory of change for MVRP based on the findings is presented in figure 3.1. Areas where participants felt there was good evidence of these mechanisms and outcomes across the system are presented on figure 3.1 in black text, whilst white text indicates areas for improvement and future focus.

The refined theory of change focuses on five key areas:

1) A multidisciplinary violence reduction team
2) Leadership at the opinion, senior and strategic level
3) Evidence-based decision making
4) Whole family, life course approaches to intervention delivery and design
5) Communities as partners

Key: black text = good evidence across the system, white text = area for future focus (italicised in individual diagrams below)

Merseyside Violence Reduction Partnership (MVRP) whole system, public health approach to reducing serious violence for all across Merseyside

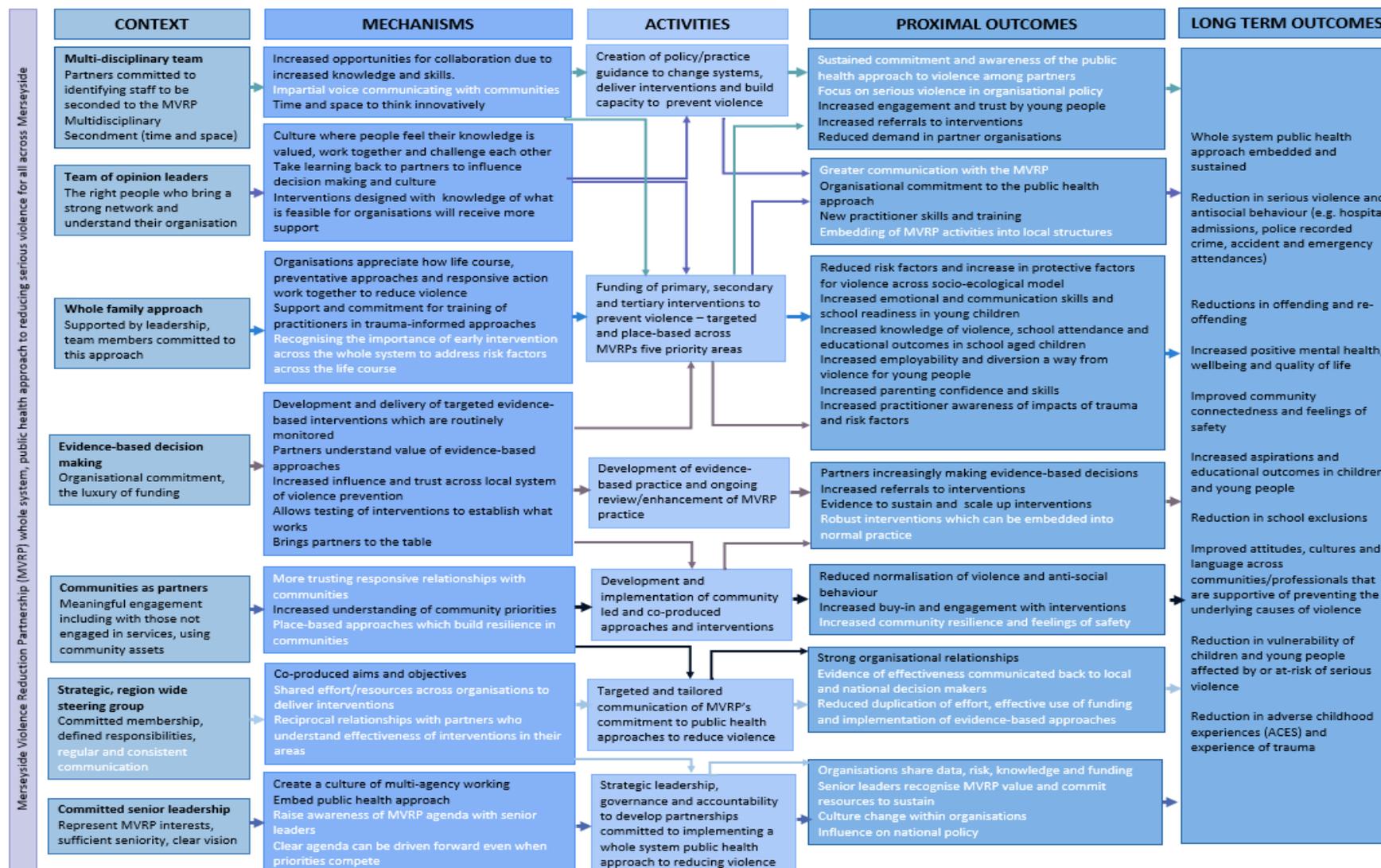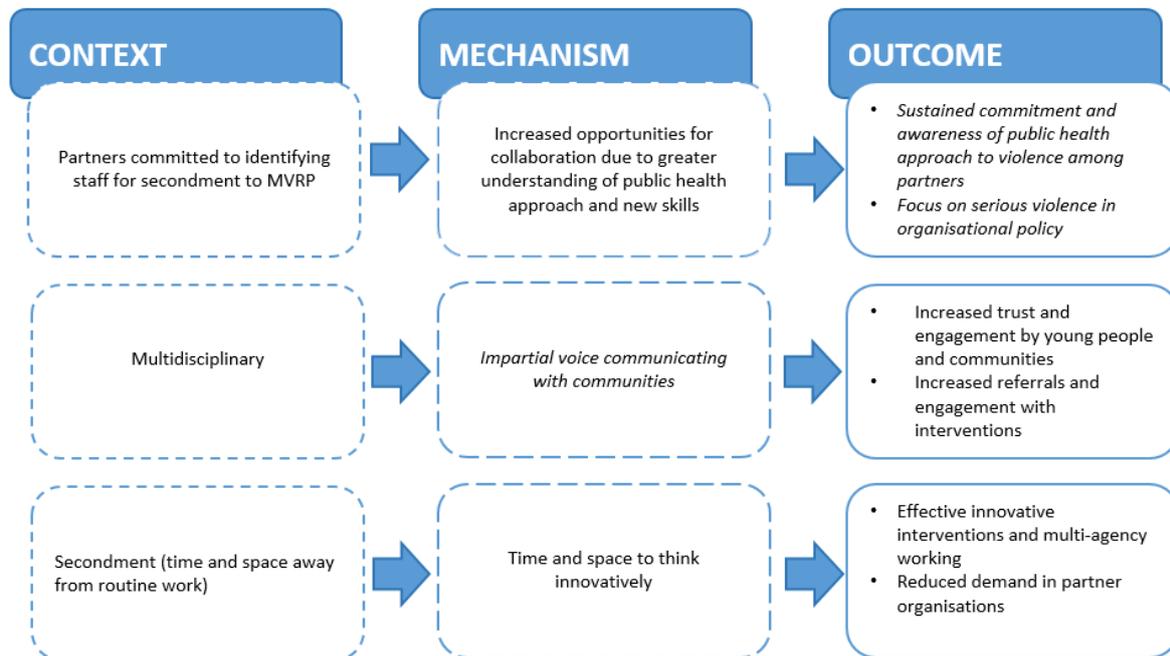| CONTEXT	MECHANISMS	ACTIVITIES	PROXIMAL OUTCOMES	LONG TERM OUTCOMES
Multi-disciplinary team Partners committed to identifying staff to be seconded to the MVRP Multidisciplinary Secondment (time and space)	Increased opportunities for collaboration due to increased knowledge and skills. Impartial voice communicating with communities Time and space to think innovatively	Creation of policy/practice guidance to change systems, deliver interventions and build capacity to prevent violence	Sustained commitment and awareness of the public health approach to violence among partners Focus on serious violence in organisational policy Increased engagement and trust by young people Increased referrals to interventions Reduced demand in partner organisations	Whole system public health approach embedded and sustained
Team of opinion leaders The right people who bring a strong network and understand their organisation	Culture where people feel their knowledge is valued, work together and challenge each other Take learning back to partners to influence decision making and culture Interventions designed with knowledge of what is feasible for organisations will receive more support		Greater communication with the MVRP Organisational commitment to the public health approach New practitioner skills and training Embedding of MVRP activities into local structures	Reduction in serious violence and antisocial behaviour (e.g. hospital admissions, police recorded crime, accident and emergency attendances)
Whole family approach Supported by leadership, team members committed to this approach	Organisations appreciate how life course, preventative approaches and responsive action work together to reduce violence Support and commitment for training of practitioners in trauma-informed approaches Recognising the importance of early intervention across the whole system to address risk factors across the life course	Funding of primary, secondary and tertiary interventions to prevent violence – targeted and place-based across MVRPs five priority areas	Reduced risk factors and increase in protective factors for violence across socio-ecological model Increased emotional and communication skills and school readiness in young children Increased knowledge of violence, school attendance and educational outcomes in school aged children Increased employability and diversion a way from violence for young people Increased parenting confidence and skills Increased practitioner awareness of impacts of trauma and risk factors	Reductions in offending and re-offending Increased positive mental health, wellbeing and quality of life Improved community connectedness and feelings of safety
Evidence-based decision making Organisational commitment, the luxury of funding	Development and delivery of targeted evidence-based interventions which are routinely monitored Partners understand value of evidence-based approaches Increased influence and trust across local system of violence prevention Allows testing of interventions to establish what works Brings partners to the table	Development of evidence-based practice and ongoing review/enhancement of MVRP practice	Partners increasingly making evidence-based decisions Increased referrals to interventions Evidence to sustain and scale up interventions Robust interventions which can be embedded into normal practice	Increased aspirations and educational outcomes in children and young people Reduction in school exclusions Improved attitudes, cultures and language across communities/professionals that are supportive of preventing the underlying causes of violence
Communities as partners Meaningful engagement including with those not engaged in services, using community assets	More trusting responsive relationships with communities Increased understanding of community priorities Place-based approaches which build resilience in communities	Development and implementation of community led and co-produced approaches and interventions	Reduced normalisation of violence and anti-social behaviour Increased buy-in and engagement with interventions Increased community resilience and feelings of safety	Reduction in vulnerability of children and young people affected by or at-risk of serious violence
Strategic, region wide steering group Committed membership, defined responsibilities, regular and consistent communication	Co-produced aims and objectives Shared effort/resources across organisations to deliver interventions Reciprocal relationships with partners who understand effectiveness of interventions in their areas	Targeted and tailored communication of MVRP's commitment to public health approaches to reduce violence	Strong organisational relationships Evidence of effectiveness communicated back to local and national decision makers Reduced duplication of effort, effective use of funding and implementation of evidence-based approaches	Reduction in adverse childhood experiences (ACES) and experience of trauma
Committed senior leadership Represent MVRP interests, sufficient seniority, clear vision	Create a culture of multi-agency working Embed public health approach Raise awareness of MVRP agenda with senior leaders Clear agenda can be driven forward even when priorities compete	Strategic leadership, governance and accountability to develop partnerships committed to implementing a whole system public health approach to reducing violence	Organisations share data, risk, knowledge and funding Senior leaders recognise MVRP value and commit resources to sustain Culture change within organisations Influence on national policy	

3.1: A multidisciplinary violence reduction team

CONTEXT	MECHANISM	OUTCOME
Partners committed to identifying staff for secondment to MVRP	Increased opportunities for collaboration due to greater understanding of public health approach and new skills	• *Sustained commitment and awareness of public health approach to violence among partners* • *Focus on serious violence in organisational policy*
Multidisciplinary	*Impartial voice communicating with communities*	• Increased trust and engagement by young people and communities • Increased referrals and engagement with interventions
Secondment (time and space away from routine work)	Time and space to think innovatively	• Effective innovative interventions and multi-agency working • Reduced demand in partner organisations

Participants recognised that achieving a successful multidisciplinary team required commitment from partner organisations to identify and support appropriate staff to be seconded away from their organisation to the MVRP team (*"[name] works for the partnership more… than she works for ourselves...now she's settled in she's doing good work…you put your trust in that and you go well, it's obviously working for the partnership"* P17, Steering Group). A secondment model was also seen as key, as it gave members of the MVRP Team a dedicated period of time and co-located physical office space away from the commitments in their own organisations (quoted below). Partners described how having that time and space away allowed them to focus on the public health approach to violence (*"co-location and that one mission that they're all working towards"* P25, Steering Group) and increased their understanding of how their work connected (*"the opportunity to reflect, allow the experiences of others around you [to] infiltrate"* P13, MVRP Team). This led to the learning of new skills and knowledge and facilitated partnership working and collaboration (*"I think there's a lot to be said of being able to throw ideas at people who throw them back at you and you come up with a solution"* P5, MVRP Team). As a consequence, team members were able to think more innovatively (*"everyone does work together and everyone's innovative, you know, and they'll try new things, and they keep their colleagues informed"* P6, MVRP Team) and empowered to test and implement violence reduction activities that they couldn't do when focused on the delivery aspect of their roles (*"those kind of situations and environments allow you to prosper…feel confident to say things that don't quite make sense or just, you know, to test things out"* P13, MVRP Team).

> *"I would have never had the capacity to find out that things like Time Matters even existed, let alone work with them, because…there is not the capacity to take on board outside stuff. It's just, can't do it…you're line managing staff, who are in turn managing people in the community. So, it's trying to manage risk and reduce risk of serious harm…Your entire day is focused on that activity alone literally. So, you don't get time to breathe hardly. So, it's nice to come into role where it's different." (P4, MVRP Team)*

Participants described several intended outcomes from having a multidisciplinary violence reduction team, including sustained commitment to violence reduction among partner agencies and to *"reduce demand and bring benefits in our responsibility areas as well"* (P25, Steering Group). Partners also suggested there

were benefits to bringing together different agencies under the MVRP team as this could create a new, impartial voice to communicate messages to stakeholders and communities which could overcome some of the preconceptions and feelings of distrust associated with individual organisations. As will be discussed in greater detail below, increasing trust was seen as vital to ensure increased uptake and referral to interventions by partner organisations and increased engagement by young people especially those not currently engaged in services.

"…that for me is the public health approach most definitely, understanding how you can get that family or them individuals in a better place…understanding that there is support out there should they get into trouble…they can trust people. But I'll give you an example…every fire station is a safe haven. So, we educate children when we engage with them, 'look if you're ever in trouble you can always go to a fire station it's a safe place. It's called a safe haven and we can provide you with the support'…So, two young people roll up 11:00 o'clock at night. Primary school age 11 years of age, and they…one of the children's mum had come in heavily under the influence of alcohol [and] kicked off. So, both of them received a smack. They both ended up at the fire station engaged with our firefighters, told them a little bit more. They [get] the police involved now because it's going down the safeguarding route. When the police turned up these kids changed, so the feedback we got was 'I'm no grass. I'm not talking to you' and this is 11 years of age. And the firefighters were like 'Wow. You've just been, like, so nice and engaging with us. But now all of a sudden, it's like someone switched a switch and you've gone like this with the police.' That's why I think we've got a real big part to play, because we will get that side of the story from the children and then maybe we can signpost that. Maybe we can put that into the right partners to give that support and we can all do that…to make them relationships with younger people. It's about them understanding you're not in trouble if the police are engaging with you. They're there to help you and support you, exactly like the Fire service." (P17, Steering Group)

3.2: A team of opinion leaders
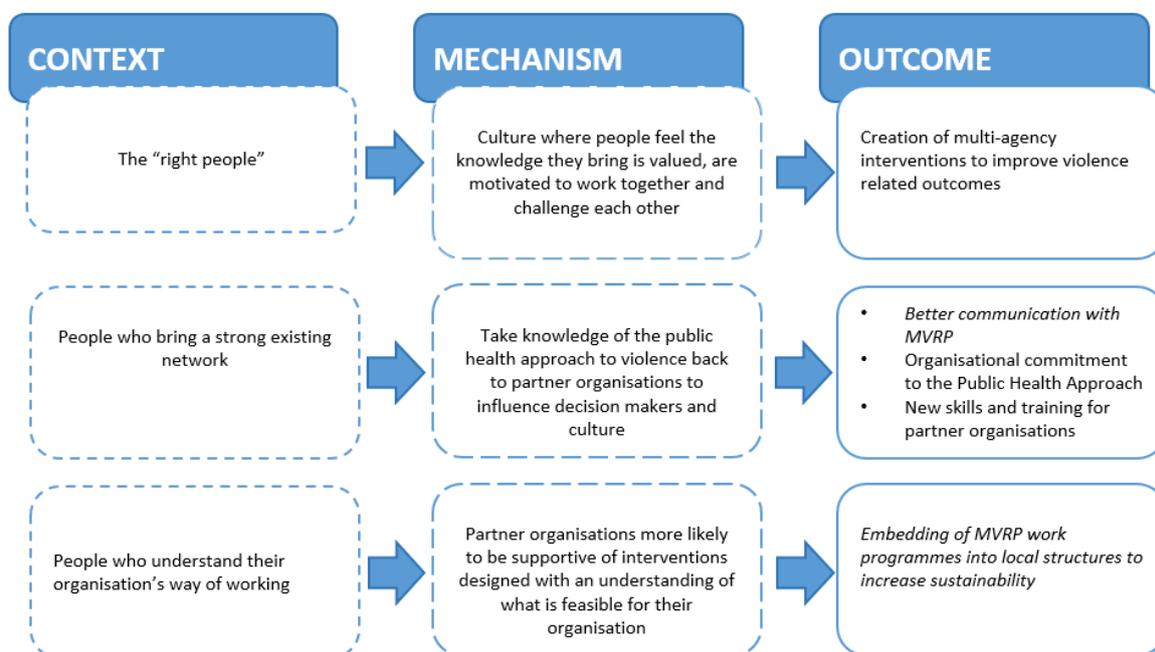
However, participants' discussions also highlighted that a multidisciplinary team had to be made up of the right people (*"Time, space, the ability to focus. And a team of gifted and committed professionals or pulling in the same direction"* P24, Steering Group). The phrase 'opinion leaders' comes from Roger's (1962) Diffusion of Innovations theory and describes how people who are open to new ideas, are respected by a large number of their peers and engage with new innovations early, which is key to ensuring that these

ideas are widely adopted. As illustrated in the quote below, participants described the key characteristics of the right people as: committed to the MVRP's ethos that reducing serious violence is the right thing to do, experienced in their varied fields, buying-in to prevention approaches, representing their partner organisations well, passionate *("want to make a difference"* P2, Steering Group) and already engaging in multi-agency ways of working. Participants described how these people could create a supportive and uplifting environment, shared ethos, and culture where team members feel valued and respected for the knowledge they bring and comfortable to challenge and question each other professionally. When this works well, team members could identify gaps and barriers in their work and create interventions and activities which achieved better outcomes for those participating in them (*"they've had inputs from lots of different organisations…those interventions flourish, and do well or progress and flourish, because of this relationship"* P3, MVRP Team).

> *"With respect, if somebody just sends me…[a] token attendee to go and work there, that won't work. It needs people who will represent their organisation really well and contribute to the bigger picture of the VRP... I think organisations have really invested in quality people who are passionate about…wanting to reduce serious violence…being in there, the environment working with really good people, really interesting work…and you've got an opportunity to really make a difference here. And I don't care which one of the public services we work for. We should all want to make a difference." (P25, Steering Group)*

> *"We've had a great team here and you know, everyone does work together and everyone's innovative, you know, and they'll try new things and they keep their colleagues informed. We have the weekly team meeting which is crucial, really…so that we're all aware of it and from that obviously develop further links…because there's a lot of crossover in the work we're doing…[MVRP Team Member], for example, does a lot of the early years stuff. She's done a lot of work in the prisons…with the families…that crosses over with my team. So the probation as well, there's [MVRP Team Member], there's the youth work he does and [MVRP Team Member] from the fire service…Do the personalities make a difference and that? I think probably they do because we all very much…believe in what we're doing here and that's hopefully shown by the results of what we're achieving." (P6, MVRP Team)*

These opinion leaders also needed to bring their network to MVRP by being well connected and respected within their own organisations. As the quote below illustrates, participants suggested that people in partner organisations are more likely to affiliate themselves with passionate people that they respect and that this can contribute towards cultural changes within organisations. As will be discussed under the leadership theme below, participants acknowledged that changes to organisational culture could take a long time but felt that these opinion leaders could make an early contribution to this change by increasing awareness of violence reduction, pushing for an organisational commitment to the public health approach (*"there are definitely more voices around that core team table that will have a greater influence on implementing a public health approach than maybe there were at the very start of the VRP"* P15, MVRP Team) and ensuring engagement with new training and skills within their organisation (for example, Trauma Informed Approaches training). For example, a number of participants discussed how *"experience and partnership working within the VRP"* (P25, Steering Group) had influenced the mindset of staff who then went on to lead the development of the Merseyside Police Prevention strand.

> *"It's relationship…when you have so many people that come from different backgrounds who have contacts left, right and centre, it makes those connections so much easier. So, if you can make those connections easier, it makes the battle of trying to get across what it is that you want to do so much easier as well…there are lots and lots of people in Merseyside who really, genuinely want to make a difference and they're passionate about making a difference. And if they feel they can affiliate themselves with people who are making a difference, then they're much more likely to join*

on board…I think certainly from the trauma-informed training…with the police, they felt like there was a real push and they were being supported by the VRP." (P5, MVRP Team)

"The VRP made him think differently about what that [Prevention Strand] would look like… Obviously, they're completely different worlds aren't they – public funds and a policing strand. But for me, that's part of that whole system is that that learning's being carried on." (P14, MVRP Team)

Finally, participants also discussed how these opinion leaders needed to be people who understood their organisations well including: policies, processes, procedures, what resources are available, and what is feasible for these organisations to implement. As in the quotes below, it was suggested that organisations are more likely to be supportive of work which has been developed by someone who understands what is feasible and has benefits to their organisation and this will increase the chances of the MVRP funded work programme being embedded into existing local structures and systems.

"Obviously our partnership with Merseyside Police is easy because they host us. There's a lot of us seconded from there we get it, and because we can do things that they can't necessarily and so that helps a little bit and they have got that prevention agenda and want to adopt that… around that early years side of things…it's been driven by …[MVRP Team Member], who's from [organisation name]. So she's already got the buy in because it's the right person, and that's when it comes down to it's not just a bum on a seat, it's gotta be the right person to engage people and she's got all those children's centres involved…across all the councils…what she's offering, she understands what they need and how feasible it is to do something, and that's why we get that buy in and I think that's the unique bit around the people in the team is when they go back to organisations to say you want to adopt this, there's a level of respect there because they know …[MVRP Team Member] wouldn't be bringing something if it wasn't gonna make a difference and it wasn't gonna fit into, or if changes need to be made to their system." (P14, MVRP Team)

"Because when you're doing something well, it just happens, doesn't it?... DWP [Department of Work and Pensions]…it's taken very little money [and their expertise has] identified gaps where people need support, has gone back and gone right, we just need to move that person out of that office into that space and they will be the person to speak to. So I think that has been a fantastic partnership because we haven't had to do a lot, they've been open to it and I think that's part of it is there's been a lot of support right through their structure and they've been responsive. And [MVRP Team Member] has been the right person to drive it…when he's recommended something, they've listened and made that change." (P14, MVRP Team)

However, participants also acknowledged that the influence and progress of these opinion leaders had in some cases been impeded by the turnover of staff within the MVRP Team (including the director post) as this led to MVRP losing access to these networks and localised knowledge (quote below). There were also some structural barriers within organisations which the MVRP team members could not overcome in isolation including *"ICT solutions…money probably comes into it…time then to be able to do that work across the partnership and some of it will be different appetites for sharing of data. And risk…all those factors contribute to a wider discussion"* (P26, Steering Group).

"I was very close to a lot of that the core original team. And then myself and [colleague] kind of step back and went back into our core roles…the difficulty that I alluded to in the last few months has been just the turnover of staff and the chain in the senior management and leadership…So I think that's been problematic in terms…It's just a game renewing those relationships… I think particularly in those early years, there was some fantastic campaigns and things that came out. But I feel that certainly the ability to do some of that innovative work has probably been stunted a little bit by the change in senior leadership." (P19, Steering Group)

3.3: Committed senior leadership

CONTEXT	MECHANISM	OUTCOME
Represent the MVRP's interests not their own organisation	Create a culture of multi-agency working	Organisations share data, risk, knowledge and funding to prevent violence
Sufficient seniority	Embed the public health approach within partner organisations *Raise awareness of MVRP's agenda and effectiveness with senior leaders in partner organisations*	• Senior leaders recognise the value of the MVRP approach and commit resources to sustain it • Culture change within Merseyside organisations
Clear vision of the VRP aims	*Clear agenda driven forward even when priorities compete*	Influence local and national priorities and policy

As alluded to in the discussion of staff turnover above, committed senior leadership was also seen as a key component to ensuring the success of the MVRP. Key characteristics of a committed MVRP leader were firstly, someone who represented the interests of the partnership (and not just their host organisation). Participants believed that leaders who prioritised partnership working helped develop a culture of multi-agency working and this encouraged both the team and partner organisations to explore ways in which *"we can share the data, we can share the knowledge, we can share the risk, we can share the funding"* (P26, Steering Group).

> *"It's a combination of the individual willingness to be involved in multi-agency working and then the culture of the VRP enables that to happen…that probably comes from the leadership of the VRP really, at the end of the day." (P4, MVRP Team)*

Secondly, participants recognised that MVRP leaders had to have sufficient seniority *"to influence that organisation and take on board some of those things"* (P13, MVRP Team). Participants felt MVRP leaders could use their senior position to become *"a champion and ambassador…who are absolutely embedded in that world"* (P25, Steering Group) of the public health approach and the violence reduction agenda. Thus, they can promote the effectiveness of MVRP's work with senior leaders across partner organisations. As illustrated in the quote below, participants felt MVRP had not sufficiently promoted its value across the whole Merseyside system and engagement with the MVRP from senior management in partner organisations was varied. This has implications for sustainability which will be discussed below. Participants also recognised that commitment from this senior level of organisations would make an important contribution to changing organisational culture in favour of public health approaches to violence reduction. Participants recognised that changing organisational *"culture takes a long time"* (P22, Steering Group), was *"a work in progress"* (P4, MVRP Team) and that by *"drip feeding some of these messages through…people start to think differently"* (P22, Steering Group). Some participants described how senior management awareness of the public health approach to violence reduction did not necessarily translate to comparable levels of awareness among their staff (*"senior managers will be aware of it, but main grade staff who are actually delivering the work face to face, probably not really aware of it"* P4, MVRP) and that there were

opportunities for senior management to promote this further particularly among new staff entering their organisations (*"new young probationers…they won't know any different. And that's where you start to change a culture, isn't it really"* P22, Steering Group).

> *"We've got to find a way of evidencing just how much value the VRP is adding…the difference they've made…that co-location and that approach that they've taken and how it differs from other partnerships and so if we quietly carry on doing our work and then the funding gets pulled, well guess what? The VRP will likely fold straight away, but if we start saying look at what we're doing and showcasing the great work here…actually convincing the right people at the right level of the value that added…and I say this respectfully, whilst the Chief Constable and the police and Crime Commissioner and some other people at the very top of organisations are bought into this and absolutely see the value…there's no footprint from people at the top of certain organisations. So how bought in is that organisation to the VRP…How would they respond if we said right, okay, everyone, can you all put £200,000 in please? Well, actually no, because we don't really see the value because we don't engage with it." (P25, Steering Group)*

Finally, participants recognised that senior leadership needed to clearly articulate the aim and purpose of the MVRP so that it was understood by all partners and consistently implemented and monitored. As quoted below, this clear aim was needed to drive forward the violence reduction agenda across Merseyside particularly as there would be many competing priorities across organisations. However, as previously discussed, participants recognised that the turnover of staff in the MVRP director post may have acted as a barrier which *"sometimes it stops the kind of the flow and the ability to plan long-term"* (P19, Steering Group).

> *"And I do think I think it comes back to common purpose. So, you know, very clear articulation that it doesn't matter what organisation you sit in, or even what geography you're sitting. The purpose is a collaborative approach to violence reduction in Merseyside, so common purpose is always really useful in driving forward agendas where you have competing priorities. That's where things get really, really sticky." (P21, Steering Group)*

> *"We're sticking to our strategy. We are adhering to the remit of what we've been given money for from the Home Office and so we're following that public health approach. We've got evidence base behind everything that we do. We understand where it's impacting. If it's a universal approach, or if it's quite targeted, that sort of thing, and just to make sure that from a…director's role, there's a rationale behind all of those decision making, we're sticking to plan." (P14, MVRP Team)*

3.4: Strategic leadership and governance: a region wide, multi-agency steering group

CONTEXT	MECHANISM	OUTCOME
Members committed to the public health approach to violence	Co-produced aims and objectives	Strong partnership built on trusting relationships and mutual understanding
Clearly defined roles and responsibilities for members	Shared effort/resources across organisations to deliver interventions	Evidence on effective action to reduce violence communicated back to local and national decision-makers
Regular and consistent communication between VRP and Steering Group members	Strong reciprocal relationships with partners who understand which interventions are effective in their areas of expertise	Reduced duplication of effort, effective use of funding and implementation of evidence-based approaches

Participants identified having a multi-agency steering group as a key component of the MVRP. The Steering Group was effective because it had members who were committed to the public health approach (*"there is a common consensus that we're all travelling in the same direction and want the same things"*, P27, Steering Group), *"had different strengths, with knowledge in different areas"* (P1, MVRP Team), represented the varied sectors and geographies across Merseyside and have decision making capacity within their own organisations (*"it's that network of partners…not just the police, it's all local authorities and everything…the link to me is getting in with the network and then saying what [partner] can offer"*, P20, Steering Group). As illustrated in the quote below, this membership allowed the MVRP to develop co-produced aims based on the priorities of partner organisations. However, they felt that this had shifted as the MVRP model had changed. Some participants, particularly those representing community safety partnerships (CSPs), felt the MVRP did not equitably represent all five local authority areas and as a consequence there were occasions when decisions were not made based on local priorities and favoured regional over local providers.

> *"…the original establishment of the VRP and it's kind of areas of priorities was very co-produced…co-designed with all of the right agencies, local authorities etcetera. I think as it's matured into an organisation of its own…I think they've, the pros and cons to that…they've just got on and done the work, cause the works had to be done and delivered. But probably at the expense of bringing everyone with them."* (P28, Steering Group)

Participants also recognised that having clearly defined decision-making roles and activities for Steering Group members was essential to support the delivery of community-based interventions to reduce violence in the climate of public sector austerity. However, participants described how over time the MVRP delivery model had shifted from "*being "almost a funding body" to "achieve the balance of innovation, leadership, delivery, whilst…pushing that out into supporting others to deliver locally with a bit of funding with a bit of support with a bit of advice"* (P24, Steering Group). They reflected that whilst this had led to improved co-production of violence interventions with community organisations and partners (*"It became

a lot more project focused…as a framework that works much better when you're talking about coproduction and codesign to ensure that its project specific and agency specific rather than this very, very broad generic concept of coproduction," P15, MVRP Team), it had led to a lack of clarity about the strategic responsibilities and decision-making capacity of the Steering Group. For example, many Steering Group members lacked clarity around how MVRP funding was allocated and approved (*"it's that coordination. So, who's getting what, where…it would be really good to get a report to say we've commissioned these and this is what they've done"* P29, Steering Group). Steering group members who did not feel consulted, reported reduced levels of investment and prioritisation of the MVRP over time (*"The board's there to make decisions…if you're not being engaged as a board member, you will be disinterested. You're not gonna prioritise it"* P28, Steering Group). This sense of a challenge in working through the dynamics of how the Steering Group and Operational level team interact has been a feature throughout the evaluation cycles and settling on clear and shared priorities and boundaries has been a constant source of negotiation. As demonstrated in the second quote below, this lack of clear responsibility reduced the political influence of the MVRP across Merseyside.

> *"…most people wanted to do things and would come up with ideas for how…they could use funding to do things better…activity was never an issue…we could probably have been better from the outset at saying right this is how the VRP will be a leadership body for Merseyside to, if not lead, to at least coordinate and support the individual agency strategies in reducing serious violence against the overall objectives…I think they were built and collaboratively. But then how that then rolled out in terms of delivery… Where is this written into your safety strategies. Ditto health. Ditto education. So had a lot of people around the table…but you know, could we actually nail everyone down to say, well, this is what you've committed to." (P26, Steering Group)*

> *"…it was a new proposal; I made my comments…then there was a response to that. Then the next thing I know it's being funded so…I don't think it's transparent in that way…more than that I'd also like to be able to involve our political leads and portfolio holders, for example, our education committee…so that we can actually support the work, but also let them know that it's happening in their local area." (P28, Steering Group)*

Finally, participants recognised that an effective MVRP Steering Group required regular and consistent communication both during and between meetings so that members understood why interventions had been funded and their outcomes. As demonstrated in the quote below, this evidence would enable Steering Group members to make decisions about whether interventions to reduce violence should be introduced, continued, or scaled up in their areas, reduce duplication of effort and ensure the most effective use of funding. However, some participants felt the quality of communication to Steering Group members had declined over time making it harder for members to ensure cohesion in the violence reduction effort across the whole system.

> *"I think we are a bit more detached from the VRP now…the communication is not great ultimately, I think it's got better but I think you know, the VRP is not very good at saying 'right, we've got this going on in [Local Authority] this month or this week. So sometimes you only find out about things after the event, or you only find out about things incidentally, but I believe as being the CSP leads and the representative on a steering group for the VRP that I should know…we're gonna be delivering…XY and Z AB and C [in] schools this month in [area] and…I might have limited resources that I may have locally, then I won't send something into those schools because I know there's something being done or if they've had something is that a programme that we've got, but can it be in addition to that work that's already being undertaken? And I don't think we're, I don't think it's smart enough." (P18, Steering Group)*

3.5: Evidence-based decision making
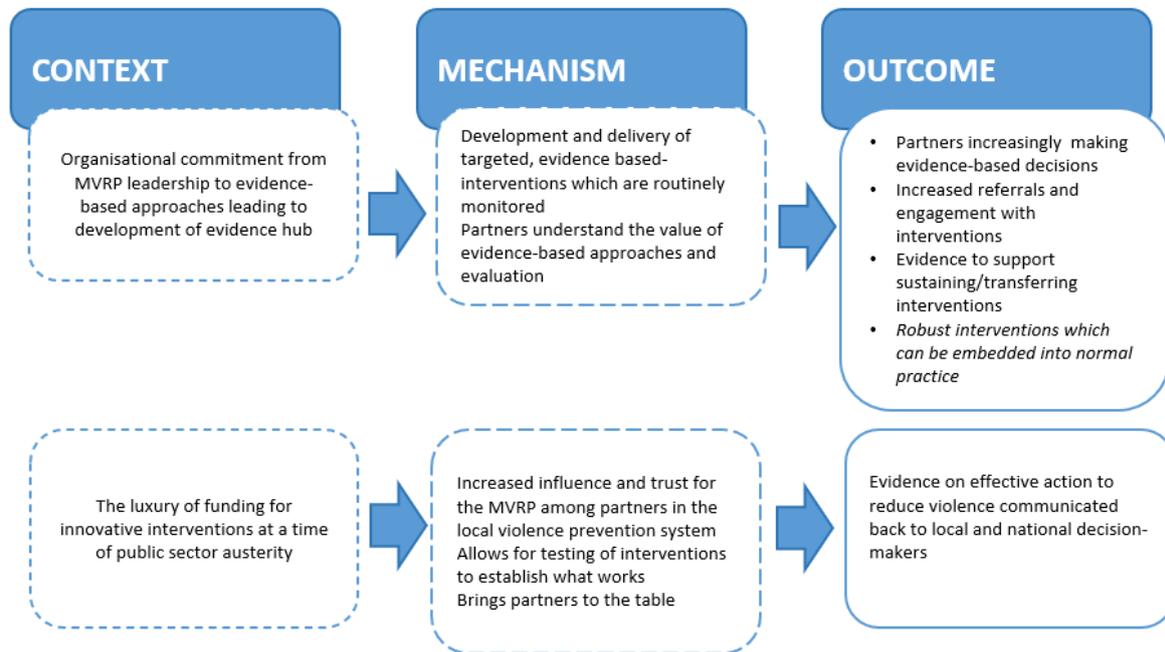
In line with the public health approach to violence prevention and Home Office requirements, participants recognised that evidence-based decision making was a key contributor to success and particular strength of the MVRP. Participants identified two key contextual factors which had helped them to deliver an evidence-based approach to violence reduction: a partnership wide commitment to this approach and the luxury of funding to implement it.

Participants described how there had been an early and strong commitment to evidence-based decision making by the MVRP director leading to the establishment of the evidence hub. Participants felt the hub manager and staff had played an important role in cementing evidence-based approaches across the MVRP team (*"evidence, so vitally important. So [evidence hub manager] and co…really added value…it's really disciplined"* P25, Steering Group). Four key aspects of this evidence-based approach were 1) weekly meetings with the evidence hub and wider team to review project progress and consider how funding should continue (*"So we have like a weekly meeting where we discuss what's coming, what's going, what's finishing, what's starting…What's sustainable?...it was very, very clear in those meetings what we were going to take forward"* P5, MVRP Team), 2) an online data hub to create problem profiles and increase understanding of risk and protective factors that impact upon communities *("That's how we choose…[data analyst] looks at the TIIG data…deliberate fires…violence and injury…deprivation…free school meals…then she's come up with top schools for each LA so then that helps us decide then who we need to target and where."* P7, MVRP), 3) an independent evaluator to monitor and measure programme processes and impacts, 4) mandatory requirements for those requesting funding in relation to monitoring, evaluation and evidence-based delivery components such as trauma-informed approaches *("more holding people to account when they want…their bids to be successful…what's your decision making, where's your evidence? Where's your data? We go away and check those sorts of things and make sure it was fitting into our strategy"* P14, MVRP Team). Participants felt this gave them confidence they were developing and delivering evidence-based interventions which were appropriately targeted according to risk and protective factors for violence, and which could make a difference to the population of Merseyside (*"there's a lot more data-driven social intervention now"* P16, Steering Group). Regular scrutiny and monitoring of the MVRP was also viewed as important to ensure the MVRP remained focused on its aims,

particularly when there were changes in leadership and staff. Participants also felt that remaining faithful to the evidence-based approach increased partners trust to work with the MVRP and their influence over the local system of violence reduction because they were making funding decisions based on local need and producing evidence of their effectiveness.

> *"The evidence hub certainly has and that came with that change of leadership…it really did make a difference, and it took a little bit of time for the culture to change a little bit more from a financial decision making team to something where we were looking at in evidence base and contributing towards that. And we're starting to move people to think more around sustainability…So actually, although it's been a change in personnel. The approach that the team has taken, they've adopted rather than coming in and changing things to suit them as an individual. So actually the ethos has stayed the same, which has been really helpful because otherwise we could have got in a whole world of mess." (P14, MVRP Team)*

> *"Just making sure that actually are we funding these for the right reasons, are we doing it because it's something that we've always done or because it's something that one of the hosts organisations is really pushing or there is an actual need for it...it helps us kind of influence the decisions more rather than it just being one person making decisions saying yes or no around certain processes, I suppose." (P10, MVRP Team)*

The second contextual factor which influenced the success of the MVRP's evidence-based approach was *"the luxury of money"* (P14, MVRP Team). Participants were aware that the funding the MVRP received allowed them to innovate and fund new interventions at a time when this was not possible for many public and voluntary sector partners due to reduced public sector funding and the task and finish approach required in many organisations. This funding facilitated relationships with delivery partners (*"money brings people to the table"* P24, Steering Group) and also allowed them to contribute to the future evidence base on effective community-based interventions for violence reduction. As a funding body and partnership, MVRP could ensure delivery partners had the time and space to train staff and community members (*"skilling them up as individuals…is creating a legacy"* P2, MVRP Team) which created capacity for interventions to continue and become embedded into normal practice (*"a lot of the interventions require time for people to meet, discuss and move things on…it's not about money, it's about human resource and time to embed things as normal practice within their day-to-day job"* P2, MVRP Team). As illustrated in the quotes below, in some cases, the MVRP had been able to fund interventions over multiple years to allow testing and redesign (for example the Mentors in Violence Prevention Programme and The Navigators Programme), and in others it allowed them to identify interventions which were not producing sufficient evidence of effectiveness to warrant future investment. This produced transferrable learning on what works in violence reduction and evidence to support sustainability of existing interventions.

> *"When I joined, Navigators was the flagship. Every VRU did navigators because in Glasgow they've been shouting about it…So we went and looked…I forget the exact figures, but over 50% of our assault victims go to [hospital x], you then got a load going to the [hospital y]…a small percentage go to [hospital z], but we're in [hospital z] because it's a Children's Hospital. So I pulled the plug on and on navigators and said foot on the ball. Stop what we're doing, go and redesign it and people went away, redesigned it so that would be in the right places at the right time, doing the right things with the right people. So, we haven't always got everything right." (P26, Steering Group)*

> *"There were only a few where we stopped funding and because…it wasn't showing any impact. So for example, [intervention x], they just it, what they didn't have the buy in, they didn't have the referrals coming in…after nearly four years' worth of funding. They weren't integrated into systems and processes as much…whereas, for example [intervention y] are drowning in referrals because the demand is there…they don't have the resource to take on some of those things. But actually*

they are integrated with the lots of other partners…they are embedding themselves in that system…it sort of fitted our remit and where we felt like we could continue to build and make them sustainable…either achieve funding from somewhere else or find their own way of running as a business…Things like [intervention z], we know we haven't reached our schools, but we can see from those evaluation reports what the progress has been. So, we want to continue that and actually again who's going to adopt that? How is that going to carry on? So that's why we decided to keep with that." (P14, MVRP Team)

Participants were also aware of wider contextual barriers which hindered the evidence-based approach. Firstly, their targeting of interventions through data on risk and protective factors was dependent on attitudes towards data sharing within partner organisations which varied according to governance arrangements and organisational culture, and meant, in some instances, that some meaningful data was not available to the MVRP. For example (as quoted below), MVRP Team members felt there was potential to combine evidence from the MVRP data evidence hub (including TIIG A&E attendance data) and police data to plan collaborative preventative and response work in specific neighbourhoods, but that differences in organisational culture meant policing staff did not always recognise the contribution public health outcomes data could make to their work.

"We could work together on that like you're looking at a specific area around like an OCG have done something, so violence is increasing in that area. We could try and do something together on that. They still don't really get what we do. So don't think it's being promoted very well…I have really pushed it so many times. I've got people access to the TIIG data hub. I've gone and sat with them and show them how to use it. And then after a few months they're like I don't understand the point of the data and I'm like…Why aren't we working together?" (P12, MVRP Team)

Secondly, in ways consistent with themes reported in previous sweeps of interviews with those working within MVRP arrangements, participants felt the previous (and to a lesser extent continued) cliff edge nature of the funding provided by the Home Office created a clear mismatch between the longer-term outcomes which would be achieved by the public health approach and the interventions which could be implemented and evaluated within each 12-month funding cycle (*"allocation of resources hasn't worked well, but. I don't think necessarily that were unique to Merseyside that will probably be you know, a common issue across the country"* P19, Steering Group). What stimulated confidence for some participants was their belief that their work, as MVRP, was increasing partner's understanding of the value of evaluation and evidence-based approaches (including in agencies where this was less common such as the arts, sports, and culture strand) and that they were seeing partners more routinely engaging in evidence-based decision making practices. The increased attention with some shorter-term outcomes including increased referrals and engagement with interventions from children and young people and improvements in risk and protective factors for them (for example school readiness, school attendance, access to services, employment) was one of those areas cited that built practitioner's confidence that change was being initiated.

"We're set up in a way to do something long-term, but with very short-term funding…we have to use that money within those 12 months…makes that quite restrictive…we had to take a risk with some interventions that we would just find the money from somewhere to pay for it…because otherwise we would have lost staff. So it has a massive impact not only on the length of time for an intervention, but having the people, the right people around the table to deliver that…by the time you've got your money and you've set everybody up and everybody's trained and everybody's engaged to then collect your data and doing an evaluation it, it's just not possible…the public health approach and I think it's the right way to go. But the way they've set up our funding and the KPIs they've given us, are completely at odds with that." (P14, MVRP Team)

Case Study 1: The Youth Connectors mentoring programme – using identification of risk factors to support girls (8-15 years) at risk of violence or offending in Sefton

For full evaluation see Supplementary Report 1

Case study Methods: Interviews with stakeholders designing and implementing the programme (n=5), teachers (n=2) and children who had taken part in the programme (n=4)

The Youth Connectors mentoring programme was designed and delivered by Sefton Youth Justice Services to provide direct support for girls aged 8-15 years exhibiting risk-taking behaviour or at risk of offending. The programme received funding from MVRP via Sefton Community Safety Partnership in response to increased antisocial behaviour, low educational attainment, poor mental wellbeing, and low engagement with services observed among girls at risk of exploitation and violence in Sefton. Youth Connectors takes a risk-factor focused approach to identifying eligible young people. Data on school attainment, indices of deprivation and mental wellbeing was used to focus delivery in the North and South boroughs of Sefton. Thirteen schools were identified based on attendance and exclusion rates, crisis calls and high need student populations. Girls eligible for the programme are identified by school staff based on risk factors such as exploitation, high risk antisocial behaviour and low mental wellbeing.

A multidisciplinary team of female youth connectors deliver one-to-one support focusing on mental wellbeing and resilience to eligible girls in school. The intervention length is guided by each girl's needs to ensure continuity of support. Participating girls identify and work towards personal goals and connectors match them to additional opportunities and services within the community (*"before we…exit, start connecting them into another service…that's a much better transition than…you can't get to that service for another six months…then that young person ends up lost and their mental health will probably deteriorate"* Stakeholder 5).

Key programme facilitators were the connectors acting as a single point of contact between schools, families, and other support services *("that can put families and professionals off because they think, 'you know what? I just need some help for this young person and I've got to do all this form filling and ask the child all these questions', but they haven't needed to here"* Stakeholder 5), a flexible delivery model which allowed girls autonomy to work on their goals and trusting relationships between young people and their connector.

> *"I feel like we have a very good relationship…she's a very chatty person and so am I and I like that we can just talk for hours and that I will not be judged. I feel comfortable because I know the reason she's kind of there is for me."* *Young Person 4*

Participating young people reported a range of positive outcomes including improved regulation of their emotions (*"I've been able to handle my anger better after we talked about certain techniques like me leaving the situation for a minute to calm down and then go back to it and handling it calmly rather than just lashing out"* YP4), increased confidence to resist peer pressure, trying new activities and making new friendships, increased self-esteem and strengthened relationships with family members (*"I'm now listening to my mum more and I'm respecting her more"* YP3). Meeting their connector also encouraged participants to attend school, reducing absenteeism. At community level, connectors were introducing an extra-curricular programme for school holidays to bring students from different schools together and reduce feelings of rivalry and antisocial behaviour.

> *"I find myself looking forward to seeing my connector…So when I've had an emotional week…I know it's going to be okay if I go to school.*" Young *Person 4*

> *"It's so much easier for me to say no now. There was this girl and she was in the park and she said, 'Do you want some of my drink?". And she went, 'Are you sure you don't want any?' twice and I said, ' I'm fine, find someone else.'"* *Young Person 2*

3.6: Whole family, life course approach
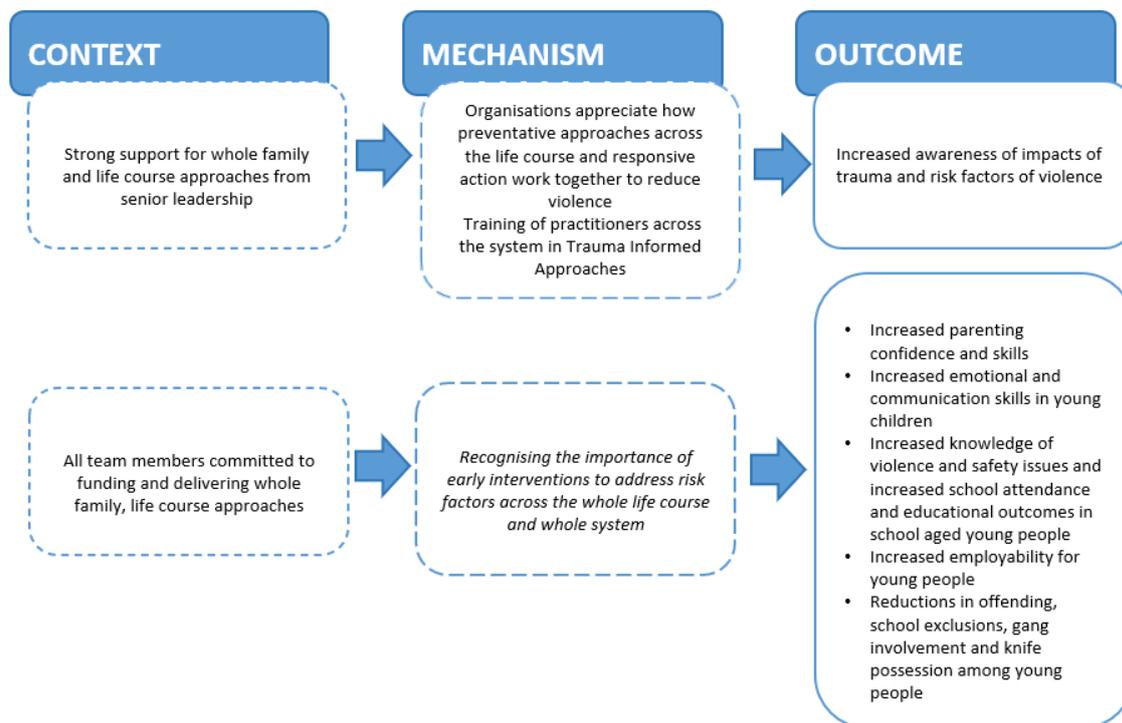
In addition to evidence-based decision making, participants also felt that MVRP had been successful in taking a whole family and life course focused approach to violence reduction, aligning well with the ecological framework of violence prevention proposed in the public health approach. This whole family approach had been facilitated by many of the contextual factors highlighted above including commitment from senior MVRP leadership, experienced opinion leaders who advocated the approach *("He was saying when he first came along, it was all, you know, 'What are we going to do with these kids in trouble and these men who are in prison?'…And since that moment, his thinking changed. So if it's changed a Chief Superintendent then I'm happy"* P2, MVRP Team) and a team wide cultural shift to taking a whole family, life course approach to intervention selection, design, and delivery. Participants saw the role of senior and opinion leaders within the MVRP as advocating for whole family approaches within partner organisations *("We should be working together and what we should be looking at and how we should be looking at future proofing at not just our programmes but also our young people and stuff that we're targeting"* P15, MVRP Team). Examples including facilitating the delivery of MVRP funded training programmes within partner organisations in areas such as trauma informed approaches to increase awareness and ability among the local workforce in identifying the impacts of trauma, adversity, and related risk factors among the communities they work with (Wilson et al, 2023). However, as the quotes below illustrate, there remained some divided opinions from participants in partner agencies about the value of this approach in relation to their own work.

> *"Certainly, there are things that you could point to, like, particularly in the early years the real pushing of the training on ACEs for example. And that awareness and that you know, that reached thousands and thousands of professionals who were trained up to be able to recognise ACEs and identify that through the work, you know and that would be from people who are social workers to people who are working with young people as football coaches. So, I think there are certain I suppose like mini case studies where you could say yeah, that's had a real impact." (P19, Steering Group)*

Participants described how commitment to a whole family, life course approach across their team had led to the selection, design, and delivery of early interventions to address risk factors and build individual and family resilience across different stages of the life course (for all age groups from pre-natal and early years to young adulthood) through targeted and universal approaches (*"So we try to provide universal programmes for education…because of that public health definition, really of you know, providing to/for the most to have the biggest impact"* P24, Steering Group) and across the whole system (for example the work undertaken by DWP described in the quote below). Participants described a range of outcomes across the life course from these early interventions, including for parents (increased understanding of parenting practices and confidence in their parenting skills), early years children (increased communication, language skills, emotional intelligence and school readiness), children and young people in school settings (increased awareness and skills to address violence and safety issues, increased school attendance, engagement in curriculum and higher educational attainment) and young adults (increased employability, confidence, social abilities, life skills). These universal approaches complemented targeted interventions which focused on outcomes for young people already identified as at high risk of violence (reductions in offending, reductions in school exclusions, reductions in gang involvement and knife possession).

> *"…we talk about 1001 key days in a child's development…Reading to Bump and all the Monkey Bob stuff that that goes on…a more, a wider approach…but then we…looked at the life course cycle…there are interventions that come in at almost every at every point…So there are some very specific interventions that we're doing. But there's also a lot around, particularly in the education space…around trying to work with every school and to get training mechanisms into all classrooms. So, I think there is quite a nice balance…I probably don't know enough yet to say whether I think it's appropriate or not…there's always probably more we can do…It's just across every different group of children, young people that we can get to…at the right age level. So lots of that universal, but also quite a lot of targeted work that's going on as well." (P14, MVRP Team)*

> *"I'll give you another couple of examples…it's all about trying to prevent them getting into violence in the first place…we've had some difficult customers that may have had several barriers…could be housing, it could be education and we've got troubled families as well which they deal with really complex families and that. And a couple times [MVRP Team member] has given me some good news, that they've all linked together and because of the…case conference…they've been able to get someone into a home, other people have got them white goods, you know, they've done duty to refers…and that's the whole family. And I think you wouldn't have had that with the links [MVRP Team member] has made and that tight community and everyone working together will not working in silos and we're all after the same thing." (P20, Steering Group)*

Case Study 2: The You and Me Mum Programme to build resilience and protective factors for mothers and children affected by domestic violence in Liverpool

For full evaluation see Supplementary Report 2

Methods: secondary review of programme documents and interviews with three stakeholders involved in programme delivery

You and Me Mum is a 10-week Women's Aid programme delivered in Children's Centres across Liverpool. You and Me Mum focuses on the impacts of domestic abuse on children of the victims with stakeholders recognising women were more likely to engage with a programme focused on preventing harm towards their children ("*showing them the impacts on the child, that's when it kind of hits home*" Stakeholder 3). Stakeholders felt the programme was successful in reaching *"those in the most deprived communities who are accessing it more" (Stakeholder 3).* Women are referred through children's services, self-referral, multi-agency risk assessment conferences (MARAC) and UNICEF. Sessions typically run for two hours to a group of 10 mothers (one-to-one delivery is also available) and use a range of educational tools including role play and the Power and Control Wheel.

You and Me Mum received MVRP funding via the Liverpool Community Safety Partnership (CSP) to deliver a train the trainer model to Children's Centre staff. The programme collects start, mid and endpoint questionnaires to determine changes in knowledge.

Key facilitators of You and Me Mum were a confident staff facilitators to make women *"feel more confident about divulging their story"* (Stakeholder 3), the peer group setting to reduce isolation (*"they've never had support networks, and they become each other's support networks"* Stakeholder 2), parent champions who promoted the programme in the community, and the children's centre setting which was *"a springboard to wider family support"* (Stakeholder 1). Participants identified barriers which impacted on programme fidelity including retaining women into the programme when they had many complexities and involvement from multiple statutory services, retaining Children's Centre staff to sustain the train the trainer model and acquiring funding for crèche services (which was seen as key to retention).

Increasing women's knowledge of abusive situations, "*how the violence…was impacting on the child*" (Stakeholder 2) and how to keep themselves and their children safe were regarded as protective factors which allowed women to identify potential risks in new relationships early ("*We have a lot of them who go 'I've met someone I'm going on a date', and we go right just remember what you've been told and then they come back and go no there was red lights flashing everywhere"* Stakeholder 2) and break generational cycles of domestic violence (*"That's all they've seen from their parents and the husband's parents…And you only know what you know"* Stakeholder 1). Stakeholders described how increasing these protective factors could lead to better outcomes for children by creating *"a happier, healthier home"* (Stakeholder 1), reducing emotional stress and increasing school attendance and attainment (*"not being absent…they're not gonna be tired when they're in school, so they're gonna access the curriculum more"* Stakeholder 1).

> *"OK, it [domestic abuse] has happened. There's nothing we can do about that. But what we can do is build resilience, strengthen the protective factors so it doesn't have a negative impact long-term. So yes, it does impact in reducing serious violence, but not yet." (Stakeholder 1)*

Due to the train the trainer approach taken by You and Me Mum it was regarded by stakeholders as sustainable, with the skills to deliver embedded into the local workforce (*"once they're trained and they have the skills to deliver, they can continue delivering as long as they work for us, so that's the sustainable model"* Stakeholder 1).

3.7: Communities as partners
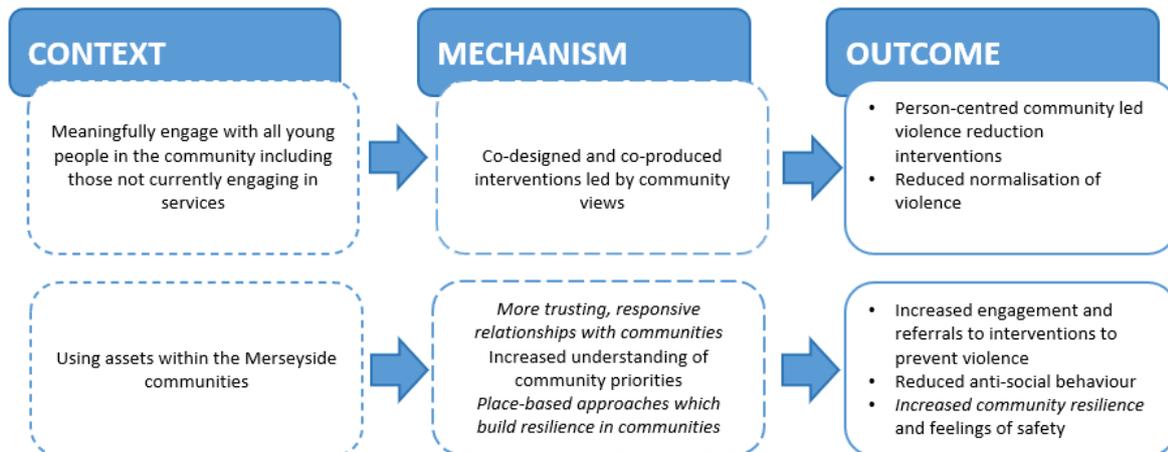
Participants identified that recognising communities, children and young people as partners within the MVRP was vital to achieve a reduction in violence. While there were some examples of successful working in this area, the majority of participants highlighted this as an area where the MVRP would like to improve through more meaningful engagement with communities and greater focus on co-production *("how do we engage those communities…in a meaningful way to obtain their views so that any interventions…are person-cantered and community led…the feedback from the Serious Violence Duty and Readiness Assessment says that that's the bit that we need to get better at"* P27, Steering Group). Participants discussed how the MVRP sought to meaningfully engage with children and young people across the Merseyside community with a particular focus on those children and young people who were not currently engaging with services. Participants highlighted ongoing work to improve engagement with children and young people they felt the MVRP wasn't currently reaching including neurodiverse young people and care experienced young people and to ensure clear, young people friendly communication through the right channels. Participants felt communication was more meaningful for communities when it focused on the actions being undertaken by the MVRP to address serious violence rather than communication focusing on their strategy or vision *("I think sometimes we just try and blow people's minds and we talk in our terminology…I think ultimately for the public, it's about…This is the problem, what to do about it"* P18, Steering Group). Meaningful engagement was regarded as essential for ensuring that the interventions produced by the MVRP were led by community views and co-produced. Participants recognised that communities were impacted by violence and wanted the MVRP to listen and respond to children and young people and support them to find the solutions they wanted *("We want our communities, many of whom already do this by the way…saying violence is a bad thing and we need to work together, this is the help we need. But this is the bits that we'll do in return, or this is how we'll work with you"* P21, Steering Group)*.* This came with a recognition that many contextual factors and competing priorities exist for local communities which impact on how able communities were to engage with the work of MVRP and its partner organisations. For example, one participant (quoted below) discussed how a recent Hope Hack youth engagement event had highlighted young people's heightened awareness of the cost-of-living crisis and how this could act as a barrier to young people engaging with MVRP interventions in the community.

"I do still think there's a massive gap in actually how this is being communicated to the communities…co-producing with our communities. So our kind of youth and community engagement work has been very ad hoc. Not to say they haven't been engaged in any of the processes because there is some elements of really good ways of how that's worked. But I think overall there is still that massive gap there and we've now got a new community engagement lead

who has just been recruited…she comes from a youth work background. So, she's got a lot of kind of direct engagement experience. And I think that will really help bring a fresh pair of eyes to the team. I think a lot of us are quite strategic in our thinking rather than actually how we're translating that into communities and how the voice of the community is embedded in what we're doing. So I would hope that over the next year or two that that will probably change…constantly embedding well, actually, how do you know that's what the community want? How do you know that's what children and young people want?" (P10, MVRP)

"We run a Hope Hack, which was basically a participation event for children and young people. We've run it over a year and….the conversations that we was having with those children, young people, they were very alert to the cost of living crisis and actually what they were saying was, you know, if we can't afford to get to school, then we're missing out on education. So if there's kind of any educational interventions that taking place, they're gonna miss out on those…if we put in place these interventions but the children and young people actually don't have the ability to actually access them…It's not gonna have as much impact because those children and young people who probably really need to access those interventions aren't going to be able to…their parents around the stress that they're facing. It's all of that, isn't it? It's that kind of generational trauma that they're also experiencing. So, I think it will have a massive impact." (P10, MVRP)

Participants recognised that the MVRP needed to make use of the many assets within their communities (*"local people themselves, you know, people are our greatest asset"* P21, Steering Group). As previously discussed, many partners recognised that in some parts of their communities there was unease and distrust towards many of the statutory organisations involved in the MVRP, such as the police, probation and DWP (*"we have large swathes of community who do not have trust and belief in the system, whatever the system is. And that makes engagement really…problematic because…I think that kind of level of trust genuinely takes years to build up, genuinely does…I think we do our best as a partnership to reach out to those communities and largely we know who they are, but that's not the same as being able to connect with people properly"* P21, Steering Group). The quote below describes how the MVRP was attempting to address this by working with partner organisations (for example Merseyside Youth Association, The Anthony Walker Foundation, and the Young Person's Advisory Service) that had respected expertise and were trusted by local communities. Similarly, the MVRP discussed interventions and education programmes which were led by community champions who had past personal experience of serious violence and organised crime (*"this involves working with people who are perhaps on the edge of crime…or have a history of violence or a history of crime. And sometimes there's a fear that we're making kind of like role model or heroes out of people that perhaps haven't always been very role models…the reality is if we want to do reach, we have to work through our communities, not necessarily through organisations"* P21, Steering Group). As the quotes below illustrate, partnering with these organisations and individuals led to better relationships with communities across Merseyside and increased the MVRP's ability to reach the right young people who were more responsive to messages from organisations they trusted. This included piloting of a newer place-based approach to interventions, to try and build more positive relationships and resilience within communities.

"…the approach we've taken with all of our delivery partners…we don't directly deliver, we commission other people to deliver, and that's because we value their reputation and their buy-in…we will work with people like Anthony Walker Foundation because we know they're the experts and so they have a relationship with people. We will Commission MYA and YPAS because they're the people who have the relationships with communities and with children and young people…as long as those professionals respect each other, we can make that work with the right people." (P14, MVRP Team)

"They wouldn't do it…a geography teacher talking about knife crime. It's still the school's geography teacher. Do the kids listen? No. Do they listen to me who works in it everyday? or do they listen to schools? Police officer who's dressed in uniform?...You need outside agencies, people different to the kids. Go, yeah, she knows what she's talking about. She's not my geography teacher…it's good for the likes of the outreach youth workers who will then go out on the streets in the same area…then the kids will come up to them that night, a couple of nights later and you were in my school. You did a session. So, it's that relationship building." (P29, Steering Group)

The key outcomes desired from working in partnership with communities was person-centred and community led violence reduction interventions which lead to reduced antisocial behaviour/violence and increased feelings of community cohesion and safety. Participants recognised that the MVRP had not fully achieved these outcomes and that building trusting relationships with communities was a long-term outcome (*"we've had an ambition…maybe for the last 18 months…we're not there yet and it's not something that happens overnight…you need the right people with the right experience driving that…you earn the right contacts in the community. Doesn't happen overnight that"* P25, Steering Group) which needed to continue beyond the lifespan of the MVRP (*"we do have a voice that perhaps we should be using a little more stridently…to be thinking perhaps a little more strategically about those organisations, working parties, groups that we should be infiltrating whilst we're still there to actually let them continue doing some of the work and moving it for carrying it forward"* P13, MVRP Team). However, participants did identify a number of shorter-term outcomes which they felt the MVRP could contribute to in its work, including reduced normalisation of violence within communities, increased community resilience through access to support and services for children and young people, increased referrals to MVRP-funded interventions and engagement with children and young people not currently engaged with the services on offer.

Case Study 3: A community led programme to support St Margaret Mary's primary school and the local community in Knowsley following the murder of Olivia Pratt-Korbel

For full report see Supplementary Report 3

Methods: Interviews were completed with teachers (n=3) and Knowsley local authority staff (n=1). A focus group was held with year 5 children from the school (n=6).

On 22 August 2022, nine-year-old Olivia Pratt-Korbel was killed by a masked gunman on the doorstep of her family home in Dovecot. Olivia was a year five pupil at St Margaret Mary's Catholic Junior School in Knowsley and staff at the school immediately began to take steps to support pupils, parents and staff in the school. Within a week, a multi-agency meeting was held and Merseyside Police enacted a gold response. The school was allocated MVRP funding via Knowsley Community Safety Partnership (CSP).

The school developed a range of activities to meet the needs of pupils and the local community. Listening Ear counselling offered counselling to school staff, pupils and parents at the start of the new term. Pupils were identified from this for further counselling support including group counselling for Olivia's close friendship group and one-to-one support for children experiencing heightened anxiety. The school also commissioned Altru Drama to deliver weekly drama sessions for year five pupils (over a 7 month period) using the concept of restorative justice to explore actions, choices and consequences. Finally, the school partnered with the three other local Knowsley primary schools, Olivia's family and the wider community to develop a Community Spirit Festival (*"we wanted Olivia's legacy to be something that was positive … we wanted a message of positivity, and of hope really, and of community stronger together that's what we wanted to demonstrate"* Stakeholder 1*). Children, parents, and staff worked with dance instructors, a poet, and artists to deliver a host of events at the festival in remembrance of Olivia. A video "The Power of People" was screened at the festival which featured pupils, teachers and community members reciting a poem about community resilience and hope developed from a survey completed by children in all four schools.

Children participating in the counselling reported benefiting from having the time and space to talk about their feelings following Olivia's death (*"We talked about like our feelings and stuff and the impact that it's had on us and how we've handled it"*, Young person 3), were provided with coping strategies to support them (*"What made me better is we made a jar and one of our counsellors helped us, and she said you can create your messages and put them inside the jar so whenever like you feel down or whatever and you can get them out and just look at it"* Young Person 2) and reduced fear and stress. Children enjoyed learning through the drama programme and reported increased awareness of risk behaviours and about making positive choices. Finally, staff felt the community event video played a role in bringing together and supporting the community following the tragedy and building community resilience and hope. One of the pupils made a poignant statement about the impact the film could have for children and young people in the community which sums up the positive impact the different strands of the bereavement intervention has had on the pupils of the school.

> *"I want people to know that there's still people out there that could have dangerous things who do dangerous things. The message they should take from it is that there is dangerous people out there, but there is things that can keep you safe. So like coming together or helping people, that's a good thing. Because other things are bad things, and you should lean towards the good things instead of the bad things."* (Young Person 5)

4. What are the impacts of the MVRP?

In line with the World Health Organization's public health approach to violence, participants acknowledged that work of the MVRP could impact at different levels of the socio-ecological model including at an individual young person's level, at a family level, community level, organisational level, and political/societal level (figure 4.1).

Figure 4.1: Observed impacts and outcomes from the work of the MVRP
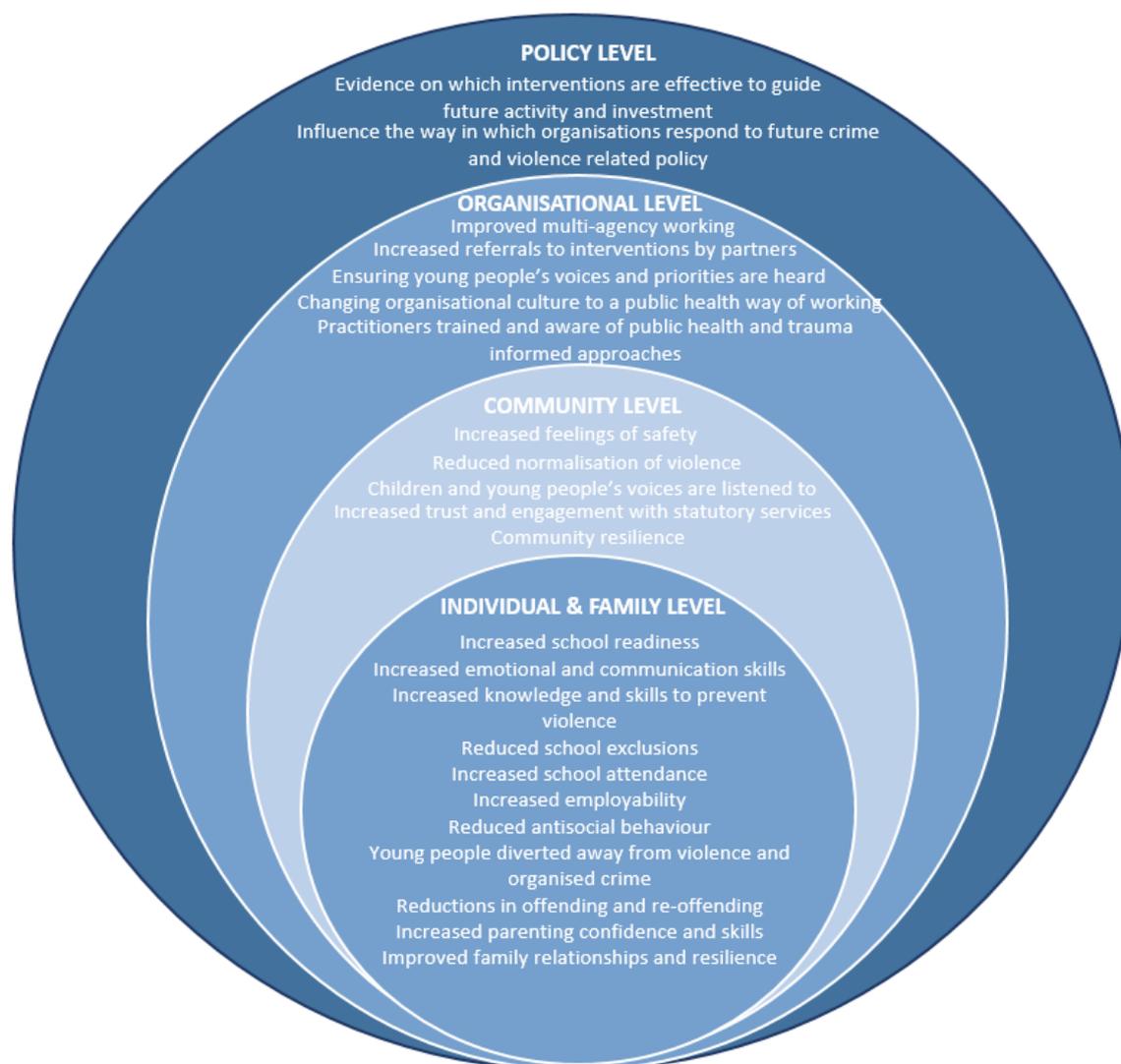
Individual level: Individual level outcomes identified for children and young people were largely the result of direct engagement with MVRP funded interventions. Short-term outcomes included increased school readiness, increased emotional and communication skills in young children, increased knowledge and skills of violence and safety issues (e.g., reporting, first aid), reduced school exclusions, increased school attendance, increased employability, reduced antisocial behaviour, diverting young people away from violence and organised crime, and reductions in offending and re-offending. At a family level, participants identified increased parenting confidence and skills for parents involved in parenting interventions and improved family relationships and resilience. The appendix case study reports as well as additional evaluation reports produced for 2022/23 (and previous years) focusing on the Mentors in Violence Prevention (Butler et al, 2023), Merseyside Police Trauma Informed Training (Wilson et al, 2023) the A&E

Navigators Programme (Harris et al, 2023), Ariel Trust Violence Reduction training in schools (Butler et al, 2023), research on child/adolescent violence and abuse towards parents/caregivers (Bates et al, 2023) and Time Matters service for children with a parent in prison (Harris et al, 2023) provide further detail on direct outcomes resulting from MVRP funded interventions.

As discussed in more detail above, participants recognised that many of their targeted and universal interventions were focused on early intervention and prevention and that it was challenging to evidence these longer-term impacts within the time and financial constraints of MVRP's work programme *("it would be difficult…I know there's differences in approaches, but I would say that at local level, we have started really trying to embed that change that is gonna make that impact for the next generation"* P10, MVRP Team).

"Yeah, at the time I didn't feel myself, now I just feel…like better and more confident and stuff like that…it doesn't make you as scared or as nervous or as worried or stuff like that…Well now, I'm more fitter. I go boxing because he got me into boxing. I feel more confident in myself like I feel like more energetic and like I feel better in myself,...it [boxing] just makes me happy when I do it…it just takes everything off my mind, or if I'm stressed…" (Young person supported by the Navigators Programme)

"I find myself looking forward to seeing my connector. So it's like, I know that if I go in and something happens in school, it's not like going to build up on me. So when I've had an emotional week, at the end of the weekend, I know it's going to be okay if I go to school." (Young Person supported by the Sefton Youth Connectors)

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

"…until we went to Time Matters, I was just I was giving up …Because until then we had no-one. And knowing that someone is here…and we can get support and help from them has helped my mental health like a lot. There's not many services like this out there for families like us." (Parent/Carer being supported by Time Matters)

"The nurturing course has helped me, but it's definitely helped me understand [my kids] more…I'm not saying I'm the best dad in the world, but I do listen to them, I'll do anything for them. But they need time, and you need to listen to the kids. So, when lads say stuff to me on the wing about this about that, 'I've just come back off the visit and the kids were screaming', you gotta think well there's a reason why they're screaming...Most of its attention with kids, I think. My little lad come and see me last night with me little girl, he's 13 and she's eight, so they're sitting on a visit and they both fighting for your attention in a nice way. So what I tend to do is I have me little girl on me knee for 15, 20 minutes and then she goes and plays, then I'll get him over and things like that help you don't they…I said to the little lad last night when me little girl left…'thanks for letting your sister come', coz he didn't want her to come, and he went 'alright dad'. And I had to tap him on the back and give him a little praise for what he'd

done so that's good, turn the tables, and say thanks for what you've done" (Father attending the Nurturing Course at HMP Altcourse)

Community level: At a community level, MVRP was associated with increased feelings of safety for children and young people and for wider members of the community. Participants felt MVRP had a role in changing community attitudes including reduced normalisation of violence, more positive perceptions of young people and increased trust and engagement with statutory services. Overall, they felt these outcomes led to increased community resilience. Participants also noted that they were seeing reductions in recorded serious violent crime across Merseyside, and while they felt this reduction was likely produced by a range of policies and actions (for example GRIP funded hotspot policing), they felt MVRP had contributed to this through effective multi-agency working.

"She was glued to my side…It used to be 'mum, come with me', 'mum, do this', 'mum do that'…I mean in the dark I can understand but when it's lighter nights 'mum, it's alright, I'll bring myself home.' It's just that confidence, which is what you wanted wasn't it?" (Parent whose child was supported by the Navigator Programme)

"You're never going to make things right but the will to support and the will to go the extra mile and to reassure the community that you know we were all going to work together to reassure them, to help them to, to give them what they need, and also the police were gonna work as hard as they could to bring justice." (Teacher implementing bereavement support following the murder of pupil Olivia Pratt-Korbel)

"The programme after the Suites Hotel and in terms of an education programme…not just focused on asylum. It was more the broader aspects of, you know, hate, tolerance, differences, culture. Because you know that there was serious violence and disorder and it involved many young people, unfortunately from our communities. So how you know, how do we get that message across?...that's not a short- term fix that is a long-term generational societal issue that we need to sort of keep pushing the message…you know don't discriminate, everyone's equal… there's no need for disorder. There's no need to harm. You know, it's so, but that is a long-term issue, not something that we can fix in the short term." (P18, Steering Group)

Organisational level: As outlined within the Theory of Change, participants identified a range of organisational outcomes for partners across Merseyside. These included improved multiagency working, increased awareness of the public health approach to violence and Trauma Informed Approaches through practitioner training (including train the trainer approaches to increase capacity), increased referral of children and young people to interventions by partner organisations, ensuring children and young people's voices and priorities are heard by local service providers and commissioners and changing organisational ways of working and thinking.

"As a safer school officer, I aim to use the training within schools. I want to work with year heads to identify children from each year group who would benefit from one-to-one or small group work with me. Building positive relations from the offset." (Trauma Informed Training Attendee, Merseyside Police)

"And by the end of the training, they're just like, going, oh, I've got I've got a number of people in my head, I want to go and ask them, and because of the relationship that they have with their young people, they then phrase it, or they put it into a place where they're encouraging their young people to get involved." (Stakeholder involved in the Mentors in Violence Prevention Programme)

"It hit me in that training, and I realised how useful it actually is for them to practise what they would say in that situation. Which is bizarre. I feel silly saying it, but I never did that before. But

now from that I know that when I'm teaching PSHE in my new year, whatever the topic is, it'll be something that I will implement there because yeah it was just one of those things where you think 'Oh my, why haven't I done this before? Of course our children should be doing this!"
(Teacher receiving Ariel Trust Violence Reduction training)

Policy level: Participants felt that the MVRP's strongest potential for influencing policy lay in effectively communicating the evidence they had generated (the individual intervention evaluations and then the placing of these within the context of the value of joined up MVRP thinking to commission and support the development of their work within the wider context the whole system approach). MVRP team members described plans to develop a repository on their website to ensure this evidence was accessible, detailing which interventions were effective and which could guide future activity and investment. Participants also discussed how moving towards more public health approaches at a whole system level could also influence the way Merseyside organisations responded to future policy with examples including the Preventative Policing strand in Merseyside Police and the Serious Violence Duty. Improving the sustainability of MVRP through policy level impacts was seen as a priority for the coming year.

"It holds them to that level of accountability, doesn't it, that they didn't have to have before...People are talking in that language now, aren't they? That they didn't used to. And I think we are just stepping our way into what that looks like in terms of, you know what does accountability look like? What does that even that look like? What does that mean for the partners?...a lot at that level, they're political, aren't they?...You know, they're very mindful to these things. So probably. Yeah, watch this space." (P3, MVRP Team)

Case Study 4: Think FAST Academy – using boxing, education, and pro-social role models to improve outcomes for young people at risk of antisocial behaviour in St Helens

For full report see Supplementary Report 4

Methods: Secondary analysis of outcome stars (n=26) and student testimonials (n=36). Interviews with staff/coaches (n=3).

Think F.A.S.T (Finding a Solution Together) Academy was established in November 2021 to provide health, fitness, educational, and personal development programmes for children and young people who may be at risk for antisocial behaviour, and who lack a pro-social role model and structure in their lives. The discipline of boxing provides a framework for positive changes with ongoing engagement and aftercare. The academy was Initially self-funded before receiving funding from the MVRP and a range of local investors to pump prime the work.

Young people are referred to the programme by their school for a 12-week period. Young people attend a community sports centre and boxing club during the school day for the Strengthening Minds Programme, guest speakers, and boxing. The Strengthening Minds Positive Behaviour and Emotional Wellbeing Programme' includes five core components: negative behaviour, low self-esteem, preparation for the future, level of school engagement, and building positive relationships at school. The boxing element teaches young people teamwork, discipline, anger management, how to improve their concentration, and fitness, through positive engagement and empowerment. Guest speakers with lived experience talk on a range of topics include drug and alcohol awareness, knife crime, county lines and antisocial behaviour, domestic abuse and healthy relationships. The programme continually engages with schools through weekly monitoring sheets and parent/carer questionnaires. Outcome Stars are also used at week one and ten to measure improvement.

Participating staff from the academy described significant improvements from week 1 to week 12 in overall behaviour at school, self-esteem, confidence, and anger management. It is important going forward that these outcomes are monitored to facilitate engagement with other schools and buy-in to the programme. Participants felt the programme was successful in engaging and supporting young people who are struggling to maintain their school place and those at risk of exclusion and/or with behavioural vulnerabilities/complexities. The programme offers a unique learning environment for students in St Helens schools to learn about and improve negative behaviours, low self-esteem, preparation for the future, school engagement, and building positive relationships, based around boxing, fitness, health, and life skills.

> *"The staff at Think FAST have also taught me how to control my feelings a lot better, **I can cope a lot better** with things that have happened to me."* (Young person evaluation form)

> *"During the 10-week programme I think my attendance has got better. This is because I have been setting myself targets and then we discuss them."* (Young person evaluation form)

Stakeholders noted the significant impact funding from the MVRP had on getting the programme off the ground. Whilst the programme experienced challenges to early implementation such as difficulty getting 'buy-in' from schools, much of this has been overcome. Referrals to Think FAST Academy are increasing and significant positive outcomes and impacts for young people in schools have emerged. However, continued funding and support will be required for the sustainability of Think FAST Academy in the future, particularly considering that some schools do not have the funding to avail of the service for their pupils who fit the criteria.

5. Where does MVRP go from here: Sustainability
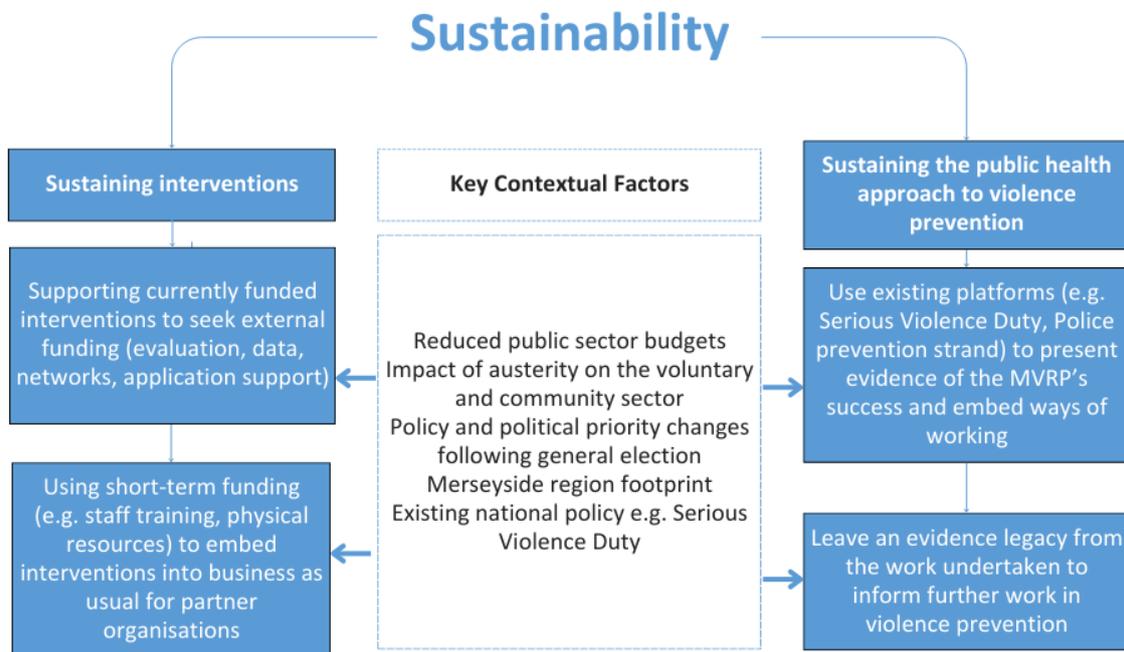
As the MVRP was entering its final 18-months of Home Office funded delivery, team and steering group members across the partnership were increasingly thinking about the sustainability of the MVRP (*"we know now what that design looks like…to get that long-term sort of approach…but we're only here to March 2025. We've got to think about what that sustainability looks like"* P14, MVRP Team). Participants were aware of several contextual factors which impacted upon the sustainability of the MVRP. Firstly, participants recognised that finding funding to continue interventions and activities currently funded by the MVRP from existing organisational budgets (CSP, NHS, voluntary sector, police) (*"there's a sort of current thinking that voluntary sector community sector will do it for nothing… it won't cost us much…we have rising costs the same as everybody else…however we work together in partnership that partnership has to be…resourced appropriately"* P16, Steering Group) would be extremely difficult in the current climate of public sector austerity (*"the issue is the ongoing consistent reduction and public services in particular and the public purse and the funding nationally, which means it's always gonna be more difficult to continue the prevention models…unless people change the way in which they deliver services"* P28, Steering Group). Some participants reflected on the additional complexities of policy level change following the next general election and the Merseyside region footprint of the MVRP. Some participants discussed how the Merseyside geographical boundary represented some partner organisations within the MVRP (for example Merseyside Police, Probation, Fire and Rescue) but did not neatly align with all layers of regional governance (for example, Liverpool City Region) in the same way as other VRU areas, which could limit the sustainability of the MVRP. For example, some participants made comparison to neighbouring VRU areas which had a unifying political (for example, Greater Manchester metropolitan mayor) or administrative (for example, Lancashire County Council) system to maintain their current footprint (*"it's quite a broad political space, isn't it really, to fit into as well…And politics comes into it all, doesn't it"* P22, Steering Group). Similarly, the local authority level action required by the Serious Violence Duty placed a national focus on more localised violence prevention activity.

"I think we have achieved more than probably what we think we have and I think it will be sustained. But to what extent? I'm not sure because it could be that you know for a few years it's then sustained. And actually, if those people in the organisations who understand the why behind it and are really passionate about it, if they kind of drop off, you need that next person and the organisation who's the right person and gets it to be able to sustain it, I would say, and particularly I think if you look at, for example, our Community Safety Partnerships, they get it and they're trying to embed it. But when you actually look at the resources that they've got available to them, is that something that may end up then dropping off if they're kind of bound by terms and conditions or different funding success measures, they've got to report back to the Government." (P10, MVRP Team)

"I think you know in in many ways having five local authorities in Merseyside makes things a little bit easier. And but when you're trying to do something like this, having one kind of Umbrella County Council and it makes things a little bit easier cause you've got one place to go. So, this is where I partly wished that you know, the Mayoral model was different here and we didn't have Halton in it because then police would sit in with them. This is not a criticism, but we've been speaking about, you know, the mayoral structure here having more clout over Merseyside, that would make things easier. You know, I look at Lancs [sic], I look at the dissociation of Greater Manchester authorities. You know, I dare say it makes some things harder, but it makes somethings easier to achieve." (P24, Steering Group)

The sustainability of the MVRP is an area for further exploration in future whole system evaluations, but participants presented possible future areas of focus for the MVRP to ensure sustainability at the intervention and regional level. At the intervention level, participants discussed two potential roles for the MVRP in ensuring sustainability. The first was supporting currently funded interventions to seek external funding, with MVRP supporting this through evaluation to increase their robustness and evidence of effectiveness, and by supporting organisations in seeking and applying for funding. As quoted below, examples of interventions which would benefit from this kind of support included the Navigator Programme and Time Matters. Alternatively, participants discussed how some interventions were designed to require intense support initially to build capacity (for example staff or community member training, purchasing of physical resources) which would enable these violence reduction activities to be absorbed into business as usual for these organisations and continue without additional cost. Case study 4 presents an example of how this was achieved by the In The Zone school education programme in Wirral.

"Now we for this financial year, we focused our delivery plan around the things that we either need to add more evidence of proof of concept and to achieve sustainability or just to have solid evidence to go look, this is the impact it has and so things like MVP or navigators for example…But as well start talking to our partners and those delivery partners around exit strategies to say if we're not here after March 2025, what do you look like? What does your offer look like? OK, who do we need to start marrying you up with? What? What skills do you need? What training do you need? What network do we need to introduce you to start building so those relationships are there. We've talked about bid writing, maybe getting somebody in to offer some CPD for people. So those other organisations that can't be absorbed into another public service or a system somewhere, but they know how to get lottery funding or they know how to get, you know PCC funding or whatever it may be. And so, it's understanding what we can offer in that respect, not just money…it's making sure every programme has got a theory of change…They know what their data looks like. They know what their data is telling them…just so they can argue their points a little bit more, have been [more] confident in themselves." (P14, MVRP Team)

"…A lot of the interventions require time for people to meet, discuss and move things on, and it's about helping to create those environments of partnerships within our different boroughs…for those people to appreciate, it's not about money, it's about human resource and time to embed

things as normal practice within their day-to-day job…it's always been a 'we', not 'us'. It's not a VRP thing, it's an 'us'. And then once it is rolled out…stepping back but still being involved and letting them drive it and run it, because the end of the day, they're the practitioners on the ground delivering interventions…It is for them to shape and adapt to meet the needs of their individual communities while holding on to the main principles of what the intervention is….Look, Say, Sing and Play, for example, we funded that, we rolled it out, we launched it. I went along with a few meetings and then passed it over…All the five authorities meet monthly to look at how Look, Say, Sing and Play is going…that's been eighteen months…they still send me the minutes of the meeting but I don't go anymore. I don't need to. It's letting go of things as well. I'm being a bit Elsa, let it go!" (P2, MVRP Team)

Finally, participants discussed how they could ensure sustainability in the public health approach to violence across the Merseyside region. Participants saw the last 18-months of the MVRP as an opportunity to present the evidence of success from the MVRP to senior level decision makers with the aim of convincing them that investment in preventative and public health approaches to serious youth violence can produce longer-term outcomes which will benefit their organisations (*"I think the VRP had sufficient value that Chief Constable and chief executives should be looking to see how we afford this…even if It's not to the same extent, even if we're not putting millions of pounds in to invest, but we're investing the people to keep the VRP and the mindset and the approach and the concept ongoing"* P25, Steering Group). Examples included contributing their learning to the design of Merseyside Police's prevention strand (quoted below). The Serious Violence Duty was also seen as an opportunity to sustain some of the MVRP's work: *"I think that's the exit strategy from the VRP from the Home Office perspective…we need to start building into the Serious Violence Duty from an early start…understanding the what the rest of the landscape looks like and how we start moving things across"* (P14, MVRP Team). Participants also felt the MVRP had a responsibility to leave an evidence legacy from the work undertaken to further the evidence base on whole system public health approaches to violence reduction and on the individual interventions which are beneficial to children, young people and communities. Future actions to achieve this included *"building a new website… so it's freely available and making sure all our delivery partners have their evaluations reports…TIIG data is a big thing…they can use the TIIG data and that can help them with their decision making"* (P14, MVRP Team).

> *"…our director, he was told he had to go back to Merseyside police because they wanted to create the prevention strand. So he was putting in charge of the review and he openly says that, you know, it was the work in the VRP that made him think differently around what that would look like. And he tried to take some of that sort of those lessons learned, if you like, into that strand. And we sat with the review team on a number of occasions to say what we did. So, they could learn from those things as well…for me, that's part of that whole system is that that learning's being carried on…I think it works really well because she understands where some of that work can fit into prevention when we do go and actually bring those people together." (P14, MVRP Team)*

> *"If you can, then evidence that this really works, then we should be industrialising it. You know that sort of later stage of the public health approach. We should be absolutely industrialising our successful approaches and getting out there across Merseyside and saying this works, we can prove it. So, invest in it. And my fear is that with the delicate political landscape in this country at the moment, if another party gets in and decides, that's not their thing, or indeed the [current government] stay in and decide we've had enough of that. Now we'll do something else. Well, if it's a short-lived life for the VRUs then what are the local agencies gonna say? Well, we're gonna have to find the money for this. It's so effective. We're all gonna have to find the money. So, everyone, put your hand in your pocket and we need to keep the VRP. Or are people gonna say you can't afford it? Cause we're all suffering cuts. And so, it was nice while it lasted. But we're gonna have to go back to daily business." (P25, Steering Group)*

Case Study 5: In The Zone education programme – implementing sustainable violence prevention programmes in Wirral schools.

For full report see Supplementary Report 5

Methods: Secondary analysis of a subsample of In the Zone evaluation forms (n=300) and interviews with stakeholders (n=5)

In 2021, Wirral Youth Justice Service (YJS) developed the 'In the Zone' intervention as part of Wirral's Youth Justice Strategic Plan to prevent and tackle violent crime. In the Zone provides young people with tools, knowledge, and skills to keep them safe in the community and subjects covered include: knife crime, exploitation, gangs, violence, peer pressure, drugs and alcohol, antisocial behaviour, and keeping safe on the internet. To date the intervention has reached over 4,000 young people in Wirral schools.

In the Zone is aimed at year 9 pupils and delivered in mainstream and alternative provision schools in Wirral by the Local Authority and Merseyside Police. The carousel-style programme covers five themes or "zones" across the course of the day, delivering 45-minute games and activities on each theme to groups of approximately 20 pupils.

Programme evaluation forms highlighted increased knowledge with 22% of pupils stating that they learned new information about different forms of exploitation, 40% about knife-related violence and 28% how to respond to someone who is intoxicated or overdosing. Other new learning by pupils were associated with cybercrime, sexting, and missing people. Stakeholders also reported that pupils who had completed In the Zone at school, attended community youth clubs after being signposted to them during the sessions, demonstrating the programme's ability to build trusting relationships between youth services and children and young people of Wirral. Continued updating of the curriculum is advised to be timely and current and specific to the needs of Wirral communities.

> *"A lot of them don't realise that what they're doing is actually like they are being exploited, or they don't know that it is a criminal offence, or they can't see if…like they're being drawn into a gang and being exploited. So just giving them that little bit more information really for them to work with." (Stakeholder 4)*

Stakeholders felt confident about the sustainability of the In The Zone programme. Following funding from the MVRP, they had developed capacity and partnerships between organisations which had allowed them to roll the programme out across the majority of schools in the Wirral. The programme has been successfully integrated "*as part of our core delivery that we already get paid for*" (Stakeholder 4) and partners were confident that since buy-in from partners had been achieved, the work covered in the programme could be sustained.

> *"Is just that buy in from people's time … as long as you've got the partnership and you've got the buy in from the partners, it will continue." (Stakeholder 3)*

6. Conclusion and Recommendations to Achieve Long-term Impact

The MVRP continue to make significant advances to implementing a whole system public health approach to violence prevention across Merseyside and traced across the sequence of evaluation reports we can see a more fluent and confident engagement with the model. In 2022/23, MVRP have maintained their focus using evidence-based approaches to ensure public health principles are embedded across the system, through strategic work and funding of universal and targeted interventions. The MVRP has continued to focus on early intervention, life course and place-based approaches to support the achievement of the short, medium, and long-term impacts of the MVRP. The evidence hub have continued to embed evidence-based practice across the team using secondary data on risk and protective factors and evaluation and monitoring data to routinely scrutinise the MVRP's work and determine which interventions are funded, for whom and why. MVRP continues to work to engage and listen to local communities and make use of existing assets but all the while recognises that developing trusting relationships with communities takes time to develop. MVRP is increasingly turning its attention towards sustainability by establishing an evidence legacy and supporting existing interventions and activities to identify potential funding sources and embed within existing systems. Whilst the MVRP continue on a positive trajectory of influencing whole system change to support the implementation and embedding of a public health approach to violence prevention, at present, there remain a number of areas which the MVRP could address and/or strengthen in order for the short-term outcomes to develop into longer-term impacts. These are presented below as recommendations for the future and should be read alongside recommendations presented in the 2020/21 and 2021/22 whole system evaluation reports (Quigg et al, 2021, 2022).

The role of the MVRP Steering Group

- The MVRP Steering Group should renew the terms of reference for the 18+ months and include – alongside information about the roles and responsibilities of all MVRP members and partners – a focus on plans being developed to implement legacy learning from the work of the MVRP.
- The MVRP Team, with support of the Steering Group, should develop a clear action plan for the next 18+ months, to help identify how the roles and responsibilities of all MVRP members and partners can embed public health thinking in how violence prevention partners in the Merseyside Region work together to reduce harm.
- The MVRP team, with support of the Steering Group, should renew efforts to clearly communicate about the processes used to determine what programmes receive funding and which programmes these are. The MVRP team should consider the role of the Community Safety Partnerships (CSPs) and Steering Group, in influencing these decisions (if they are not to be involved in decision making, a process of timely consultation should take place to ensure that funding would not be duplicated).

Enhancing collaborations with Community Safety Partnerships

- The MVRP team should develop clear systems for engaging with CSPs and other local partners via the Steering Group and other relevant engagement opportunities. The MVRP should identify a team member(s) to be responsible for directly liaising with CSP leads, enabling direct links with the MVRP Director and wider team members (as relevant), and the bidirectional sharing of local and regional information to inform prevention activity (including MVRP funded and non-funded activities).
- The evaluation continues to show that CSPs are committed to working in partnership with the MVRP and that they recognise the responsibility they have in implementing violence prevention

and the MVRP priorities at a local level. The areas identified to sustain the progress made thus far are:

- o To renew efforts by CSPs to embed a strategic and operational approach to violence prevention at a local level and to, collectively, share learning and examples of good practice that other CSPs can adopt.
- o To renew the communication exchanges between CSPs and MVRP Team to help ensure that constructive and action/solution focused dialogue helps facilitate the impactful sharing of advice, expertise, and intervention awareness in the mutually beneficial efforts to address particular issues at a local level.

Delivering a Place-based Approach to Violence Prevention

- The MVRP needs to take a place-based approach. Whilst high level activity is happening (e.g. it is led by data and evidence-based), more work is required to ensure a bottom-up approach is implemented. The expertise and knowledge of local partners should be better used to aide decision making about the priorities/organisations that receive funding. Examples of this are being delivered (for example in Sefton) and the process and effectiveness of this approach will be reported on as part of the 2023/24 evaluation. Recommendations on scaling up this approach will be presented.

Community Engagement

- There has been, and remains, a need to better increase public awareness and understanding of the MVRP – with recognition of the challenging nature of trying to stimulate public awareness/consciousness of the long-term activities of the public health approach. There remains scope to make communities aware of the preventative interventions being implemented across Merseyside to address the root causes of serious violence and this can build on the progress that has been made (through the increased community involvement in MVRP-funded interventions and engagement activities such as the Hope Hack) to improve perceptions of community safety and ultimately, community connectedness.
- MVRP should continue to make use of the assets which exist within Merseyside communities (including well-respected community organisations and pro-social role models with experience of violence) and effective engagement activities (such as Hope Hacks) to increase opportunities to coproduce violence reduction activities which are based on community priorities and consider the varying needs of different communities/groups.

Sustainability

- In a theme consistent throughout the sequence of annual evaluations, those working to deliver the ambitions of the MVRP continue to identify the challenge of embedding a public health approach with limited resources. Preventative programmes need time to mobilise, respond and evaluate. It is a sign of how healthy the engagement with and understanding of the public health model is that practitioners are pushing back on short-term outcome measures. The long-term impacts of the MVRP are dependent on the sustainability of the programmes and initiatives that deliver MVRP activity and there is scope to keep building on the work taking place to support the sustainability in helping commissioned interventions to identify evidence of impact and secure new funding.
- There is a need to capture and consolidate the knowledge of previous and current Steering Group and MVRP Team Members about their experiences and insights of how public health approaches can be sustained within the Merseyside Region Criminal Justice and Public Health landscape. In ways that help focus beyond the MVRP, specifically the lessons they have learned in terms of the

opportunities and challenges of – for example – information sharing, co-produced intervention activity, and shared organisational learning can help develop partnership working practices in the future.

- Partners recognise that MVRP activities should be collaboratively sustained following the cessation of Home Office funding. In order to sustain the partnership, the MVRP Team and Steering Group need to define what this partnership will look like, the governance arrangements (to ensure effective oversight, delivery, and activities) and, if and how it will be staffed and funded.

Communication and Programme Connectivity

- Partners continue to highlight the importance for the MVRP to develop a strategic, proactive, and coordinated approach to violence prevention at a regional and local level in order to reduce duplication and strengthen local impact. The MVRP should develop a clear process to improve communication across local areas, such as the MVRP attending local (e.g. CSP) meetings and including broader representatives from local areas (such as portfolio holders) within meetings/discussions about local area priorities.

Evidencing Impact

- The Evidence Hub Team should develop a clear and transparent framework for determining which interventions are evaluated and the type of evaluation required. The framework could utilise existing VRU resources (e.g. Wales VPU Violence Prevention Toolkit) and wider resources such as the Youth Endowment Fund Toolkit.
- Evidence gathered from across the selected interventions, MVRP programme data and stakeholder perspectives have been used to develop an updated MVRP logic model. This model provides the theory about how the MVRP is influencing, or intends to influence, change in the shorter and longer-term, and provides a framework through which ongoing impact can be evaluated. The logic model should be used to guide the development of intervention monitoring processes, and updated annually to ensure it reflects the work of the MVRP as it develops across the next 18+ months.
- Working with wider partners including research and evaluation teams, the MVRP team should consider how they will measure progress in achieving short to long-term outcomes over the next 18+ months, and beyond, at whole system and intervention level.
- The MVRP should develop processes to share the evidence base on violence with local partners, including MVRP funded research and evaluations, and wider evidence (e.g. YEF toolkit). This could include clear inclusion of MVRP funded research and evaluation on the MVRP website, newsletters and other communications (e.g. social media) as well as dissemination at local, regional and national events.
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8. Appendices

Key features of a whole system public health approach

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

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