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Merseyside Violence Reduction Partnership Whole System Evaluation Report: 2021-22

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MERSEYSIDE VIOLENCE REDUCTION PARTNERSHIP WHOLE SYSTEM EVALUATION REPORT: 2021-22

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About this report

Merseyside is one of the 18 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), in November 2019 (Quigg et al, 2020), July 2020 (Quigg et al, 2021) and June 2021, the Merseyside Academics' Violence Prevention Partnership (MAVPP)¹ were commissioned to evaluate the MVRP as a whole, and selected work programmes. This report forms one of a suite of outputs from the 2021/22 evaluation work programme, and specifically presents a whole system evaluation of the MVRP. Additional evaluation reports for 2021/22 explore:

- The Beacon Project (Bell and Quigg, 2022).
- The Mentors in Violence Prevention Programme (Butler et al, 2022).
- The Navigator Programme (Quigg et al, 2022).
- Operation Empower (Bates et al, 2022).
- The Red Umbrella Project (McCoy et al, 2022).
- The whole system approach to reducing reoffending (Harrison et al, 2022).

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

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- The evaluation funders, MVRP.
- Members of the MVRP team (particularly the Evidence Hub Team), wider partners and programme implementers who supported evaluation implementation.
- All study participants who took part in interviews and workshops and provided evidence of programme/intervention delivery and outputs.



¹ MAVPP is led by Professor Zara Quigg (Public Health Institute, LJMU) and includes academic representatives from Merseyside universities covering a range of disciplines such as public health, criminology, criminal justice, policing, sports science and psychology. Academic partners interested in joining the group are welcome.

Executive Summary

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), to implement a whole system public health approach to violence prevention. Merseyside was one of the areas allocated funding, establishing the Merseyside Violence Reduction Partnership (MVRP). Since 2019, the MVRP have received funding annually to continue to implement, and work towards embedding a whole system public health approach to violence prevention across the region.

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 across Merseyside. On an annual basis, the Merseyside Academics' Violence Prevention Partnership (MAVPP)¹ has been commissioned to evaluate the MVRP as a whole, and selected work programmes (Quigg et al, 2020; 2021). This report forms one of a suite of MVRP evaluation reports produced by the MAVPP in 2021/22, and focuses on the whole system evaluation. The whole system evaluation draws on interviews with MVRP partners (e.g. core team, steering group, community safety partnership representatives, and intervention delivery partners), programme documentation, and observations of MVRP activities.

Separate reports are provided for the evaluation of the whole system family approach to reducing reoffending (Harrison et al, 2022) and selected MVRP funded interventions including:

- The Beacon Project (Bell and Quigg, 2022);
- The Mentors in Violence Prevention Programme (Butler et al, 2022);
- The Navigator Programme (Quigg et al, 2022);
- Operation Empower² (Bates et al, 2022); and,
- The Red Umbrella Project (McCoy et al, 2022).

Key findings

MVRP Whole System Developments 2021-22

The MVRP has implemented a number of whole system activities in 2021-22 that build upon and aim to enhance the implementation of a public health approach to violence prevention across Merseyside. This includes **refinement of strategic priorities** considering the lifecourse and socio-ecological model to focus on early years; education; health; a whole system family approach; and, preventing offending. The **size of the MVRP team and steering group has grown** with, amongst others, the addition of representation from wider partnerships bringing broader expertise, and opportunity to influence system change, and improve the offer of support available for individuals, families, communities and practitioners.

² Operation Empower is a Merseyside Police funded intervention. To inform future work around nightlife-related violence, the MVRP provided funding for the evaluation, including implementation of a study exploring sexual violence in the night-time economy.

In 2021, an **MVRP Evidence Hub team** was established to support the MVRP in ensuring all activities were evidence led, targeted towards relevant groups and/or communities (based on local data), and that appropriate commissioning, monitoring and evaluation processes were in place. This work includes the use of the MVRP commissioned Data Hub to identify emerging trends and at-risk groups and communities using multi-agency data (<https://tiig.ljmu.ac.uk/>), and the establishment of new processes for determining the implementation of MVRP activities and the nature, extent and targeting of funded interventions. In summer 2021, the MVRP commenced the implementation of a new structured approach to funding interventions and monitoring/evaluating progress, with all activities or suggestions for funding interventions now reviewed by the Evidence Hub prior to implementation.

Enhancing the **embedding of community voices in the design, delivery and evaluation of MVRP funded interventions** has been an on-going mission of the MVRP. Whilst such activities were limited in 2020/21 due to COVID-19, as opportunities for community engagement have developed in 2021/22, both the MVRP and its delivery partners (as well as wider independent research and evaluation teams) have been able to capture community voices, with evidence of some interventions being designed and delivered by children and young people and/or interventions being adapted based on community views and needs.

In adopting a public health approach to violence prevention, the MVRP strategy has a strong emphasis on addressing the root causes of serious violence recognising factors that protect against and mitigate the impacts of violence. **Preventing Adverse Childhood Experiences (ACEs) and developing trauma-informed approaches** forms a key part of the MVRP approach, supported through on-going practitioner training, development of guidance for practitioners/organisations on related topics and funding of interventions.

Throughout 2021/22, a number of key local and national whole system developments have emerged that directly affect or have a strong likelihood of affecting the working of the MVRP including: the election of a new Police and Crime Commissioner; enhancement of a preventive approach across Merseyside Police; and wider government support/legislation (e.g. Serious Violence Duty) and a commitment to fund VRUs for the next three years (2022-2025).

MVRP team, delivery partner, steering group and CSP representative reflections on the MVRP

MVRP team members reflected positively on the working environment of the MVRP, with the team having a **clear mutual respect for each other's voices and skills sets**, and the **composition of the team helping to mobilise public health informed thinking and evidence-based practice**. The addition of the Evidence Hub to more fully deliver on the ambitions to embed evidence-based policy making and commissioning decisions was cited as injecting new momentum to the group's work, as was the addition of topic leads (e.g. early years; public health) and other organisations (e.g. Department of Work and Pensions), and a more refined focus on key strategic priorities aligned to a public health approach. New MVRP team members could **identify with the MVRP's philosophy** and felt this philosophy 'isn't owned by one person or organisation, but shared', which was seen by many as a source of strength. The **co-location of the team was cited as crucial in fusing connections between partners** and the scope, post-COVID, to come together more frequently, had been the catalyst for partners identifying a greater momentum in idea creation and development.

Several MVRP-funded intervention delivery partners spoke about the MVRP team being **'brilliant', 'approachable' and 'genuinely interested'** in the work that was being done. A number of delivery partners highlighted how the MVRP funding had enabled existing interventions to be re-established

or implemented in additional areas and/or with wider groups of beneficiaries including children, young people and wider community members. Examples were provided of how the **MVRP had supported delivery partners to use public health principles to inform intervention delivery, and/or how the whole system approach supported intervention delivery**. Across several delivery partners, findings indicate a **mutual understanding and recognition of the overarching aims of the MVRP and the wider public health approach to violence prevention**, and the important role those individual interventions played in preventing and reducing violence across the lifecourse.

Engagement with **community safety partnerships** (CSPs; also members of the MVRP steering group) illustrates how all are **committed to embedding a public health approach to violence prevention in their local area and within their partnership working, although they were at different stages** of doing so. It was noted that it was important for the **MVRP to establish stronger relationships with CSPs, and vice versa**. The MVRP steering group was identified as having a crucial role in enhancing awareness of the MVRP and building links across and within services and localities. Lack of awareness amongst CSP partners of the MVRP intervention commissioning process for example, meant that CSP leads were limited in their ability to inform local partners about commissioning opportunities, and how the MVRP funded interventions may complement local activities. Such knowledge was also highlighted as key to supporting local CSPs (and wider partners) to consider what they fund, where and for whom, ensuring resources are maximised across the system. The importance of MVRP decisions being driven by local knowledge was highlighted by a number of CSPs, as well as CSP decisions being influenced by the MVRP.

The outcomes and impacts of the MVRP

Across Merseyside, there is **evidence of a commitment to the implementation of a public health approach to violence prevention across the whole system, within local areas and through specific interventions**. Activities are delivered via the core MVRP team, MVRP funded intervention delivery partners, and through existing organisations and partnerships (e.g. CSPs). MVRP team members felt able to identify specific MVRP funded interventions that were having impact, and all had confidence in this assessment through being **able to draw upon insight from the Evidence Hub to help better illustrate the outcomes of the work they were undertaking**. In MVRP intervention monitoring reports, qualitative data shows that delivery partners reported **a number of outcomes and impacts of interventions for service users and intervention recipients** (e.g. children, young people, families and practitioners) including:

- Provision of advice and signposting, and access to support (including identification of unmet needs);
- Improved knowledge and skills;
- Improved family, school and community relationships; and,
- Improved relationship between organisations.

Currently however, **the design of intervention monitoring reports means that it is difficult to quantify the reach of interventions and their success** (or otherwise).

In MVRP intervention monitoring reports, a number of **challenges to programme/intervention delivery were noted, potentially limiting outcomes and impacts**. Covid-19 was mentioned as one of the main barriers, and a particular difficulty for school-based programmes. Some services found getting other organisations to engage with them was a significant barrier, again linked to the challenges of COVID-19 (e.g. pressures on the NHS/ability to meet in person). However, many

programmes discussed ways that they had conducted risk assessments and adapted their delivery to overcome this challenge. Some services stated that the number of referrals they had received was significantly less than anticipated. The lack of referrals was attributed to a number of factors including a lack of buy in from other organisations and COVID-restrictions resulting in professionals working at home meaning some services could not be fully implemented. The need to continually find funding was seen as a big challenge for many services. This was echoed by CSP partners who highlighted the challenge of embedding and sustaining a public health approach with limited resources. There was agreement that preventative programmes need a long timeframe to mobilise, respond and evaluate, and that one-year (funding) is not long enough to evidence outcomes and ultimately influence change.

Conclusion

In 2021/22, the role of the MVRP team in delivering a preventative approach to reducing serious violence was recognised by Merseyside Police through a certificate of commendation, with similar praise and recognition from the Police and Crime Commissioner. The MVRP continue to make significant advances to implementing a whole system public health approach to violence prevention across Merseyside. In 2021/22, activities have focused on refining strategic priorities, expanding the expertise available to the MVRP, implementing processes to ensure public health principles are embedded across the system, and funding interventions. With a strong focus on an early intervention and lifecourse perspective, collectively these activities aim to support the achievement of the short, medium and long-term impacts of the MVRP. Significant shifts have been made to the composition of the MVRP core team, and to a lesser extent the MVRP steering group, which has enhanced expertise across the partnership, and positively influenced the work of the MVRP and the activities delivered. The establishment of the Evidence Hub Team and new processes to determine which interventions are funded, for whom and why, have significantly improved the allocation of MVRP funding towards key strategic areas and those groups or communities most in need of support and/or intervention. Various positive impacts on individuals, families, communities and the whole system are starting to emerge. 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 whole system evaluation report (Quigg et al, 2021).

The role of the MVRP Steering Group

- The MVRP Steering Group should develop and sign off on an updated terms of reference for the next three years, which includes information about the roles and responsibilities of all MVRP members and partners, and provides clarity about the role and purpose of the Steering Group.
- The MVRP Team, with support of the steering group, should develop a clear action plan for the next three-years, which includes information about the roles and responsibilities of all MVRP members and partners.
- The MVRP team, with support of the steering group, should provide clear communication about the processes used to determine what programmes receive funding and which programmes these are. The MVRP team should consider the role of the CSPs and Steering Group, in influencing these decisions (if they are not to be involved in decision making, a process of consultation should take place to ensure that funding would not be duplicated).

- The MVRP steering group and team should facilitate improved engagement with local areas (e.g. through CSPs) in supporting their local decision making and/or identifying where whole-system and MVRP support is required.

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.
- The evaluation shows that CSPs are committed to working in partnership with the MVRP and recognise the responsibility they have in implementing violence prevention and the MVRP priorities at a local level. The CSPs have identified a number of actions they will take forwards in terms of shaping this including:
 - In CSPs where structures are less clear, they will establish relationships with key local partners and develop clear plans (and contribute to the development of local plans) that embed a strategic and operational approach to violence prevention at a local level. This includes working across CSPs to share learning and examples of good practice that other CSPs can adopt.
 - Communicating to the MVRP team where their support could be beneficial to address particular issues at a local level, and making better use of the MVRP team as a resource for advice and expertise, not just for funding.
 - Communicating challenges experienced back to the MVRP team and highlighting potential solutions where these are evident (being action/solution focused and not just accepting that issues exist).

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.

Community Engagement

- This evaluation has identified the need to better increase public awareness and understanding of the MVRP. More could be done to make communities aware of the preventative interventions being implemented across Merseyside to address the root causes of serious violence. This will further support efforts to improve perceptions of community safety and ultimately, community connectedness.

Sustainability

- Many partners described the challenge of embedding a public health approach with limited resources. Preventative programmes need time to mobilise, respond and evaluate. One-year is not long enough to evidence outcomes and influence change. The long-term impacts of the MVRP are dependent on the sustainability of the programmes and initiatives that deliver MVRP activity. More could be done by the MVRP to support the sustainability in helping them to identify evidence of impact and secure new funding.

Communication and Programme Connectivity

- Partners highlighted 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

- This evaluation has highlighted how the MVRP monitoring proformas could be developed further to capture measures for *evaluating* the success (or otherwise) of the funded projects (see Section 3.2). At present, it is difficult to quantify the success of the programmes in terms of outcomes and reach. In light of the limited evidence, and challenges encountered by the programmes, it may be beneficial for the MVRP to support interventions to collect the most meaningful data to evidence the benefits of their operations, as well as understand what works (and what does not), for whom and why, and help them to identify how they may improve their value. This could, in part, be achieved by setting out clearer expectations for data capture and supporting interventions to capture and extract the necessary information in their case management records (e.g., accurately recording numbers of referrals and appropriate pre- and post-outcome measures). This would have the additional benefit of ensuring interventions are well placed to evidence their successes for future re-commissioning or in applying for future funding. Future data collection may then be utilised by the MVRP for both evaluative purposes and strategic whole-systems insights.
- The Evidence Hub Team should develop a 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 three years.
- 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 three years, and beyond, at whole system and intervention level.
- The MVRP team should establish a working group of partners engaged in research and evaluation relevant to the MVRP, to maximise available expertise, share knowledge and study findings, and inform future research and evaluation.

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1. Introduction

1.1 Background

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

In 2019, the UK Home Secretary allocated 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., Wales³, Timpson et al, 2021;) and/or evaluation of place-based approaches and interventions (e.g., West Midlands⁴). 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. In November 2019 (Quigg et al, 2020), July 2020 (Quigg et al, 2021) and June 2021, the Merseyside Academics' Violence Prevention Partnership (MAVPP)⁵ were commissioned to evaluate the MVRP as a whole, and selected work programmes.

1.2 Evaluation objectives and methods (2021/22)

To inform the continued development of the MVRP, the MAVPP team were commissioned to evaluate the feasibility, acceptability and impact of the MVRPs 2021-22 work programme.

³ <https://www.violencepreventionwales.co.uk/research-evidence/evaluation>

⁴ <https://westmidlands-vru.org/evidence-evaluation/evaluation/>

⁵ MAVPP includes academic representatives from Merseyside universities, who represent a range of disciplines including public health, criminology, policing and psychology.



The primary objectives of the evaluation were to:

1. Examine the **whole system approach** to the MVRP work programme development and implementation in 2021/22, and developments since 2019/20.
2. Examine the **whole system family approach to reducing reoffending**⁶.
3. Evaluate processes, outputs and/or (where feasible) impacts of selected **place-based or thematically themed interventions** targeted towards early intervention, at-risk young people, and reducing reoffending.

Place-based or themed interventions for inclusion in the evaluation were determined in collaboration with the MVRP. The following interventions were evaluated as part of the 2021-22 work programme:

- The Beacon Project (Bell and Quigg, 2022).
- The Mentors in Violence Prevention Programme (Butler et al, 2022).
- The Navigator Programme (Quigg et al, 2022).
- Operation Empower (Bates et al, 2022).
- The Red Umbrella Project (McCoy et al, 2022).

A bespoke evaluation proposal was developed for each project and, where relevant, additional ethical approval was obtained from the LJMU Research Ethics Committee. A complete list of interventions, and their evaluation objectives and methods are provided in Appendix 7.1.






This report forms one of a suite of MVRP evaluation reports produced by the MAVPP in 2021/22, 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 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.

⁶ See Harrison et al, 2022.



Table 1. Whole Systems Evaluation Methods

Examples of whole System Evaluation Methods	MVRP 2021-22 Evaluation Data Collection/Evidence Used
<p>Qualitative research with a systems lens</p> <p>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.</p> <p>Adaptation of traditional evaluation approaches with a systems perspective</p> <p>Exploring key activities to understand facilitators to behaviour change, barriers, and challenges.</p> <p>Concept mapping</p> <p>Understanding problems, challenges and solutions through stakeholder engagement. Understanding the broader factors that influence violence prevention activities in Merseyside and present opportunities for change.</p>	<p> Interviews (n= 14) with practitioners who were working, or had worked, as a member of the operational team of the MVRP between 2021-22.</p> <p> A workshop and paired interview with representatives (n=6) from the five Merseyside Community Safety Partnerships (Knowsley, Liverpool, Sefton, St Helens and Wirral).</p> <p> Qualitative evidence drawn from the place-based or themed interventions (including through engagement with children, young people and other community members).</p> <p> Review of MVRP documentation; e.g. monitoring forms; outputs; meeting notes; reports) and observations of MVRP activities (e.g. meetings/events).</p> <p> A logic model and theory of change was developed to demonstrate the key activities and outcomes of the MVRP for 2022 and beyond.</p>



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 an overview of key MVRP developments during 2021-22.

Section 3 summarises the MVRP interventions that were delivered during 2021-22.

Section 4 presents MVRP practitioner perceptions and experiences of delivering a whole systems public health approach.

Section 5 presents the updated MVRP logic model and theory of change for 2022 and beyond, and recommendations for whole system-level enhancements of the MVRP.

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. MVRP Whole System Developments 2021-22

The MVRP vision, values and operating model are reported in Year 1 and Year 2 whole system evaluation reports (Quigg et al, 2020; 2021). The Year 2 evaluation report specifically details how the MVRP has been working to align with the WHO public health approach to violence prevention. This section provides a summary of additional activities implemented by the MVRP during 2021/22 with the aim of

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.

enhancing a whole system public health approach to violence prevention across Merseyside. These activities build on MVRP activities implemented in Year 1 and 2 and aim to address previous whole system evaluation recommendations (Quigg et al, 2020; 2021). Section 3 summarises MVRP funded interventions delivered in 2021/22, whilst Section 4 explores practitioner reflections on the third year of the MVRP operation (considering progress since the MVRP was established) and the implementation of a whole systems public health approach to violence prevention across Merseyside.

2.1 Refinement of strategic priorities

The MVRP has continued to refine its strategic priorities, to focus on a whole system public health approach to violence prevention, that works with and for communities, is evidenced based and considers risk and protective factors across the lifecourse. The MVRPs strategic priorities for 2021/22 are summarised below.

- **Early years:** The first 1,000 days of a child's life are a crucial period for child development and wellbeing. There is clear evidence that experiences during the early years of life play a unique role in shaping a child's brain, with long-term consequences for health and wellbeing and life chances. As a result, MVRP have dedicated resources to improving life chances in the early years of each child's life.
- **Education:** The MVRP aims to support schools and all education establishments by providing additional tools and guidance when using violence prevention activities, supporting schools to embed whole-school approaches to support all children and address issues of exclusion and attendance, to invest in targeted programmes which provide young people with the opportunity to challenge attitudes and beliefs, and to work alongside parents and mentors. The MVRP are continuing to evaluate the Mentors in Violence Prevention Programme, to understand the impact of the programme for children and communities (Butler et al, 2021; 2022).
- **Whole family approach to reducing offending and reoffending:** Support offenders or those at-risk of offending to desist from crime and (re)settle in their community through taking a holistic approach, including supporting the wider family.
- **Taking a public health approach:** Ensuring all MVRP processes and activities adopt and follow the core principles of a public health approach to violence prevention and that the approach is adopted and embedded across the partnership.
- **Supporting COVID-19 recovery:** Ensuring that interventions are resilient and flexible to respond to the needs of the beneficiaries, despite the barriers of COVID-19, and to ensure MVRP are engaging with communities to identify increased or emerging needs as a result of COVID-19.

Building on learning to date, a key priority for the MVRP in 2021/22 has been to update its Strategy Document (Summers and Wiggins, 2020), to guide the direction and activities of the MVRP over future years. At the time of writing, the MVRP were in the process of drafting and finalising their updated Strategy Document, which will cover 2022/23 to 2024/25 (in line with the forthcoming three-year Home Office funding cycle)⁷. During this process, through consultation with the MVRP team, steering group and wider MVRP partners, strategic priorities have been further refined to focus on early years; education; health; a whole family approach; and preventing offending (reflected in the updated logic model).

2.2 Expanding the MVRP to enhance knowledge and expertise at strategic and operation level

In its third year of operation, the size of the MVRP team had grown with, amongst others, the addition of representation from the Department of Work and Pensions (DWP), Early Years Intervention, a Public Health lead, and three new team members to support the development of the Evidence Hub (see Section 2.3). The respective leads for Probation and the Fire and Rescue Service had also changed during this time and the third year of operation also saw the appointment of the third Director of the MVRP. Changes have also been seen in representation on the steering group through the inclusion of the Head of Prevention from Merseyside Police (the previous lead for the MVRP) and strategic leads from DWP and health. The inclusion of partners with wider knowledge and expertise was noted by MVRP partners as critical to enhancing the work of the MVRP (see Section 3 and Harrison et al, 2022). The inclusion of the DWP, for example, provided opportunities for MVRP funded interventions / activities to enhance the breadth of support offered to young people engaged in, or at risk of violence. Further, it enabled the DWP to enhance its community engagement activity.

“...we do work out in the community as well as in prisons, even though within the prisons we have a work coach team, we do some outreach in local probation offices. Now that has only come about because of the work we’ve done with the MVRP.” (MVRP partner)

2.3 An evidenced based approach to preventing violence

A key aim of the MVRP’s overarching strategy is to ensure that all decisions are based upon the best available evidence. In 2021, an MVRP Evidence Hub team was established to support the MVRP in ensuring all activities were evidence led, targeted towards relevant groups and/or communities, and that appropriate commissioning, monitoring and evaluation processes were in place. This work includes the use of the MVRP commissioned Data Hub to identify emerging trends and at-risk groups and communities using multi-agency data (see Lightowlers et al, 2021; <https://tiig.ljmu.ac.uk/>) and the establishment of new processes for determining the implementation of MVRP activities and the nature, extent and targeting of funded interventions. In summer 2021, the MVRP commenced the implementation a new structured approach to funding interventions and monitoring/evaluating progress, with all activities or suggestions for funding interventions now reviewed by the Evidence Hub prior to implementation. As part of the review process, a bid proposal form is completed by a relevant MVRP team member, in collaboration with the Evidence Hub Team, which details information about the activity/intervention including:

- The proposed activity, including who will benefit.

⁷ The report will be made available on the MVRP website.

- How it aligns with the MVRP’s vision and strategic priorities (see Section 2.2).
- Why it is needed, and the underpinning evidence base (utilising the Youth Endowment Fund [YEF] evidence toolkit⁸, and other sources as relevant).
- What is needed to enable successful implementation.
- How it will be monitored and impact measured.

Using this information, the MVRP operational team then decide if an activity or intervention should be commissioned. This approach is a clear development to processes implemented in year one and two, where each strategic priority was set a ‘yearly’ funding allocation, and delivery of each MVRP work programme was in part driven by this allocation of funding and less so through a continuing assessment of community needs across the whole system, review of the evidence base and identification of appropriate responses, followed by resource allocation (to meet needs), and monitoring/evaluation. In 2021/22, MVRP monitoring processes for funded interventions were also reviewed and throughout the year have been continually adapted with the aim of enhancing monitoring processes. A summary and critique of the MVRP monitoring processes is provided in Section 3.

2.4 Engaging with communities, children and young people

In 2021/22 the MVRP developed a community engagement strategy to continue to develop understanding of community views and needs, and ensure their voices are embedded within the MVRP. In taking a trauma-informed and strengths-based approach, the MVRP are working with partners who have existing supportive relationships with, and the capacity to safeguard children, young people, parents/carers and community members, to facilitate community engagement. The MVRP approach to community engagement is embedded in principles of reciprocity, transparency, accountability, dignity and working in the best interests of all (Box 2).

Whilst community engagement crosses all strategic priorities, a lead for youth and community engagement is responsible for embedding participatory approaches in all of the work of the MVRP. Examples of activities implemented in 2021/22 include:

- Building a supportive partnership with YPAS to ensure that the Peer Action Collective⁹ is recognised by all partners and widely known about across the county;
- Building new partnerships (e.g., The Learning Foundry [Youth Quake]; Commission on Young Lives); and,
- Working on the Child Friendly City agenda to ensure that MVRP has the foundations to adopt a Child Rights approach to decision making.

Enhancing the embedding of community voices in the design, delivery and evaluation of MVRP funded interventions has been an on-going mission of the MVRP. Whilst such activities were limited in 2020/21 due to COVID-19, as opportunities for community engagement have developed in 2021/22,

⁸ <https://youthendowmentfund.org.uk/toolkit/>

⁹ In 2021, the MVRP commissioned the creation of a Pan-Merseyside peer-research collaborative, which consisted of Young Advisors and Youth Voice Group members. The aim of this was to empower young people with the tools to undertake social research with their peers to find out what young people feel works to increase feelings of safety and reduce risk of violence.

both the MVRP and its delivery partners (as well as wider independent research and evaluation teams) have been able to capture community voices, with evidence of some interventions being designed and delivered by children and young people (e.g. Mentors in Violence Prevention, see Butler et al, 2021; 2022; TimeMattersUK, see Harrison et al, 2022), and/or interventions being adapted based on community views and needs (e.g. Weapons Down Gloves Up [see Box 3]; Magistra, see Harrison et al, 2022).

"...we selected five of our brilliant teenagers who don't need us but want to help. So we have a model where children help children. ...they did a six week peer mentor training programme last Christmas... And that is really coming into its own. So for example, we had a little boy who's just started with us whose Dad has gone to prison is crying for his dad every night very upset... And one of our senior school peer mentor kids who doesn't need us now goes on with the mentor onto the Zoom to say, 'you know, when I was your age, this is how I used to cry for my Dad, and I'm, you know, I'm coping better'... It's just like the best thing ever." (MVRP partner)

Box 2: Principles underlying MVRP community engagement

MVRP believes in **reciprocity** and so all engagement must be of benefit to both MVRP and the participant(s).

In the interest of **transparency**, consent and participation information will be provided in accessible, age/ability-appropriate formats.

MVRP is **accountable** to all stakeholders, which includes children, young people, families and community members who are either directly or indirectly affected by our activities, decision and policies. We welcome contact from the public but will endeavour to ensure that we engage in a trauma-informed way.

MVRP seeks to better understand experiences of violence, but only within the boundaries of consent and comfort of those engaging with us. We seek to engage with **dignity** and **in the best interests of all**.

Box 3: Weapons Down Gloves Up

Weapons Down Gloves Up is a 10-week programme combining boxing with employability training services, to introduce and support young people to engage in employment. The programme targets young people (aged 19-25 years) who are unemployed, with additional e-training available for schools to deter children from criminality.

In 2021/22, WDGU supported over 60 young people to access training and gain qualifications (e.g., CSCS), attend interviews and for some secure job opportunities. After listening to young people and wider partners, the programme was expanded geographically to provide opportunities in other areas in order to provide young people with a safe space to engage before progressing to engage in wider services and training outside of their local area.

<https://ce-careers.co.uk/weapons-down-gloves-up/>

The MVRP has continued to develop the MVRP brand and deliver key prevention messages and campaigns, particularly through use of social and press media.

MVRP social media presence and content has been aligned with the strategic objectives of MVRP in order to inform partners, stakeholders and communities of MVRP activities. Research has been undertaken to understand the audience and demographic split across each social media channel to tailor communications accordingly. By engaging regularly with local media, MVRP have had coverage in daily newspapers, on radio stations and in wider publications. This has greatly enhanced brand recognition and involvement in MVRP programmes and reached the attention of key decision-makers. One example being the in-person MVRP showcase event in October 2021 which raised awareness of the tangible success of programmes supported by MVRP and encouraged new partnerships to be forged. The MVRP website has been developed to include blogs of key people, sharing knowledge and personal and professional experiences. It is acknowledged that the website is a key space for engaging not only communities, but also professionals and stakeholders, and there is a capacity for increased engagement and improved information access and sharing.

2.5 Enhancing person-centred and trauma-informed approaches

In adopting a public health approach to violence prevention, the MVRP strategy has a strong emphasis on addressing the root causes of serious violence recognising factors that protect against and mitigate the impacts of violence. Preventing Adverse Childhood Experiences (ACEs) and developing trauma-informed approaches forms a key part of the MVRP approach. This has been achieved in a number of different ways, from supporting interventions aiming to reduce the impact of domestic abuse and other traumas (Monkey Bob and Invisible Walls), to creating and publishing guidance for schools to use when making crucial decisions about permanently excluding a child from school, and to assist schools in providing trauma-informed mentoring to pupils who are on the cusp of exclusion, or to commissioning scoping projects alongside Barnardos to improve understanding of the nature, extent and impact of ACEs and trauma-informed training across Merseyside in order to address needs and build capacity, competence and confidence.

Across the evaluations of MVRP interventions, various delivery partners highlighted how they were adopting a trauma-informed approach within their service delivery, and the importance of this in effectively engaging with and supporting those at risk or, or having experienced violence, as a victim, perpetrator or witness.

“So what we're talking about, is the programme's been underpinned by restorative practice principles, which is obviously about being non-judgmental about engaging with people, etc...we also adopt a trauma informed approach, because we know what's gone on before, that's what creates a safe space. And when they're in a safe space, they feel able to do things that they haven't done before. So we think that's what the secret ingredients are.” (MVRP partner)

“You've got to have a specialist service there that knows what that person needs and understand that in the right way. The trauma of everything else going on.” (MVRP partner)

2.6 Wider system coordination, resources and sustainability

Throughout 2021/22, a number of key local and national whole system developments have emerged that directly affect or have a strong likelihood of affecting the working of the MVRP:

Newly elected Police and Crime Commissioner (PCC): Home Office funding for VRUs is delivered locally via PCCs. The MVRP includes PCC representation on the steering group and operational team to ensure the PCC's vision and Police and Crime Plan, and the work of the MVRP are aligned and/or complementary. In 2021, a new Commissioner was elected in Merseyside. The Merseyside Police and Crime Plan 2021-2025 focuses on three key priority areas which incorporate public health principles and violence prevention: fighting crime; proactive policing; supporting victims / safer communities; and driving change / preventing offending. Working with the PCC and wider partners, the MVRP have had a key role in supporting coordinated efforts to prevent violence across Merseyside, including joined up approaches to addressing and responding to emerging community issues (e.g., serious violence occurring within the community) and bidding for wider violence prevention programme and evaluation funding (e.g., YEF). In 2021/22, the role of the MVRP team in delivering a preventative approach to reducing serious violence was recognised by Merseyside Police through a certificate of commendation, with similar praise and recognition from the Police and Crime Commissioner.

Merseyside Police Preventative Policing Approach and Operation Interface: In 2021, Merseyside's new Chief Constable made a commitment to enhancing a preventative approach to policing across Merseyside. As part of this commitment a new Preventative Policing Team was established, providing strategic direction, and supporting coordination and implementation of relevant activities. As part of this, Operation Interface was implemented to coordinate the management of Home Office Grant Funding covering serious violence (e.g., Operation Target), county lines (e.g., Project Medusa) and substance use harm reduction (e.g., Project Adder). Whilst MVRP operates outside Operation Interface, there are clear links with regards to aimed objectives and activities. Thus, the MVRP Director (a police Detective Superintendent) is managed by a Chief Superintendent who is Head of Prevention (and previous Director of the MVRP) to enhance coordination of violence prevention activities and alignment across Home Office funded projects. These activities are further enhanced as the ACC for Operation Interface also chairs the MVRP steering group, and throughout 2021/22 leads across Operation Interface have attended the steering group to provide an introduction to Operation Interface and the breadth and coordination of Home Office funded activities delivered in Merseyside.

Governmental support and legislation: Since the launch of the Serious Violence Strategy in 2018, and VRUs in 2019, UK Government has aimed to support local areas to prevent violence through provision of funding and guidance on enhancing a public health approach to violence prevention. Funding for VRUs has now changed from an annual funding commitment from UK Government, to a commitment to fund VRUs for the next three years (2022-2025). Alongside this, the Home Office has funded the YEF to develop and scale up effective violence prevention activities, through bringing together the evidence on interventions¹⁰, and funding the implementation and robust evaluation of interventions across England and Wales (MVRP have supported local partners to bid for YEF and other Government funding opportunities). The new Serious Violence Duty will require local partners such as local authorities, police, fire and rescue, criminal justice and health to work together to develop an evidence-based analysis of serious violence and use this to produce and implement a strategy detailing

¹⁰ <https://youthendowmentfund.org.uk/toolkit/>

how they will respond to identified issues (Home Office, 2022). The Duty will support VRUs to prevent serious violence *“by providing a strategic platform with the right regulatory conditions to support successful delivery of this multi-agency approach, including through the extended set of partners on whom the duty will fall.”* (Home Office, 2022). Whilst not in force at the time of writing, the MVRP have been considering the implications of the Serious Violence Duty for their strategic approach, future work programme and sustainability, including for example ensuring local and national definitions and priorities around serious violence are aligned (e.g., inclusion of violence against women and girls).



3. Overview of MVRP Work Programmes

This section provides a summary of the MVRP monitoring processes for funded interventions. Based on data collected through MVRP funded intervention monitoring (implemented by the MVRP Evidence Hub) an overview of reported outcomes and impacts are summarised, along with discussion on key challenges to programme implementation and/or views on sustainability. A brief review and critique of the MVRP monitoring processes is also provided to aide future development of these processes. Throughout, all quotes from monitoring forms have been anonymised to maintain confidentiality.

3.1 Routine monitoring data capture / nature and reach of interventions

In preparation for the programmes commencing in 2021/22, the MVRP developed and issued a proforma for all funded programmes, with the purpose of understanding how their investment was supporting the prevention of violence and/or relevant support provision. The information requested from the programmes across each quarter included: beneficiary details (e.g., whether children or adults, gender, age groups and ethnicity); details of any secondary beneficiaries; and place (Ward, LSOA, post code). Additional written narrative was also requested around: the activities carried out with the MVRP funding; what difference this has made to the beneficiaries and the wider community; challenges experienced during the quarter and how these were addressed; further information relating to secondary beneficiaries; details of unexpected/unintended outcomes (positive and negative); and stories of change. These proformas were collected on a quarterly basis during 2021/22. The initial proforma issued in the first quarter was returned to the MVRP as a completed word document. In the second quarter, efforts were made to streamline data capture, and the form was amended and hosted online for beneficiaries to make their quarterly reporting returns. Due to issues in completing the online form however, data for quarter four were collected manually.

Due to the inconsistencies in routine data collection and challenges for delivery partners in completing MVRP data returns (see Section 3.6), consistent data for 2021/22 is not available for all interventions. A summary of MVRP funded interventions based on this data are provided in a separate annex for the MVRP Evidence Hub Team to inform the development of routine monitoring processes.

3.2 Reported outcomes of interventions

3.2.1 Improved knowledge and skills

Possibly the most significant reported impact of the programmes was the increase in service users' knowledge and skills. Programmes such as the Beacon project focused on developing children's confidence, resilience and teamwork skills through a range of classroom and outdoor activities with the overall aim of improving children's school attendance, participation in lessons, behaviour, and confidence, making friends, and increased aspirations. Whilst another programme reported the children's knowledge about grooming had significantly increased following completion of a training course.

"This course has been fantastic for the children. They have learnt invaluable skills such as communication and resilience, which are key skills that will need through their life. Xxx and xxx have been amazing with all of the children, who can be quite challenging. The facilities and activities that the children have used/completed have been of the highest



calibre and all of the children have massively enjoyed their experience. Thank you very much for this course." (Young person's teacher)

"Evidence collected using 'before' and 'after' questionnaires indicates positive changes in young people's understanding, confidence and vocabulary as a result of the programme. The questionnaires also asked participants to write definitions of 'Grooming' before and after taking part in the programme. Before the programme young people demonstrated a low level of understanding; a lot said they didn't know or didn't provide a definition and many of those who did focused on grooming animals. After the programme there were significant changes with almost all participants happy to provide a definition that reflect what they had learnt in the resource and using quite sophisticated language." (MVRP partner)

Some programmes aimed to improve life skills and employment prospects of service users by running courses that result in a qualification upon completion.

"Each Participant achieved 2 Units toward a Level 2 Open College Network Qualification in Life Skills. 100% of participants who completed the programmes said that they would recommend them to others." (MVRP partner)

"15 students have successfully completed CSCS training and received accreditation 8 (Cohort 1) students have successfully completed CE Careers 2 week industry training and received qualification; SLG (Signage, Lighting and guarding), asbestos awareness, manual handling, cat and genny, risk assessment, H&S in Construction level 2, Aura data management, mental health and wellbeing level, 7 (Cohort 2) students will commence CE Careers 2 week industry training Jan 10th 2022 8 (Cohort 1) students have all been interviewed by employers with 7 successful job outcomes to date." (MVRP partner)

Services also discussed the benefits of staff training and the positive impacts it has had on service users as well as for the continuation and expansion of the programmes in the future.

"The funding has supported the centres in training staff in the delivery of You and Me Mum and Theraplay (therapeutic play-based course for families that have suffered trauma). This has ensured that families now have access to support across all wards in the city via our Children Centres." (MVRP partner)

"Over the last seven months, we have seen the participants develop and professionally grow. They have taken part in a vast amount of training to support their youth work knowledge, and they have also been exposed to a variety of youth work settings to widen their experience of working with young people and issues they can be faced with." (MVRP partner)

"Furthermore, delivering these sessions has not only raised more interest in the service within the schools, they have also highlighted a need for training for parents and professionals (teachers, admin staff, social workers, local authority, etc.). We are planning a roll-out of sessions targeted at these populations in Quarter 4." (MVRP partner)

"This funding has ensured that the Navigators undertake regular safeguarding supervision which supports keeping children and young people safe." (MVRP partner)



3.2.2 Advice and signposting

The services reported providing invaluable advice, information and guidance for a vast number of issues to service users. This included helping people with their finances, housing problems, mental health, substance misuse, and criminal justice process etc. When it is not possible to offer support to individuals themselves, services will help signpost or refer to other relevant services in order to ensure the right support is offered. This collaborative working aims to ensure referrals are made quickly to ensure support is offered as efficiently as possible from the right service.

*“If it wasn’t for Red Umbrella I think I would have been dead, they have helped with so many things even after court, xxx still comes to see me and I’m now living drug free.”
(MVRP partner)*

*“Navigator Coordinator has met with three young people, completing baseline assessments and referring them into specialist services to support their individual needs.”
(MVRP partner)*

*“This has allowed families in court to ask questions regarding the process and the sentencing. It has allowed POPS to work with families to prepare them for the release of their loved one from prison and to support the families of loved on community orders.”
(MVRP partner)*

“The funding has meant that we can support clients to navigate housing complexities, and ensure they understand the process. The funding has also assisted in a more practical and immediate way for the clients involved – paying for service charge deposits, furniture, vouchers.” (MVRP partner)

3.2.3 Improved family, school and community relationships

One noted reported impact was the improvement in service users’ relationships. These improvements were observed in relation to parent-child relationships across several of the programmes. Further to this a number of services mentioned the importance of offering preventative support to families rather than reacting to problems when families are at a crisis point. This support was seen as key to helping parents develop strong bonds with their children and support them to thrive.

“This is the first time in so long I have been able to do something enjoyable with all my children together. Thank you for this amazing day. The year of lockdown has had an enormous effect on my children not being able to visit their dad in prison, and this is the first time in so long I have seen (names son) smile. As you know he has been so withdrawn and angry having no contact with his dad at all.” (Intervention beneficiary)

*“Prior to this funding these families were not accessing any support and likely to present at crisis point at a later date. Families engaging with agencies in their community is really positive – they can gain access to other community support and activities as a family.”
(MVRP partner)*

“Parents have a higher quality of interactions which lead to stronger bonds with their baby.” (MVRP partner)



Services noted the improvement in younger service users' engagement in school. Some programmes noted improvements in behaviour which they felt had a direct benefit on the school environment and the local community. Another programme noted that students were more aware of sexual abuse and offered feedback to their school on ways to prevent it.

"The direct beneficiaries are the young people who have completed the programme. The indirect effect on this is an improvement in behaviour both in school and in the local community. From this, we will reduce ASB, gang crime and see a reduction in the young people entering more serious and organised crime. This in turn produces safer communities and local people living without fear of becoming a victim of crime. A reduction in crime and ASB means pressure reduces on the local Police force and other emergency services." (MVRP partner)

"Students were able to share examples that they were aware of within their peer group. Students were able to identify what they would like their college to do in order to make a difference e.g. a poster campaign to highlight issues such as misogyny and consent." (MVRP partner)

In addition to this it was also reported that there were improvements in communities trusting services and Merseyside Police. Allowing individuals to be more willing to ask for help or advise others to seek help if they need it.

"What is incredibly heart-warming is that the teenagers are reaching out to us when they need us. For instance a number of teens in this quarter have asked for extra support (evening Zoom sessions) to talk about some of the issues they are dealing with (including friendships, school stress, romantic relationships and bullying). This tells us they know they can trust us and lean on us in the times they need it the most." (MVRP partner)

"I never had trust in the police until now, after the support I received from the police and Red Umbrella. I would be the first to stand up and say report things, they care and go out of their way to help." (Intervention beneficiary)

"All children hugely benefited from the initiative, the message was clear and powerful and made a real impact. It helped to develop positive relationships between pupils and the police." (MVRP partner)

"Members of the community, including wider family members, are aware that children's centres are delivering this support and have persuaded victims to attend." (MVRP partner)

3.2.4 Unintended outcomes

Training and new skills

Additional training was undertaken by a number of services once their programmes started, this allowed staff to develop new skills allowing them to better support their service user. One service gained security clearance to have access in two North West prisons which allowed them to develop good professional relationships with prison staff and allowing the programme to run more smoothly. Further to this another service discussed how one of the mentors in the mentors in violence prevention programme, after gaining experience and confidence from delivering the project to peers,



went on to develop further skills including gaining more experience presenting as well as creative skills working with animations.

“Due to a number of legal issues that my clients have faced recently, I have engaged in more housing training with respect to duties and legislation. It was clear that my knowledge needed updating.” (MVRP partner)

“Staff are now Security cleared to carry keys in 2 NW prison establishments to assist in ongoing Staff Issues. As a result of successful delivery of the Lifeboat Programme funded by MVRP in 20/21 across HMPPS approved premises.” (MVRP partner)

“One of the MVP Mentors is also a Kinkid and has gained confidence to work with us on this other project creating animation and standing up presenting at an event. He feels has gained confidence through the MVP project.” (MVRP partner)

Improved relationship with other organisations

Some services discussed linking with other services as an unexpected outcome of their programmes. POPS service linked with YOS with the aim of helping younger individuals and their families to try and prevent young individuals at risk of committing crime. Other services mentioned that outside organisations such as the LFC Foundation had heard about their programme and contacted them to collaborate and to offer their input to support the programme reaching more people who might benefit from support. Further to this the same service mentioned how the work they had done had led to them being an example for other areas and also has helped inform how the programme will be delivered in the future. In addition to this another unexpected outcome was the strong relationships that some organisations had made with schools making them more likely to participate and refer students in the future.

“The work with the YOS transition cases has been very successful and has highlighted a need for family support from an outside agency within the YOS. POPS would like to continue to push this work forward and ideally work with families at the earliest stage possible to hopefully reduce the risk of them continuing further down the criminal justice path.” (MVRP partner)

“LFC Foundation has already made contact and have suggested a few ways they could support the campaign reach wider community...The NSPCC has commissioned...an independent evaluation of ‘Look, Say, Sing, Play’, a set of NSPCC early years resources which encourage interactions between parents and their babies. Learning from the evaluation will be used to inform the future development of Look, Say, Sing, Play and potentially the development of new NSPCC campaigns.” (MVRP partner)

“We have developed really positive relationships with all schools who referred pupils. Schools have been extremely pleased with the course and the impact it has had on their students. The Head teacher has attended the course twice, replacing her Learning Mentor on both occasions. She is very involved and interested in what the pupils have been doing on the course and has shown a very keen interest as she thinks the course is really good for the pupils. Many of the participants have said that they want to become Firefighters when they are older.” (MVRP partner)



Additional support

One of the most frequently mentioned unexpected outcomes was the services were able to recognise when individuals needed extra support or if a client had any unmet needs. This allowed the services to offer additional support or to make referrals to appropriate services in order for them get the right support for their needs. For example, some services mentioned that clients might need counselling, support with ADHD, grooming etc. In addition to this one service mentioned how diverse their client group had been, they reported a significant portion of the children on their programme were from an ethnic minority background, usually a population group that services can find difficult to engage. Another programme decided to extend the length of their programme to ensure they could cover all their topics in enough detail.

“As part of the cyber session, it emerged that two pupils had been sending inappropriate images. Appropriate referrals made and 1-1 sessions undertaken.” (MVRP partner)

“It became noticeable that a significant percentage of individuals who volunteered for the programmes had diagnosis or self-reported Neurodiverse conditions such as ADHD, diagnosed and undiagnosed. As a result, we contacted the National ADHD Foundation to explore how we can support individuals and will be progressing work with them.” (MVRP partner)

“The unexpected outcomes are that we have been able to identify support needs that may not have been addressed and then further refer into our service, such as counselling.” (MVRP partner)

“The service did not anticipate 6 (30%) referrals of the 20 children who have been offered a place on the mentoring programme to come from a diverse group of minority ethnic backgrounds.” (MVRP partner)

“Our original application to the Merseyside VRP had been on the basis of a six week programme however we took the decision, in consultation with our partners, to deliver the pilot over 12 weeks. This will provide greater scope for work with young people and enable us to cover the key themes in sufficient detail.” (MVRP partner)

3.3 Unforeseen consequences

Whilst most of the outcomes were positive some services discussed some the negative unintended outcomes. One service discussed how their mentor programme was hindered by students being excluded from or moved to a new school which resulted in mentoring being interrupted or ceasing all together. Whilst another school-based programme discussed how some schools abused the referral process by selecting difficult students on the brink of exclusion to take part in the programme. This resulted in them not engaging with the programme as effectively as some of the other schools and the programme leaders left to “babysit” a day a week for the duration of the programme.

“We were disappointed with one of our secondary schools who abused the referral criteria by referring pupils who were all due to be excluded from school/referred to a PRU. As a consequence, we felt we were a “baby sitting service” for school to keep the pupils out of school once a week.” (MVRP partner)



“Unexpected managed moves and/or exclusions have had unintended consequences. Some mentees on the mentor's caseload have been excluded from schools or have been relocated to a different school/area. This has meant that mentoring has been interrupted or stopped prematurely.” (MVRP partner)

3.4 Challenges to delivery

3.4.1 Covid-19

Covid-19 was mentioned as one of the main barriers that services had to contend with since they were awarded funding. This was particularly a difficulty for those programmes that ran in schools due to restrictions, school closures and pupils being in bubbles. However, many programmes discussed ways that they had conducted risk assessments and adapted their delivery to overcome this challenge, including ensuring use of lateral flow tests, keeping safe distances from one another, wearing masks and carrying out support online.

“Covid-19 continues to be a challenge, but things are slowly changing. I am now able to meet with clients face to face.” (MVRP partner)

“School timetabling, a couple of last-minute cancellations/postponements due to Covid related challenges. Some training moved online for the same reason.” (MVRP partner)

“Everyone had to provide a negative lateral flow, distance and wear masks. The delivery had to be adapted around Covid regulations.” (MVRP partner)

It was however acknowledged by one service that although the Covid-19 restrictions have dissuaded some service users from accessing support others found having access to online support beneficial and preferred the option of being able to speak to services online rather than face-to-face. This has resulted in some services adopting a more bespoke way of working allowing them to support more people.

“Some children prefer online engagement and some face-to-face. Some children have not wanted to engage on zoom but have been open to supportive phone calls. We have made our service a hybrid service of both face to face and online activities and bespoke to each child.” (MVRP partner)

3.4.2 Difficulties engaging with outside organisations

Some services found getting other organisations to engage with them was a significant barrier. The logistics of Covid-19 restrictions, for example not being able to meet face-to-face was seen as the main issue with getting other organisations involved. Several services discussed ways they managed to overcome this such as continually contacting organisations to ensure awareness was as high as possible and when restrictions lessened visiting organisations in person to raise awareness of the services.

“Getting all the organisations together and getting them to buy into the project and its aims. Overcome by strong, expert, enthusiastic leadership and champions from key partner organisations.” (MVRP partner)

“Referral numbers continue to be low, however POPS is getting more through court now and is beginning to access probation buildings to try and build up referral numbers. The



service has now also been offered to YOS after POPS has built a relationship with YOS/probation transition team and they have seen the benefits a family can get from working with POPS.” (MVRP partner)

The navigator programme reported difficulties commencing their service due to the extensive procedures the NHS has in place to allow a service to run in an NHS setting. This included applying for an honorary contract, meeting with relevant departments and attending meetings this all caused significant delays recruiting young people to their service.

Services also noted several issues relating to school’s lack of engagement or issues with recruitment either due to Covid-19 or a lull in recruitment during school holidays. This resulted in delays in programme delivery and having to alter how the programme was delivered. Covid-19 was highlighted as a significant reason why schools declined involvement in some of the programmes. It was felt that children had already missed too much school to allow children time off for other activities.

“VRU Data Hub had selected what schools were suitable to refer pupils onto the Course. Unfortunately, 3 of the schools declined the offer. This was because the Headteacher's decided that their pupils had missed too much of their education due to COVID and weren't prepared to release them to attend the Course.” (MVRP partner)

“In July we were proactive in our approach and worked arduously alongside schools in the process of completing their referrals. However, this was a challenging time as the schools were closing for the summer, although we were initially delighted to have had such a positive response receiving over 17 referrals at this point, unfortunately 5 did not meet the criteria and 2 have since dropped out. We believe some of the schools did not fully understand the criteria which is clearly stated on the referral form and the holiday break impacted upon the service being able to respond immediately.” (MVRP partner)

3.4.3 Funding

The need to continually find funding was seen has a big challenge, a lack of funding has meant that services are unable to recruit more staff so have been unable to support as many service users as they would like which has also resulted in a waiting list for support in some services.

“The main challenges during this reporting period have been recruitment and funding. We are currently in the process of both recruiting new staff using the ADDER funding we received and also trying to secure further funding for the core service next year”. (MVRP partner)

“Recruitment of staff and uncertainty about future funding remain a challenge. There were delays in the recruitment of the prevention worker which meant delivery of the project had to flex and other staff picked up elements of the work until the prevention worker was in place.” (MVRP partner)

Several services discussed the challenges that they had faced due to being understaffed. Several programmes mentioned the need to train new staff, volunteers and mentors for their services to be sustainable in the future.



“There seems to be a shortage of people applying for the roles that we are advertising. We continue to post jobs to recruitment and hope that we will have new staff in place by next year.” (MVRP partner)

“Some centres are very short of staff and need new staff to be trained in programme delivery.” (MVRP partner)

3.4.4 Referral issues

Finally, several services mentioned issues relating to referrals. Some services stated that the number of referrals they had received was significantly less than anticipated. The lack of referrals was attributed to a number of factors including a lack of buy in from other organisations, covid-restrictions resulting in professionals working at home meaning services are not being prioritised.

“We experienced significant challenges during this period with our referral in pathway ...Our referrals came in from the front door and changes to their operating procedures caused delays in referrals getting to our delivery projects. Matters were outside our control. Good joint working and liaison allowed us to manage this and continue to deliver the service to our families.” (MVRP partner)

“Numbers of appropriate referrals from partner organisations were not as high as anticipated.” (MVRP partner)

“Low referral numbers to the service continue to be a real concern.” (MVRP partner)

3.5 Sustainability

3.5.1 Training and recruitment

A number of delivery partners noted that once staff and professionals from other organisations have been trained to run the programme this knowledge can be passed on to others or sustained within their organisation. Many of the programmes allow continued access to their online resources allowing new cohorts to be trained or access support in the future.

“Once the staff are trained the campaign can continue. The NSPCC online resources can be accessed by new parents going forward after the project has ended. There are no additional costs for this project to continue and the principles and approach can be continued to be delivered by staff.” (MVRP partner)

“As more staff are trained in delivery of the programme the long-term future of the programme is significantly improved.” (MVRP partner)

Several programmes that ran in schools noted the benefits and sustainability of using this approach. For some programmes it was stated that once schools had undertaken training they would be able to deliver the programme themselves annually along with online support and resources offered by the service.

“Schools who attend training as part of this project will be provided ongoing access to the online resources and so will be able to deliver the programme with new cohorts of pupils each year, on a sustainable basis.” (MVRP partner)



“Once teachers are skilled up and their curriculum has been refined, this will be of an ongoing benefit to the school.” (MVRP partner)

Other programmes discussed the importance of training and upskilling staff to allow their programmes to be sustainable in the future. Several programmes mentioned the importance of recruiting and training new staff and volunteers to ensure their services can continue to run efficiently and effectively allowing them to support more people in their communities.

“We continue to show commitment to our staff in developing their knowledge and skills around trauma informed and restorative practice.” (MVRP partner)

“We have filled the two Navigator positions, with staff starting their roles in January 2022. We have a number of creative approaches and strategies are currently being applied in order to fill the vacant third Navigator position. Having a full staff team will ensure that underspend is avoided and that the future sustainability of the project is projected.” (MVRP partner)

“Introducing a rolling programme of the Merseyside Junior Volunteer Mentoring training will offer a flexibility to new applicants wanting to volunteer. We will accomplish this through providing an option of delivery of face to face or digital training options depending on the availability of the volunteers.” (MVRP partner)

3.5.2 Applying for future funding

A significant factor to the sustainability of many of the programmes was the need to secure more funding. Many services discussed future avenues of funding that they had explored or applied for in order to ensure the sustainability of their programmes. Some possible funding avenues included covid-19 recovery funding, national lottery, PCC, Education Authority and the MVRP. Securing funding will allow services to continue to employ the staff they have already trained, reducing staff turnover and the need to continually recruit and train new staff. Steady funding will also allow services to offer support to service users by reducing waiting list time, widening their offer of support and reducing violence in their communities.

“In terms of sustainability, xxx is a charity that has relied on funding from charitable trusts and Philanthropy since its inception in 2011. Because of the generosity and continued support from The National Lottery and John Armitage Charitable Trust we are able to continue the vital work identified as a necessity within Merseyside... We will continue to seek out funding opportunities in order to make Merseyside a safer community with equal opportunities for ex-offenders to resettle successfully by living a life free from crime.” (MVRP partner)

“We have started a relationship with xxx; with a view to demonstrate the effectiveness of the project in helping young people build resilience to becoming involved in gangs; improve their attendance, engagement and behaviour in education; and increase their ability to manage risk. The hope is that the education authority will fund the project in the forthcoming years.” (MVRP partner)

“We are working on registering our company as a CIC to help us be eligible to apply for a wider range of funding grants. We have worked with the Merseyside YEF and have submitted a bid as part of a consortium. We are working with LCVS to help us identify



future funds. We will maintain our relationship with HAF for future funding. We have put in our expression of interest to the MVRP for continuation funding for the next two years as we hope to retain our new staff.” (MVRP partner)

3.5.3 Collaborative working

Working collaboratively with other organisations was also seen as key to long-term sustainability of programmes. Some services discussed how they planned to organise events and invite key partners across Merseyside to attend. At these events services aimed to generate awareness of their programmes, gain buy in from other organisations and share knowledge and learning. These events will be ran in the hopes of securing more funding and awareness for their services. Other organisations discussed work they can do collaboratively and to devise a long-term sustainable plan of how they can all work together to reduce violence and support vulnerable people in the community.

“We are currently arranging for a round table event which will include partners and agencies across Merseyside. The aim is to highlight the impact of the project over previous years and also highlight how essential this service is to our service users and the wider community. The aim of the round table is to generate interest, commitment and buy in from commissioners across Merseyside which will maintain the security of the project in coming years.” (MVRP partner)

“Senior Leadership Event scheduled for March 2022 on completion of all audits to share learning and secure on-going commitment from the partnership to develop ACE Aware and Trauma Informed organisations.” (MVRP partner)

“On-going discussions with public, charitable and private business funders to assist growth. Plans for 2022/25 are to bring [partners] and a core group of businesses together to formulate a 3 year funding strategy that builds steadily on the success of this pilot.” (MVRP partner)

3.6 Challenges in completing MVRP data returns, and data utility

To explore delivery partner views on the MVRP routine monitoring proforma, during the qualitative interviews implemented as part of the evaluation of the whole system approach to reducing reoffending (Harrison et al, 2022), programme leads were asked about their experiences of completing the data proformas. Here, the programme leads described how the forms were challenging to complete; this was, in part, due to the lack of practical direction on the proforma itself and a lack of distinction and definition of categories and metrics therein (explored further in **nature of data captured** below).

A representative from one of the projects commented on how their data returns to MVRP represented the number of clients actively engaging in the service (i.e., those who had been allocated a mentor or attending a group). However, this did not include the many other referrals dealt with, screened and more informally supported. Although resource intensive, such contact was not captured in the data returned to the MVRP. This service also recognised that, owing to a lack of resource/capacity in being able to capture and analyse these data, they were not always capturing data to better understand how prospective clients find out about their services and the relevant referral pathways through which they arrive at their service. It was also felt that, due to the challenges around resource, analysing these data to provide such insight was difficult, and discussion focused on the possibility of additional



support provided by, e.g., the evaluation providers (e.g., MAVPP) in helping programmes to establish ways to capture information about their stakeholders.

In its current form, interviewees felt that the way in which the data are captured may possibly cause confusion, for example, it is unclear whether the data captures the number of unique beneficiaries or whether returns reflect duplicate presentations. This may pose potential challenges associated with double counting across quarterly data returns. It is not always clear whether the quarterly returns ought to or do represent the total current case load, the case load in that quarter, or only new referrals in the quarter in question. For example, a representative from one of the projects suggested the return is completed each quarter based on the total number of persons accessing the service at that point in time. However, this means it is not possible to identify the number of unique referrals or the number of new referrals in any given quarter as a proportion of the total case load. Consequently, it is possible that other projects may be returning data based on the number of new/unique referrals in any given quarter, and, if so, different units are measured between projects in the quarterly data returns (this might also vary depending on who is interpreting the form in any given quarter).

Illustrative examples from some of the data returns are detailed here to further highlight some of the additional challenges in completing data returns and the ambiguous information that results. Whilst some aggregate level information about basic demographic characteristics of beneficiaries is captured each quarter, in their initial form (quarter 1/2) they do not enable further exploration and understanding of the relationship between categories. In the example depicted in Figure 1, we can see how the number of total beneficiaries reported by an intervention may be unclear/ambiguous. For example, it may be that a total of 39 beneficiaries are being reported (if all are unique presentations). Or it may be the case that 21 adults are reported as beneficiaries, of whom 18 are parents or carers (if beneficiaries can be represented in more than one category). Moreover, how these data are entered or intended may differ dependent upon who is entering the data from any given intervention and in the absence of instructions and definitions on the form itself. Such issues were identified by the MVRP Evidence Team, and amendments were made to the monitoring form for quarters 3 and 4 to try to address this.

Figure 1: Excerpt of quarterly (1 and 2) data return

		Quarter 1
Children: Age Group	0-4 years	
	5-11 years	
	11- 16 years	
	16 – 18 years	
Adults	N/A	
	Lone Parent	
	Parent/Carers	18
	18 - 25	5
	25+	16

Review of the monitoring data has also identified other potential data issues. For example:

- The total number of beneficiaries identified across one section (e.g., number of beneficiaries by age group) does not match the number reported in another section (e.g., number of beneficiaries by gender). As there is no further question in the form asking for the number of 'unknown', it is not clear whether the differences in numbers are due to information being unknown or whether this is an inputting error.
- Non-numeric data inserted for number of beneficiaries; instead indicating 'yes' next to a category rather than detailing the number of beneficiaries in that category.

Whilst some of these examples related to the older form, which has since been superseded with an online form that may be better able to constrain the format of responses, they illustrate how clear instructions for data inputting, formatting and examples can help improve the design of the form, so it returns meaningful data moving forward. Ambiguities such as these preclude any meaningful interpretation and analysis of the data such as a breakdown of beneficiaries by demographic characteristics. When exploring the current (online) data capture form, it was felt that further



information may be gleaned that would enable the MVRP to determine more about the nature of the contact or work with beneficiaries once they are referred into a service – for example, how long clients engaged for or how often, or whether they completed the intervention (if set in duration or activities).

Interviewees mentioned the value of having insights into referral pathways and onward referrals, however, currently this information is not captured in MVRP data returns. Whilst some free text narratives offered provide some context as to how the questions had been interpreted and returns completed, the data collection proforma does not provide a way in which projects can systematically evidence their outcomes (see Section 3.3). One participant noted the data captured focuses on outputs (e.g., number of persons seen), rather than outcomes (e.g., the impact of the contact on the individuals seen / activity of each initiative). By incorporating information around outcomes, and the impact the interventions may be having, it would be beneficial for the projects as they would be able to use such evidence in future funding bids. It was suggested that whilst services are familiar with capturing referrals and output data, they may be less confident and skilled about evidencing impact and effectiveness (i.e., the quality of intervention). One project commented on the nature of the outcome measures captured suggesting that having an evaluation framework that enabled them to not only capture information about people accessing their service but evaluate the benefits of attending (e.g., distance travelled and change(s) experienced) would help them evidence the impact of their work, which they shared with other partners.

Due to some of the challenges outlined above, it was suggested that the narrative information provided in the quarterly returns was essential to provide contextual information and further understand the quarterly activity and impact relating to each intervention. It is acknowledged, however, that this may be both resource intensive to provide and interpret and also limits any comparison over time and/or between interventions in the number of types of beneficiaries worked with. There was agreement amongst some of the participants that there needs to be a clear purpose to what was being asked for, which was primarily thought to be evidencing outcomes associated with project activity. Presently the quarterly data returns are read by the MVRP team. It was suggested that it would be useful for programmes to receive further detail about what happens to this information, how it is used, and who by.



4. Developing a Whole System Public Health Approach: MVRP Partner Perspectives

4.1 MVRP Practitioner Perspectives

This section of the report summarises the findings from the interviews carried out with 14 practitioners who are working, or have worked, as a member of the operational team of the MVRP in 2021-22. Interviews ranged in length from 45 to 115 minutes and the participants were drawn from a diversity of partner organisations including representation from Merseyside Police, Merseyside Fire and Rescue Service, North-West National Probation Service, Education, Public Health, Youth Offending Service, Community Engagement and Evidence Hub teams/leads. The recorded interviews have been analysed to explore practitioner reflections on the third year of the MVRP operation and the implementation of a whole systems public health approach to violence prevention since its establishment. This section is built around 5 themes:

- 1) Reflections on the character and working environment of the MVRP;
- 2) Assessment of the MVRP's identification with public health principles;
- 3) Assessments of MVRP current and on-going impact;
- 4) Short-term hopes and aspirations for the MVRP; and,
- 5) Hopes for the longer-term development of the MVRP.

Quotes are used to demonstrate key themes. Practitioner roles are not attributed to quotes, in order to protect anonymity; instead, these have been coded 01-14.

1) Practitioner reflections on the character and working environment of the MVRP

A powerful theme that consistently emerged through the interviews was how positively practitioners reflected on the working environment of the MVRP and how important its structure, operation, and values are to the successful mobilisation of public health informed thinking. Participants identified that the MVRP was 'not a negative space' (02), that no ideas 'were dismissed without due consideration and thought' (08), and that it was a 'safe and mutually supportive environment' (12) to operate within. The co-location of the team was cited as crucial in fusing connections between partners and the scope, post-COVID, to come together more frequently, and had been the catalyst for partners identifying a greater momentum in idea creation and development. More than occupying the same physical space, a theme that ran through all interviews was the sense of the group having a clear mutual respect for each other's voices and skills sets. The below quotes are characteristic of the positive assessment of the respect weaved into the MVRP working structures and of how this has helped the partnership evolve.

"I do feel like to start with [the MVRP] was a kind of a branch of a Community Safety Partnership, but as we have found our voice and you feel your voice is respected and legitimised, I definitely feel like the MVRP is an entity in its own right, as we progress and as we've mature, which is quite distinctive, and collaborative." (11)

"Three years on, we've grown as a team, we've not had a clash of cultures. There have been projects in the past where agencies have come together-massive personality clashes,



and the whole thing's fell apart, actually, here, a lot of the values are all holding firm. Partners wanting to buy into that whole Merseyside theory of change model, where all the partners are as one instead of all doing their own strategies.” (10)

Participants could, and did, identify examples where co-location has been important to develop new and innovative practices, and where new links have been created. These included, for example, how the Department of Work and Pensions (DWP) and the Weapons Down Gloves Up project have been able to create employment and training opportunities for groups engaged by the MVRP that are being recognised and explored at a national-level by the DWP. Another example was how Operation Inclusion has been adapted, through closer working with police and education partners, to create meaningful diversionary pathways away from prosecution and working with individuals to prevent reoffending. The opportunities created by working in such close proximity and learning about each other's professional activities and practitioner wisdom was routinely cited as being important. But again, the environment of the MVRP was about more than physical space and extended to the new perspectives that could be created and stimulated within the group. The below quote is representative of the bulk of voices in the research that identified the opportunities to think differently about the challenges faced when combatting violence.

“I think when [as criminal justice practitioners] you are in a world where you are constantly seeing the negative, constantly seeing the problem, and seeing the evil that people can do to each other, that sympathy and understanding gets further away from the forefront of your mind. We need to bring back the empathy, bring back the understanding of looking at a 14 year old boy involved in serious violence and say he's a victim, he has been failed...I think because you are so involved in the worst bit and you have to deal with that, you can't step away from it and not until you are able to engage in that holistic thinking that the MVRP helps support and you can really start to see the causes and routes and think differently about how you deal with it” (01).

Participants routinely drew upon examples of innovative practice to help reinforce their sense of faith and confidence in the MVRP. They reflected positively upon the credibility of their peers in the partnership and of the collective and shared commitment all saw in how the team worked and in 'owning the responsibility to be different in how we do things, and to be impactful in considering how to deliver new interventions' (04). There were a number who also reflected positively on how they felt the MVRP was viewed centrally and also by other VRUs who practitioners had engaged with. The connections to the Home Office were seen as productive and candid with a sureness that not only could the MVRP be 'confident in pushing back and say this isn't helping' (03) and share the 'hard and soft measure impacts of data and anecdotes about our work' (05), but that in doing so the MVRP's voice is respected and listened to.

The predominant reflection on the health of the working environment was that the organisational culture of the partnership had evolved through the three years of operation and foundations were in place to keep developing further and to work more quickly to generate tangible outcomes. The project team shared a concern to work in the best interest of the region and in terms of respecting each other's professional legitimacy and position as the voice for their respective sector. This determined that in a working environment increasingly characterised by evidence-based decision-making, constructive challenge and dialogue could take place within the context of an organisational culture steeped in mutual respect.



2) Practitioner assessment of the MVRP's identification with public health principles

The working environment of the MVRP and the attention to professional respect and inclusion that all participants cited with was important to the character of the partnership. But just as important was how the group identified with, and sought to continually evolve, the underlying public health principles of the MVRP. In its third year of operation, the size of the MVRP team had grown (see Section 2). Participants reflected on the strength of the alignment with public health thinking in helping 'new colleagues understand who we are, what we are trying to achieve, and where they can help play their role in reducing violence' (02).

In nearly all interviews it was possible to identify the strength practitioners saw in the elastic capacity of 'the public health approach' to help partners identify with a broad set of long-term ambitions in changing population-level conditions and to then find scope to pinpoint how the more routine delivery of their activities can help engineer behavioural change. This sense of operational inclusiveness was identified as a feature of the working philosophy of the MVRP that practitioners identified as novel and stimulating, with the below representative of wider levels of support for the approach.

"The public health model it's broad, and, it's a wide scope and that's the beauty of it in a way because it allows each of our organisations to, you know, achieve their own objectives, and also to have more focused objectives. Using the public health approach as our raison d'etre works, because it's not too prescriptive, it's not too specific...it allows for innovation doesn't it." (07)

In the third year of evaluation since the MVRP was established, these interviews have captured the growing practitioner confidence to identify with and engage with public health principles, and to do so as part of a collective of professionals invested in the same shared mission. New team members could identify with the MVRP's philosophy and felt this philosophy 'isn't owned by one person or organisation, but shared' (06), which was seen by many as a source of strength. The pervasive sense of confidence in the group and its working was evident in how practitioners reflected on how the MVRP was evolving and how, in its third year of operation, the MVRP and its shape and form was developing in line with public health thinking. The addition of the Evidence Hub to more fully deliver on the ambitions to embed evidence-based policy making and commissioning decisions was cited by all as injecting new momentum to the group's work, as was the addition of a Public Health lead and continued innovativeness of the Merseyside model to bring in as diverse representation as the DWP and Fire and Rescue Service.

Drilling down more discretely, all practitioner interviews identified that the value of the MVRP's work in developing Early Years Interventions was a particular strength of the group. This focus, more than other work strands, reinforced the whole family approach valued by partners and enriched the capacity of the MVRP to help 'sell' its ideas to partners and the wider communities of Merseyside. Participants reflected on the significance of the group itself recognising the need to develop more meaningful work with young people and families and of embedding this work across all areas of the MVRP's ambitions as evidence of embracing and mobilising public health thinking. The need to add new expertise and diversify the skills and networks and the sense of purpose in weaving in new voices to more fully deliver on the public health ambitions was seen as a strength of the MVRP. The two contributions below vividly capture how fluently practitioners are able to make sense of how the renewed whole families approach was helping further anchor the work of the MVRP in the whole systems public health approach.



“How we have embraced our early years approach has helped change the narrative and show it is work of real substance at our core, not some form of luxury add on work...the addition of an early years specialist has provided greater focus on associated health inequalities, so key from a public health point of view, and that means we aren't just looking through the lens of violence but working through that life course model to understand the capacity to impact on more than just your violence outcomes but on broader health inequalities.” (11)

“We are all accepting that it's a whole family approach, not just a probation approach, a youth offender approach and early years approach we're looking at the whole families and not individual families, obviously, but cohorts of families where we see these issues and problems arising in particular areas of Merseyside and concentrating our resources and efforts to that and we're understanding how we can provide a blended offer where we've taken little pieces from each of our services to make up a wonderful offer to those families.” (09)

All members of the MVRP bring rich professional experiences from their organisational backgrounds and drew on these to reflect on how ‘predictable the cycle of family involvement in crime’ was for many of the groups they worked with. Practitioners talked about the need ‘to break generational patterns of violence’ (09) and of needing to work to unpick the ‘behaviourism that making some sections of communities blind to and tolerant to violence’ (12). For many the appeal of a public health approach was that it constituted something new and different in how efforts to tackle crime could be pursued but in each sweep of interview activity increasing numbers of participants were able, like the below two contributions, to detail compelling commentaries around how the MVRP can work to alter working practices:

“If you look at the data for communication and language [CLL] – not the overall Early Years Score - at the end of reception for children across Merseyside, then you look at the data for young people involved in youth offending, overlay that with the CLL data by wards across Merseyside, perfect correlation, the lower the CLL that more likelihood to become involved in serious violence. If you go further and look back across time, if you look at the SAT scores for those children when they hit year six, the persistent absence data, at year seven, and eight, and perfect correlation where they went to school and the CLL and Early Year Scores were where they were below age related expectation and we are also seeing exclusions are high and they are the sort of thing we should look to target”. (09)

“I've changed my whole mindset on how we need to work. Sticking up posters, hashtag no more knives, knife crime courses. Are they actually achieving what we want, probably not? We have to go deeper and understand the issues that pre-empt the violence, the misogynistic behaviours for example. We're looking at the way that people are brought up and the parenting skills and the beliefs that are instilled in them from an early years isn't it's fully acceptable to them. We are looking at our young people involved in violence and you can't view this as a knife crime issue, we can look at the ACEs [adverse childhood experiences] of these young people, the access to education, their background and it is literally tick tick tick and it strengthens the arguments about the early years work, doesn't it?” (10)



Those working within the MVRP recognised the opportunities, made possible by their secondments, to develop their understanding of public health approaches through the collaborative platform of the partnership and through having the time and space to operate ‘away from the frontline and the jobs pouring in’ (13). The scope to learn and develop new thinking in trying to tackle violence was something the vast majority of the group valued. More than that, some then felt responsible to help take messages and ideas back into their organisations. For some this involved developing the logic models that helped practitioners and communities understand ‘the generational shifts in changes in behaviour we are seeking to change’ that both helps understand the long-term programmes of work required and identify how shared and coordinated the triggers to changing conditions that impact on behaviour need to be.

Others identified examples of ‘What Works’ centres (like that maintained by the College of Policing and Youth Endowment Fund) to show how accessible resources can be created by practitioners for practitioners and they could see merit in helping provide succinct key messages and ideas with evidence-based rationales available to qualify the recommended practice. All could see how the public approaches they were developing resonated with their own professional and organisational priorities. The stature of the individual skill sets of team members in advancing practice ideas and the strength of the ‘strong and responsive police leadership of the MVRP to make this a shared enterprise and embrace new thinking’ (08) were cited as crucial in establishing the credibility of the MVRP to reach out to partners and make the case for engaging with the underlying philosophy of the partnership.

To reinforce the capacity to help positively shape wider practice, the speed with which the Evidence Hub within the MVRP has been established in year 3 instilled the confidence that richer resources of this type could be developed. Routinely, team members cited the progress made by the multi-disciplinary Evidence Hub team as being crucial in 1) opening up new ways of gauging impactful working; 2) providing constructive challenge around impact which is narrated and built into project design; and 3) scrutinising the quality of available data sources and pinpoint ways to grow the databases. The scope to use the Evidence Hub to integrate new data sets, work with existing data analysis teams in Community Safety Partnerships and partner organisations, and to help advance the depth and range of existing TIIG¹¹ data resources was seen as vital in helping embed data-driven approaches, drawing on the momentum of the progress made within the MVRP. The commitment to the public health approach was considered important by all but to deliver on the ambitions for the MVRP to be at the forefront of normalising the thinking and values within wider practice communities it was deemed essential, as captured below, that words equated to action in targeted ways. The scope of the MVRP to be at the forefront of reinforcing on-going efforts in the region to develop trauma-informed practice was seen as one way to make this tangible.

“Everyone talks about trauma-informed, it’s one of the one of the phrases of the moment like the new ACEs everyone talked about a several years ago but it is crucial that we don’t just use those words and put them on the bottom of your email but it’s real, it’s effective, we as multi-agency partners have that shared understanding and we deliver and we train to that approach so that our frontline staff when they’re dealing with our communities, get it and that it’s embedded in that practice.” (03)

¹¹ <https://tiig.ljmu.ac.uk/>



3) Practitioner assessments of current and on-going MVRP impact

All practitioners felt able to identify specific projects they worked on as being impactful and all talked of being more assured now in making these claims through being able to draw upon insight from the Evidence Hub to start help them better illustrate the outcomes of the work they were undertaking. In terms of assessing the impact of the MVRP, the standout three most frequently cited interventions were Mentors in Violence Prevention (MVP) (see Butler et al, 2021; 2022); the Navigator Programme (see Quigg et al, 2022); and Operation Inclusion. The previous section captured the real overall strength that participants saw from the increased attention to data-driven/led policy making and of the value of the attention to Early Years Prevention. When tasked to more specifically identify impact, it was these three projects that featured most prominently, and the connection of these models to the prevailing public health approach was cited as one of their strengths.

The number of schools that MVP are being able to reach into was taken as a measure of the appeal and interest in the work being undertaken. Beyond that, the number of children accessing training and mentoring their peers bolstered the pride team members had when talking about the model. Delivered within schools, and capable of being designed to engage with the bespoke needs of the setting in that local community, MVP was considered impactful for its ability to empower and support children to engage with one another – ‘to mobilise a diverse group of people, those who may aspire to lead and those that may not and we are giving these groups the confidence to do something for the good of their community’ (04). Indeed, the ability of MVP to actually co-produce the mentoring provision and to listen to the voices of young people themselves in their setting was seen as important – ‘in ways not all our initiatives can claim, MVP delivers a bespoke service and actually has strong participant direction rather than practitioners shaping in the agenda exclusively’ (11). The scope to reinforce quantitative measures of levels of engagement, much improved having had to overcome the challenges of COVID, with the qualitative insights of teachers reflecting on the positive impact on the school environment served to strengthen faith in the work being undertaken.

The Navigator programme, now also able to work more fluently as COVID restrictions have lifted, was cited by a number of practitioners of being able to reach out and engage groups of people and patterns of violence that might ordinarily be missed. Appointing and retaining staff was cited as a concern in the midst of short-term funding cycles, meaning that, whilst committed to the principles of the role, some of the Navigators employed had to consider other employment opportunities to secure more stability. The anecdotes and case studies of success helped practitioners pinpoint the value of the model. The below example cited by a number of participants vividly captures, as other similar stories generated through the research interviews did, an insight into the impact of the Navigator programme and its capacity to connect to other aspects of MVRP working.

“We had a young girl present in A&E with fingers that had been damaged by a door being caught on them, on the face of it a clear case of ‘other injury’ that would be recorded on the TIIG data. But the Navigator using their intuition, engages the young girl and her father and begins to learn that it wasn’t an accident, that two other girls were responsible, and a process kicks in that sees us get involved with the school, with the girls involved, where we use our MVRP policy guidance on exclusions and we work with victim and offenders here to resolve the situation and make school safer once again for our victim. Without the Navigator being in place and making that engagement we don’t know how that episode shapes that young woman’s mental health and well-being and silences her victimisation.” (05)



Focused on working with young people once more, and of practitioners being keen to highlight work that would not have been happening but for the MVRP, a number of interviews identified the value of Operation Inclusion. This diversion from prosecution scheme has, to date, supported 50 young people to be steered away from formal criminal justice sanction. Working with first time offenders for offences rising in gravity to possession of offensive weapons, assaults, and possession with intent to supply, the programme engages young people and, providing they can deliver upon promises not to re-offend, will see them avoid a criminal record. With only two of the 50 young people having re-offended once having been through the programme (and then for offences lower in the level of seriousness than the first instance) the programme was judged to be ‘resource-light and impact heavy’ (13), and supportive of efforts to avoid generating long-term and detrimental impacts on young people and their life chances. As this commentary captures, the longer-term potential harms of being given a criminal record are seen to be more damaging than the shorter-term risks of not exploring alternatives.

“We can’t be seen as a soft option or of denying victims justice but we have to consider a balance where we are acting in the best interests of the individual and their wider community. Criminalising young people from a young age will really damage their life chances and their scope to build life chances for themselves, and that in turn may increase the harm and damage they may do within their communities in the longer-run. These will be stupid mistakes and made out of ignorance and we need to treat them seriously, but we need also to work with the young person and the community to understand the scope for reparation and not entrench delimiting life chances” (12)

In respect of all three above interventions the role of available performance data and metrics was considered important but there was a need to deepen these analyses with the insight and richness that case studies generated. Important within this process, were the efforts being undertaken to more fully narrate impact, to make the case for the benefit of activity that seeks to engineer longer-term changes than evidencing more immediate results. The assessment and quantification of impact was understood as important, but within the shared growing confidence about the short and longer-term aspirations for public health informed thinking there were stated ambitions to have constructive dialogue about how ‘success’ for VRUs could be measured, and to be part of a broader assessment of how to stimulate behavioural changes, as the two commentaries below capture.

“I would love to be given the opportunity to change the measures we have been given because I don’t think that they are going to allow us to really show what we’ve achieved. They’re asking the wrong questions and fall into the same narrative that a lot of people have around knife crime being the problem, and that’s what we’ve got to reduce. Absolutely, that is the case in some areas but is it definitely the case in Merseyside? And, after three years, whether we will be able to say we have achieved those thresholds or not is one thing, but my fear is that everything we have achieved will be ignored because it’s not recorded officially as being something we were supposed to do.” (01)

“There is the fine balance in making sense of impact and to be fair to them I think those steering us from the Home Office understand that. Our biggest impact for me personally, is when you hear the anecdotes, when you see like the feedback, the evaluations of the interventions and you see the quotes from people from children saying I now feel more confident, or I now feel more integrated in my school with my peers. That was not what we were trying to achieve but that is real impact, we look also at the weapons down



campaign, one of the lads from their eldest of three or four kids, younger ones, never going to school never turned in on time, now, since he's on the programme they're getting to school on time, because he's so tired when he comes home from work and he has dinner he goes to bed. He's not out at night smoking weed, not arguing with his mom, not fighting with his younger brothers playing the Xbox, which then has the impact. So you've affected a whole family in positive way. That's not something we'll ever measure but we have to it's valuable." (03)

In reflecting on the nature of the work they are undertaking and stimulated by, practitioners shared learning and reflection with the work of other VRUs nationally, and could see real merit in helping frame more detailed conversations with Home Office funders about what public health approaches can achieve, how and in what time frames. Being fully cognisant of the challenges for policy makers in funding projects that need to generate quick impact and build public confidence, those with experience in managing data and impact assessments could see real potential in drawing upon the experiences of VRUs to shape renewed learning and understanding about phased approaches to realising public health policy ambitions.

4) Short-term Practitioner hopes and aspirations for the MVRP

This section considers the three most frequently articulated hopes for the immediate short-term working priorities of the MVRP; namely, to bolster community engagement; to support the sustainability of interventions in place; and for the MVRP to develop its role in helping support harmonised skills development and practice innovation. Whilst all recognised that the MVRP is not a body charged with delivering services to the communities of Merseyside, there was a shared appreciation of the need to increase public awareness and understanding of the partnership activity taking place. There was recognition that communities could be made aware of the interventions being funded in their neighbourhoods and of the efforts taking place to reduce violence, those exclusively through MVRP funding and/or in unison with other partners. Some saw the continued development and articulation of the MVRP's work through online and social media platforms as important, others of the need to more explicitly identify at project and intervention level where MVRP funding is working to support and deliver provision. Others advanced more ambitious and bolder views about how to more completely integrate the voice of community members.

"We've established a team and we have that shared and cemented that and we're all happy and comfortable with each other, we are taking our ideas into our own areas of work to promote the MVRP and then to the wider professional agencies now and that's good. But that's where we now need to go because the communities and get people to understand this isn't a police thing, a knife crime thing...we need to reach out and engage in dialogue with that view that the police should be out in the vans arresting criminals and locking them up for life. Our focus should be to promote the MVRP ethos, our culture, what we believe, what our commitments and vision is and how the community and their role is invaluable to this" (02)

Related to this conviction were the views of those who felt that greater engagement with the community would serve to strengthen the legitimacy of the MVRP and empower communities to play a greater role in changing the conditions that shape offending behaviour and cultures of violence. This could, in some cases, lead to communities being mobilised to become a more constituent part of the partnership in commissioning and policy decisions within the MVRP: 'I think we should even consider a standing community member being part of the group' (08). For advocates of place-based



approaches, there was a keenness to generate renewed ways to listen to and co-create with communities.

“There are clear ongoing benefits to communities of our work to reduce violence, not just for the young people but for their families and for the wider community. We should help play our part in building that area-based sense of belonging, that notion of this is my community, not in terms of my gang, but in terms of the community pride, being proud of where you live where you come from and in how you interact with your neighbours and the businesses and in that community to make them thrive and be pleasant places to live. We need to reverse the notion that it is normal to expect levels of violence and disorder and we need to normalise that it isn’t right to tolerate these behaviours in our communities and residents are not alone in trying to do something about it.” (13)

All team members identified the need for the MVRP to promote the work undertaken with commissioned services to help make them more sustainable. The MVRP was seen as playing a crucial role in stimulating and being a catalyst for intervention activity, but equally as important was now seen to be the role the partnership could play in narrating the impact of service provision and working with providers to secure new funding. The use of the Evidence Hub to help explore and articulate impactful work was an obvious first step, but there was a keenness to go further and for team members to play a more active critical friend role.

“We need to be careful about an over dependency on some of these organisations or an assumption from some of these organisations that it’s their right to access MVRP funds. We need to be clear about the strategy, the MVRP ‘pitch’ and the logic models we are working to and then present that challenge back to our commissioned services to tell us where they fit. We don’t want to create a monopoly potentially happening and creating dependency and instead for everyone’s benefit work with groups to secure sustainable plans.” (04)

Other team members voiced concerns around ‘who will take on some of these interventions if we aren’t here’ (10) and ‘whether we push the need to judge a sustainability plan as much as we should when commissioning’ (07). The majority of team members raised their concerns that they didn’t want the MVRP to be seen as ‘cash cow’ or a funding body, and that, as the partnership was becoming increasingly confident in how it could commission services, where those commissioned services could fit within a more coherent pattern of evidence-based activity. Occupying a unique position at the intersection of a range of criminal justice and social policy agencies working to reduce violence, all practitioners could see how the experience and insights of their multiagency partnership working could contribute to discussions, in the interests of developing sustainable working practices, that avoid the duplication of services; that can help coordinate the operation of services on a pan Merseyside basis; and that can understand more through the increased assessment and overlaying of multiple data sources.

Beyond the scope to use MVRP resources to help make informed commissioning decisions and support the durability of innovative intervention activity, many within the MVRP team could see the utility they offered the wider practitioner community to help harmonise and develop professional practice training. Recognising the space afforded to the team through their secondments to think more expansively about their professional practice, and benefitting from having stepped away temporarily from the rigours of their routine practice roles, some could see the scope to help forecast, decipher



and communicate changes and trends in practice challenges. In some cases this would involve the MVRP 'having a role in benchmarking or accrediting training provision and standards across criminal justice partners on Merseyside' (10). Citing the example of how the MVRP is involved in supporting the on-going roll out of trauma-informed practice training in the region, some cited the absence of a training body to oversee and harmonise what is happening within pockets of the region, or to coordinate multi-agency training formats and considered 'that we [MVRP] could fill that gap' (06).

The most powerful and pervasive lens through which all participants sought to demonstrate the value of the MVRP to their peers was through engaging with emerging knowledge of how neurodiverse people experienced the geographies of criminal justice and other partner agencies. MVRP practitioners routinely cited their ambitions to resist stigmatising language, challenge conceptualisations of 'risky' behaviours, to stretch and understand notions of vulnerability, and to try to embed shared multi-agency understandings of the issues they explore. The very live and evolving learning about understanding how language, communication and sensory dynamics impact on neurodiverse people's journey through the criminal justice system was seen as something the MVRP was naturally positioned to engage with. The two below commentaries were repeated throughout the interviews about an immediate area of short-term priority the MVRP can lead on.

"Using the full range of our partnership we can consider and assess all the points when you come into contact with a victim or potential offender and your adversity provisions as well for assessments and referrals in schools, so not just custody settings but schools as well. We need to encourage recognition that the offences can be a by-product of a wider set of failed conditions around language, communication and respectful relationships and of the role that psychologically traumatic places and spaces in criminal justice can worsen." (02)

"We are seeing the clear need for the improvement in the quality and consistency of professional training for staff, and greater recognition of the role that neurodiversity plays in vulnerability to violence and we need to engage in meaningful cultural change related to neurodiversity so that we're not disabling neurodiverse young people. The evidence is there and it is compelling, we've looked at the numbers and 60% of our young offenders have an identifiable neurodiverse condition versus 7% in the general population and also some interesting work that's looked at hearing problems, and that a lot of our young offenders have actually got hearing problems. We know from young people themselves they are saying they don't think that there are enough mental health services for them and even if we did expand these I think we would need to consider whether we are doing enough to understand how experiences of criminal justice are as triggering as they are for neurodiverse people." (05)

The attention drawn to neurodiversity featured in every interview, and was used by participants to illustrate how as a group, the MVRP could take the time to learn and understand more, and begin to make sense of resultant training needs right across partner organisations. The themes within understanding neurodiverse people's experience of criminal justice particularly align with the MVRP's concerns with vulnerability, a whole families approach, and exploring the social context of offending behaviour, which made the appeal even more explicit. Through inviting in speakers and exploring available research, members of the MVRP argued they were able to demonstrate the capacity to develop an evidence-base and begin to make sense of how best multi-agency partners can respond to the needs to renew their policies and practices. This was learning and insight practitioners felt they



could share with organisations to help develop practice guidance that would help on-going sector-wide efforts to recognise and respond better to the still largely limited understandings of how neurodiverse people experience engaging with the people and places of criminal justice.

5) Practitioner hopes for the longer-term development of the MVRP

In this section the three most prominent themes identified by MVRP team members to frame the longer-term ambitions of the partnership are identified and reviewed. These themes are: establishing the role of the MVRP as an honest broker in helping shape the service interventions landscape on Merseyside; the need of the MVRP to champion a durable focus on public health approaches to tackling violence; and the scope to develop and consolidate new data sources.

The structure of the MVRP model has seen the creation of a community of practice, where practitioners drawn from multi-disciplinary backgrounds are working together to share their skills and professional practice wisdom to develop new solutions to established problems. All in the group saw the value in bringing together multi-agency partners to pool their ideas in a mutually respectful environment and to develop interventions and plans for shared work strands that cut across organisations and were bespoke to the needs of the Merseyside region. Some felt that partner agencies could engage in longer-term commitments to second staff on short- and medium-term spells to an on-going MVRP style arrangement of practitioners working in partnership at tactical and operational levels. Coupled with a renewed working relationship being developed between the MVRP and the strategic-level steering group tier of the MVRP, these were seen as steps that could help retain an influence for multi-agency thinking rooted in public health approaches.

“I think what I'm learning, three years in, is focus on one or two key things and then work out the plan being worked to and the ‘pitch’ the MVRP can make. That experience means I am inclined to think the greatest benefit is sometimes less about the activities and more about the guidance that can come from the MVRP and creating the brand, the identity of the violence reduction partnership to give a confidence which then allows us to say these are the important messages, these are the ideas that organisations need to work on, these are sorts of interventions that actually will unpick the problems within our communities that in time manifest themselves in violence. The MVRP is empowering and enabling a wider mix of people and partners to deliver the work that will hopefully, hopefully change cultures.” (04)

More than share good ideas or integrate the professional judgement of a range of practitioners to make sense of service consequences of adopting new and shared approaches, the MVRP has started to offer more tangible utility. Members of the MVRP pointed to the creation of practice guidance the team have been able to generate, the connections and networking between partners they have been able to facilitate, and pointed to the legacy impacts of staff who have worked in the MVRP going back into their host organisations with new perspectives and insights from their time in the group. The MVRP has funded a wide range of activities and whilst many of these have seen their practices and evidence-base of impact compromised through COVID the MVRP team still felt they had now developed richer insights into the potential and demonstrable impact of a variety of services. Bolstered by being able to draw upon rich banks of data and a renewed focus on narrating impact and creating sustainability, many in the group saw the longer-term role of the MVRP ‘as an enabler’ (08), a form of honest broker with the capacity to scrutinise and distil the contributions different services can make. This role could involve working with organisations to help them build in evaluation, help them situate their contribution within developed logic models of stimulating behavioural change,



connect organisations/services up with one another to explore co-commissioning arrangements, and throughout offer multi-disciplinary and experienced insight into helping provide insights into impactful good practices within the sector. Making sense of how the MVRP can help make sense of and deliver upon the Serious Violence Duty was similarly identified by a number of interviewees in visioning a longer-term role for the partnership. The two commentaries below capture this notion of the MVRP as an enabler.

“As a MVRP we probably needed the money to start with just to get people interested, but now I think we need specialists with a clearer focus on guidance than commissioning. I actually don't think we need millions of pounds of year-on-year investment for commissioning and actually in the end we're actually spending too much time on trying to give the money out and being diverted from what we need to be doing which is getting to grips with what impact is this having, why, and how can we upscale this up. We can even help providers and interventions by identifying the spaces where they can get involved and help them understand more clearly what a public health approach is and how they can fit within it. Freeing up some of that commissioner and monitoring the spend role to focus more on enabling the right interventions to take place in the right areas is where those specialists skills can be used more effectively.” (10)

“We know the Serious Violence Duty is coming down the line and lets get on the front foot and so when they come calling and the Inspectorates say what are you doing around duty, well, we've got a centralised multi-disciplinary team in the MVRP, we give all our data to the centralised team, it's all in that central depository hub. What do you do about training? Well, we've got the MVRP that oversees and accredits training across partners to ensure consistency of message, brilliant. What are you doing about innovative programmes? Well, the MVRP are involved in helping review and connect up interventions and CSPs across the region working to reduce violence and support efforts to evidence impact, there's your coordinated activity right there.” (06)

Coupled with the vision many had for how the MVRP can better serve communities as an enabler and a form of honest broker in overseeing the commissioning and operation of services, was the conviction that the MVRP had to continue to play a role to champion public health approaches. When asked specifically about how optimistic they were that Merseyside would, in five years, still have a multi-agency arrangement built around a public health approach to tackle violence, the vast majority of the group claimed to be very confident that the model (the MVRP or otherwise) would be retained. All cited the growing momentum and emerging potential of partnership activity of a post-COVID MVRP in stimulating this assuredness.

They recognised and compellingly argued that a MVRP style partnership/forum needs to be a thinking space to keep exploring and narrating what delivering whole systems approaches means in practice, and being involved in scrutinising how services are delivering on these ambitions. Team members spoke of the importance of ‘avoiding the temptation to get side-tracked by increasing attention on domestic abuse and violence against women and girls because these are where violence has already happened and the MVRP is about tackling the conditions before these points are reached’ (11). There were many voices in the group that were keen that the MVRP, as a structure, can retain a public health lens and perspective. There was a keenness amongst many in the group to now capture lessons from other VRUs nationally about how best to position MVRP structures in the longer-term, and pulling through the good practices of having dedicated structures with clear public health ambitions in mind.



The scope to expect criminal justice and social policy partners to reorientate around public health principles in their methods of working in a matter of years was seen by many as idealistic and too great a challenge to existing organisational cultures. However, as the two below quotes representative of many voices within the research vividly captures, many still see great merit in the scope of the MVRP to help keep stimulating professional curious conversations about policy and practice. The high profile, tragic and traumatic murder of a child in Liverpool in 2021 was cited a number of times in helping begin to explore the layer of critical thinking the MVRP can bring.

“To understand where the MVRP can fit in, how we as partners as a whole respond to violence, we can reflect on the awful murder of [child]. Rightly so, the police took the lead in that response, this a criminal incident and specialist skills are required to deliver justice and understand what has happened, absolutely. But it is the multi-agency response to that awful murder that happened very soon after that the MVRP and the police were part of that, were the partnership, the MVRP can begin to...think through and see what needs to happen differently...so, let's make sure we do what we can now to make sure [child's] friends don't fall into the trap of becoming further victims of murder and support them. Let's have a look at the offenders and the suspects and make sure we're looking at what we're doing around them and again, their younger siblings and the wider family. So there are processes of justice that have to be followed and delivered, absolutely and non-negotiable, but also there needs to be a mindset about stopping the spread of harm, of understanding the right time and ways to talk to children in school about what has happened and understand people will be hurting from this and engaging with them is more important [for MVRP activity] that lets fix it, lets find the bad guy, throw him in prison and close the book.” (03)

“As a MVRP we are starting to show we can offer something different and provide a new perspective and that what we need to keep doing to fit within structures and offer that public health expertise to better understand what is happening, where and how...we're not looking at outcomes, we're looking at causes. So we're not just looking at emergency departments and patterns and trends of violent related injuries but we are exploring why, so, ok is there a reason why people go into hospital more for violence related injuries from this specific area, oh, ok, is it because there's a disproportionate number of off-licences in that area or there are other conditions and factors at work there in ways the data tell us is different to other places. The scope for the MVRP here is to involve public health thinking and expertise coming together to apply new perspectives and lens to understand causal factors and helping being more targeted in how money can be spent to deal with these more effectively.” (12)

The third most prominent hope for the longer-term development of the MVRP, and relevant to the realisation of the above two hopes, is the continued development and refinement of data resources. In the space of a year, partners felt the Evidence Hub had shown its effectiveness in starting to help scrutinise the depth and quality of existing data, and to highlight the scope to engage in further data and information sharing enterprises. The multidisciplinary practitioner group within the MVRP had not only demonstrated a keenness to engage more routinely with existing datasets, but were active in trying to help enrich its quality and see what scope exists to weave in more data from their own organisations. As the contributions below capture, the considered enthusiasm that many had about



how they could see data sharing go bolder and go further was tempered by established boundaries of data sharing and concerns over how personal data is managed.

“There's lots of things I can't share with the group in terms of specific people's data, etc, etc. and that's just the way it is and I know I'm not alone. We can talk in general numbers but when we say there are six people who have been supported, or we are now working with further people who've come through MVRP working they'll [MVRP team members] just have to trust me and it's a shame in terms of overall effectiveness, because it would be nice to help the evidence hook and get into the details of individual cases but let's be realistic as long as the GDPR is enforced the full scope of what we can do will be bounded.” (07)

“Within Merseyside we have the TIIG data now that we can work with and that helps you start to think of bigger possibilities and of getting the systems all partner organisations have invested in speaking to each other better. That's where we have to look at the models of good practice and look at what Thames Valley [VRU] have done to merge their systems into one. That's where I'd love Merseyside to get too so you'd have youth offending teams, probation, police, Children's Services, whoever will all then do a briefing in the morning, they'll all go on the same system. You might have different entry points to it, but you're all essentially can look at the same data thing. Thames Valley have probably spent five years developing that so we can surely go further than where we are now and draw on lessons they can teach us.” (10)

The ambitions to undertake more work to harmonise existing datasets; to work in partnership and help create a network of existing data analysis expertise across partner agencies; to, collectively, continually critically explore the utility and robustness of generated data; and then use data to help make evidence-informed and area-based policy and practice decisions was seen as an ambitious but viable longer-term goal by partners. Grounded in the underlying public health philosophy of the MVRP, how the partners talked about their ambitions for improving data sources to develop shared datasets and then using this to help inform decisions implied a much more dynamic relationship and utilisation of evidence. Aside from increased capacity to help capture and narrate the impact of bespoke evaluations of interventions, the use of data was not seen as gauging outcomes and performance metrics, but of helping to make sense of place-based and neighbourhood level patterns and trends, of being able to overlap measures of existing inequalities and measure their short and longer-term impact. For MVRP team members, they focused in on the scope to improve data sharing practices as an example of the wider value of bringing multi-agency (tactical and operation level) partners together to help critically think through innovative intervention activity, and to highlight areas to systematically improve how partner organisations work together. Drawing specifically on the example of data management/sharing, partners described how this authentically collaborative work informed by public health thinking serves to help deliver on the goals of the MVRP, and brings much added value to violence prevention thinking in the Merseyside more generally, if harnessed correctly.

4.2 Community Safety Partnership Perspectives

Community Safety Partnerships (CSPs) are statutory partnerships, with a responsibility to develop and deliver initiatives to address crime at a local level. CSPs are required to work collectively with a range of partners, including the police, health services, local authorities, fire and rescue services and



probation services, to develop and deliver actions to address issues within their local area. Each individual local authority has its own CSP. Since its inception, the whole system evaluation of the MVRP has aimed to explore how and where a public health approach to violence prevention is being implemented across Merseyside and to understand more about the networks that mobilise impact. In 2019/20 and 2020/21, stakeholder workshops were undertaken to engage with people working across the violence prevention system. These workshops explored how organisations work collaboratively across Merseyside to reduce violence, and how the MVRP could support this. Whilst CSPs contributed to these workshops, a focus for 2021/22 was to understand more about the specific experiences of the CSPs in delivering violence prevention activities at a local level, and in contributing to broader MVRP activity. Specifically, this aspect of the evaluation aimed to:

- Assess how CSPs contribute to violence prevention activities in their local area;
- Explore if and how CSPs influence a public health approach to violence prevention at a local level;
- Understand more about local structures and partners who work together with the CSPs to influence change;
- Explore CSPs' experiences of influencing and contributing to the MVRP; and,
- Understand how the MVRP could support local CSP activities to maximise impact.

4.2.1 Methods

Representatives from each of the five Merseyside CSPs were invited to attend a two-hour online shared learning workshop, facilitated by the evaluation team. Each CSP was invited to attend via an email from the Head of the MVRP. Each CSP was also asked to extend the invitation to anyone else in their local area who they may wish to attend (no representatives from the core MVRP team were invited or present at the workshop, in order to ensure CSP discussions were not influenced by the attendance of others). Representatives from four out of the five CSPs attended the shared learning workshop. A paired interview was held with two representatives from the CSP that was unable to attend the workshop. At the start, CSPs were invited to provide a 10-minute overview about their local approach to violence reduction, with examples of how they influence local policy. Opportunities were provided for CSPs to ask questions and discuss local approaches further, as necessary. Discussions were then led by the evaluation team that explored CSP reflections on their relationship with the MVRP, their experiences of influencing and contributing to the MVRP, and views on how the MVRP could better support local activity.

Both the workshop and paired interview were held via MS Teams and recorded and transcribed using the MS Teams function. The findings were analysed thematically, using sub-themes and quotes to illustrate key points. An overview of CSP activity in each local area, as described during the workshop/paired interview, is provided for context. Following this, the collective themes and sub-themes that cut across all of the CSPs' experiences are presented; here, CSP names have not been included, to protect anonymity. Before inclusion in the final report, these findings were shared with each person who attended the workshop/paired interview to allow opportunity for each representative to check the information for accuracy and confirm agreement with the interpretation of the findings.

4.2.2 Findings

A number of key themes and sub-themes emerged from discussions with all the CSP representatives who attended the workshop and paired interview. These themes were evident across discussions with



all of the CSPs, and were not specific to only one area. Quotes are not labelled to protect anonymity. Where quotes are taken from a discussion, these are labelled 'CSP' to denote that the quote is taken from more than one person.

Summary of Local CSP Activity in Merseyside

This section provides a summary of the CSP activity that was described by each of the local CSP representatives. Here, information about delivery approaches, examples of good practice and partnership working are highlighted. Key challenges that are specific to each local area have also been included here. CSP leads described how they were members of the MVRP Steering Group, which corresponded with their ability to embed violence prevention and influence change at a local level. Quotes have been labelled to demonstrate the breadth of experiences across the CSPs.

Influencing Change: A number of examples were provided where CSPs had influenced violence prevention activity on a local level through effective partnership working and via communications and plans. Some provided examples of how and where violence prevention was explicit within local authority strategic plans and described how they had achieved this. For example, one CSP presented an overview of their local authority strategic plan and highlighted the specific sections which demonstrate an explicit commitment to violence prevention and their strong links to the MVRP. Another CSP explained the importance of ensuring that violence prevention was a key aspect of their local Corporate Plan, and how this enabled the prioritisation of funding at the local level. One CSP described how violence prevention was 'well woven' into the local strategic vision and with good commitment across the local system. Strategic links with the Police and Crime Commissioner (PCC) were highlighted by some of the CSPs, with a recognition that CSP activities and funding should align with the priorities set out by the PCC. Many CSPs described their ongoing work around community consultation and their work to ensure the voice of the community is included within their priorities and actions.

"CSP are in and of themselves mini Violence Reduction Units. They hold all exactly the same partners that sit at the regional level at the MVRP. Public health, fire service, police, adult and children's social care, probation service, youth justice, I could list them. Everybody who sits on the MVRP at a regional level is replicated at local level, not reinventing wheels, it is a mini partnership". CSP5

"We knew we were too operational. There was too many lower level officers who were trying to deliver upon the CSP and link in with various different partnerships, the MVRP etc. But we took a step back from that, reviewed it and thought 'who are the key decision makers we need to influence this'...part of that is around being more ambitious and having strong leadership, improving our accountability, and that prevention and early intervention approach to tackle serious violence." CSP1

"...there's a number of delivery activities and delivery priority five is about violence, prevention, intervention and reduction. So that there is where it explicitly says about we're committed to the wider Merseyside VRP and delivering a comprehensive response [to violence prevention]." CSP2

"In many senses, it's very well woven, it works really well... we all seem to share the vision. So in that sense I think it's really strong." CSP4



One CSP described how their involvement in the MVRP since the beginning has been useful in ensuring that violence prevention is embedded at a local level and that MVRP links have been strong. However, it was felt that violence prevention would have been a priority within this area, without the drive from the MVRP.

“I think that as well, because we felt that it's been a priority within our Community Safety Partnership, it probably would have been a priority without the MVRP anyway.” CSP2

One CSP described how the delivery of their community safety activity had changed in recent years to a localities model, and explained that this model had still not been defined. It was acknowledged that a more coordinated approach at a local level was required. Although this CSP had a link to the MVRP through the steering group, this representative had a broad remit at a local level which included responsibility for a range of services, and this meant that community safety and violence prevention was not necessarily prioritised.

“The link into the MVRP was part of the steering group...as [X] their range of delivery was everything from neighbourhood management and community safety through to early help, swimming pools, libraries, theatres, museums and everything in between. So I think we didn't have the focus that was necessarily needed, which filters all the way down to how we deliver stuff, it's trying to just get that priority right.” CSP3

This CSP representative described how they recognised the importance of developing a strategic, proactive and coordinated approach to violence prevention at a local level, and explained how they had started to put plans in place to mobilise this.

“We've got some of the biggest problems, but we don't have the best answers at the moment. We just throw projects and our money at it rather than taking a step back and saying how can we invest in actually creating a team of people that can deal with this that can actually move forward and put things into place and make changes and differences that that are longer standing rather than a one year funded project.” CSP3

Those CSPs who were further behind in their planning and embedding of violence prevention from a strategic perspective highlighted how the opportunity to learn from the other CSPs was important.

Embedding a Public Health Approach: All of the CSPs described their commitment to embedding a public health approach to violence prevention, although were at different stages of doing so. Some CSPs described using a common language and explained how they had framed this approach as ‘early intervention and prevention’, as this was widely understood by partners across the system. One CSP described how, rather than invest in lots of individual projects, they had decided to invest in a prevention team to support people at the earliest opportunity. Whilst one CSP acknowledged they had a lack of a coordinated model, a wide range of examples were provided where partners across the local area were working to develop an early help approach, including working with schools and families to prevent young people from becoming involved with gangs, violence and other crime. Another CSP described how they deliver their activity using their expert knowledge of the local area, using localised intelligence to inform what their localised priorities are.

“Rather than trying to explain what a public health approach is, I think people understand what early intervention and prevention is.” CSP1



“They (the MVRP) funded us for pathfinders and schools, but perhaps more importantly, the bulk of our money has been for early years work in early intervention...we want to get people in, families, when they're young and try and change the culture and behaviours of violence and that's what we want to push” CSP4

“I think we were trying to use the Violence Reduction Partnership part of it to be that real early help so using things like the ACEs programme to look at adverse childhood experiences...so them [partners] understanding how they can feed into early help and recognise the issues and refer in and get support from our early help teams from a community point of view rather than from a professional point of view.” CSP3

“The focus has to be on prevention. In order to get to prevention level we've got to understand what the problem is, where the problem is and why it's happening.” CSP5

A key theme that emerged from across the interviews was the challenge of embedding a public health approach with limited resources. Issues were highlighted where there was a lack of funding, resources, capacity and skills to fully embed a public health approach at a local level. There was agreement that preventative programmes need a long timeframe to mobilise, respond and evaluate, and that one-year (funding) is not long enough to evidence outcomes and ultimately influence change.

“When people make cuts to the budget it's the prevention elements that people make cuts to...the prevention programmes are the ones that make the difference but are the ones that are easily cut because it's hard to directly correlate what you do with an outcome.” CSP5

Cross-cutting Themes

This section provides an overview of the themes and sub-themes that emerged from discussions with all the CSP representatives who attended the workshop and paired interview.

Equity across CSPs: During the workshop, all the CSPs discussed whether the MVRP was initially viewed as a Liverpool project or a Liverpool-focused VRP in the first instance. This question was raised from a CSP representative and directed to all attendees (not just the Liverpool CSP). Interesting points were raised whereby CSPs all agreed that there were discussions during the inception of the MVRP to ensure it was not 'Liverpool-centric'.

CSP: “I think I feel like we have a really good like a strong relationship with the MVRP, but I recognise that that's not probably reflected across all the other areas. I can see that myself.”

CSP: “I don't think it was Liverpool focused. I just think the way the money was distributed in that first year, the 3.4 million or whatever it was and we all had about four months to spend it. It was just, you know, we all have to go away and spend do what we needed to do. There wasn't really any coordination and for me now I think it has got better and I think that I think the MVRP have taken a step in terms of taking ownership of that and done a lot more to commission around the (Liverpool) city region.”

Communication between CSPs and the MVRP about Funding and Activity Delivered at the Local Level: All the CSPs focused on the input they feel they currently have on how funding decisions are made and which initiatives receive funding within their local area. CSPs described how they felt they



had a lack of input and felt there was a lack of clarity regarding why some areas receive more funding than others. Importantly, CSPs described instances when there were already similar initiatives being funded separately within those locations, potentially duplicating service provision. Limited awareness of the MVRP commissioning process also meant that CSP leads were limited in their ability to inform local partners about commissioning opportunities, and how the MVRP funded interventions may complement local activities. Such knowledge was also highlighted as key to supporting local CSPs (and wider partners) to consider what they fund, where and for whom, ensuring resources are maximised across the system. Partners did acknowledge that whilst it would not be expected that all partners would be aware of all funding opportunities and the interventions that are being delivered locally, there was general agreement that more efficient processes are needed to ensure greater communication and use of available resources. Some examples of these discussions are provided below.

"X is a group I commissioned to do something with as well, but I didn't know the MVRP commissioned them as well. It's actually quite similar to what I'm already paying them to do ...I do believe there's still a gap in terms of feedback on that from the MVRP."

"I still do believe that there's not enough communication back to us as Heads of Service, or, you know, leads for community safety across the region. In terms of 'this is what the MVRP have been doing in your communities...if you're sending something else into the schools when they've already had the similar package, then let us know'... An improvement that we need to make in terms of how we take things forward."

CSP: "You just touched on something that's been a bit of a bug bear, it's that recent announcement of the projects that are funded - was anybody involved in that commissioning process?"

[No response]

CSP: "No. We got funding from the MVRP and that was great and we had a number of youth in arts type projects in there and then the MVRP decided to centralise things and do it differently so some of those projects lost that money. They've still been asking us is, is there anything happening? Do you know if there will be funded? We're saying, no, we haven't heard anything and then we get this list. This list of projects, none of which were the projects that we funded previously and were just let go. How could it do that without at least telling us it was happening, at least sharing with us so that we could get information out to the community groups...I mean, some of the projects might be great. There might be very good, but it comes back to what X was saying about duplication."

"It's just that lack of communication really. I think it is sadly lacking at times...It's just that just needs to be better I think and then the other thing is though, that we looked really stupid, because we've had projects, asking is there any money coming through? Will there be anything and we're saying no, we haven't heard anything and they funded a whole host of other projects."

"We're not all gonna know 100% of the things that are going on or in development at the MVRP 'cause we haven't got time to be able to do that. But we can do that in an efficient manner so that it complements what we're doing in this year and absolutely we don't have those duplication situations where you say they've just funded them...It does go back



to that. Are we having those conversations and offered the early stage? You know in the right way?"

An example was given where one CSP had requested information about how projects had been funded, and felt that there was not enough information provided to them, despite being a member of the MVRP steering group.

"But they don't give you the information when you ask. I've asked for a breakdown of the finance and I get a response that there's no detail there, and is overarching. You know, you're either in the Steering Group or you're not, and I don't think we are."

CSPs described how they felt the Steering Group could improve the coordination of the rollout and communication of funding.

"So for me, that is absolutely the role of the MVRP, where they've developed their funding, the development of it and they should coordinate the rollout and communicate...I just think I thought that could have been ironed out by now. Those types of things, you know, maybe we'll never get to a situation where we've all got perfect information of what's happening, but for that which is clearly absolutely, you know, serious violence at its heart, isn't it? Those types of initiatives? It's still not 100% there".

One of the CSPs suggested an interactive tool could be developed that could be used by everyone to see what initiatives were being funded in each local area.

"It's gone out to partners to say these are being funded in your areas, but wouldn't it be great in this day and age if you could have an interactive thing, you know so we've got our own ones. Perhaps there have been grant funding from the City Council or other Community safety funding that operate in these areas and you could see if anybody is looking to do particular work in a ward... you know it's sort of a button to see which projects have been funded. I was thinking that that kind of asset mapping...and how our structures link into the MVRP."

Implementing a Place-based Approach to Violence Reduction: Building on the discussions about communication and funding, the importance of decisions being driven by local knowledge was highlighted by a number of CSPs. A number of discussions were had regarding regional versus local decision making. This is a key finding, as it not only draws on the issues raised by CSPs about the lack of communication surrounding funding and local action, it also reflects the broader themes associated with implementing a public health approach to violence prevention. Whilst all CSPs and the MVRP recognise and use data and evidence to inform priority and decision making, the importance of local knowledge must be included to ensure a place-based approach is fully embraced. Many of the issues raised by the CSPs echoed this.

"Because they didn't [include the CSP in decision making] we're using public funds to deliver very good interventions but not to the right people. It's a huge disconnect and huge missed opportunity because it's driven regionally and not based on localised evidence."

"We absolutely should be data led but the local context is important. The data might highlight the activity is happening in one area but our knowledge, we know there is activity in another area, we will know where the gaps are in service provision that may



not directly correlate with the data...the community aspect will be lost if we take a solely data approach”.

“The MVRP needs to trust the CSPs to know what makes a real difference in our local community.”

Connectivity across Programmes: Examples were given where CSPs has identified siloed working, and felt that knowledge about MVRP activity could be better integrated within local initiatives and across the wider system, such as where a project addresses an issue such as employment or education, for example. One of the CSPs described a disconnect between the MVRP and political portfolio holders and described how they felt that they were ‘*having to challenge all the time to get wider engagement*’. Examples were provided where the MVRP was working with specialists within certain areas (such as education and children’s services) but had not included the CSP in discussions around this. One CSP described how they were not clear about the relationship between the MVRP and local policing units, highlighting the need to ensure that information was not passed down in isolation from the CSP. Improved knowledge and awareness of how different funding streams interact was also raised as important for CSPs.

“The MVRP funded X programmes, work in schools, liaised with key people in children’s services but the portfolio holder for this did not know about it. We weren’t told proactively about it. So people see things Tweeted out and questions get asked politically.”

“[Project name] also straddles employment...so it's not something that I or anyone in our team would necessarily get involved in, but that sounds like a really good project. How is it working in [local areas]? How do the referral pathways work? [How do we] make sure that other people who are in there dealing with young people know about these programmes?”

“One of the things that I did push through the Steering Group was to ask ‘how do those all these different funding streams, how do they interact? In X we’ve got education funding for serious violence in hotspots and (other operations)...I think we’ve still got a lack of understanding of how all those funding streams interlink and contributes to common outcomes that are what the people want.”

“I’m not sure about the relationship between the MVRP and the local policing units. My suspicion there is information passed down locally but it’s done in isolation from conversations with the CSP.”

The Role of the Steering Group: The discussions about the role of the Steering Group in supporting effective communication led to broader reflections about its role and purpose, with CSPs agreeing that they felt the Steering Group should take a stronger lead in developing a clear action plan and developing better relationships with partners in each of the local areas. Discussions also reflected the need for the MVRP to take a more place-based approach in developing and implementing violence prevention activities, where activity is data-led and evidence-based, but is also set with the context of local knowledge and expertise. One CSP recommended that the MVRP could attend quarterly CSP meetings to describe what they had invested in within their local area, how this will benefit the local community, and how the CSP could help them to maximise the impact of these interventions.



“We need an action plan, because then that helps us as well at local level, how the local level interacts with the MVRP. Because you know, all our actions on serious violence, if there's certain things that we don't need to do, we don't need to be in conflict because the MVRP is doing them. We need to be confident and our action plan needs to reflect that to say ‘these aspects are being covered from a Merseyside footprint’, or you know we've been doing it in two areas because there's a real clear and strong link between the local work and the MVRP work and we can easily reflect that. That's where I'm hoping the work on the Serious Violence Strategic Needs Assessment, I'm really looking for them to take a strong lead in that because they've got all the resources to do it, so that should be one area where we're all benefit from.”

“Relationship building, how the MVRP can engage and gain more knowledge and awareness of the five areas. The local connections back to each of the areas could be facilitated, then if there is a skill set within the CSPs that could be developed or used”.

“The Steering Group needs to step up a little bit. We should be setting the strategic direction of the MVRP, the partnership should then deliver on that strategic sphere. [Currently] the strategic narrative is led by the operational leads and we are being reported to.”

CSP Accountability: Following the discussions about needing to improve communication, one of the CSP representatives spoke about their experience of approaching the MVRP for support on a specific issue and others agreed that it was important to remember that it is a partnership and one in which the CSPs have a proactive role to play.

“Rather than thinking about the MVRP as an afterthought, we've actually had a conversation with them and said ‘we've got this particular issue, is there anything you can do to help us?’ and just use them as that type of partner as well. Sometimes it's 'cause we all are so busy you just jump on in, you crack on 'cause that's what you do, and that's what we all do...but now on a couple of occasions we've just took a step back a little...we've just gone actually what? What are the resources available to us? And you know, one of them is the MVRP. So is it worth a conversation? It doesn't necessarily come with funding but they might say, well, we've got this programme, we'll try and get that in that school over the next few weeks, or we've already got that going on so you can be reassured, or you can reassure your partnership and your communities that there are things going on. So yeah, for me, it's both I suppose. Just having that early conversation and making sure that you know you, you use and work with what we've got.”

This led to discussions and a recognition that the CSPs have a role to play in highlighting the issues raised, working in partnership with the MVRP to work positively and proactively to overcome challenges, rather than accepting them. Whilst some CSPs had stronger views than others, there was a general acceptance that the CSPs could be more assertive in considering how they got the most out of their relationship with the MVRP. One CSP highlighted how the issues they had been describing had not been recognised enough (by the CSPs) and commented on how “we've allowed it to drift” explaining that “we've got a moment now to do things differently”.

CSP: “It's bigger than communication though isn't it? I mean that [making decisions about what programmes are funded by the MVRP] is a strategic thing, so that that should be an invite to everybody who sits on the Steering Group. But as the Steering



Group is, we just don't. We don't get to say very much. I think fundamentally as a partnership they're bereft, I don't think they're equipped to work in partnership. I don't think they're good enough yet. And it's come up in a lot of the conversations that I'm hearing today that lack of understanding I think of what partnership is and it almost feels like the responsibility lies in the wrong place. I'm not saying what the right places are, but I just keep hearing the same things over and over. You know it's been running for what? Three years now? Maybe surely, at this stage you know what partnership is and how to run it. It almost feels like they don't ask what's happening and they come up with good ideas and good projects, and they drop them in where they think they should be dropped in, and it just to me, it just doesn't work. I know that to some that's quite harsh but that's what I feel like."

CSP: "I do think you're right that the Steering Group probably does need to take more of a stronger role and also you know, I'm attending this, so I think it's incumbent on us to reflect that and go back and say, OK, these are some examples of where it hasn't quite worked right. Why hasn't it worked right?"

"I don't disagree with any other points made by my colleagues. I think part of it is to step back around all our issues with Community Safety to say, well, OK, what type of partnership is it and how does it contribute to us? And do we see it as an influential partner or do we see it as a partner that can assist those moving forward? And I think with the MVRP, I think we've sort of said well, the MVRP will do what it will do and we want to be able to influence the MVRP to make sure that we get the best for [our local area]."

Although the ability for the CSPs to be honest with the MVRP was acknowledged as important, one of the CSPs highlighted they felt there was a potential conflict of interest as MVRP provides funding to the CSPs. Here, the CSP representative described how they wanted to ensure they had a positive relationship between the MVRP and so felt it was difficult to also be critical of their approach.

"There's a problem there as well though. Isn't it for us? Because we're also relying on their funding, and that's quite tricky at times and also with the multi-year funding. We've probably all been more polite and quiet except me, but it becomes tricky to be critical if you're hoping to build a relationship and also get funding from them, but at the same time you know, you want to be fair? So I think it's a tricky relationship."

Despite the potential conflict, the CSPs accepted they have a responsibility for thinking about how the MVRP model integrates with local activity, describing specific actions they would take forwards to achieve this.

CSP: "I think we need to know the work of the MVRP. As X says, we need to see action plans, but then as an aside to that, we need to think about what we're doing and about how it integrates with our model and our approaches."

CSP: "I think it was X that said 'we are the MVRP' and I think that's probably right, and I think that was a reflection from the December meeting that there's an onus on us. I will personally build that relationship and make the whole thing better so we are part and parcel and I need to take some responsibility for that."



“We definitely need to get closer to the core of what the MVRP has really built...and maybe as a steering group may need to do a bit more, it's quite difficult in terms of everybody's time, isn't it? But we can, we can maybe do more.”

Moving Forwards

Sustainability and Scaling Up: Reflecting on from the discussions about the need for a clear action plan to support MVRP future activity, it was highlighted that the MVRP may not be ‘known to everyone across the wider system’. It was also noted that it was important to establish strong relationships with the new Head of the MVRP, with some CSPs reflecting on how the change in leadership could affect the consistency of the approach.

“I think to me that the MVRP is still faceless in essence and where it sits. I know what it is, I can tell you a few people that work in there, but I think that's only by chance rather than as a Steering Group. Do we know who those people are who are trying to drive forward the change in MVRP? I think that's something else as a Steering Group we need to improve upon as well...but from day dot to where we are now, I think it's much improved. I think there's a team that has a purpose now. I think it understands what it needs to do.”

“Reflecting on the MVRP side of things is obviously there's, we're on to the third leader...so it's just making sure that we, you know, establish those relationships...You felt like you just got to know them and then they went.”

The CSPs discussed the new three-year funding term, acknowledging that this will provide them with the opportunity to improve the way they commission projects and to better measure and understand the outcomes and impact of MVRP activity. It was felt that this would enable local and Merseyside-wide initiatives to secure additional funding and for effective interventions to be scaled up. The need for a longer-term plan also linked into discussions about the need for a clear and focused action plan.

“I think the three-year funding agreement is going to be a hell of a lot better for all of us, isn't it? In terms of sustainability and in terms of being able to commission in a bit more savvy way and measuring those longer-term outcomes so we can prove a point of concept that works...I'm sure we'd all be fighting to make sure that that remains, rather than, you know, disappears if there's no further MVRP funding.”

“We probably don't do that enough really, showcasing what's going and whether things can be scaled up.”

“And then obviously longer-term planning now that we the three year funding has been announced. You know? How can we make sure that is effective.”

At the end of the workshop discussion, one CSP summarised the actions they would take forwards, which reflected the points raised about accountability.

“One of the takeaways is the onus is on us now and other members of staff to try and create something that's much better and much more productive, much more inclusive, less duplication, and more dynamic and consulting. We need to know what's happening and what we can get involved in. I don't think we've done that. You know, just said look, take a step back. We've got a problem here. Who are the partners that could help us? Let's speak to the MVRP and we haven't done that.”



“If we don’t get it right this time round with the 3 year funding what we will end up with is a very disconnected disjointed MVRP with potential frustrations and tensions.”

4.3 Delivery partner perspectives

Qualitative evidence drawn from the place-based or themed interventions evaluations, particularly engagement with delivery and other community members provided evidence of selected partner views on the MVRP and the development of a whole system public health approach to violence prevention.

4.3.1 MVRP support to facilitate violence prevention activity and embed a public health approach to prevention

Several delivery partners spoke about the MVRP team being ‘brilliant’, ‘approachable’ and ‘genuinely interested’ in the work that was being done, with many stating that without the MVRP funding they would not exist. A number of delivery partners highlighted how the MVRP funding had enabled existing interventions to re-establish or be implemented in additional areas and/or with wider groups of beneficiaries including children, young people and wider community members.

“They’ve been really supportive and a very easy partner to have.” (MVRP Partner)

Examples were provided of how the MVRP had supported delivery partners to use public health principles to inform intervention delivery, and/or how the whole system approach supported intervention delivery. For example:

- Alongside the funding a Project, the MVRP also has a key role in identifying target areas and schools. Thus, using data from the MVRP Data Hub on levels of serious violence and risk factors for violence, schools in areas most at risk of violence were identified as key targets areas for programme delivery. The delivery partner, who liaised with the MVRP and schools, described how they previously looked at *“fire service data and hot spot areas and then approached schools that fit within that criterion”*. However, they then continued to describe how initially finding the right contact within that school can take weeks, resulting in a lot of time wasting. With MVRP support, a key facilitating factor to this process was the MVRP education lead and their role in continually providing contacts, communicating with the headteachers directly to *“explain the MVRP, to explain why their school’s being selected, attached information about the [project], gave my contact details and advise the school that I’ll be in touch in the next couple of days. And that process has worked so smoothly.”*
- One delivery partner noted that the benefits of being part of the MVRP was that they did not have to ‘navigate services’ because through working as a partnership it helped to cut out ‘some of the barriers’ and also provided a ‘platform’ through which to access other partners within and outside of the MVRP.

“We went to a funding meeting actually for a different pot...We were invited to that meeting by the guy from the MVRP. So it’s about making us aware, raising awareness of other funding opportunities to enable us to sustain ourselves as well as just directly providing the funding...You know, we send them stuff that we’ve done, they promote us on their website and social media and so I guess they’re marketing as well.” (MVRP partner)



- The MVRP were also seen to help raise awareness around the work of the programmes on their social media and website; as well as keep the programmes up to date of other funding opportunities that may be available to them.
- Some delivery partners from programmes within the reducing reoffending strand spoke about referring to other MVRP funded programmes, with one programme seeing an increase in referral from one of the MVRP partners. They had also been asked to produce a video to publicise their service for another MVRP partner that would be presented with a carousel of other services on screens that are found in prisons, so prisoners may inform their family members about the programme to see if they would like to access it. This same programme stated that they also refer/signpost to a number of services such as Children's Social Services, early help interventions, schools, the education authority, social services, Young Person's Advisory Service (YPAS) and the Merseyside Youth Association (MYA) and mental health services.

"We've had an increasing number of referrals from POPS, which is one of the main VRP partners. There was one of the partners...they were going out into the prisons...So the prisoners themselves might see something about our service, they might then say to their partner on the phone, okay, look, the kids could do with this help, and then the partner might contact us via the prisoner. But a few of our VRP partners asked me to do like a little video that I think went out somewhere." (MVRP Partner)

In line with best evidence, a key aim of the MVRP is to develop a whole systems public health approach to prevent violence across Merseyside. Across several delivery partners, findings indicate a mutual understanding and recognition of the overarching aims of the MVRP and the wider public health approach to violence prevention and the important role those individual interventions played in preventing and reducing violence across the lifecourse.

"I know that the overall strategic aim [of the MVRP] is to reduce violence. And I know that the part that we play is very early intervention, whereas a lot of the other partners are working with families where they're targeted because there has been major instances of violence, whereas with our children we're trying to stop them from becoming violent...I probably know some organisations better than I know others within the MVRP, because the crossover is more obvious with some of the partners than it is with other partners. Would I be able to tell you in depth what everybody does? Probably not in depth, but I've probably got a very vague idea of what each partner does." (MVRP Partner)

5. Conclusion and Recommendations to Achieve Long-term Impact

In 2021/22, the role of the MVRP team in delivering a preventative approach to reducing serious violence was recognised by Merseyside Police through a certificate of commendation, with similar praise and recognition from the Police and Crime Commissioner. The MVRP continue to make significant advances to implementing a whole system public health approach to violence prevention across Merseyside. In 2021/22, activities have focused on refining strategic priorities, expanding the expertise available to the MVRP, implementing processes to ensure public health principles are embedded across the system, and funding interventions. With a strong focus on an early intervention and lifecourse perspective, collectively these activities aim to support the achievement of the short, medium and long-term impacts of the MVRP. Significant shifts have been made to the composition of the MVRP core team, and to a lesser extent the MVRP steering group, which has enhanced expertise across the partnership, and positively influenced the work of the MVRP and the activities delivered. The establishment of the Evidence Hub Team and new processes to determine which interventions are funded, for whom and why, have significantly improved the allocation of MVRP funding towards key strategic areas and those groups or communities most in need of support and/or intervention. Various positive impacts on individuals, families, communities and the whole system are starting to emerge. 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 whole system evaluation report (Quigg et al, 2021).

The role of the MVRP Steering Group

- The MVRP Steering Group should develop and sign off on an updated terms of reference for the next three years, which includes information about the roles and responsibilities of all MVRP members and partners, and provides clarity about the role and purpose of the Steering Group.
- The MVRP Team, with support of the steering group, should develop a clear action plan for the next three-years, which includes information about the roles and responsibilities of all MVRP members and partners.
- The MVRP team, with support of the steering group, should provide clear communication about the processes used to determine what programmes receive funding and which programmes these are. The MVRP team should consider the role of the CSPs and Steering Group, in influencing these decisions (if they are not to be involved in decision making, a process of consultation should take place to ensure that funding would not be duplicated).
- The MVRP steering group and team should facilitate improved engagement with local areas (e.g. through CSPs) in supporting their local decision making and/or identifying where whole-system and MVRP support is required.

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.
- The evaluation shows that CSPs are committed to working in partnership with the MVRP and recognise the responsibility they have in implementing violence prevention and the MVRP priorities at a local level. The CSPs have identified a number of actions they will take forwards in terms of shaping this including:
 - In CSPs where structures are less clear, they will establish relationships with key local partners and develop clear plans (and contribute to the development of local plans) that embed a strategic and operational approach to violence prevention at a local level. This includes working across CSPs to share learning and examples of good practice that other CSPs can adopt.
 - Communicating to the MVRP team where their support could be beneficial to address particular issues at a local level, and making better use of the MVRP team as a resource for advice and expertise, not just for funding.
 - Communicating challenges experienced back to the MVRP team and highlighting potential solutions where these are evident (being action/solution focused and not just accepting that issues exist).

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.

Community Engagement

- This evaluation has identified the need to better increase public awareness and understanding of the MVRP. More could be done to make communities aware of the preventative interventions being implemented across Merseyside to address the root causes of serious violence. This will further support efforts to improve perceptions of community safety and ultimately, community connectedness.

Sustainability

- Many partners described the challenge of embedding a public health approach with limited resources. Preventative programmes need time to mobilise, respond and evaluate. One-year is not long enough to evidence outcomes and influence change. The long-term impacts of the MVRP are dependent on the sustainability of the programmes and initiatives that deliver MVRP activity. More could be done by the MVRP to support the sustainability in helping them to identify evidence of impact and secure new funding.

Communication and Programme Connectivity

- Partners highlighted 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.

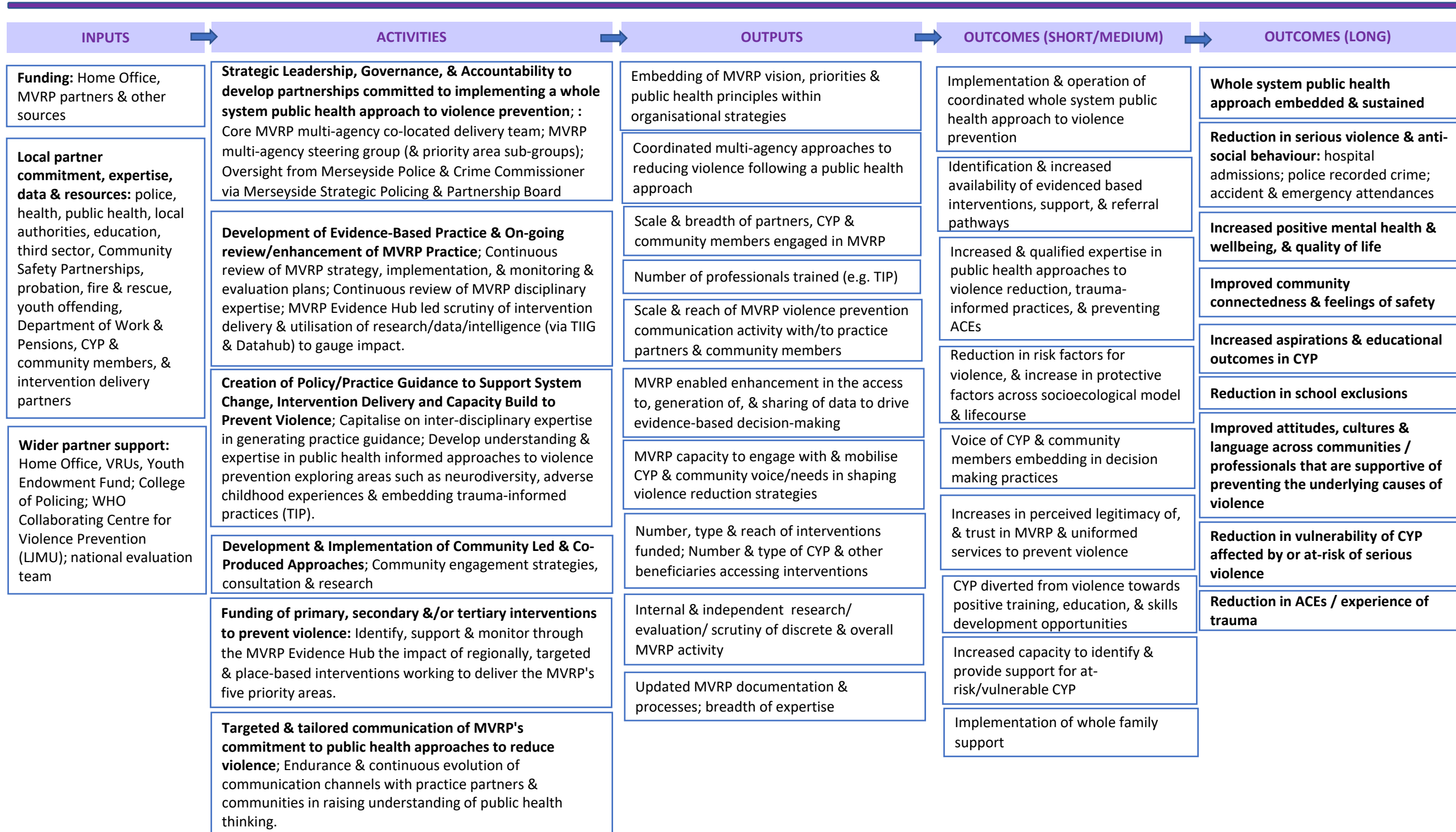
Evidencing Impact

- This evaluation has highlighted how the MVRP monitoring proformas could be developed further to capture measures for *evaluating* the success (or otherwise) of the funded projects (see Section 3.2). At present, it is difficult to quantify the success of the programmes in terms of outcomes and reach. In light of the limited evidence, and challenges encountered by the programmes, it may be beneficial for the MVRP to support interventions to collect the most meaningful data to evidence the benefits of their operations, as well as understand what works (and what does not), for whom and why, and help them to identify how they may improve their value. This could, in part, be achieved by setting out clearer expectations for data capture and supporting interventions to capture and extract the necessary information in their case management records (e.g., accurately recording numbers of referrals and appropriate pre- and post-outcome measures). This would have the additional benefit of ensuring interventions are well placed to evidence their successes for future re-commissioning or in applying for future funding. Future data collection may then be utilised by the MVRP for both evaluative purposes and strategic whole-systems insights.
- The Evidence Hub Team should develop a 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 three years.
- 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 three years, and beyond, at whole system and intervention level.
- The MVRP team should establish a working group of partners engaged in research and evaluation relevant to the MVRP, to maximise available expertise, share knowledge and study findings, and inform future research and evaluation.

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

MVRP objectives: 1) Ensure a public health approach drives & underpins all that MVRP do; 2) Ensure that the community is at the heart of everything that we do; 3) Ensure a trauma-informed approach underpins all services; 4) Take an evidence-based approach to identifying root causes of serious violence in order to prevent & tackle serious violence; 5) Facilitate multi-agency working at both an operational & strategic level; 6) Implement transparent & coordinated allocation of resources to tackle county wide & local causes of serious violence; 7) Implement & support sustainable practices; 8) Ensuring poverty, inequality & deprivation will be a continuous thread throughout the work of the MVRP

MVRP priorities: Early intervention & a lifecourse approach focused on: Early Years, Education, Health, Whole Family Approach & Preventing Offending





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7. Appendices

7.1. Overview of MVRP funded interventions

This section provides a summary of the specific interventions that have been evaluated as part of the 2021-22 evaluation. A mixed-methods approach was used for each evaluation that included analysis of both primary and secondary data (full evaluation reports are available for each project – see reference list). Using information gathered from routine monitoring reports, a summary of all interventions funded by the MVRP in 2021/22 is available in a separate Annex for the MVRP Evidence Hub.

1) Whole Family Approaches to Reduce Reoffending

In 2021-22, the MVRP supported a range of programmes focusing on children, young people and families affected by serious violence, whether that be as perpetrators and/or victims, or to intervene early so as to prevent young people becoming vulnerable to such crime. These included the following interventions:

Merseyside Offender Mentoring Service (MOMS)

The Merseyside Offender Mentoring Service (MOMS) was established in 2011 and is part of the wider work of Sefton CVS. It operates both within and outside of the prison setting to provide support to those men (under the age of 30) serving sentences for violent offending behaviour who:

- Have 12 weeks left until their release and can be provided with information, advice and guidance to help with their resettlement;
- Have been newly released from HMP Liverpool who are aiming to successfully resettle back into Merseyside, but also for prison leavers from Warrington and Preston (HMP Risely and HMP Kirkham) who are resettling back into the Merseyside area.

Adopting a trauma-informed approach, individuals are allocated a mentor who provides intensive and bespoke support to remove the triggers of offending behaviour, by assisting them with issues such as accommodation, drug and alcohol misuse, finances, health and wellbeing, and education employment and training. It was funded by the MVRP to sustain its provision and provided wider outreach to more people released from prison. MOMS received funding from MVRP for quarters 3 and 4 of the financial year 2021/22. Some of the hoped for outcomes for individuals engaging with MOMS and wider communities include:

- Successful resettlement (working around maturity, social and emotional development, and work readiness as elements that contribute to this);
- Increase the number of young people provided with mental health interventions;
- Improved feelings of safety within communities and young people including reduced fear of violence;
- Access to better support for at-risk offenders including their families;
- Increase understanding of ACEs and provision of support in organisations including suitable referrals.



Magistra Restorative Lives Project (Merseyside)

The Magistra Restorative Lives Project builds upon previous work with Prisons (HMP Liverpool, HMP Hindely and HMP Altcourse) and Approved Premises in Merseyside with individuals convicted of violent offences, as part of their release/resettlement planning and encompasses a number of trauma-informed Life Skills programmes. Individuals completing these programmes will achieve a level 2 Open College Network (OCN) qualification and a Personal Journal with programme content enabling further reflective practice beyond the programmes. An example of one of these programmes is the Lifeboat Programme, which is a restorative programme aimed at young people and comprises eight interactive group work sessions delivered in prisons to develop their problem solving, communication and decision-making skills. The programme is centred upon the concept of a boat trip to encourage participants to work together. It draws on restorative practice, social learning and cognitive behavioural theories to explore attitudes, values and beliefs that impact on behaviour. Techniques are introduced that encourage young people to explore connections with their environment, with the aim of reducing conflict and repairing harm; and support positive changes in attitudes and behaviour, which contribute to the creation of a restorative culture. This programme initially engaged with those aged 18 to 25 years. However, given some lengthier sentences for those engaging with violent offences, the age range was subsequently expanded to include those up to the age of 30. It is hoped that through taking part in the Magistra programmes, individuals in Prisons and Approved Premises will improve their life skills in a number of areas such as communication, problem-solving, decision-making, empathy, assertiveness, teamwork and restorative practice. In turn it is hoped these skills will help in the desistance of crime as well as helping individuals to develop social capital and integrate successfully into their communities.

Partners of Prisoners (POPs)

This project aims to provide practical support to the families of those who have family members serving a custodial sentence, e.g., going through the processes involved when family members first arrive at prisons, how to book a visit, how to alert the prison to any support needs their family member may have etc. POPs' Family Support Workers (FSWs) provide practical and emotional support for families of offenders who are preparing for release, have been released on licence, or are serving a community sentence in the Merseyside area. It offers families support on issues such as housing (tenancy, arrears, eviction), debt, health and wellbeing, prison visits as well as emotional support, providing links to other agencies i.e. Children's Services, Probation etc. as appropriate. POPs currently provides support services for families in 11 prisons across the North West and Yorkshire as well as having a number of community-based projects supporting families upon release. POPs also deliver 'Hidden Sentence' training that aims to inform and educate professionals who work with children (e.g., teachers, pupil referral units, non-teaching staff), families and offenders of the impact from arrest to release and introduce them to strategies and resources that will help to support children and families. Through all of their activities and engagement POPs aims to help families to bring about positive changes as a family unit as well as build community resilience.

Through the MVRP funding, POPs aimed to extend their current offer by adding a dedicated FSW to be placed within The Court Building in Liverpool City Centre to work alongside the Probation Services Court Team. The programme has a number of hoped for outcomes:

- Increased and effective interventions around serious violence within schools
- Increased support for the most vulnerable students across all educational settings notably using effective mentoring and restorative practice approaches



- Improved access to accommodation for young offenders and their families
- Empower individuals and communities to bring about positive change
- Better support for at-risk offenders including their families – e.g., Identify family-based issues and establish actions to facilitate resolutions
- Increased knowledge and understanding of ACEs and provision of support in organisations including suitable referrals
- Reduce risk through information sharing
- Improvements in data quality by recording sharing information, identifying common issues, hot spots and recording outcomes

Shelter

With a focus on prevention and early intervention, this project provides housing advice, support and guidance for those young people aged between 18-25 years living in the Liverpool City Region (Liverpool, Knowsley, Sefton, St Helens, Wirral). The focus of this service is upon those who are facing the threat of homelessness with known risk factors including ACEs and are suspected to be involved in criminal activity (these young people may be known to police/authorities but have not received a conviction) and those who are involved in violence/crime and are involved in the criminal justice system. The young people (and their families where applicable) are supported to keep their existing tenancies or relocated and resettled elsewhere. The Shelter programme documentation speaks about taking a whole household approach to delivering support, so that goals of the whole family are considered when developing plans and throughout support. Any interventions are then tailored to support each member of the family with their goals, with the aim of improving the household's ability to successfully manage their housing and finances independently.

The funding from MVRP has helped Shelter employ a key worker who manages this project in Merseyside. Some of the potential outcomes of the programme that have been identified are:

- To empower individuals and enable them to act independently
- Increase confidence (for young people and their families)
- To feel secure in their residence
- Engagement in education
- Engagement with health services
- Engagement in new activities e.g., volunteering, helping to co-produce campaigns/services/strategies
- Developing new skills, e.g., in decorating
- Reduction in the likelihood of offending/re-offending
- Improve family relationships
- Increase the pathway support for children/young people who are vulnerable to criminality / who have offended
- Individuals and families feel more connected to their communities

Time Matters

This project provides peer support groups and 1:1 mentoring for children and young people (aged 5-18yrs; although there is some engagement with those as young as two and as old as 20) impacted by parental or familial imprisonment and their parents/carers. Engagement occurs both face to face and online and families are provided with the opportunity to take part in cultural and sporting activities together. The MVRP has provided financial support for administrative staffing and sessional support



worker time. It was also hoped that Time Matters would be able to set up electronic case files for children in a central management system to better enable them to understand each child's engagement, their individual needs, any contact with other professionals, risk factors, and progress made as a result of engagement in the programme itself. Hoped for outcomes of Time Matters include:

- Increasing coping and resilience for children and young people due to the additional stress, responsibility and stigma that having a family member in custody can bring;
- Helping those who are imprisoned to engage positively with the prison regime knowing that their family is being supported;
- Reducing the likelihood of re-offending on release as family relationships have been nurtured throughout their custodial sentence;
- Increased opportunities for children and young people to speak on a national and international level about their experiences;
- Raise the awareness of others, e.g., teachers, to the challenges that the families of those who are imprisoned experience and the damaging impact of media.

The Department for Work and Pensions (DWP)

The DWP is different from the aforementioned services as they are not actually funded by MVRP. An advisor from the DWP was loaned part-time to work with the VRP in order to utilise more effectively the pre-existing support and provision already in place within the DWP and to strengthen and widen the support available to ex-offenders and prison leavers with the aim of reducing re-offending. The DWP offer guidance and support for ex-offenders and prison leavers with issues such as employability, training, claiming for benefits and housing issues.

Evaluation of Whole Family Approaches to Reduce Reoffending

The evaluation specifically aimed to examine the implementation of each approach from a whole systems perspective, actual and anticipated impacts and sustainability. Methods included a rapid literature review; semi-structured interviews and a focus group with key stakeholders and service users; review of programme documentation; and case study development. See Harrison et al (2022) for the full evaluation report.

2) Mentors in Violence Prevention

The school-based Mentors in Violence Prevention (MVP) programme has a particular emphasis on gender-based violence and aims to increase non-violent bystander intervention through a peer education approach to inform and empower individuals to become proactive bystanders in the face of violence and other harmful behaviours. The programme consists of interactive scenarios and group discussions and a key concept of the programme is that it is delivered by trained student peers under the supervision of trained staff. The student mentors lead their peers (typically from a younger year group) in discussions of realistic scenarios covering a range of abusive behaviour they might witness as a bystander. A list of several actions which a bystander might consider taking in the situation are then presented and discussed as a group. In line with the programme's emphasis on gender stereotypes as root causes of sexual violence, many of the scenarios focus on stereotypes of women, how culture can encourage and reward those who tell sexist jokes and engage in stereotypical 'masculine' behaviour.

During the 2020/21 academic year, MVP was implemented in ten pilot schools across Merseyside. The Public Health Institute, LJMU were commissioned to evaluate the pilot MVP programme in 2020/21, as part of the wider system evaluation of the MVRP. Findings suggested a number of key learnings



about the process and impacts of MVP implementation in the pilot schools (Butler et al, 2021). Following piloting, MVP was expanded to 18 additional schools. Each school who took part in the programme was asked to commit to:

- 2-day training of an MVP school team (a senior leadership team [SLT] lead and non-teaching pastoral staff member);
- 2-day training of a selected group of potential mentors; and,
- Roll-out of a minimum of five MVP sessions to mentees.

Evaluation of MVP

The evaluation aimed to conduct a process and outcome evaluation of the MVP programme during the 2021/22 school year. Methods included pre and post training surveys with mentors and mentees; and, semi-structured interviews and a survey with school staff. See Butler et al (2022) for the full evaluation report.

3) Red Umbrella

The Red Umbrella Project is a specialist service that works to protect sex workers in Merseyside from sexual violence. The project is delivered by Changing Lives; a national charity which provides specialist support and advocacy to vulnerable people and their families. The project was established in 2018 and provides a service to any individual working within the sex industry in Merseyside. Red Umbrella has a Sex Work Independent Sexual Violence Advisor (SWISVA). The Red Umbrella Project works collaboratively with Merseyside Police and has a dedicated Sex Worker Liaison Officer (SWLO). The SWLO role in Merseyside is performed by a full time Detective Constable, working closely with partners to encourage the reporting of intelligence and crimes. The officer retains those investigations from sex workers who are victims of violent and sexual crime and ensures a consistent approach to the investigation. The role of the SWLO is also key in building and maintaining relationships with partners and providing training and knowledge transfer to enhance the criminal justice provisions and target offenders. The Red Umbrella Project received funding from the MVRP to provide a holistic victim-focused service to protect and support sex workers, with specific aims to:

- Increase the reporting of crimes, through increasing confidence in reporting crimes to the police and through the use of National Ugly Mugs (and in turn increase conviction rates for sexual violence crimes against sex workers),
- Establish partnerships and pathways,
- Improve the health and wellbeing of sex workers,
- Increase intelligence to disrupt organised crime linked to exploitation,
- Support the reduction in ASB,
- Develop a sustainable approach to delivering a trauma-informed, specialist services to support women and men selling sex and/or experiencing sexual exploitation.

Evaluation of Red Umbrella

The evaluation of the Red Umbrella Project aimed to explore how the project provides a holistic victim focused service to protect and support workers. Methods included a rapid literature review; semi-structured interviews with key stakeholders and service users; and review of programme documentation. See McCoy et al (2022) for the full evaluation report.



4) Navigator Programme

Hospital and community-based 'Navigator' programmes, are an example of a place-based approach to support people affected by violence at the point and time of need. These programmes typically involve skilled youth workers (often known as Navigators) based in hospitals and/or other community settings. Hospital-based Navigator programmes aim to engage with vulnerable young people, often identified in the emergency department (ED) and/or hospital ward, to support them at a time of crisis, and to continue that support in the community following their hospital attendance/stay. The premise of the programme is to engage with young people using the 'teachable and reachable moment' approach. The ultimate aim is to support young people to access support to reduce their vulnerability and risk of exposure to further violence (and/or criminal activity / exploitation), and enhance factors that protect them from harm, and improve their quality of life.

In Merseyside, from June 2021, Merseyside Youth Association (MYA) delivered a hospital-based Navigator programme across two NHS Trusts (Alder Hey Children's NHS Foundation Trust and Liverpool University Hospitals NHS Foundation Trust), implementing a hub and spoke model, with wider management and safeguarding support provided by Alder Hey¹².

Following a referral from hospital staff, professional youth workers, embedded in hospital EDs (and within the community) meet with any young person (aged between 10 and 25 years) who attends the ED as a victim of violence, or who have been identified as being vulnerable to exposure to violence, exploitation or other criminal activity. Contact is made face-to-face or via video/telephone (e.g. if the young people has already been discharged from hospital), with the youth worker initially aiming to build trust and develop a relationship with the young person. Youth workers assess the young person's immediate risks and needs, discussing safety and support networks, and the support the Navigator programme can offer (with the young person and Navigator jointly determining if the Navigator is the right person to provide support). A personalised approach is taken to each individual case who engages in the programme, which involves short (~three weeks) but intensive support provided in the community setting by the Navigator, including an assessment of existing statutory involvement, one-to-one support as required, needs assessment, goal setting, development of a co-designed action plan and progression development to enable safe, confident and sustainable referral to, and engagement with community partners (e.g. early help/youth offending teams). Young people are then referred from MYA to community partners as relevant, enabling access to a bespoke menu of interventions delivered via a trusting relationship within a trauma-informed setting, with the Navigator tracking and assessing distance travelled and any wider support needs three months post-referral. Young people exit the programme when no further support is required.

Evaluation of the Navigator Programme

The evaluation aimed to monitor, document and describe the implementation of the pilot programme and to assess the perceptions and impacts of the programme amongst stakeholders. Methods included semi-structured interviews with key stakeholders and service users; and review of programme documentation and routine monitoring data. See Quigg et al (2022) for the full evaluation report.

¹² Following piloting of the programme within Alder Hey from January 2020 to May 2021.



5) The Beacon Project

The Beacon Project is run by the Merseyside Fire and Rescue Service (MFRS) Youth Engagement Department. It is an alternative education and skill development course that targets selected children, who meet the course criterion, in primary and secondary schools in Merseyside. The Beacon Project targets children who may benefit from outside of school activities to develop skills that will assist them through education, and engagement with school and the community. During April to December 2021, MFRS delivered a 6-week Beacon Project Course to 126 primary school children from 11 schools, and a 12-week course to 8 secondary school children from 1 school in Merseyside. Each course was delivered one day per week within community fire stations, with children (and a supporting school staff member) collected from, and returned to, their school by Beacon Project staff each day. Key activities covered during the course included:

- Morning 'check in' to ensure students were physically and mentally prepared for the day.
- First Aid awareness.
- Practical fire service activities e.g., hose drills.
- Teambuilding, communication, and resilience building activities e.g., Rat Run and Smoke House.
- Community safety awareness e.g., home safety, hoax calls and arson.
- Road and water safety.
- Child exploitation / healthy relationships, and for secondary school children violence prevention.
- Team lunch (provided daily as part of the course).
- End of course "pass out" presentation.

The evaluation aimed to monitor, document and describe the development of the Beacon Project and to assess the perceptions and impacts of the Beacon Project. Methods included semi-structured interviews and focus with key stakeholders and service users; and review of programme documentation and routine monitoring data. See Bell et al (2022) for the full evaluation report.



7.2 Key features of a whole system public health approach

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

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

