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Lancashire Violence
Reduction Network

Annual Report



Lancashire Violence Reduction Unit

Lindsay Youansamouth, Teigan Whiffing, Luke Tomlinson, Susannah Clarke, David Oldfield and Justin Srivastava

Acknowledgements

The Lancashire Violence Reduction Network

Established in 2019, the Lancashire Violence Reduction Network (LVRN) is a collaboration of public, private, third sector, community and lived experience organisations and individuals, which aims to prevent and reduce violence.

Contributors

Natalie Burtonwood-Wilson, Suzanne Coyne, Hazel Gregory, David Clarke, Siobhan Collingwood, Anna Javed and Hannah Sykes.

Preparation and authorship

Lindsay Youansamouth, Teigan Whiffing, Luke Tomlinson, Susannah Clarke, David Oldfield and Justin Srivastava

Corresponding author

Teigan Whiffing

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Lancashire Violence Reduction Network

Annual Report 2021-2022

1. Executive Summary

During 2021 to 2022, Lancashire Violence Reduction Network (LVRN) has seen significant progress made towards the development of trauma-informed practice and approaches for the purpose of reducing, preventing and diverting serious violence from our communities. We have continued to be informed by our communities' experiences, namely through the Knife Angel Visit, with over 9,000 members of the public attending, many of which engaged with workshops, and similarly through our youth violence consultation.

Through the development of our 2022 strategic needs assessment, we have been able to draw upon new data sources to continue bettering our understanding of the 'causes of the causes' and risk and protective factors for serious violence, drawing upon the continuously progressing evidence-base for interventions. Whilst we have seen increases in violent crime – likely due to the COVID-19 pandemic – we have seen some really great examples of public health approaches and trauma-informed working to continue to address these challenges.

We have seen over 2,000 multi-agency practitioners and professional's trauma-informed trained, with 96% of respondents stating the training had enhanced their understanding of underlying trauma contributing to an individual's risk of involvement in serious violence and crime. Trauma-informed training has also been well received across all Lancashire schools involved, with 81% stating their working practice will change as a result of the training, with several schools evidencing this with positive changes to policy and practice. LVRN intends to continue the roll out of trauma-informed communities, building upon learning from the four pilot areas across the county, ensuring the sustainability of trauma-informed approaches.

With additional funding secured for our Emergency Department Navigators and DIVERT Youth workstreams, we have continued to engage with many young people at that reachable and teachable moment. We have seen over 90% of those supported through ED Navigators not reattending to the emergency department, and remarkable examples of success through DIVERT with over 400 young people engaging with the coaches this year.

Whilst the pandemic halted much of our work with prisoners and prisoners' families, since restrictions have eased there has been great enthusiasm by each prison to take part in the programme and support facilitation of group interventions. Over the coming year we are intending to develop a second version of 'Mia's Story', written and illustrated by women in custody to highlight the lived experience of a female in prison.

The LVRN has a long-term ambition to mainstream our approach in a cohesive manner. The aspiration is therefore to embed Trauma Informed Lancashire, create sustainability for the key workstreams, develop strategic and tactical place-based delivery models, expand effective data sharing and develop learning materials and literature that help spread the trauma informed movement, ensuring all materials are co-produced with lived experience.

2. Introduction

Foreword

Detective Chief Superintendent Sue Clarke
Director of the Lancashire Violence Reduction Network

We are nearing the end of our third year of work in the Lancashire Violence Reduction Network. As we look back, we can see the challenges that communities across Lancashire have faced. Despite these challenges arising from COVID 19, agencies and community members have pulled together to try and mitigate and minimise the impact on vulnerable communities.

Over the last twelve months we have seen considerable development in the number of individual agencies developing their approaches to trauma informed practice. The overwhelming feedback from this is that this cultural development work delivered as multi-agency training goes some way towards alleviating the increased pressure being felt by our workforce and most importantly our communities. This work will continue to develop in the form of advanced practitioner training as we move forward into the new financial year.

In the summer of 2021, we were the beneficiaries of additional Home Office funding which has meant that we have been able to expand our DIVERT programme to cover 10-17-year olds. This work will also develop in to 2022/23 and we are excited to see this critical early intervention work flourish to the benefit of our young people. From the additional monies received we were also able to expand the Emergency Department Navigator scheme. We will see this continue to provide a critical point for support for those people attending hospital who may benefit from ongoing support.

As this third year comes to an end, we are very grateful for the continuing support of our friends and colleagues across the county who, through their commitment, have enabled the work of the Lancashire Violence Reduction Network to continue. We will be working on expanding our work to address the underlying causes of violent crime and will benefit from an assurance from the Home Office of a further three-years funding.

Definitions

Government definition of serious violence

The Serious Violence Duty: Draft Guidance definition of serious violence is the same definition used in the Government's Serious Violence Strategy, but with concern about specific types of crime, such as:

- Homicide;
- Knife crime;
- Gun crime;
- County lines drug dealing.

However, local areas can use evidence from their Strategic Needs Assessments to define their scope of serious violence.

Violence and serious violence

The Lancashire Violence Reduction Network (LVRN) has adopted the World Health Organisation (WHO) definition of **violence**, as follows:

'Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation'.

At the inaugural meeting of Lancashire Violence Reduction Network's Partnership Board (held in 2019), data was presented to understand the local picture of violence. The LVRN's definition of **serious violence** was agreed to contain the below crime types and descriptors. In making this decision, the Board took into consideration the Home Office guidance and high harm (severity) values based on the Cambridge Harm index.



Violence Reduction “Network”

Having established itself in 2019 as the Lancashire Violence Reduction Unit (LVRU) the name and branding were changed to the Lancashire Violence Reduction Network (LVRN) in April 2020, as agreed at the LVRN Partnership Board meeting. Initially, there had been confusion caused by the Violence Reduction “Unit” title, which frontline partners had thought to be similar to a traditional policing “support unit” team, which would be called to respond to serious violence incidents. Following feedback and reflections – from partners, the core strategic team and the Partnership Board members – the decision was made to change the name of the LVRU to one that better reflected our whole systems approach, which brings together a wide range of partners and agencies within a network of relationships to prevent serious violence.

The local context

Lancashire is a county in the North West of England and consists of two unitary authorities Blackpool and Blackburn with Darwen, the remainder consists of upper tier Lancashire County Council and 12 District authorities: Burnley, Chorley, Fylde, Hyndburn, Lancaster, Pendle, Preston, Ribble Valley, Rossendale, South Ribble, West Lancashire, and Wyre.

[Lancashire](#) has 24 nursery schools; 550 primary schools; 159 secondary schools; and 74 post-16 education providers (schools and colleges). Lancashire is also home to four universities: Lancaster University, the University of Central Lancashire, Edge Hill University and the Lancaster campus of the University of Cumbria.

There are currently eight NHS Clinical Commissioning Groups (CCGs) and seven NHS Trusts of which five are Acute Hospitals and two Mental Health Hospitals. In addition, Lancashire is an early adopter of the Integrated Care System (ICS), ahead of transition from the eight CCGs to one ICS in October 2022.

There are five prisons in Lancashire: two category B adult male (HMP Preston and HMP Garth); two category C adult male (HMP Wymott and HMP Lancaster Farms); and a category D adult male prison (HMP Kirkham). The nearest female prison to Lancashire is HMP Styal in Cheshire, this is a closed category prison for female adults and young offenders.

Lancashire hosts eight National League Football clubs; all of these support a Community Trust.

Blackpool is the largest seaside resort in the North West of England and Morecambe is also a seaside resort but on a smaller scale.

The 2020 mid-year population estimate for the Lancashire-14 area, was 15,487 people, this is 0.43% (6,546 persons) higher than 12 months earlier. For the Lancashire-14 area, 23.5% were aged 0-19 years, 56.4% were aged 20 to 64 years, and 20.2% were aged 65 and over.

Over the next decade the number of children aged 0-15 in the county is predicted to decrease by approximately 2%, having peaked in the year 2022. The working-age population is predicted to peak in the year 2032, and the older population is predicted to continue increasing, with more people falling into the over-85 bracket each year as life expectancy increases over the period. The old age dependency ratio (number of people on state pension per 1,000 people of working age), is predicted to increase in every district in Lancashire, with Wyre seeing the largest increase.

The majority of the population of Lancashire is White (90%). The other ten per cent of the population (around 141,000 people) are from Black, Asian and other minority ethnic (BAME) groups. The largest BAME populations are found in Blackburn with Darwen (31%), Pendle (20%), Preston (20%), Burnley (12%) and Hyndburn (12%). The ethnic breakdown of Lancashire consists of White (90.4%), Asian (7.9%), mixed race (1.1%), Black (0.4%) and other ethnic groups make up 0.3% of the population (Census, 2011).

Levels of socio-economic deprivation vary across the pan-Lancashire area with great inequalities. Districts with the highest level of deprivation in Lancashire include Blackpool, Burnley and Blackburn with Darwen. Less deprived districts in Lancashire include Ribble Valley, South Ribble and Fylde. It should be noted, however, within all districts, there is a wide variation in deprivation at ward level (IMD, 2019).

Districts of Lancashire	% of wards where the Indices of Multiple Deprivation score is in the bottoms decile (i.e. score of less than 250)
Blackburn with Darwen	24%
Blackpool	48%
Burnley	20%
Chorley	0%
Fylde	0%
Hyndburn	25%
Lancaster	7%
Pendle	15%
Preston	13%
Ribble Valley	0%
Ribble Valley	0%
South Ribble	0%
West Lancashire	4%
Wyre	4%

Further information about local health and education needs, alongside information about crime types relating to serious violence, is provided in Section 2.ii (see '*Highlights from the Strategic Needs Assessment*') of this Annual Report.

Key challenges within Lancashire and forms of serious violence

Across Lancashire we have seen an upward trajectory of all serious violence crime types (homicide, domestic abuse, knife crime, aggravated burglary, robbery, CSE, violence with injury, and rape) during the past year (Jan – Dec 2021). Note, due to data changes around categorisation of crime, 'gun crime' was not included in this analysis. There is the likelihood that this upward trajectory may have been impacted by the easing of COVID-19 restrictions, however there is concern about the rate in which serious violence is returning to 'pre-COVID-19' levels (see Section 2.ii '*Covid-19: The impact on data*'). Conversely, the proportion of 'knife crime' has been decreasing. Hotspots for serious violence have remained in Preston, Blackpool and Blackburn with Darwen and will be addressed through the proactive Grip hotspot patrolling across the county within micro-hotspots, in which is already presenting positive results in its early stages.

In parallel, we have seen an increasing rate of youth violence, missing person incidents for both young people and adults, as well as exposure to domestic abuse (using Operation Encompass information sharing regarding domestic abuse as the data source). LVRN will continue to collaborate in Operation GENGA – Lancashire Constabulary's and partner

agencies' approach to tackling serious and organised crime across Lancashire – to share information and disrupt activity to prevent harm.

Aside from serious violence, Lancashire's Serious Violence Strategic Needs Assessment (2022) also identified key challenges within Lancashire around social determinants for serious violence, such as: high levels of school exclusion, low levels of school readiness and attainment, increasing levels of deprivation where all 14 districts in the county have become more deprived in recent years in comparison to the 2015 IMD rankings, high rates of alcohol misuse (hospital admissions by under 18s), self-harm hospital admissions, drug-related deaths within Lancashire, and lack of social mobility, specifically for early years and youths in Ribble Valley and South Ribble.

3. VRU Infrastructure Development

i. Model, governance and accountability

Prior to the VRN

Prior to the establishment of the Lancashire Violence Reduction Network issues relating to serious violence and knife crime were considered by a number of existing partnership boards including the Children's Safeguarding Boards, Adult's Safeguarding Boards and the Community Safety Partnerships. Existing partnership structures had begun to consider the issues related to serious violence. The former Police and Crime Commissioner (PCC) brought together a range of community safety partners in mid-May 2019 to review current activity and identify new and emerging areas of need. This round table workshop established a task and finish group to develop the initial direction and contributed to shaping the Violence Reduction Network (VRN) in Lancashire.

Whilst Lancashire comprises three top tier local authorities the majority of partners key to tackling serious violence operate on a pan-Lancashire footprint, with representation from a wide range of agencies agreed.

VRN model and structure

The VRN structure has evolved slightly from the original set up in 2019, mainly due to the growing number of partners wanting to engage with the work and the need to refine relationships with other existing partnership structures. The Lancashire model is a single VRN covering the whole of the PCC/Constabulary footprint which incorporates the three upper tier authorities of Blackburn with Darwen, Blackpool and Lancashire County Council. This enables the VRN to have an overview of the needs and issues, make coordinated and collective commissioning decisions to ensure best use of resources, and share learning (e.g. from local evaluations) across the whole of the county.

Our "Core Team" has an approximately one-third male and two-thirds female split; an age range of early 20s to mid-60s; and a representation of majority White, although there are also individuals from BAME backgrounds. The LVRN follows the OPCC policies and statements on

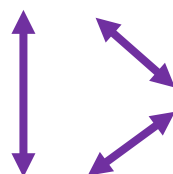
diversity and inclusion. As part of the Police and Crime Plan for Lancashire 2021-2025, the LVRN is committed to working together to ensure diversity, equality and inclusion are at the heart of service design and delivery, and thoroughly embedded in the cultural approach of the LVRN. We are passionate about celebrating diversity, and nurturing values that appreciate 'difference' for the benefit of our communities, staff and partners. The Lancashire Constabulary Diversity, Equality and Inclusion Strategy 2021-2026 sets out the strategic direction and priorities for the next five years. The LVRN is fully committed to supporting this strategy, to make policing more diverse and inclusive, and to build confidence with groups who historically have had lower levels of trust in policing.

We actively seek involvement of experts by experience in intervention design, via feedback from personal experience and evaluation work, training design and delivery, and as invited members of our Trauma-Informed Reference Group. The LVRN has commissioned grass-roots organisations to run projects and interventions, with lived experience at the heart of those initiatives, as well as co-produced practitioner resources. Examples include Empower the Invisible; The JJ Effect; Lads Like Us; Changing Futures Lancashire; Empowerment; Red Rose Recovery and The Well Communities. The LVRN has also initiated systems change, to facilitate the involvement of experts by experience, for example, by challenging more 'traditional' Constabulary vetting practices, enabling people with lived experience and past involvement in crime to be vetted, taking a more flexible and pragmatic approach, rather than having a blanket rule of exclusion.

The diagrams below provide further information about the LVRN's governance structure.

**Lancashire Violence Reduction Network Partnership Board
Governance and Leadership**

LVRN Partnership Board Role	Organisation	Organisational Role
Chair	OPCC	Head of Finance
Member	Children's Social Care	Director of Children's Services
Member	Children and Family Wellbeing Service	Head of Service
Member	Adolescent Services	Head of Service
Member	Public Health	Senior Public Health Practitioner
Member	NHS Integrated Care System	Lancashire and South Cumbria Integrated Care System Lead
Member	Clinical Commissioning Group	Serious Violence Lead
Member	Constabulary	Assistant Chief Constable
Member	Constabulary	Criminal Justice Lead
Member	Constabulary	Head of Public Protection
Member	Probation	Head of Service
Member	Youth Offending Team	Head of Service
Member	Community Safety Partnership	Local Authority Director



Funding Oversight Group
Chair: OPCC

Lancashire Violence Reduction Network

LVRN Core Team	Organisation
Director	Constabulary
Programme Manager	OPCC
Strategy Lead	Constabulary
Data Analyst	Constabulary
Education Lead	Former Headteacher
Trauma-informed Leads	Constabulary and Children's Social Care
Operational Lead (Incl. Grip)	Constabulary
Evidence Lead	Lancaster University
Health Leads	NHS (Hospital and Integrated Care System)
Operation Genga Lead	Constabulary
Media and Communications Lead	Constabulary
Prisoners and Prisoners' Families Lead	National Probation Service
Youth Offending Lead	Youth Offending Service
Domestic Abuse Lead	Constabulary Public Protection

Lancashire Violence Reduction Network

Organisations and Forums Involved in Operational Activities (in addition to the Core Team)

Community Safety Partnerships

Family Safeguarding Service

Public Health

Substance Misuse

Health (Clinical Commissioning Group)

Health (Integrated Care System)

Health (Mental Health Provider)

Department for Work and Pensions

Domestic Abuse Services

Housing

Football Community Trusts

New Era Foundation

HM Prison Service

Lancashire Violence Reduction Network

Programmes	Named Lead	Organisation
Trauma-informed Training and Workforce Development	Superintendent Justin Srivastava and Suzanne Coyne	Constabulary and Children's Social Care
Trauma-informed Communities	Superintendent Justin Srivastava	Constabulary
Development of Trauma Informed Lancashire	Superintendent Justin Srivastava and partner agencies	Constabulary
Trauma-informed Education	Siobhan Collingwood	Formerly Lancashire County Council
DIVERT Adult and DIVERT Youth	Temporary Chief Inspector Dave Oldfield and David Clarke	Constabulary and New Era Foundation
Emergency Department Navigators	Hazel Gregory and Margaret Williams	Blackpool Teaching Hospitals NHS Foundation Trust and Health Integrated Care System
Multi-Agency Domestic Abuse Response	Superintendent Neil Drummond and Hannah Sykes	Constabulary and Lancashire and South Cumbria Foundation Trust
Empowering Parents Empowering Communities	Hazel Gregory	Blackpool Teaching Hospitals NHS Foundation Trust
Caring Dads	Hazel Gregory	Blackpool Teaching Hospitals NHS Foundation Trust
Prisoners and Prisoners' Families	Anna Javed	Probation
Project ADDER (response to substance misuse)	Chief Superintendent Sue Clarke	Constabulary
Youth and Community Engagement	Robert Ruston	OPCC
Claremont Opportunity Area	Chief Superintendent Sue Clarke	Constabulary
Changing Futures Lancashire	Chief Superintendent Sue Clarke	Constabulary
Multi-Agency Support Panel (MASP)	Temporary Chief Inspector Dave Oldfield	Constabulary
Violence Against Women and Girls (VAWG) Partnership and Prevention Programme	Superintendent Justin Srivastava	Constabulary
Pan-Lancashire Data Programme and Data Ethics Working Group	Superintendent Justin Srivastava and Teigan Whiffing	Constabulary

Monitoring and accountability

When the VRN was established there were early discussions regarding the most relevant governance structure for the work. As Lancashire has 13 separate Community Safety Partnerships (including 3 top tier authorities) a decision was taken by senior leaders to establish a separate VRN Partnership Board to support the development of the work and provide oversight and governance.

The implementation plans, which sit alongside this strategy, are regularly reviewed to ensure that delivery against the priorities remains appropriate. Progress against the Response Strategy is reported and reviewed at the quarterly VRN Partnership Board meetings through a combination of written and verbal reports, including sharing and discussing the quarterly reports submitted to the Home Office. Individual work programmes also provide monthly reports to the Home Office, which are shared with and discussed at the Partnership Board meetings. Reports are provided by the VRN Director, Programme Manager and individual Programme Leads. The Board has an opportunity to review and scrutinise reports to provide assurance that the VRN is delivering against the Response Strategy. Emerging risks identified by the VRN and its partners are also raised at the Board for further discussion and have resulted in the development of new initiatives and work programmes, such as the Pan-Lancashire Data Programme and Data Ethics Working Group and the Multi-Agency Support Panel (MASP) for the education sector. A regular VRN newsletter is provided with updates on the key work programmes and overall aims of the VRN. This is distributed directly to a wide range of partners, including some third-sector groups, as well as being disseminated via the VRN website.

The Funding Oversight Group, chaired by the Head of Finance for the OPCC, monitors both the VRN, Grip, Teachable Moments and Serious Violence Intervention funding, and Project ADDER, and is responsible for ensuring value for money and signing off procurement and spending requests. The Group usually meets ahead of the Violence Reduction Partnership Board, which it reports into.

Funding Oversight Group (Financial Monitoring Functions)		
LVRN Funding Oversight Group Role	Organisation	Organisational Role
Chair	OPCC	Head of Finance
Member	Constabulary	Assistant Chief Constable
Member	Constabulary	Procurement Lead
Member	Constabulary	Finance Lead
Member	Constabulary	Finance Officer
Member	OPCC	Procurement and Commissioning Lead
Member	LVRN	Director
Member	LVRN	Programme Manager
Member	LVRN	Operational Lead

The VRN Leadership Board also provides regular reports to the following structures:

- Strategic Partnership Board (i.e. Integrated Care System and Special Educational Needs);
- Community Safety Partnership Board;
- Domestic Abuse Partnership Boards;
- Safeguarding Health Executive Boards for Children and Adults;
- Safeguarding System Leaders Business Meeting;
- Safeguarding Adult Boards;
- Safeguarding Children Partnership Boards;
- Central, East and North Multi-agency Safeguarding Tactical Group;
- Domestic Homicide Reviews
- Suicide Prevention Oversight Group;
- Tackling Serious Violence Clinical Reference Group;
- Regional NHS England and NHS Improvement Safeguarding Partnership Group;
- NHS England and NHS Improvement National Safeguarding Steering Group;
- Youth Justice Management Board:
- National Police and Health Consensus Taskforce:
- NPCC Public Health Approaches in Policing portfolio:
- OHID Violence Prevention Group:
- NHS England Tackling Serious Violence Clinical Reference Group:
- Strategic Reducing Reoffending Board:
- Children Family Partnership Board:
- Changing Futures Strategic Board:
- The Home Office.

Contributing to the above groups and arrangements ensures additional scrutiny of the work of the LVRN. Participation also enables the LVRN to ensure alignment with local and national strategies and priorities.

VRN and Grip activity

The lead officer for all Grip activity sits within the VRN Core Team to ensure that delivery is aligned with the aims and priorities of the VRN. Local level Grip activity is co-ordinated by three police sergeants appointed to each of the Basic Command Units (BCUs) and working with neighbourhood policing teams and partners through the relevant Community Safety Partnerships. Grip activity (previously known as 'surge activity') and the work of the serious violence sergeants is linked to a number of the VRN work programmes such as DIVERT and Emergency Department Navigators.

Shaping the VRN's approach

The VRN has undertaken a lot of work to understand the needs of our communities through producing the pan-Lancashire Strategic Needs Assessment (SNA). This product has been delivered on both a Pan Lancashire and bespoke Community Safety Partnership geographic footprint. In addition to datasets and information from partners the results from a wide-ranging community and young people's surveys have helped to inform the SNA. As previously

mentioned, diversity and inclusion form a key part of the VRN's management. To ensure it services and provides a voice to a variety of lived experiences, which influence and shape the VRN's vision, culture, strategy and outputs in relation to specific themes (e.g. parental incarceration, domestic abuse, parents involved in child protection, substance misuse, mental health, child sexual abuse and exploitation and homelessness). Data and contributions from communities and people with lived experience have been the foundation of the Response Strategy and has helped us to understand which direction the VRN should take. Our needs assessment has helped us to focus work in our schools, communities, within hospital emergency departments and police custody suites.

The Lancashire VRN will achieve its aim for every person living or working in Lancashire to feel and be safe from violence and violent crime through four key priorities:

1. Prevention
2. Enforcement
3. Cultural transformation and workforce development
4. Evidence: data and evaluation

Through delivery against these four priorities, the VRN and those signed up to its strategy will aspire and strive to ensure that 10 key principles in the Response Strategy become the 'golden threads' of action (how we will do it).

ii. Data sharing and development of the Strategic Needs Assessment (SNA)

Data sources

Lancashire's Violence Reduction Network is fortunate to have access to a myriad of data from a range of partners, including but not limited to police, health, education, victim services, social care, fire and rescue and probation. The primary data source for serious violence used for individual level analysis by the LVRN is the Business Intelligence (BI) Dashboards produced by Lancashire Constabulary. These dashboards hold all the operational data inputted by police officers when responding to incidents and/or crimes; the data is readily available to those who have been successfully police vetted to the appropriate level for access, within the LVRN team. This data source is regularly assurance checked, with indication of any data quality issues for full transparency. This source is updated every 24 hours allowing for up-to-date inferences to be made. BI Dashboard data has been used by the LVRN to:

- Create the problem profile for the Strategic Needs Assessment;
- Identify "top" locations of crime
- Understand trends in serious violence over time
- Identify repeat victims and perpetrators;
- Identify areas to direct resources.

To ease accessibility, a dashboard has been developed that sources all the serious violence police data into a specific and separate dashboard for LVRN purposes which is regularly overlaid with multi-agency data to identify areas or demographics of concern for the partnership, particularly through the local needs assessments. Over the coming year, there are

aims to expand the power BI capabilities within the constabulary, developing further dashboards to better direct resource and identify those 'at-risk', such as a crime harm dashboard – taking learning from the 'Cambridge Crime Harm Index' and identifying areas and individuals of high harm as opposed to high crime volume; service involvement dashboard showcasing individuals timeline of service engagement, and a key performance indicator dashboard for the VRN to support monthly monitoring of trends.

The key aggregate data source utilised by the VRN is Lancashire Insight, produced by Lancashire County Council (although it covers the whole Lancashire-14 area). This platform is public-access and collates data from numerous sources such as health, education, police and social services, presenting the data in reports and dashboards that inform rates of factors such as: deprivation, poverty, unemployment and so forth. The data is anonymous – meaning it is limited in providing insights into crossover (i.e. what proportion of people who are unemployed also “misuse” substances) – it is useful for understanding the prevalence of risks and needs within a demographic. The Multi-Agency Data Exchange (MADE), a restricted section of Lancashire Insight, is also routinely used. Access to this data was granted by the council with very few challenges, as it was deemed necessary for safeguarding and violence prevention purposes. This section holds data on police crime and incidents, ambulance call outs, fire and rescue call outs, as well as supporting data around causation factors, victims and perpetrators. Again this data is at a population level and does not identify individuals. Communications with the MADE team are held regularly, through the Pan-Lancashire data group, about what further data sets would be useful for the partnership. The quality of the Lancashire Insight data source is considered to be good, although there is a slight time-lag in the data being made available (dependent on the data source), whilst MADE is updated on a monthly basis.

The LVRN also draws upon several other open/public data sources to contribute to its work, namely data from the Office for National Statistics (ONS), as well as the Public Health England (PHE) Fingertips Database which provides data for various health factors by geographical area. PHE fingertips is majorly fed into the Lancashire Insight database (although several indicators are not) and provides a rich data source across health and wellbeing indicators, including from Hospital Episode Statistics, Local Authority Datasets and Department of Work and Pensions. Data is available at different levels depending on the data source, with some indicators available at as low a level as LSOA area, whilst others are District Council level or Upper Tier Authority level. There are some limitations to this due to the diversity in Lancashire, which can potentially mask the inequalities prevalent across the area. Furthermore, there is often a time lag on the data available within this dataset due to the need to quality assure and clean the data. This has been amplified over the previous year due to the COVID-19 pandemic reducing resource for such tasks as they have been directed elsewhere. This time lag can sometimes mean that indicators may be somewhat out of date and may not reflect the contemporaneous picture, this also puts limitations on the ability to monitor and track impact and change. Taking the limitations into account, the LVRN uses the PHE Fingertips data as a preliminary indicator of need and to identify areas for deeper analytical dives.

In addition to the outlined data sources, several further data sets have been acquired and/ or developed by the LVRN over the duration of 2021. Namely, the TIIG (trauma injury and intelligence group) data source which satisfies the requirements of ISTV data. Whilst TIIG feeds into MADE providing monthly data sets on hospital admissions and ambulance call outs for assaults and serious violence for relevant partners to access, the LVRN has developed this relationship and now receives additional, bespoke data sets to support monitoring of progress, particularly indicators in line with our KPIs (knife-related attendances, youth-related

attendances, VAWG attendances etc). Data is also received from TIIG to better understand emerging risks, for example, in response to the recent concerns around needle spiking. Through the Pan-Lancashire data group we are making progress towards the recognised challenge of accessing hospital data on an individual level for preventative and diversion purposes. However, we are confident that the recently expanded ED Navigators workstream across the county is addressing these opportunities and supporting 'at-risk' young people and adults towards positive change. TIIG are currently auditing each emergency department in Lancashire for data quality and presenting recommendations for improving where needed. Similarly, we have now further developed our relationship with DwP and receive monthly data sets on safeguarding flags (these are retrieved from journal logs submitted by individuals receiving credit in regards to such factors as suicide risk, domestic abuse, gang violence, sex trade and so forth. This was a key success and output of the VRN Operational Team Meeting which brings together the wider professional group to recognise opportunities for collaboration. Both data sources are again at a population level and are accessible through existing information sharing agreements and legal gateways under community safety partnerships. Both provide further context and opportunities for data overlay to identify those areas of concern that may be not be reflected in traditional police data for crime.

Data sharing

In Lancashire, serious violence injuries data is shared between Emergency Departments (EDs) and the LVRN through the Trauma and Injury Intelligence Group (TIIG), a multi-agency steering group which includes primary care trusts, emergency departments, police, Community Safety Partnerships, universities, fire and rescue service and the North West Ambulance Service. TIIG was established back in 2001 to develop an injury monitoring system for routine collection of deliberate and unintentional injury data. The purpose of the TIIG monitoring system is to enable systematic data collection, sharing and use across the North West of England. TIIG use alcohol-related data, case studies, call outs and emergency hospital admissions using North West Ambulance Service (NWAS) and Hospital Episode Statistics (HES) data. Trends are presented in terms of demographics, call out locations, patient geography and analyses relating to the locations of violence.

In relation to further analyses, there are several data sources in the process of being accessed (e.g. exclusion data from children and family wellbeing service), although not without challenge in terms of data sharing agreements, quality assurance, data cleansing and other logistics. The Pan-Lancashire Data Group was established in 2021 to address some of the data sharing issues and challenges being faced across the partnership. The group is comprised of both strategic leads and frontline practitioners from local authority, health, education, policing, social care and third sector organisations to understand the landscape of current data sharing, expand on successful initiatives, and identify considerable gaps for future focus. In parallel to the group being established, the Government released the 'Serious Violence Duty' draft guidance, which places emphasis on organisations coming together to improve data sharing with the aim of reducing vulnerability and risk.

A key workstream of the Pan-Lancashire data group is the collaborative working with the Growing Up Well (DfE) team to develop a digital solution to the 'pain points' being highlighted by practitioners working with children, young people, and their families. This digital tool will begin to automate data flows between agencies, increasing access to data sources by those deemed appropriate. This will allow for one holistic view of a family unit, minimising the risk of individuals falling through systems gaps, avoiding families 're-telling their story', as well as ensuring that the most appropriate and effective response of support is deployed to an individual/family unit. Whilst this process is likely to take several years to complete due to the

complexities of the current system in terms of data linkage, we are hopeful that real progress will be made over the coming year and practitioners will begin seeing the positive impacts of this work.

In 2021, NHS England asked Lancashire Violence Reduction Network and the local Integrated Care System to deliver a blueprint of how closer working could be achieved. Three key areas were highlighted as significant opportunities- data, trauma informed practice and governance. Working closely with data leads from the Integrated Care System work is ongoing looking at multi-agency information sharing agreements and memorandums of understanding that are relevant and fit for purpose at an individual and population level as well as being robust and meeting legislative requirements.

Developing the Strategic Needs Assessment

The 2022 SNA and problem profile drew on data from the two main sources detailed above: (1) Lancashire Insight; and (2) crime statistics. Crime statistics were drawn from the Office of National Statistics (ONS) datasets, Lancashire Police Crime and Intelligence Systems and the Lancashire Multi-agency Data Exchange (MADE). All crime data included in the SNA covered the previous 12-month period from December 2020 to December 2021. This was for several reasons, the previous SNAs analysed the years prior and therefore the purpose of the 2021 SNA was to provide a current view of serious violence (to be read alongside the previous SNAs to provide a long-term picture), but also due to the impact of the COVID-19 pandemic. The majority of crime has seen a decrease reflective of the social restrictions, reduced travel and closure of the night-time economy, therefore presenting trends or trajectories of data including this period would likely be skewed and therefore problematic in terms of inferences.

The needs assessment was divided into five sections as follows:

- 1) A demographic overview of Lancashire;
- 2) Epidemiology of risk and protective factors for violence in Lancashire;
- 3) Violent Crime Problem Profile for Lancashire;
- 4) Local perceptions of serious violence;
- 5) Interventions and evidence to prevent serious violence.

Highlights from the Strategic Needs Assessment

The SNA has highlighted a number of findings to the LVRN and partners some of which were not visible or understood previously. Key findings include:

- Poor school attainment across Lancashire, including permanent exclusions, attainment [8 scores](#), high levels of NEET, and low school readiness;
- Lower than England average rate of employment and weekly earnings, high levels of personal insolvency (debt) and fuel poverty;
- High levels of hospital admissions by under 18s for alcohol and self-harm;
- Lower than England average self-reported wellbeing (satisfaction) score;
- Higher than England average rate of children in care, with particularly high levels of looked after children and child protection plans per district;
- Most common risk for safeguarded adults is neglect or acts of omission, followed by physical and psychological abuse;
- Higher than England average rates of children (under 16) in absolute low-income families, and homeless households with dependent children;

- Low levels of social mobility for young people in Ribble Valley and South Ribble;
- High levels of deprivation, with 9 of the 14 districts with more than 10% of their LSOAs falling within the top 10% most deprived nationally;
- Upward trend of serious violence over the previous year (2020/21) – quarter alcohol related, and a third domestic abuse related;
- Over 10% of serious violence victims (11%) and perpetrators (17%) had been identified 2-5 times within the past year (7% of perpetrators were also victims);
- 26% of knife/weapon offenders had more than one previous conviction.

Publication of the Strategic Needs Assessment and Response Strategy

The LVRN website contains a resources section that allows the public access to the SNA (updated annually), the Response Strategy 2020-2025 (which is reviewed and refreshed annually, as required), the Progress Report, the Outcomes Framework, our monthly newsletter and various other sources of information that detail the work, aims and updates about the LVRN. The SNA provides an overview of the prevalence of different types of serious violence in Lancashire, as well as the population's educational and health needs. The SNA and Response Strategy have also been disseminated via training events and collaboration meetings (e.g. with NHS colleagues, academics, lived experience partners and so forth) to provide an insight into our LVRN ethos, the "golden strands" that run throughout our work and the specific interventions that we commission.

The local CSP SNA have been presented to the Community Safety Partnerships by the LVRN to allow a better understanding of issues and data at a local or place-based level. This is congruent with the future needs and requirements of the forthcoming Serious Violence Duty, 2022.

Covid-19: The impact on data

Lancashire's picture of serious violence is similar to other geographical areas and revolves largely around the night-time economy (NTE) with organised crime and county lines, as well as drug and/or alcohol induced violence. Lockdown measures that have been implemented since 2020, including closure periods for the NTE, have impacted the rate of serious violence. Data reveal significant reductions in serious violence during the periods of closure of hospitality businesses. On re-opening, the rate of serious violence has begun to rise towards pre-COVID-19 levels. In parallel, we have seen a substantial rise in reported incidents of domestic abuse, particularly during periods of social restriction in 2021, although unlike other crime types beginning to balance out to their pre-COVID-19 levels, domestic abuse has remained higher than the pre pandemic rates. This indicates a potential shift in serious violence from public spaces to behind closed doors. The impact of lockdown in terms of violence has been reflected in the VRN's actions with a focus being on families in households where there are concerns in relation to domestic abuse, particularly with the Claremont Project, the #noexcusesforabuse domestic violence campaign, work to improve Operation Encompass notification rates and the evaluation of Caring Dads (a programme for fathers where there are concerns in relation to domestic abuse). Similarly, focus has been placed on further developing our understanding of domestic abuse perpetrators in Lancashire, for example in collaborating with the University of Central Lancashire to develop research into understanding child to parent domestic abuse in Lancashire.

In terms of the impact of lockdown on data, the most prominent impact has been the obstacle it has created for 'Lancashire Insight', particularly with health partners, where their time has

become consumed by the pandemic there has been a delay to data sharing. Whilst it has slowed this process down, significant progress has still been made, particularly with the NHS Blueprint and the Pan-Lancashire Data Group and data ethics governance structures. In terms of the impact on data analysis, it has been paramount to include caveats relating to COVID-19 within any findings, particularly with crime trends, where many crime types have seen huge dips from March 2020 which is likely to have been influenced by the lockdown measures. This is also a challenge when producing short-term year-on-year comparisons, where 2020 presents as a significant outlier.

Estimating the number of young people ‘at risk’ of serious violence

Through the production of the SNA, the key risk factors for serious violence, both at victim and perpetrator level were identified, these being factors such as: access to and misuse of drugs and alcohol, living in poverty and/ or deprivation, exposure to violence, lack of opportunities through employment, education and training, isolation from school safeguarding systems, mental distress and psychological factors.

Whilst it is useful to estimate the number of young people at risk of serious violence by the presence of these factors to understand both the extent of Lancashire’s at risk population, but also monitor its trend and projection, there are huge discrepancies within this. This estimate may be an over or under estimation, where many young people will be perceived to be at risk due to their associated factors, yet never fall victim to serious violence, whilst many others will be overlooked due to having no or minimal risk factors, yet do become involved in serious violence. With this in mind, we take a proportional universalism approach: doing something for everyone (a universal offer) but more for those who need it most (targeted offer). Ensuring that there is a population, universal approach alongside targeted intervention ensures the maximum benefits for society as a whole and reduces inequalities in serious violence.

Whilst it is challenging to determine the number of the “at risk” cohort being reached by LVRN interventions, we can infer that those most at risk are likely to be targeted through the projects we are implementing, these being for example: the Emergency Department navigators project where victims of serious violence are targeted, the DIVERT programme where youths perpetrating serious violence are addressed, families with incarcerated parents, alongside the trauma-informed training being rolled out across organisations that will allow practitioners to identify at risk cohorts within their services. Over the coming year, we aim to further enhance our ability to identify the “at-risk” cohort through our data workstream. Through collaborative working between health, education, police and local authority, we are developing our innovative data sharing approaches across the partnership to address these gaps and ensure those in need of support are recognised by reviewing data holistically.

iii. Cultural and financial sustainability

Developing a public health approach, whole systems change and using a trauma-informed approach are key priorities for the VRN and work is ongoing across the network to embed these within partner agencies. As indicated above, workforce development has been undertaken with a wide range of agencies and the VRN is being approached by partners to provide further training and development opportunities. A public health approach underpins our Strategic Needs Assessment and Response Strategy and public health representatives

are involved in both the operational activities and LVRN Partnership Board, in terms of providing oversight, governance and leadership. Developing the multi-agency common narrative around causes of the causes, primary/secondary/tertiary prevention and trauma informed practice are critical to mainstreaming and upscaling LVRN's cultural and tactical delivery.

At the same time, whole systems thinking is embedded in our Strategic Needs Assessment, as we analysed data in relation to an ecological systems approach, by considering personal, family, community and societal, risk and protective factors. We have challenged 'silo' working, by bringing professionals and organisations together to tackle serious violence and the underlying social determinants that contribute to violence. Achieving a sustained whole systems approach has meant identifying our unified aims and outcomes, co-locating, developing commitment at all levels of an organisation and redesigning services to put clients at the centre, rather than expecting them to fit in pre-existing systems. Using the Lancashire produced Trauma-informed Organisational Development Framework agencies and organisations are able to self-evaluate where they see themselves on the trauma-informed journey and the tool can also be used to support a peer assessment option.

The VRN has a dedicated communications and media lead to support awareness raising of the VRN and of the range of resources that have been developed to support a number of the key work programmes.

Clear, identifiable branding ensures that any activity or resources developed by the VRN are identified as such and supports the profile of the Network. A communications strategy and plan has been developed and implemented. Highlights include:

- Co-ordination of Operation Sceptre anti-knife crime week of intensified action communications, which received positive engagement from local communities and achieved local, regional, and national media coverage
- Launch of Mia's Story children's picture book about parental incarceration which achieved media coverage at local and regional level. Television interviews resulted in requests from families and professionals for copies of the book.
- Development of Trauma Informed Lancashire branding and website to support programme delivery
- Leadership of Knife Angel Lancashire communications workstream which increased positive engagement with local communities across Lancashire on the topics of knife and violent crime.

The VRN has been working with four community areas (Skelmersdale, Burnley, Blackburn with Darwen and Fleetwood) to pilot the development of trauma-informed communities in Lancashire with a view to this work becoming self-sustainable by the communities and being rolled out to further areas in 2022 and beyond. This work, alongside working with local CSPs and other third sector providers, will ensure that key work to prevent serious violence and support vulnerable communities and young people will be sustainable.

Home Office funding has enabled the VRN to work with a number of third sector organisations to support vulnerable young people. The VRN will be looking to develop longer-term work with a number of these organisations, again to contribute to the sustainability of the work being established by the VRN.

The LVRN is driven to embed cultural change that has long-term strategic vision. In order to ensure this vision is fulfilled, the VRN is making plans in relation to achieving sustainability. Achieving sustainability for the LVRN includes both internal VRN sustainability (e.g. staff retention), as well as external sustainability (e.g. ensuring that a range of partners 'buy into' and support the VRN's activity).

The LVRN has been effective in working with partners to secure and develop:

- 1) Match funding for staff and programmes of work (e.g. providing trainers and staff to be trained);
- 2) Joint funded interventions (e.g. Empowering Parents Empowering Communities and Caring Dads);
- 3) Success in local funding bids and coordination of funding streams (e.g. Changing Futures funded until 2025; Project ADDER funded until 2025, successful applications to the Prison Innovation Fund for two consecutive years; successful applications for the Teachable Moments and Trauma-Informed funding opportunities);
- 4) Shared outcomes frameworks;
- 5) Benefits in-kind (e.g. venues and staff time).

Since its establishment, staff have been seconded into the VRN from a number of partner agencies including Children's Social Care, Probation, Public Health, OPCC, Education, and the Constabulary with other partners releasing staff to work for the VRN on an ad-hoc basis and to attend regular VRN Operational Team meetings. These seconded staff are responsible for updating their respective organisations about the work of the LVRN and providing feedback through a two-way process.

There is a detailed LVRN induction process which includes shadowing for new staff members. Team members are encouraged to undertake CPD as part of their role and seconded members are given time and space to undertake development and accreditation in line with their host organisation requirements. Wherever possible team members seek out professional accreditation as part of their PDR process e.g. one of the team has been awarded an accreditation for her work from the University of Cambridge.

The VRN has also been successful in securing the provision of an office and meeting room in the main Lancashire County Council offices where the multi-agency team are able to work on a co-located basis.

Planning for longer term financial sustainability and developing options for partners to continue supporting the work currently being developed and led by the VRN is at an early stage and will be a particular focus of the VRN Partnership Board in 2022-23.

Representation at strategic boards gives the Director of LVRN platform to discuss the ongoing commitment of partner to this agenda. Regular conversations take place about what it is that the VRN does that adds value and how this can be enhanced but also mainstreamed. This has already led to the knowledge amongst partners that this is the expectation over the next 3 years.

Strategic partnerships have ensured that LVRN has achieved more than its required match funding from agencies part of the network. This will be expanded upon in order that some of this work becomes 'business as usual' in the coming 18 months to 2 years.

4. Delivery

i. Delivery of the Response Strategy (RS) and interventions

Interventions

The majority of our work streams cover prevention on a multi-level basis, as opposed to only focusing on primary, secondary or tertiary prevention per se. The type of prevention that we aim to achieve depends, in part, on the people who benefit from an intervention (we often take a whole family approach). For example, the Caring Dads programme is aimed at fathers where concerns relating to domestic abuse and violence have been raised (i.e. secondary and tertiary prevention), however the programme's main objective is to improve (co)parenting capacity; which aims to reduce the risk of children becoming perpetrators of violence themselves (i.e. primary prevention).

Similarly, the prisoners and prisoners' families work stream, is aimed at prisoners (i.e. tertiary prevention), however we are also working hard to mitigate the impact of trauma for children who experience parental incarceration in light of the evidence that links parental incarceration (as one type of "ACE") to greater likelihood of becoming involved in violence themselves (i.e. primary prevention).

Our multi-level prevention approach evidences our dedication to: (1) preventing violence before it occurs; (2) responding after violence has occurred to deal with the short-term consequences; and (3) long-term responses after violence has occurred to deal with the long-term consequences. Whether people are 'at-risk', already involved or have been involved in violence for years, we take a strength-based, restorative approach. This does not mean "letting people off" where they have committed crime, but it means not giving up on people, for the good of that individual, as well as the greater good of families and to prevent violence for society as a whole.

The table on the following page shows the breakdown of our core work streams and the type of prevention that the work stream focuses on:

Core Work Stream	Primary	Secondary	Tertiary
Parenting	✓	✓	✓
Multi-agency Risk Reduction Assessment and Coordination			✓
Prisoners and prisoners' families	✓		✓
Cultural transformation and workforce development (including trauma-informed training and schools)	✓	✓	✓
Lancashire DIVERT		✓	✓
Emergency Department Navigators			✓
Exploitation Family Support	✓	✓	✓
Grip activity	✓	✓	✓
Operation Encompass	✓	✓	✓
Operation Provide			✓
Project ADDER			✓
Claremont Project	✓	✓	✓
Cherryfold Project	✓	✓	
Lancashire Knife Angel	✓	✓	✓
Total percentage	62%	62%	92%

We consider our flagship intervention to be our trauma-informed way of working, which is interwoven throughout all our work streams and programmes. The LVRN has become a national and international lead for trauma-informed approaches through contributions to organisations and forums, such as the World Health Organization (WHO) and the Global Law Enforcement and Public Health Association (GLEPHA). There are 18 VRUs in England and Wales and the LVRN has been nominated to lead on trauma informed approaches. This work has led to the establishment and chairing of the national VRU Trauma Informed network which includes VRU and non-VRU areas. Some key areas of work that this group has undertaken includes:

- Working with the “Early Intervention Foundation” on the pan-VRU evaluation of TI practice
- Working with the “Youth Endowment Foundation” on developing the evidence base for TI practice

- Delivering a four nations virtual conference on “What does Trauma Informed practice do?”
- Delivering a brand and series of webinars on “A public health approach to...”

Some of the interventions are solely funded by the LVRN, while other interventions are contributed to by the LVRN (e.g. in terms of funding, evaluation, staff time, data analysis and so forth). The following section of the Annual Report provides a summary of the “core” interventions, funded by the LVRN.

Prisoners and Prisoners’ Families

The Prisoners and Prisoners’ Families Programme of work has three aims:

- 1) To introduce a therapeutic programme to the male prison estate, which is based around Adverse Childhood Experiences (ACEs) and supports men to rebuild and sustain family ties relationships.
- 2) To introduce a resource for children, families and practitioners, developed by the VRN, titled “Mia’s Story” in order to develop pathways for schools to be able to work more closely with prisons and increase understanding across the system about the impact of parental incarceration on children.
- 3) To develop a “Communities of Practice” approach to support understanding of trauma-informed practice in relation to women in the justice system (prisons and community) who are pregnant.

Type of intervention:

- 1) Group work, based on dialectical behaviour therapy, to be delivered by two staff, one of whom is a seconded Probation Officer.
- 2) Mia’s story is a children’s story book with accompanying resources, designed for use by professionals to support parents in custody to better understand the experience of a custody through a child lens.
- 3) Communities of Practice, multi-disciplinary thinking about trauma-informed approaches and system issues.

Target groups:

- 1) Men with a history of violence currently serving a custodial sentence, who have family ties and relationships in the community. The men should be motivated to address problematic behaviour and have no previous convictions for sexual offences, stable mental health, not going to be released or transferred to another prison during the course of the programme and have family / children that he is allowed to have contact with.
- 2) All men and women who have children and would benefit from developing awareness of experience for child of parental incarceration, subject to a safeguarding / risk assessment. Professionals working with children and with people in prison.

- 3) Women in custody and the community who are expecting a child, are involved in criminal justice system and are involved in child safeguarding procedures.

The Prisoners and Prisoners' Families work stream focuses on developing trauma-informed approaches to work with men and women in prison, their families and children. The overarching aim is one that joins up the links with prisons, families and schools through an embedded understanding of the impact of Adverse Childhood Experiences (ACEs) on children and men and women in the criminal justice system. We aim to reduce the stigma experienced by people in prison, breakdown barriers which impact on positive resettlement outcomes, and produce positive and helpful resources and processes to support improved outcomes for all involved.

In Lancashire we are fortunate that we are operating in an environment where there is a strong and positive move towards trauma-informed practice and a recognition of the challenges faced by people who experience multiple disadvantages. The "Changing Futures" programme is launching with Lancashire as is the "Reconnect Scheme". Both projects provide excellent opportunities to collaborate and will complement this work stream.

Trauma-informed Communities

Trauma is recognised as a profound and global public health crisis, but despite increasing recognition of the impact of trauma, the response is not always trauma-informed (TI). Trauma is often driven by social determinants and therefore there is a need to see beyond the presenting behaviour (e.g. violence) and examine the "causes of the causes" by adopting a public health approach.

Whilst ensuring that services provided to communities, both by the public sector and those delivered through third sector and charitable organisations, are trauma informed the value of that model will be enhanced if the communities receiving the service are also trauma aware.

There are four existing community pilot programmes across Lancashire that seeks to explore a number of models for developing trauma aware, and ultimately trauma informed, communities using a variety of approaches:

- **Blackburn with Darwen** – building on the ACE and trauma aware work that has been undertaken over a number of years, including the recent Citizen's Jury on ACEs and looking to understand how this has impacted and/or changed communities and what are the next steps to embedding this into a diverse range of communities.
- **South West Burnley** – developing the work initiated through Cherry Fold Primary School and Coal Clough Academy to work with pupils and the wider community to define how they would like their community to be known and how they would want services into their community to be delivered.
- **Fleetwood** – The LVRN is supporting the development of a local network of schools, who are sharing the development of resources and approaches which will embed trauma informed practice, recognising the prevalence and impact of trauma on children, their families and staff who work to support them. They will develop means of communicating the impact of ACEs, trauma and vulnerability across the Fleetwood community by developing school-based strategies to communicate key messages and

support families and children across the Fleetwood area. The range of schools will help to ensure effective transition programmes are developed across primary and secondary schools. The trauma informed school's initiative aims to reduce exclusions, improve attendance, lessen vulnerability to exploitation and crime for young people, improving educational outcomes and potential social mobility. The LVRN will support the schools in the area to make links with local agencies seeking to reduce the risk of criminal exploitation through adoption of the Youth DIVERT scheme and improved information sharing, liaison and case planning between community police teams and school pastoral support staff.

- **Skelmersdale** – developing the work being led by the NHS/CCG to develop trauma informed communities with a health led focus

Trauma-informed Training and Workforce Development

“Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being”. (Substance Abuse and Mental Health Services (SAMHSA), 2014)

There is no common partnership definition of trauma informed practice, but a common understanding is:

- Realising the potential neurological, biological, psychological, and social impact of trauma.
- Recognising that anyone we meet may have experienced trauma.
- Responding to the impact of trauma.
- Moving away from blaming and judging people for their behavioural and psychological reactions, which may play out in acts of violence, to recognise that these responses may be a result of trauma.
- Understanding that people with a history of trauma may find it more difficult to trust and engage with people, particularly professionals who are often seen to be in a position of power and authority.
- Promoting strengths, protective factors, and resilience.
- Recognising the importance of relationships.
- Emphasising the importance of support mechanisms for professionals and families to reduce the impact of secondary vicarious and secondary trauma.

Trauma Informed Lancashire has started to become a recognise brand with an associated workforce development strategy. This strategy has a number of key outputs, measure and activities which include:

- Engaging key stakeholders, professionals and experts by experience.
- Retained psychological input
- Development and updating of key resources requested by professionals and communities e.g. OD tool update, practitioner toolkit

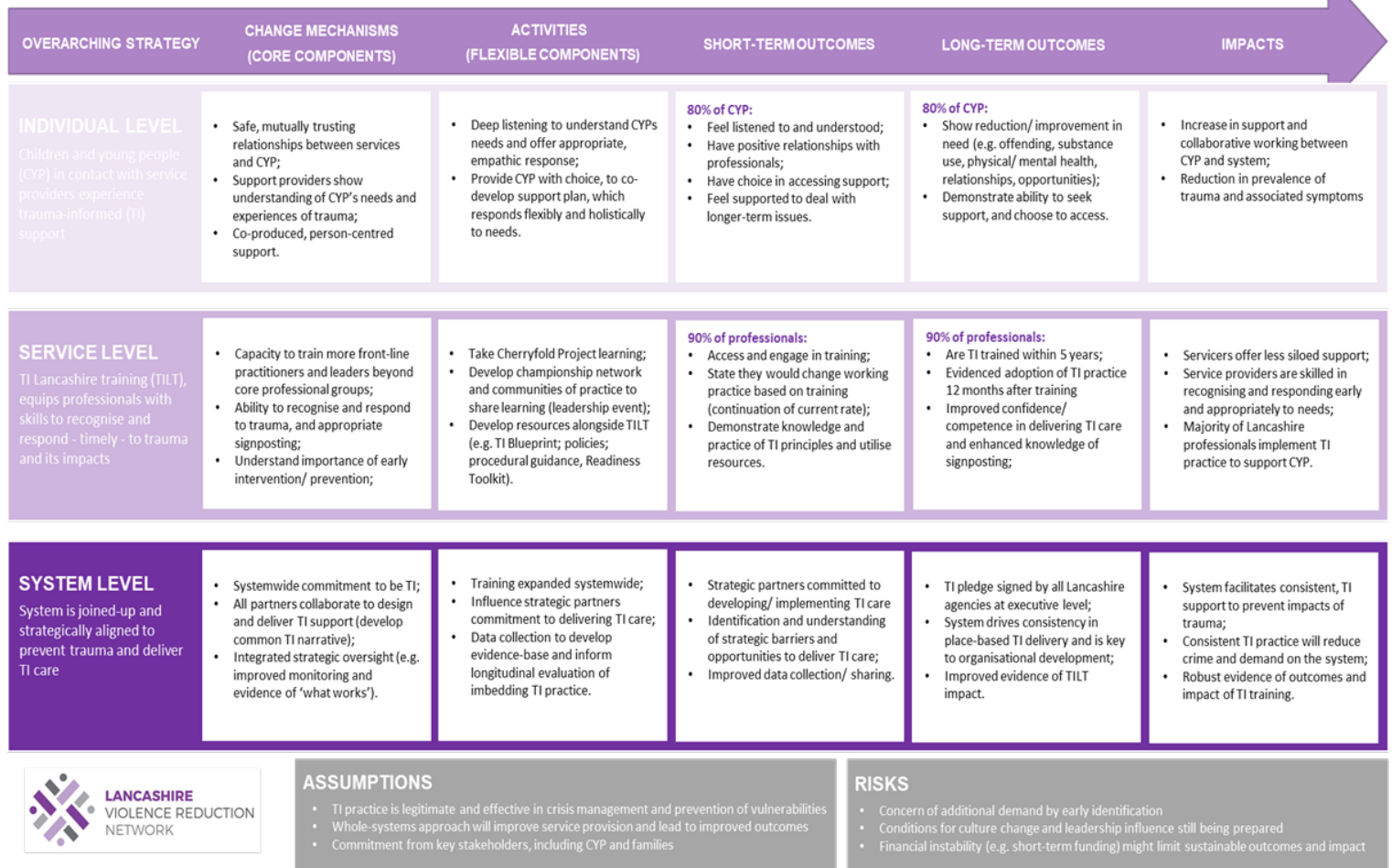
- Delivering bespoke and multi-agency TI inputs
- Development and delivery of basic awareness, leaders and train the trainers packages
- Development and delivery of bespoke packages to policing, health, probation, Children’s Social Care and the Child and Family Wellbeing Service.
- Embedding TI principles into day to day practice.

Building on the strong pan-Lancashire history, we are asking system leaders and senior managers to sign up to a trauma informed pledge and consider their workforce, organisational and community strategies through a trauma informed lens. This pledge will form the basis of a multi-agency approach to the development of “Trauma Informed Lancashire” alongside a detailed workforce development strategy which is summarised below in the theory of change (see appendix 2). TIL incorporates the excellent work across the Lancashire County Council, Blackpool and Blackburn with Darwen footprints

The pledge is flexible to the needs of individual organisations recognising that there are different stages of trauma practice (aware, sensitive, responsive, and informed) and understanding that different agencies will be at multiple starting points. There is no financial cost to signing the pledge.

To assist in this process the LVRN organisational development tool is available for system leaders to self-assess their strengths, gaps and opportunities if required ([Lancashire Violence Reduction Network](#), 2020) Thus, gaining and understanding of their own organisational trauma informed journey.

This is in line with the theory of change for trauma informed workforce development as depicted below:



Trauma-informed Education

The Trauma-informed Education work programme aims to reduce vulnerability in young people by reducing exclusion rates, increasing attendance and raising attainment. The school self-nominates or is invited to join Lancashire's Trauma-informed Schools' Network Pilot Scheme, facilitated by the LVRN Education Lead. Support from VRN includes:

- A collaborative initial audit to gauge starting point and prepare an action plan.
- Access to trauma-informed training.
- Mentorship and coaching to develop trauma-informed policy and practice.
- Access and signposting to resources relevant to generic topic of trauma as well as specific issues associated with trauma.
- Access to a trauma-informed support network to share reflections and learning.

Following the audit, the school receives notes of discussion, followed by training as required, bespoke to the individual schools' needs, which may include, support in developing:

- Data systems;
- Appropriate trauma-informed language';
- Trauma-informed policies (e.g. in relation to school behaviour and relationships);

- Trauma-informed champion expertise to further facilitate staff workshops and reflective practice meetings with staff;
- Trauma-informed strategic planning;
- Knowledge and protocols for how to raise awareness about trauma and its impacts among children, young people and their families.

Following participation in the above programme schools join a county-wide network – facilitated by the LVRN – and contributed to by trauma-informed practitioners to share resources, learning and enable consistent implementation of trauma-informed practice. Across an area schools are supported to act as learning “hubs” to support the positive development of trauma-informed practice in collaboration with other schools within their school cluster.

Type of intervention:

- Prevention focused: aims to prevent exclusions and promote positive school engagement for pupils at risk of involvement in violent crime.
- Whole-school focused: aims to promote understanding of trauma and impact among all school staff.
- Building resources: developing strategies and policies for schools to prevent and respond to trauma appropriately.
- Multi-Agency Support Panel (MASP): Already in place in Preston and Fleetwood and currently developing one in Burnley.

Target group:

- Primary, secondary and special educational needs schools;
- Mixed demographic;
- Pan-Lancashire (e.g. Fleetwood, Blackpool, Great Harwood, Preston and Morecambe);
- Schools are self-selecting for first part of pilot with a view to rolling out the model on a wider basis and taking a more targeted approach in the long-term by using centrally held data to identify schools and areas with particular issues in relation to exclusion rates and serious and organised crime, for example.

Multi-agency Risk Reduction Assessment and Coordination (MARRAC)

The new MARRAC approach and process ultimately seeks to:

- Reduce repeat offending
- Reduce domestic abuse referrals overall
- Tackle problems early on
- Provide an early universal service help offer

By utilising the purpose-

“Listen to me.

Ask me and understand what I need.

Help and support me to stay safe from being at risk of experiencing, causing or witnessing serious harm or death from domestic abuse”.

The 3 MEs signifies the core focus of the MARRAC is to provide support to victims, children and perpetrators.

A sequence of 'value and enabling steps' are utilised to firstly, gather and assess information; second, analyse to understand risk and need; third, identify the solution; and fourth, complete the case. Value steps are fixed but enabling steps are flexible to meet the needs of the ME.

Value and Enabling steps

4 Value steps...



Type of intervention:

- Co-created multi-agency team. Assessing the ME's, incident and past risk in a trauma informed way to ensure root causes are identified and person centred. To identify solutions and to ensure the intervention prevents repeats in the system.
- Developing strategies for the team to prevent, respond and understand trauma appropriately.
- Building resilience amongst professionals and in future prevent high risk DA

Target Group

- Victim and perpetrators must be over the age of sixteen and their case must deem to meet the 'purpose'.
- Referrals are accepted from all agencies.
- Each individual case is coordinated by a professional who is experienced with DA.

Emergency Department Navigators

The ED navigator service aims to work as part of the Violence Reduction Network, to reduce anti-social behaviour and serious violence alongside reducing attendances at our Emergency Department. The service is delivered by Blackpool Teaching Hospitals based in the Emergency Departments (ED's) at Blackpool Victoria Hospital and host sites across Lancashire including Royal Blackburn Hospital, Royal Lancaster Infirmary, Barrow and Furness Hospital, and Royal Preston Hospital. The ED Navigator service is led by experienced nurse professionals who are trained in Trauma informed care. They support anyone between the age of 10 – 30 years old who have attended with violence related injuries and/ or vulnerable attendances such as drug/ alcohol attendances if these could be linked to possible exploitation/county lines/ violence etc. The service commenced in Blackpool in 2020 following a scoping exercise in October 2019.

Following receipt of additional funding from the Home Office the service was rolled out to Preston in 2021, East Lancashire and Lancaster and Morecambe in 2022.

The service through using a health professional at a reachable and teachable moment improves the outcomes of individuals this includes physical recovery from a violent injury, access and supported to substance misuse and sexual health services, improvement in emotional health and well-being and a speedier recovery to return to education, thinking about training opportunities, reintegrating with peers and support with wider family dynamics and tensions including in communities. Support accessing the service following an attendance at ED. Utilising a trauma-informed and public health approach, ED navigators assess if an attendance is linked to serious violence, crime involving a weapon, exploitation sexual and criminal and domestic abuse, and will start to build a trusted relationship. Once the trusted relationship is building the ED navigators will complete a health needs assessment to establish what support the individual requires, the time to build the relationship is dependent on the level of harm, trauma and adverse life experiences of that individual, and the offer whilst they test that we care, can help and invested varies and is bespoke to each individual. We aim to build back with them and reduce feelings of hopelessness, helplessness, and overwhelming worry often very frightened.

The service delivers secondary and tertiary prevention to patients.

Secondary Prevention - The ED Navigator nurse will see the patient as they arrive in the department and is there to listen and support during this vulnerable time, known as the 'reachable and teachable moment'.

Tertiary Prevention - the ED Navigator nurse will establish a trusted relationship by supporting the patient long-term in the community, supporting children and young adults back into education/work whilst empowering them to have aspirations and hope for the future.

The service works closely and in partnership with community services to deliver interventions and these services include:

- GP/Health Appointments inc. sexual and mental health.
- Outreach work – targeting hotspots of violence, identified by ED Navigator Nurse data.
- Emergency dental support
- Education/Training courses – supporting to appointments to sign up etc
- Housing Referral
- CSC/ Social care referral
- Substance Misuse Service
- IDVA/ IDVA service
- Lancashire Victim Services including NEST
- Homeless Health Nursing Hub
- CAMHS. Youth Therapy. S.P.A referrals
- Supporting parents with school issues- bullying/support in raising these issues effectively
- Bereavement Support services

The service is able to offer bespoke interventions to individuals including:

Private therapy sessions - that can be accessed within 2 weeks of referral. These include Cognitive-behavioural therapy (CBT), Eye movement desensitisation and reprocessing (EMDR), Psychodynamic therapy, Psychoanalytic psychotherapy

1-2-1 private sports sessions with the JJ Effect, which is a sports facility and knife crime project, we can also support with any kit/sporting wear that is required for each child/ young person.

KnifeSavers training - All our ED Navigator nurses are trained in delivering the KnifeSavers course – we incorporate this into any supports visits and encourage all our patients to download the KnifeSavers App. – this can support anyone who has to deal with a knife wound.

DIVERT Adult and Youth Lancashire

The DIVERT programme is delivered in collaboration with nine football community trusts across Lancashire, including Accrington Stanley, AFC Fylde, Blackburn Rovers, Blackpool FC, Burnley FC, Fleetwood Town, Morecambe FC, Preston North End and Wigan Athletic. Due to the varying population demographic across the county each trust has developed interventions and support activities relevant to local needs. The adult programme started in March 2020, followed by the youth programme in November 2021; both programmes aim to improve wellbeing, provide opportunities and reduce reoffending.

The programme delivers a wide range of interventions aligned to the following criteria (dependent on which programme is being participated in and client needs):

- Basic advice and initial support: information and guidance
- Education attendance: promoting attendance through exposure to positive and meaningful activities
- Training support: scoping and supporting access to training opportunities
- Benefits and financial advice: supporting clients to access and navigate the benefits and banking systems
- Employment support: scoping pre-employment and employment pathways and supporting access
- Social activities: promoting access to positive peer environments and peer-led activities
- Health services: helping clients to access and navigate health services
- Volunteering: introducing clients to the positive benefits of 'giving back' and supporting access to volunteering opportunities
- Third sector services: helping clients access the wide array of third sector programmes outside of the community trusts, which support the client's development objectives
- Wellbeing: consideration of the young person or adult holistically, helping them develop their social, cultural, personal and economic capital

The interventions may encompass one or more of these features but generally include 1:1, group and community-based activities.

Adult's programme: One-to-one work includes assertive engagement, often within a custody suite environment where the initial engagement usually takes place (adult programme),

although the programme has adapted and will also accept appropriate referrals from other partners.

Young people's programme: The team member will proactively interact with the young person, describing the support offer, establishing their needs and motivation to take part in the programme. The team naturally work in a pro-social, trauma-informed way, responsive to how life experiences may affect behaviours and how the young person presents themselves.

Assessments are made of the person's skills, assets, interests, objectives and a development plan created with them including manageable objectives which are reviewed periodically. Practical support is provided to help people access and navigate housing, employment, education, training, universal credit and health services, where applicable.

Types of intervention: The DIVERT programme focusses on desistance type interventions whereby clients are supported based on an assessment of their individual needs, life experiences and objectives in order to promote positive behaviour change and reduce experience of offending. Individuals are introduced to a range of interventions which helps them achieve their objectives, supported by a named, dedicated DIVERT team member who builds a trusted and potentially a long-term relationship with them.

Target groups:

- People resident in Lancashire, aged 10-35 (10-17 youth programme, 18-35 adult programme) with experience of offending or at risk of offending behaviours, engaged initially through police custody suites or referral from stakeholders, e.g. criminal justice, education, social care and third sector.
- Individuals experiencing vulnerabilities and challenges to positive behaviour change, including substance misuse, unemployment, low learning achievement, negative peer influences, disconnection from their family and community, and difficulty navigating statutory systems.

Knife Angel Lancashire

We hosted the Knife Angel National Monument Against Violence and Aggression in Lancashire for the duration of November 2021.

The sculpture was built to inspire change. Acting as a catalyst for dialogue, education and reflection, the Knife Angel helped us to highlight the impact this type of violent crime can have on individuals, families and communities and the need for society to change.

The main partners involved were Blackburn Cathedral, Blackburn with Darwen Borough Council, the Lancashire Police and Crime Commissioner and Lancashire Violence Reduction Network. Local community groups were also represented on the steering group and Lancashire Youth Commission presented at the two official events.

The aims of the project were:

- To reduce knife crime by stimulating dialogue, education and reflection about knife crime.
- To provide stimulus to open dialogue and educate young people across Lancashire on the following themes:
 - Why people carry knives and the associated risks

- Dealing with conflict
- Impact of knife crime
- Building resilience
- To provide a focal point for reflection for individuals and wider communities.
- To encourage people to hand in knives

Type of intervention

The main elements of the project were:

- Sculpture on display
 - The sculpture was situated outside Blackburn Cathedral and was open for visits 24/7 during November 2021.
- Civic launch and peace vigil
 - A civic reception held for partner and system leaders from across the county followed by a peace vigil open for member of the public to attend.
- Educational programme
 - Schools and community groups visited the Cathedral to see the Knife Angel and attend workshops.
 - LVRN curated a selection of knife crime education resources, available at LancsVRN.co.uk, and developed four specific workshops for community groups to use. Other educational activity took place in schools.
- Photography competition
 - We held a photography competition over social media which culminated in an exhibition and prize giving at Blackburn Youth Zone.
- Media campaign
 - In addition to promoting opportunities to engage with the Knife Angel, we created a series of videos on the impact of knife crime, featuring talking heads from the Cathedral, police, Lancashire Victim Services, a victim, and a knife crime perpetrator, which were shared on social media.

Target group

The target groups were as follows:

- Young people
- Parents and carers of young people
- Perpetrators and victims of knife crime
- People working in a range of sectors include health, youth support, education
- Community groups
- Residents of all Lancashire boroughs

Response Strategy

Our interventions are delivered in line with our Response Strategy and are aligned through a whole system commitment to and consistent implementation of our “golden strands”, which run throughout all our interventions and are as follows:

- Public health approach

- Prevention
- Systems approach
- Strengths-based
- Trauma-informed
- Relationship-based
- Life course approach
- Evidence-informed
- Multi-agency
- Co-production of programmes in response to communities and lived experiences

Each intervention complements one another and are interlinked both “on the ground” and at a strategic level through multi-agency working, information sharing and various statutory and non-statutory oversight boards. In practice, programme facilitators and practitioners work together to ensure that the focus is on individuals and families so support can be coordinated and provided by the most appropriate professional(s) and/or service(s). This means that people are put at the heart of our interventions, and that regardless of where a person comes into contact with the “violence prevention system” (e.g. ED Navigators, MARRAC, custody or prison), they will be listened to in order to access appropriate support to prevent – risk of – (re)offending. A whole systems approach is vital in facilitating the delivery of effective interventions. We strive to work together to create more streamlined, flexible and adaptive services, which are designed to fit the needs of the local population (according to evidence presented in our Needs Assessment), rather than expecting people to fit into a pre-defined system. Meeting the needs of individuals means getting to the “root” of the problem (e.g. trauma, attachment and relationship difficulties), as opposed to only dealing with the symptoms (e.g. challenging behaviour and crime).

Our Response Strategy was written as a long-term strategy, dated from 2020-2025, recognising that there needs to be long-term commitment to tackling the social determinants of violence. The local Community Safety Partnerships (CSPs) are in the process of taking our Pan-Lancashire Serious Violence Response Strategy to create local Response Strategies for each CSP area within Lancashire; the LVRN is supporting the development of these local, long-term strategies.

Commissioning

Through our commissioning process, we request that bidders outline the existing evidence-base for any proposed services. We have invested in a combination of interventions: some of which have an emerging or pre-established evidence-base (e.g. according to evaluations, existing literature reviews, the Early Intervention Foundation Guidebook and the Youth Endowment Fund Toolkit), whilst others are innovative and unique to Lancashire and have not been subject to local evaluation to date. In cases where we have adapted an existing intervention based on evidence from other areas (nationally or internationally) or are developing and piloting a new intervention, we are also commissioning local evaluations to contribute to building the evidence-base in relation to preventing violence and the risk factors for violence.

Where possible we will look for opportunities to co-commission with other partners or contribute to joint commissioning of programmes. For example, we contributed funding towards the mapping and evaluation of domestic abuse perpetrator programmes commissioned by the top tier local authorities in a funding bid led by the OPCC.

We will look to commission earlier in the financial year moving forward, having learnt from complexities in the commissioning process since the establishment of the LVRN. Where staff change (e.g. due to retirement, secondments ending and maternity leave), we will (where possible) look to recruit earlier to prevent a gap in a position within the LVRN team.

Oversight of commissioning is through the Funding Oversight Group which has responsibility for both VRN and Grip funding. This ensures that budgets are aligned and enables dialogue between budget holders to ensure best use is being made of both resources (as detailed in Section 2 of this report).

Recent changes in crime trends

Crime trends are important for pre-empting future impact; the LVRN is committed to being adaptive in its approach to tackling serious violence and the changing nature of crime (e.g. acid attacks, the link between online conflict and offline violence and rising reported incidents of domestic abuse). We also continue to explore trends in wider risk factors for violence, beyond crime data. The Evidence Lead and Partnership Data Analyst play a key role in horizon scanning for contemporary research and trends in multi-agency data. For example, we know from the Family Rights Group (2018) review that applications for care proceedings in England and Wales reached record levels in 2017. More specifically, the Nuffield Foundation's (2018) Born into Care Report informs us that the likelihood of newborns (in the general population) becoming subject to care proceedings has more than doubled in the 2008 to 2016 period, and that the greatest proportional increases were evident in the North West (as well as the North East and South West) of England. We also know from a recent macro, population analysis (Bedston et al., 2019; Philip et al., 2020) that the number of mothers and fathers who appear in first and subsequent (recurrent) S31 care proceedings in England has increased over time. The growth in cases of care proceedings and particularly recurrent care proceedings raises questions about what more could be done to prevent repeat child protection concerns and involvement in the family justice system; key factors related to increased risk of future violence. The data enables us to identify areas of need and work to prevent issues before they escalate. When analysing crime trends, the LVRN is taking into account the context of Covid-19 on data relating to serious violence and the underlying risk factors.

We also keep abreast of new research and evaluation findings in relation to "what works" to support protective factors and prevent serious violence, by drawing on sources of information, such as the Early Intervention Foundation Guidebook; the College of Policing Crime Reduction Toolkit and the Youth Endowment Fund Toolkit Overview of Existing Research on Approaches to Preventing Serious Violence.

ii. Community and youth engagement

In May 2021, the LVRN consulted with youths from 32 youth organisations across the county to provide the evidence that would inform the "Preventing Youth Violence Strategy", and as a

result the decision-making process that followed. The consultation focused on 7 questions that were created by young people to help gain a better understanding around how they see violence in their communities and the way in which they see the problem being solved.

In total, 146 young people (106 males and 40 females), aged 8-18, submitted 595 responses to the 7 questions they were presented. These responses were thematically analysed and placed into themes to identify causes of violence and potential solutions.

The strategy itself is near completion and includes an action plan guided by the youth consultation, that has been co-written by the LVRN and external organisations, namely Early Intervention and Youth Offending Services, as services who regularly engage with young people and communities and therefore appropriate in offering that vital insight..

The LVRN have established relationships with lived experience teams and at times have invited young people with lived experience to attend their operational team meetings, enabling them to impart their personal knowledge around community challenges that they and others face.

During 2021/22, youth work through the DIVERT programme commenced, providing support for those aged under 18. Every young person engaging with the programme is asked to complete a toolkit and as their mentors develop a relationship with them, they tailor their interventions, accordingly, focusing on local support.

In general terms an annual amount of funding was allocated to youth and community engagement but in addition to this, grass roots organisations were invited to bid into a community engagement grant fund to enable them to deliver focused pieces of engagement work on a very local level. This latest round of successful bidders included a broad cross section of the community looking at boys and girls as well as LGBT groups, engaging through a variety of approaches.

The OPCC has also supported the LVRN with youth and community engagement with a particularly successful month of intense work being centred around the “Knife Angel” visit in November 2021, cited at Blackburn Cathedral. Youth groups from across the county visited the location throughout this period, with many attending workshops that were relevant to them.

Although the OPCC have established youth links, we all aspire to improve our engagement levels over the next year to develop trust in our young people and continue tackling violence together, particularly with those ‘harder to reach’ cohorts.

iii. Successes and barriers to delivery

LVRN overall

We consider one of the most important successes, which facilitates the delivery of our LVRN strategy and interventions to be the people – and the diversity of the people – involved in the Network. More specifically, we have over 30 different agencies represented within the core LVRN team and Partnership Board (that oversees the work of the LVRN). Identifying “agents of change” has enabled us to generate a rapidly growing social movement, as more and more people across Lancashire have joined forces and gradually become involved in the work of the LVRN. One of the key “golden threads” outlined in our Response Strategy is taking a

relationships-based approach. We have invested heavily in developing trusting and strength-based relationships between professionals, with communities and especially with those with lived experience.

Our investment in people and relationships reflects our integrated approach. We have moved beyond multi-agency working, where multiple agencies are involved, to create a core team that is integrated and co-located (when Covid-19) has permitted. We are developing omnicompetence within the team, working fluidly across sectors and services, to challenge existing structures; enabling us to rethink and recreate public services that are person-centred, client-focused and are able to address the holistic needs of individuals and families by joining whole system together, rather than what has often, traditionally be silo-ed, fragmented ways of working.

We have rejected hierarchical leadership in favour of distributed and collaborative models of leading. This has led to richer, more diverse ideas and an inclusive culture that values the contribution of different voices and expertise at all levels within organisations and communities; working hard to include those who are marginalised, either directly or through supporting research, which engages the voice of those who are often unheard.

We were fortunate in Lancashire to already have a platform established in terms of understanding Adverse Childhood Experiences (ACEs) and trauma, with the first ACE-study in the U.K. having been carried out in Blackburn with Darwen in 2012. Since 2015, we have also had the Better Start initiative and Centre for Early Childhood Development set up in Blackpool, which aims to improve the life chances of babies and very young children by delivering the use of preventative approaches in pregnancy and the first three years of life through a trauma-informed approach. Through the work of the LVRN and partners, momentum in Lancashire has continued to grow in terms of recognising and responding – through a trauma-informed approach – to people who become involved in violence, in order to address the underlying causes and support the development of protective factors.

We consider a key strength of our approach in Lancashire to be our systems approach. More specifically, we accept that there are no “quick-fix” solutions to “wicked problems”, but have key stakeholders and organisations committed to striving to improve individual, family, community and structural factors that are associated risk factors for violence. By adopting a systems approach, we place heavy emphasis on continual learning and adaptation, as well as accepting that long-term outcomes – particularly intergenerational improvements – will take years to evidence.

That said, we have invested in local evaluation to help evidence short-term outcomes for individuals and families that indicate that we are making positive progress. Harnessing quantitative data and qualitative case studies, and celebrating promising practice, has been key to evidencing success on a small-scale but also in terms of maintaining morale and motivation therefore, strengthening the resolve to jointly create sustainable working practices.

The Home Office funding has undoubtedly been a catalyst to much of the LVRN’s work and it is highly unlikely that the same “buy-in” would have been secured from partner agencies or that the interventions developed would have been delivered without the financial support from the Home Office. One of the challenges has been to plan interventions, as well as employ and retain staff, where funding is only confirmed on an annual basis for the following financial year. Moving forwards, a key challenge will be the sustainability of VRN activity, where Home Office

funding is not continued in the long-term. In relation to this challenge, we have begun conversations at a strategic level around how some of the LVRN's work could be mainstreamed in the future.

Covid-19 has also presented significant challenges, although we have continued to persevere and adapt our approach within the context of a global pandemic. Initially, Covid-19 resulted in a number of core team members having to retreat to "frontline" duties, due to staffing issues. We have also faced challenges in relation to coronavirus sickness, self-isolation and shielding needs within the core LVRN team. Both these aforementioned issues have led to somewhat reduced demand during the 2020-21 financial year. As a result of the pandemic, a number of our planned interventions have had to be put on hold; for example, we had commissioned a programme to be run with prisoners and prisoners' families that has been unable to go ahead as planned, due to only essential external providers being allowed into prisons for the majority of this financial year. As a knock-on consequence, there were delays to the local evaluation of particular interventions, and where interventions have had to be postponed or there was delay in their roll-out, we have had to adapt our local evaluations (e.g. by focusing on alternative interventions that have been successfully delivered and by moving interviews on-line).

Despite a number of Covid-19 related challenges, the close-knit and dedicated nature of the team, has on the whole meant a great deal of consistency in staff within the LVRN from its initial establishment until present. This commitment, consistency and passion – demonstrated by LVRN members and senior leaders within Lancashire – are important facilitators for embedding change across systems on a pan-Lancashire basis to prevent violence.

Individual intervention successes and barriers to delivery

The following section of the Annual Report provides examples of some of the successes and barriers to delivery for our specific programmes of work.

Prisoners and Prisoners' Families

Successes:

- Enthusiasm from each prison to take part in the programme and support facilitation of the group intervention for prisoners and their families.
- Mia's Story is readily available and is being utilised in visiting areas with children and their families.
- We have established a strong partnership with HMP Styal to develop a second version of the book, to be written and illustrated by women in custody, as well as some women who have been released.
- Plans are underway to develop links with schools, with a risk assessment and consent process now established.
- Training and briefings have been held across the county, targeting schools, probation and prisons to raise awareness of the issue of parental incarceration.
- A community of practice has been formed and has met a number of times, to begin mapping the issues for women who are pregnant and involved in the criminal justice system. A survey has been rolled-out, with findings highlighting training needs, to be addressed in 2022-23.

- The voice of lived experience continue to be the key to driving forward the prisoners and prisoners' families work.
- We are linking in well with other pan-Lancashire initiatives (e.g. Changing Futures and Family Safeguarding), which are also strengths-based and trauma-informed.

Challenges:

- Covid-19 has prevented delivery of the Strength Inside and Out programme and has significantly hampered some of the wider plans due to restrictions in outside staff and visitors entering prisons.

Trauma-informed Communities

ARC evaluation has been appointed to evaluate the processes undertaken to deliver the four pilot areas and to develop an evidence base for potential upscaling in other areas of Lancashire.

Challenges

- TI Community Development models are still in early development phases with a limited evidence base.
- Different community models are not necessarily suitable in multi-place settings
- Community trauma awareness is difficult to quantify or measure and outcomes tend to be long rather than short term. Therefore, any model may not see benefit for several years.

Trauma-informed Training and Workforce Development

Successes:

Social Worker	<i>This training is close to transformative in my developing practice with the focus on knowledge to empower families much greater than the focus on what support services should we deploy</i>
Young Persons Crisis Counsellor and LAC Support Worker	<i>Personally, I feel this training should be MANDATORY for anyone who works with CYP</i>
Social Worker	<i>I feel that the entire workshop was incredibly useful for me and it was delivered in a way in which I will be able to apply it to my work. I felt that the workshop was a safe space in which to discuss our own experiences and also to be able to challenge some beliefs that exist within social work and the wider health and social care sector</i>

Police Restorative Justice Coordinator	<i>The delivery of the training and the content was brilliant, lots of engaging case studies and examples. Good variety of listening, videos, and group discussion. All information was relevant and useful to my practice, would recommend the training to anyone</i>
Senior Family Support Worker	<i>All of it! This was one of the best training courses I have been on recently, Really useful training alongside colleagues from different services and so gaining different perspectives as well as identifying a common approach, Although we already work in a trauma informed way the training allowed time for reflection and discussion which was really useful, discussions around when a victim of trauma becomes a perpetrator/ aggressor and the importance of early support were very thought provoking</i>
Probation	<i>The make-up of the participants from differing agencies really enriched the discussions around trauma-informed practice, the short film use also offered a brief but really helpful tool to open up conversation as to the complexities and layers to unpick and understand around trauma</i>
Teacher	<i>Really easy to understand, everything well explained, lots of strategies to put in place in the classroom</i>
Teaching Assistant	<i>All of it - so worthwhile in our school</i>
Young Persons Counsellor	<i>I thought the course was fantastic and it helped me look at how others areas of our company could benefit from the training, I believe that working with young people and working in school settings that agencies need to work together to help get the best outcomes for young people, I think that teachers would benefit from this training, The content and delivery were fantastic, Thanks for a great day</i>

- 96% This training has enhanced my understanding of underlying trauma that could contribute to an individual's risk of involvement in serious violence and crime
- 91% I have an increased awareness of how to avoid practices that might inadvertently cause further trauma, preventing the individual from accessing appropriate support
- 90% I have an increased ability to recognise adverse experiences and trauma and understand how these may interfere with a child or young person's ability to form trusting relationships with frontline professionals
- 90% I feel better able to collaborate and intervene more effectively because of a developed shared language and understanding of the impact of trauma
- 89% This training will enable me to put in place more effective interventions to address the impact of underlying trauma
- 74% I have an increased understanding of how trauma presents in young women and girls and how frontline professionals' response to this cohort may differ

Challenges:

- Last minute nonattendance on courses
- Recruitment of trauma informed trainers with appropriate qualifications
- Availability of a retained psychologist to deliver training
- Covid restrictions preventing attendee numbers for face to face inputs
- Measurements of post training outcomes in a systematic way
- Availability of NHS and Health system staff due to COVID
- Inappropriate attendance on the train the trainer module (not trainers and/or had basic awareness).
- Ability to measure the training impact of those trainers that have been on the train the trainer input.
- Procurement/HR/recruitment/vetting.
- Delays in progress in the local authorities rolling out the model which is now on track.

Trauma-informed Education

Successes:

- Training has been very well received across all schools involved.
- Trauma-informed policy work has taken place and positive changes made in all participating schools.
- Schools are altering practice and their approach to engaging with children and families, with a focus on appropriate language, emotional regulation and improving self-awareness amongst both staff and pupils.
- Reflective practice sessions have been well received by schools, with most using a template shared across schools.
- Individual target setting for schools means schools are moving forward in response to the needs of pupils in their setting.

- Qualitative and quantitative data capture templates and systems have been established for evaluation purposes (e.g. case studies, behaviour log and monitoring systems).

Challenges:

- Covid-19 pressures have slowed progress for some schools.
 - Children's behavioural challenges and well-being have been impacted by Covid-19.
 - Families are struggling to cope.
 - Staffing levels are reduced by illness with some schools experiencing staff absences of up to 25%. This has resulted in inconsistency for children and staff burnout, with limited capacity to consider change or challenge.
- Schools are not currently using materials provided to run their own ongoing CPD. This will need to be the focus moving forward, to support exit-planning from the programme and a sustained trauma-informed approach.

Multi-agency Risk Reduction Assessment and Coordination (MARRAC)

Successes:

- Timely intervention. Cases are actioned within hours of incidents occurring and multi-agency discussions happen within hours/days not 4-6 weeks.
- Multi-agency representation across the partnership. Breaking down barriers to Silo working.
- Co-ordinator role has been invaluable in maintaining focus of the partnership on the purpose and three ME's.
- Built in review process to ensure risk is regularly re-evaluated and acted upon where appropriate. This also reduces the risk of drift and delay.
- Intervention with perpetrators through the custody processes and accessing LSCFT L&D service.

Challenges:

- The need to embed person centred and Trauma informed practice across the team to ensure early engagement of the ME's, including their views /voices.
- The need to develop pathways so that outcomes and impact can be appropriately measured.
- The need to develop pathways to engage perpetrators that are not in receipt of Police/ Probation pathways.
- The need to develop robust processes for repeat incidents, alongside the commissioned IDVA services.
- The need for dedicated administration support and continued co-ordination.
- Due to COVID the team has been unable to be co-located, however the team feel virtual working has functioned appropriately.

Emergency Department Navigators

Successes

- Intervention during a reachable and teachable moment by highly experienced practitioners.
- Bespoke offers for victims, including timely access to private therapy sessions and 1-1 private sports sessions with JJ Effect.
- Roll out to four additional hospital sites.
- Over 90% of those who have attended and been supported have not reattended the emergency department.

Challenges

- Time constraints of funding have led to delays in recruitment and securing staffing resources on temporary contracts. Staff are now in posts with experienced practitioners supporting to backfill during this period.
- The need to slightly adapt the model during the global pandemic, which has now been resolved.
- Fidelity of the model across all sites, discussions are on-going.

DIVERT Adult and Youth Lancashire

Inter-trust collaborations: Positive collaborations have developed between the different football community trusts, who have worked pro-actively with programme managers and local networks to develop opportunities and support for participants and pooling resources where activities achieve greater impact by doing so.

Impact of Covid-19: DIVERT Lancashire was initially created as a programme hosted in police custody suites to engage with detained young people. The ongoing Covid-19 crisis presented obstacles in reaching this group – via this setting – and engaging with them effectively. This offered new opportunities for the adult team as they developed alternative pathways to connect with the client group, including the probation service, care leavers, children transitioning into adult services, neighbourhood police teams, early help and intervention, and third sector organisations. New initiatives include a pilot programme developed with the probation service, supporting residents of HMP Lancaster Farms pre-release in conjunction with prison offender managers and providing seamless support post release, connecting them with their local DIVERT coach and working with the community offender managers to sustain the clients development potential. The success of these initiatives has led to the creation of a DIVERT Steering Group, involving multi-agencies and a range of services with an interest in supporting ex-offenders. The DIVERT Steering Group has expanded to include representatives of other prisons in Lancashire and YOI Wetherby, where Lancashire under 18s serve custodial sentences.

Stakeholder relationships: Early work was challenging as DIVERT sought to establish its place and unique identity within third sector working with vulnerable young people. This has been a disciplined exercise in relationship development, listening and learning from others and creating a framework for DIVERT, which is easy to understand and a team who are resourceful, reliable and deliver consistent service. The positive work of the DIVERT team

has been recognised in exceptional evaluation feedback received recently from stakeholders relating to the DIVERT programme across the county.

Knife Angel Lancashire

Successes:

- The Knife Angel received a warm welcome from members of the public.
- Workshops were booked up quickly and additional sessions were organised to meet demand.
- The partnership approach enabled access to conference facilities for workshops free of charge.
- Timing coincided with Operation Sceptre which gave additional lift to the topic in terms of police activity and media interest.
- Social media engagement was high and positive (253k+ people saw social media campaign posts), with members of the public urging others to go and see the Knife Angel. Over 9,000 people visited the Knife Angel Lancashire website to find out more.
- The photography competition attracted a lot of interest, generating 662 entries and providing opportunity for arts involvement. Inviting a local well-respected photographer to launch the competition secured increased social media reach and interest. Holding the competition over social media broke down barriers to entry.
- The Knife Angel Lancashire legacy web presence continues to provide resources for communities, schools, and individuals.

Challenges:

- Demand for workshops was underestimated. We were unable to accommodate an offer of free workshops from a local knife crime educator due to lack of available conference space at short notice.
- Workshops needed to adapt quickly to suit different groups. Fortunately, our facilitators were experienced enough to do so, and this is important to consider for future.
- The pandemic restricted numbers for the civic reception and peace vigil but we were still able to hold this in a more limited capacity.
- It was difficult to co-ordinate feedback forms from attendees of all the different education programmes taking place.

5. Impacts and Performance

As a key mandatory product for 2021-22¹, the Lancashire Violence Reduction Network (LVRN) has commissioned a number of local evaluations. Evaluation allows us to examine the process of implementation, the outcomes of interventions and to explore whether the anticipated changes and benefits were achieved.

¹ In accordance with the Home Office funding criteria.

i. Local evaluation progress and next steps

We have carefully considered the amount of activity which is amenable to evaluation this year. All but one of the “core” work streams have had evaluation commissioned by external evaluators, whilst in-house staff time has been dedicated to coordinating, gatekeeping, data provision, data collation and analysis (in some cases) and management of the evaluation work. Appendix A provides an overview and further information about the specific interventions were subject to evaluation in 2021/22. The logic models shown in Appendix B provide examples of the short and long-term anticipated outcomes for some of our “core” work streams/programmes.

The local evaluation findings will allow us to answer the question “what works” and “for whom”, as well as identifying where problems arise, any unintended consequences or unanticipated impact, and enables us to capture good practice to support continual learning.

The Home Office “success measures”² are embedded within our LVRN Outcomes Framework³, which provides a guide to assess our impact and focus on achieving outcomes. Our activities aim to reduce risk factors and enhance protective factors associated with violence. Whilst the Home Office “success measures” focus on victims aged under 25, the Strategic Needs Assessment 2020 for Lancashire identified that often victims (e.g. of homicide) are older (most common age category is 39-45 years old). In light of the local evidence, we have expanded our interventions to, include but also, go beyond a focus on under 25s.

It is difficult to provide a specific percentage of interventions subject to specific evaluation techniques, given that the LVRN has been involved in influencing approaches but not always in funding interventions directly. In terms of what we refer to as the LVRN’s “core” work streams – as outlined in the 2020-2025 Response Strategy – we have commissioned evaluation for six out of seven work streams (i.e. 86%).

As a number of our “new” interventions become amenable to robust impact evaluation, we aim to commission external evaluation of a number of further interventions (e.g. Strength Inside and Out⁴ and the Women in Prison Project⁵).

It is our intention to act on the learning from evaluations by:

- Shaping future decision-making and commissioning;
- Updating our response strategy;
- Influencing whole-systems change;
- Adapting our approach (where possible) on a quarterly and annual basis;
- Refining interventions;
- Influencing the approaches that interventions take.

Moving forwards, we will continue to link our Response Strategy closely to our Strategic Needs Assessment to understand the contemporary needs within Lancashire and to monitor overall

² (1) A reduction in hospital admissions for assaults with a knife or sharp object and especially among those victims aged under 25; (2) A reduction in knife-enabled serious violence and especially among those victims aged under 25; (3) A reduction in all non-domestic homicides and especially among those victims aged under 25 involving knives.

³ <https://www.lancsvrn.co.uk/wp-content/uploads/2020/10/Outcomes-Framework-Lancs-Violence-Reduction-Network.pdf>

⁴ A whole families’ approach to working with prisoners and their families.

⁵ Focuses on trauma-informed approaches to assessing pregnant women and supporting staff.

changes in those needs at a population level. Once signed-off by relevant parties, the evaluation findings will be shared publicly via our LVRN website.

ii. Promising practice

Working with partners

In Lancashire, the VRN takes an inclusive approach to working with partners (people with lived experience, communities and professionals). We have worked hard to form partnerships with a diverse range of people, including those who are marginalised and have experience of being offenders and/or victims.

NHS England, the Lancashire Integrated Care System and the LVRN were tasked with producing a national blueprint for use by health partners and policing in England. Place-based delivery is a desired outcome of both partners and the blueprint has been designed to examine how governance, commissioning, pooled budgets and integrated working can be achieved.

The LVRN has Home Office and wider international recognition for expertise in public health and trauma-informed practice and has led on the national police and health consensus, with a four nations approach. Lancashire has hosted a series of workshops focused on public health approaches to preventing serious violence and are assisting with a global conference in 2022 (focusing on public health approaches in policing, early intervention and prevention).

LVRN has been working closely with partners on the VAWG agenda (Pan-Lancs DA steering group) to ensure VAWG is prioritised and made to be a standing agenda item. The NPCC has given Lancashire national recognition of our work on our public-health approach violence against women and girls problem profile in which is being fed into our VAWG strategic action plan. Additionally, LVRN has developed a trauma informed VAWG group which is proposed to develop into a VAWG independent advisory group (IAG).

Interventions: Promising practice and evaluations so far

LVRN overall

The independent evaluation carried out by the Public Health Institute, Liverpool John Moore's University (Quigg et al., 2021) found that all core VRN and partner staff have a strong, shared sense of trauma-informed principles and partnership working. Appendix C provides a number of case studies of promising practice in relation to specific work programmes, with further examples of early evaluation findings, progress and plans detailed below.

Empower the Invisible

The following outcomes were identified in the evaluation report by Quigg et al. (2021):

- Changes in behaviour and attitude;
- Awareness raising;

- Changes in community perceptions and attitudes;
- Improved community relationships.

“People like the shopkeeper. His attitude is changing. And the children have terrorised that shopkeeper. Historically, they’ve terrorised it. But they’re getting more respectful with him” (Empower the Invisible, Programme Lead).

Preston United Community Engagement

Outcomes described by programme leaders, as reported in Quigg et al.’s (2021) evaluation report include changes in attitudes and behaviour and improved knowledge and skills for young people.

“If they’re worried about something, or there is a kick off, the mentors can hear about it straight away, they can put things in place to intervene. If they need additional support, they can call us, we can help them out...our aim is that the young people...have a community representative who lives around them who speaks their language” (Preston United Community Engagement, Programme Lead).

Emergency Department Navigators

Early evaluation findings (Quigg et al., 2021) cited the successes of the scheme being the trusted relationships built with young people. Positive feedback had been received from staff, young people and parents, with examples of how young people had been supported with their mental health, to attend appointments, to return to school, to gain employment, to reduce debts and to access other support services.

“I supported a young boy this weekend that had been assaulted and had significant injuries. He and his dad were very appreciative of the call, he said he found it heart-warming that someone care enough to follow-up with his son. I attended for a home visit over the weekend due to the trauma he had suffered, and I referred him on for therapy as he was showing signs of possible PTSD” (Emergency Department Navigator).

In 2021, the Applied Research Collaboration (ARC) North West Coast (NWC), Lancaster University, were commissioned to carry out further evaluation of the LVRN, Emergency Department Navigators scheme. With support from expert colleagues across other ARC NWC sites, the research team are exploring data linkage to support the collection of outcome data from NHS data collection systems in primary and secondary care. At the same time, the research manager is progressing approvals with Research and Development Managers working for Blackpool NHS Foundation Trust and Royal Preston Hospital to recruit NHS staff members currently involved in the Emergency Department Navigator programme.

DIVERT Lancashire

The Liverpool John Moore’s research team found that evidencing the impact of DIVERT was a challenge. Some of the challenges included: access to young people; disengagement and the impact of Covid-19 on the delivery of the programme. In response to these challenges, the

DIVERT team adapted and developed new referral pathways, e.g. through youth justice networks, probation and integrated offender manager teams. Early findings suggested indication of outcomes including clients improving their communication skills, beginning training, increasing their physical activity, improved wellbeing, developing new friendships and peer support.

As part of the LVRN's evaluation for 2021-22, ARC NWC will be collecting data based on two focus groups, one with police custody staff and the other with football trust managers. Interviews will also be conducted with DIVERT coaches. In collaboration with ARC NWC an application has been submitted to work with approximately 12 DIVERT clients to develop a bespoke participatory arts method that engages clients in research. The aim of this work will be to co-create ways to communicate lived experience that is non-stigmatising and non-traumatising.

Knife Angel Lancashire

Internal LVRN data shows that evaluation and response forms were completed by about 40% of those attending workshops, with 97% indicating that the visit to the Knife Angel and the Workshop had inspired or impacted them either 'much' or 'very much'.

Feedback included:

Scout group:

“As a group we started the week before teaching Scouts. We asked them to bring a pen knife to our meeting nights, discussed the legalities of carrying knives, the safety of how to carry a knife, our expectations of knife use etc.

One leader is a policeman and the other leader works with young people who become part of knife crime. The children engaged in fantastic discussions. We will continue to use knife skills for outdoor cooking, woodwork activities etc. and teaching safe ways.

Information of the Knife Angel was sent to all of the parents and to ask them to discuss the evening with their children.”

Burnley group:

“Gang life is part of our community – you’ll never change it.”

A young person describing why they thought Knife Angel sculptor Alfie Bradley chose for it to be an angel and not any other image:

“It is something beautiful made out of something terrible.”

Comments from young people at the end of the sessions included:

“It was thought provoking.”

“It makes you realise your mistakes.”

“I feel sorry for people who get caught up in these situations.”

“You have to get help, talk to someone.”

“The videos were really good.”

Trauma-informed Education

In 2022, ARC NWC will be recruiting eight schools involved in the Trauma-informed Education work programme to be involved in the LVRN evaluation. The researchers will also explore UK Department for Education data on school outcomes for exclusions and attendance. Research materials, consent forms and topic guides for focus groups with school staff (senior leaders, trainers, trainees and trauma champions) have been developed. One focus group will be carried out with each of the eight participating schools.

Internal LVRN programme data shows that in 2021, 12 trauma-informed education training sessions took place, with 349 school staff receiving training. Feedback was received from 38 attendees; a summary of the feedback provided below.

Overview

- 95% of participants agreed that the training would be useful to their work.
- 100% agreed that the training objectives were clear.
- 81% said they would change their practice as a result of the training.
- In response to the following statements.
- 100% agreed that they had an increased awareness of how to avoid practices that might inadvertently cause further trauma, preventing the individual from accessing appropriate support.

What worked well?

- There was a strong consensus that the training was interesting, informative and easy to understand.
- Several participants felt that the training included good examples and real-life stories that helped them understand the content better.

What could be improved?

- Very few participants included comments about how the training could improve (only four participants [10%]).
- There was also no obvious common theme in aspects to improve comments.
- One participant suggested it would be helpful to be given ideas or instructions about how to change their practice.
- Another participant expressed that some particular focus on trauma-informed practice in early years children may also be helpful.

Trauma-informed Training

Phythian (2020) carried out an evaluation of the trauma-informed training pilot delivered to a sample of neighbourhood police officer, new police recruits and social workers working in Lancashire. Findings indicated positive perceptions of the training, with the majority of participants agreeing or strongly agreeing that the objectives and content were clear and that they understood how to apply a trauma lens to their daily practice. Over 90% of participants reported that they would change their practice as a result of their training.

What worked well?

- Practical aspects of the training, e.g. methods and the trainer's approach.
- Gaining increased awareness of how to recognise and respond to trauma.
- Reflecting on existing practice and identifying how behaviour could be amended in future practice.
- Participants referred to ways in which the knowledge gained from the training would influence their behaviour, including being considerate of the language they use and sharing learning with others.

Recommendations for future delivery

- Face-to-face rather than on-line when the pandemic permits.
- Provide prior training and resources.
- Clarity about next steps (e.g. offer of further training and practical guidance).
- Evaluate the application to practice by conducting follow-up work with attendees at regular intervals following the completion of training.

As part of the LVRN's evaluation for 2021-22, ARC NWC will be collecting data based on two focus groups, one with partner agency staff who have attended the leadership and management training and one with police staff who have attended the training.

Caring Dads Programme

Building on learning from previous Caring Dads evaluations, in different areas of this country, as well as other countries, the LVRN commissioned the Centre for Research on Children and Families, University of East Anglia to carry out an independent evaluation of the Caring Dads programme in Blackburn with Darwen, which had never previously been evaluated. The evaluation included follow-up data and involved a range of participants to increase insight and confidence in any changes made and sustained post-programme. Overall, the evaluation of Caring Dads, Blackburn with Darwen found promising evidence of change, up to six months post-programme, based on mixed-methods data captured between November 2017 and December 2020. Evidence demonstrates that Caring Dads is an important programme providing both challenge and support to men as fathers and as partners. Findings indicate impact on improving men's parenting, couple functioning, relationships with professions and a reduction in the risk of abusive behaviour. Involvement with children's services was often related to concerns about a child's mother as well as father, meaning that a range of interventions may be required to benefit children and to bring about positive and sustainable change for the whole family.

Key outcomes:

- In general, fathers who completed the programme had a much higher proportion of improved outcomes than those who did not.
- Outcomes for fathers included improved child contact (75%), co-parenting (72%), couple relationships (69%) and engagement with professionals (52%).
- In general, children whose fathers completed the programme experienced a much higher proportion of improved outcomes.
- Outcomes for children included improvement in their relationship with their father (73%) and the status of their children's social care case (66%).

Example quotations:

"I've learnt the difference between what your feelings are, what your thoughts are and what your actions are, and how, if you change what you're thinking, it's going to change what you feel, and then it's going to change the action. I used to take it out on people when they've done absolutely nothing wrong. If you change your thoughts before you enter that situation the outcomes and the actions are going to be different. So that's something I've learnt" (Dad).

"There've been massive changes in his thinking and behaviours. Massive differences in the way he handles himself, more patient and calmer. He were always looking at things negatively before, he's now turning things into a positive. His behaviours have impacted on mine in a positive way, I'm also thinking more positive now. I saw the change in the first five to six weeks" (Mum).

"When Dads come in, we notice a big change in completing the course. They're very attentive to their babies and they don't take them for granted. You can see a massive difference in them, the way they talk about being perpetrators, they're accepting of everything they've been through and they know they are in charge of what they do now. They're a lot more calm and relaxed. Because again, that trust from Caring Dads. They are more likely to come to us if they are struggling, if they do need extra support, which is really positive" (Residential Support Worker).

Multi-agency Risk Reduction Assessment and Coordination (MARRAC)

Since the MARRAC went live in Blackburn with Darwen on 24th January 2022 there have been 37 cases into the new model. There has been only one repeat (failure) and 3 preventable (not appropriate). 21 cases were referred by the police, 12 by the commissioned IDVA service and the remaining 4 coming from health, CSC and 1 MARAC to MARAC transfer. The University of Northumbria are currently evaluating the MARAC review pilot and early outcomes in Blackburn with Darwen. This report should be available at the end of March 2022.

The multi-agency team have met for their first reflective practice meeting. This was a crucial element of the MARAC review, and a process that should be replicated to support the implementation. The reflective practice meeting will be formally written and submitted to the DA board, alongside a report into the first 3 months.

What worked well?

- Many participants noted that the implementation and new process was working well. There is a strong consensus that the new system was more timely and provided a better quality of service to the ME's (although this was subjective of the practitioner's thoughts and not evidenced based). Practitioners felt the multi-agency discussions were in-depth and an excellent feature of the new system. Many practitioners felt that the Co-ordinator role was working well and enabling the team to remain focused on the purpose.

What could be improved?

- Some practitioners felt that due to this being an additional role, time constraints attending the multi-agency discussion were an issue, however this was not the majority.

The interim evaluation of MARRAC carried out by Northumbria University, in partnership with Lancaster University and the University of Central Lancashire, found that the review phase of the project identified issues in relation to multi-agency working and repetition within the system. A bespoke, holistic approach has been designed and is being implemented, which focuses on the three "MEs" – victim, perpetrator and child(ren). The approach has led to the introduction of dedicated staff members as well as continual outcome measurement and process refinement.

The pilot roll-out was found to address concerns in relation to repetition and duplication of effort, facilitated better communication and information sharing between agencies, and clearer end-to-end process for the "MEs". Recommendations include identifying more suitable technology to support the new approach and ensuring clearer focus on the child and understanding the capacity of new staff workloads.

Project ADDER

The purpose of the quasi-experimental impact evaluation is to quantify the effects of project ADDER. The evaluation partner (Kantar), plan to use datasets maintained by the Home Office, Public Health England, the Office for National Statistics and the NHS, which record key outcomes and impacts related to the ADDER theory of change. As a broad overview, the research team will look at trends over time for key metrics and compare these trends in the project ADDER areas to the trends observed in other areas. The trends in non-ADDER areas will be used to estimate what the trend in ADDER areas would have been without the project. The quasi-experimental impact estimates will then feed into the economic evaluation.

iii. Progress against locally defined success measures and Theory of Change (ToC)

LVRN Outcomes Framework

The Lancashire Violence Reduction Network, in consultation with multi-agency partners, has developed a Violence Reduction Outcomes Framework. The key outcomes are derived from:

- 1) The Home Office requirements;
- 2) The LVRN 2020-2015 Strategy;

- 3) The LVRN Strategic Needs Assessment 2020;
- 4) Community and lived experience perspectives.

There are eight, high level, aspirational outcomes within the framework as displayed in the diagram to the right:

Lancashire Violence Reduction Network Outcomes Framework



Within the framework (under each aspirational, long-term outcome) there are also “indicators” and example “measures”. Indicators are factors that help us to track short, medium and long-term progress towards each of the eight high-level outcomes. “Measures” are referred to in a broad sense to mean ways of assessing the progress towards achieving each of the indicators. Some of these measures are specific examples where known data is readily available, whilst other examples are intentionally left broad to highlight the varied methods of measuring (e.g. through interviews, surveys and focus groups) depending on the specific intervention.

The LVRN has also devised programme monitoring and internal evaluation forms, which are completed and collated on a quarterly basis. Where possible, qualitative data is provided in the form of case studies as part of the performance report, including written, video or audio format.

The Home Office key success measures for Violence Reduction Units are:

- 1) Reduction in hospital admission for assaults with a knife or sharp object, especially among victims aged under 25;
- 2) Reduction in knife-enabled serious violence, especially among victims aged under 25;
- 3) Reduction in non-domestic homicides, especially among victims under 25 involving knives.

To understand local progress, we have reviewed each Home Office success measure for Lancashire. Data retrieved from NHS Digital presenting the count of inpatient finished admission episodes with a cause code of ‘assault with a sharp object’ (measure 1) highlights that hospital admissions for assaults with a knife or sharp object is on a slight upward trajectory in Lancashire, however admissions specifically for under 25s is on a downward trajectory (Nov 19 - Nov 21). It should be noted that, to preserve patient confidentiality, any counts between 1 and 7 are shown with a ‘*’, meaning accurate analysis is challenging due to missing figures, and therefore findings could be slightly skewed.

Additional Information Sharing to Tackle Violence (ISTV) data is shared between Emergency Departments (EDs) and the LVRN through the Multi-Agency Data Exchange (MADE) section of Lancashire Insight, as well as through the Trauma and Injury Intelligence Group (TIIG). Both sources are updated and shared on a monthly basis and therefore provide timely and reliable data on hospital demand relating to violence (see section 3.ii *‘Data sharing and development of the Strategic Needs Assessment (SNA)’* for more information about these data sources. The NHS Digital source has been used for this analysis due to it being publicly accessible and sensitive to patient confidentiality.

For measure 2, we use the Home Office Annual Data Return definition of knife crime: *‘investigations with the keyword use of knife or other sharp instrument’ falling within one of the following crime types: attempted murder, sexual assault, rape, robbery, threats to kill, assault with injury and assault with intent to cause serious harm has been used’*. This data indicates that Lancashire has been an annual reduction in knife crime by 4% (Dec 19–Nov 20 to Dec 20–Nov 21). However, the proportion of victims under 18⁶ for these knife crimes increased from 11% to 14%.

⁶ Note: The Business Intelligence dashboards have a ‘victim under 18’ filter, however to identify under 25 victims (as per the Home Office success measure) this would require a very length process and manual filtering of all crimes by victim age, therefore we have reported on under 18s in this Annual Report.

Similarly, for measure 3, when looking specifically at non-domestic homicides in Lancashire over the same time period, there has been a 5% reduction⁷. Lancashire has also seen 0 non-domestic homicides in Lancashire for under 25s involving a knife during 2021; this compares to 1 recorded in 2020.

In addition to the monitoring of local progress in terms of data collection in line with our outcomes framework and key performance indicators, LVRN are also tracking public perception of community safety. A key area of work was the 'Youth Violence Consultation' which drew on young people's experience of violence within their communities, the causes and drivers of this violence, and how this problem can be solved (see section 4.ii 'Community and youth engagement' for more detail). LVRN will also be drawing on wider Constabulary initiatives such as the Violence Against Women and Girls (VAWG) Survey led by the Media and Communications Team, as well as reports being submitted through 'Street Safe'.

Theory of Change

The LVRN Theory of Change (ToC) (see Appendix D) has been developed in collaboration with core team members, multi-agency professionals, strategic programme leads, experts by experience, clients engaged in the VRN's work and through our work with national and local evaluation partners. The overall vision has remained the same: *"for every person living or working in Lancashire to feel and be safe from violence and violent crime"*.

The ToC captures the "success measures" otherwise known in Lancashire as our high level, aspirational outcomes from our Violence Prevention Outcomes Framework. Challenges that might prevent us from achieving the vision and outcomes, include: lack of resources; judgemental attitudes; blame; othering; shaming; stigmatising; punitive approaches; power imbalances; oppressive practices lack of understanding and sensationalised media portrayals.

The ToC provides the "big picture" and summarises the LVRN's work at a strategic level, whilst the logic models for each work programme (examples provided in Appendix B) illustrate the practice delivery and implementation level understanding of the change process. In other words, the logic models provide a more specific and detailed lens in relation to the specific interventions and pathways within the ToC. The ToC reflects our Response Strategy and is aligned to the needs identified in our Strategic Needs Assessment, as well as the outcomes captured in our LVRN Outcomes Framework. Each individual work programme also has its own specific theory of change.

⁷ Note: Low counts can present exaggerated percentage changes where the change was a count of one offence.

Performance Table

The LVRN are currently collaborating with partners to synergise various outcome frameworks into one that represents our way of working together. These frameworks include the LCC Children and Young People Plan, Integrated Care Systems and Children’s Safeguarding Assurance Partnership. We are also seeking to work closer with Blackburn and Blackpool to ensure this approach is synchronised across the county. This practice makes it much easier to operate by multiagency means which is essential to the LVRN and its workstreams. Adopting this holistic approach would mean the communities of Lancashire will receive the same quality of service no matter where they are in the county and progress and performance will be consistently measured.

We are working closely with our workstream and project leads to develop outcomes frameworks that capture the full extent of the impact of our interventions and diversionary approaches. Utilising the findings from the ARC evaluation and drawing upon the teams at Lancaster University’s expertise, we will review and update our workstreams accordingly.

Overall reach of the VRN

Programme name / area of work	Reach (Numbers of people)
DIVERT programme	451
Emergency Department Navigators	1664
MARRAC	2313
ADDER	600 Residents (99 Engaged)
Parents (direct contact through EPEC and Caring Dads)	328
Claremont	50
Trauma-informed training and workforce development	2066
Trauma-informed education (school staff)	349
Social media Reach and Knife Angel Lancashire	253k+ People
Knife Angel Lancashire Workshops (under 18s)	212
Photography competition engagement/entries	662
Website visitors	9000
APPROX. TOTAL	270,668

Success measures: Covid-19 impact

Due to Covid-19 there have been significant delays in a number of our planned interventions (e.g. unable to bring external providers into prisons). There will also be an impact on the data for 2021 and into the foreseeable future due to Covid-19 (e.g. locations of violence have changed, with people in lockdown at home, and many pubs and bars closed for specific periods of time).

“Successful” approaches

Particular approaches that have contributed to the impact of the LVRN are the trauma-informed, relationships-based, whole systems and evidence-informed approaches.

The Liverpool John Moores University (LJMU) (2019) interim evaluation findings highlight that the LVRN has *“embraced a whole system trauma-informed approach to tackling violence”* and *“a strong ethos in building trusted relationships with young people and communities...the interventions provided an opportunity to make every contact count...seizing the opportunity of a ‘reachable, teachable’ moment”*.

We recognise that it is not just the work of the LVRN that creates impact in relation to violence prevention but that it takes a whole systems effort. The commitment and investment from multi-agency partners is recognised as fundamental to sustaining the partnership, interventions and ensuring positive impacts for communities.

The LVRN has harnessed learning from rapid evidence reviews and existing knowledge about “what works” to prevent violence, alongside local intelligence such as that gathered through the needs assessment and problem profile to inform decisions. Our interim evaluation (Quigg et al., 2019) highlights how *“partners and providers within the partnership have... learnt from one another, feeling at ease to share experiences and best practice, as well as reflecting on challenges and gaps”*.

Perceptions of community safety

LVRN draws upon several data sources to track and monitor public perceptions of community safety, particularly Lancashire Talking and Street Safe. Both platforms are to be used by Lancashire residents to submit anonymous information/ reports regarding their feelings of safety, or their experiences of unsafety where relevant. Both sources are regularly monitored by CSPs and feed into their action plans and response.

Aspirational outcomes

The overall aspirational outcome for the next 5-10 years is to mainstream the LVRN approach and develop a sustainable, trauma-informed approach to preventing violence. Our specific aspirational outcomes for 5-10 years time are those high-level outcomes captured in our Outcomes Framework above.

iv. Lessons learned and forward planning/recommendations for government

Messages for Government

- The need for multiple and frequent reporting structures back to the Home Office has been distracting from strategic and tactical delivery.
- Whilst three-to-five-year, funding is welcome the lack of clarity on the grant agreements and the short turnaround times has been challenging.

- The Home Office and the Youth Endowment Fund have undertaken some detailed work together., Any subsequent expectations from this work on VRU activity should be clear.
- The high turnover of Home Office staff creates an ongoing challenge for VRU relationships.
- There is a continued need for cross government join up when dealing with the causes of the causes, for example: Home Office/ DHSC/ DWP etc. Formal mechanisms to facilitate VRU communication with HM Government is critical in this regard.
- Data sharing guidance between partner agencies needs to be clearer in light of the individual level data sharing clause being removed from the forthcoming Serious Violence duty.

Future of the LVRN

LVRN activity has been predicated on a long-term ambition to mainstream the approach in a cohesive manner. The future of aspiration of the LVRN is therefore:

- Embed Trauma Informed Lancashire into everyday service delivery.
- Develop Trauma Informed communities.
- Embed key workstreams such as DIVERT and A/E navigators into mainstream delivery.
- Develop strategic and tactical place-based delivery models including pooled budgets, shared resources and cohesive leadership models.
- Using effective data to shape common outcome frameworks and continue developing our data workstream by collaborating and automating multi-agency data flows into one hub, providing 'one-view' of the family unit
- Continuing to develop learning materials and literature that helps spread the trauma informed movement, for example the LVRN have recently developed the "Slightly bigger book of ACE's" and Jack Has Questions.
- Using the common outcome frameworks, strategic goals and narrative to break through organisational silo working.
- Utilising public health approaches to deliver a quality of service to Lancashire communities.
- Working across the system and communities to address the causes of the causes.
- Co-produce and learn from those with lived experience.

Conclusion

We reach the end of our third year of operation as a network with great pride in what has been achieved collectively across Lancashire.

Some of the highlights this year are the significant development of our trauma informed training and the increase in the numbers of agencies in the county signing the pledge. Commitment to the vision of 'Trauma Informed Lancashire' through workforce development and application for the 'One Small Thing' charter mark has moved on considerably.

Our DIVERT programme has become well embedded and we have seen significant numbers of young people being helped in to improving their lives in a variety of ways including gaining employment going back to school/education and improving their networks and connections with family members.

The ED navigator programme has continued to develop across the emergency departments in most of our main hospitals. This significant resource has been recognised to assist in impressive reductions in re-attendance at hospital for this vulnerable group.

We continue to see the scope of the LVRN widen to reflect the work we are doing within our communities with those members of our network with lived experience.

Our future aims are to continue to influence the systems change work particularly when it comes to sharing information appropriately as early as possible to increase our work in the primary prevention space.

We have enjoyed continued flourishing relationships within our communities and are very grateful to now have the certainty of three years of funding to continue to expand on this promising work.

Detective Chief Superintendent Sue Clarke

Head of Lancashire Violence Reduction Network



Appendices

Appendix A: Overview of local evaluations

	Intervention title	Evaluation partner (if applicable)	Evaluation type	Methodology and methods	Measures	Data (source / type)	Final evaluation report received/due
Completed evaluations							
1)	Empower the Invisible (Knife crime surge activity work stream)	The Public Health Institute, Liverpool John Moore's University The Public Health Institute, Liverpool John Moore's University	Process and impact evaluation	Mixed-methods; quantitative and qualitative; interviews with intervention leads; facilitators; core VRN staff; collation/review of programme documentation and monitoring data	Improvements in multi-agency working; increased feelings of support; number of ASB incidents; increased engagement; increased trust; reduction in number of young people carrying a knife or sharp instrument	Programme documentation and monitoring data; interviews	June 2021
2)	Preston United (Knife crime surge activity work stream)	University The Public Health Institute, Liverpool John Moore's University			Improvements in multi-agency working; increased feelings of support; increased trust;	Programme documentation and monitoring data; interviews	June 2021
3)	Emergency Department Navigators	University The Public Health Institute, Liverpool John Moore's University			Improvements in multi-agency working; increased feelings of support; number of ED attendances; increased trust;	Programme documentation and monitoring data; interviews	June 2021
4)	DIVERT Lancashire	University			Improvements in multi-agency working; increased feelings of support; numbers of people accessing training and/or employment; improved mental and physical health; holistic needs met/improved; reduction in (re)offending; reduction in police call outs; increased engagement; increased trust; increased motivation	Programme documentation and monitoring data; interviews; survey	June 2021
5)	Trauma-informed training (Workforce development and cultural transformation work stream)	University of Central Lancashire, Edge Hill University and the Evidence-Based Policing Team, Lancashire Constabulary	Process evaluation	Mixed-methods; quantitative and qualitative; feedback survey; e-mails and semi-structured interviews with recipients of training	Number of people who have improved understanding; number of people who say they will and go on to and do go on to apply learning to change practice	Feedback survey data; e-mails; interviews	April 2021
6)	Caring Dads programme	Centre for Research on Children and	Process and impact evaluation	Mixed-methods; quantitative and qualitative; children's social care case file analysis;	Reductions or improvements in: mental and physical health; self-awareness; emotional regulation;	Children's social care cases; programme data;	January 2022

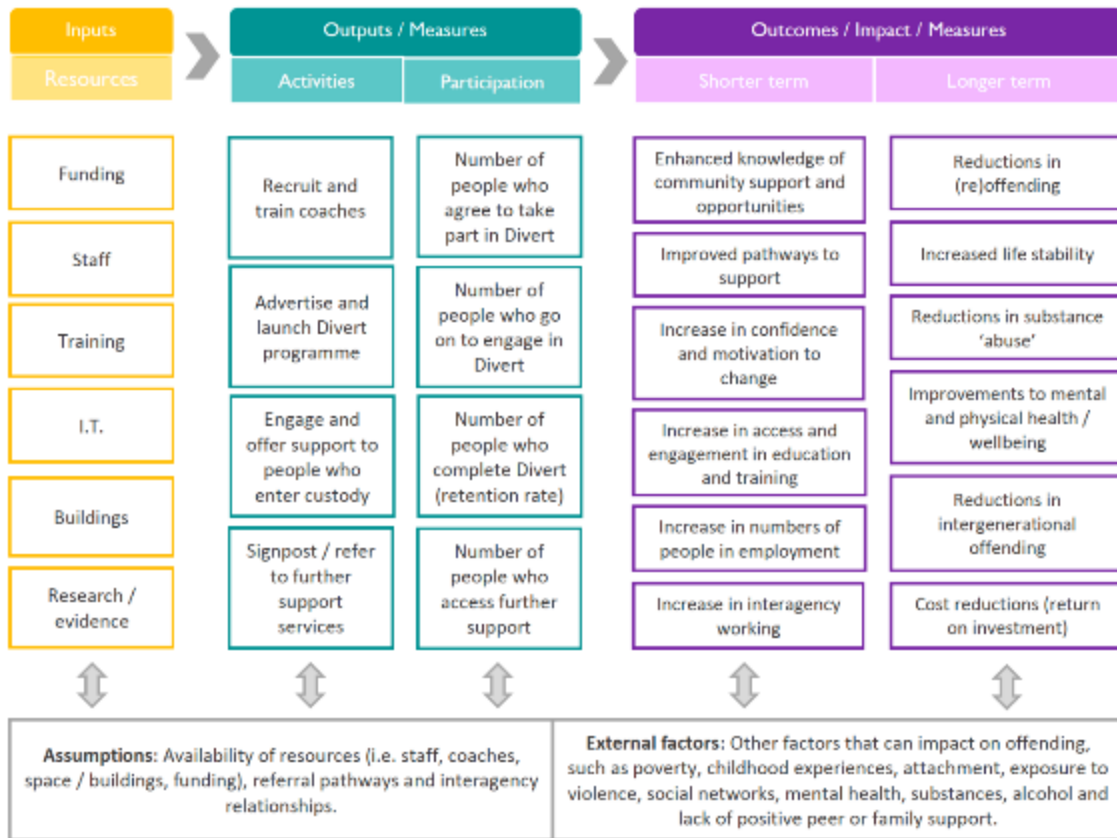
		Families, University of East Anglia		programme data; focus groups with facilitators and multi-agency professionals; qualitative longitudinal interviews with fathers; semi-structured interviews with partners	family relationships; (co)parenting; housing; employment and/or training; (re)offending; substance misuse; engagement with professionals; trust; motivation; feelings of support; professional concerns; multi-agency working.	focus group data; interview data	
Ongoing evaluations							
7)	Multi-agency Risk Reduction Assessment and Coordination (MARRAC) approach	Northumbria University, in collaboration with Lancaster University	Process and impact evaluation	Mixed methods; quantitative and qualitative; online survey with core and periphery teams; interviews with core and periphery stakeholders, adult victims and perpetrators; quantitative police data review	Improvements in multi-agency working; reduction in time to see a professional; improvement in supporting whole families; reduction in police calls outs; reduction in arrests; reduction in (re)offending; improved staff confidence; improvement in family relationships; improved physical and mental health; reduction in substance misuse; improved access to services; increase in numbers of people in employment and/or training; reduced costs.	Survey; interviews; police data; partner agency data	April 2022
8)	DIVERT adult programme	Lancaster University, Applied Research Collaboration North West Coast	Process and impact evaluation	Quantitative review of DIVERT programme data; survey of multi-agency partners; 1 x focus group with police custody staff; 1 x focus group with football trust managers; 8 x interviews with custody intervention coaches	Examples: reduction in reoffending; improved wellbeing; improved housing conditions; number supported to access community activities; number of people supported to access training, education and/or employment; number of people supported to access other services	Programme documentation and monitoring data; survey; focus groups	June 2022
9)	Emergency Department Navigators	Lancaster University, Applied Research Collaboration North West Coast	Process and impact evaluation	Quantitative review of NHS data collection systems in primary and secondary care; interviews or focus group with staff involved in ED navigators	Examples: reduction in ED attendance; improvement in engagement with education, training and/or employment; improved physical health; improvement mental health and wellbeing; improved partnership working; improved relationships between staff and clients	Programme documentation and monitoring data; focus groups or interviews	June 2022
10)	Trauma-informed training and workforce development	Lancaster University, Applied Research Collaboration North West Coast	Process and impact evaluation	Quantitative training data review; 2 x focus groups with multi-agency staff	Examples: 2000 staff trained in year 1 (2021-22); number of staff using trauma-informed resources to inform and develop practice; number of partners signed up to trauma-informed pledge; number	Programme documentation and monitoring data; focus group; survey	June 2022

					of organisations using the trauma-informed organisational development tool; number of agencies applying for the “One Small Thing” quality mark for trauma-informed practice; improved feedback from children and young people working with staff who have been trained.		
11)	Trauma-informed education	Lancaster University, Applied Research Collaboration North West Coast	Process and impact evaluation	Quantitative review of DfE data for schools involved; 8 x focus groups (1 per school)	Examples: number of staff accessing training; number of staff accessing resources; reduction in exclusions; increase in attendance; improvement in trauma-informed language	Programme documentation and monitoring data; focus group	June 2022
12)	Trauma-informed communities	Lancaster University, Applied Research Collaboration North West Coast	Process, impact, and economic evaluation	Mixed methods approach, qualitative interviews, and focus groups as well as a quantitative review of current data available on the four communities.	Reviewing how the communities have progressed since they have started the trauma informed journey. E.g. measuring the change in hospital admissions for children under 5. And collating case studies.	Programme documentation and monitoring data; focus groups or interviews	June 2022
13)	DIVERT youth programme		Internal evaluation	Qualitative- Interviews with DIVERT mentors and Youths. Data extraction from the VIEWS offender management system. This will give insight about the process and the value.	Not been set as this is the first evaluation into DIVERT youth.	VIEWS offender management system. Through interviewing DIVERT mentors and analysing case studies	TBD
14)	Claremont		Sustainability and impact evaluation	Mixed methods: Quantitative review of demand and qualitative analysis of case studies and interviews with professionals	Examples: reduction in police call outs, reduction in behavioural incidents at school (incl. exclusion, isolation and detentions), increase in positive outcomes (i.e. mental health improvement, safe housing, good parenting, access to financial support, employment, education and training opportunities)	Programme documentation, monitoring data, case studies, partnership record data (CSC, Lancashire Constabulary, NHS)	2022 (month not confirmed)
15)	ADDER	Kantar	Process, quasi-experimental and economic	Data analysis and modelling (e.g. survival analysis, regression-based method); cost-benefit analysis; interviews; observational methods; deep dive case study analysis	Examples: number of deaths due to drug poisoning; number of hospital admissions related to drug misuse; number of hospital admissions due to sharp object assault; number of drug possession offences; number of drug trafficking offences; number	ONS, NHS England, PHE and Home Office	February 2023

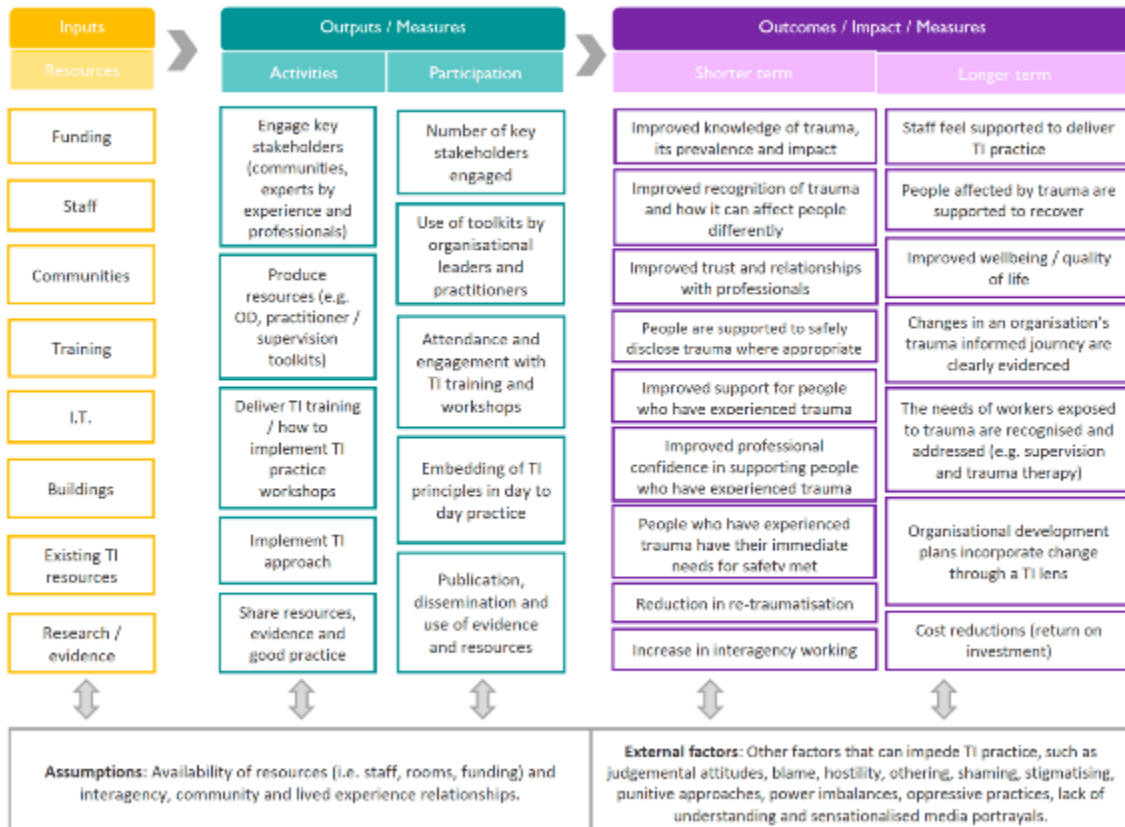
					of acquisitive crime offences; proportion of drug related offences resulting in out of court disposal; proportion of drug related offences resulting in charges		
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Appendix B: Example logic models

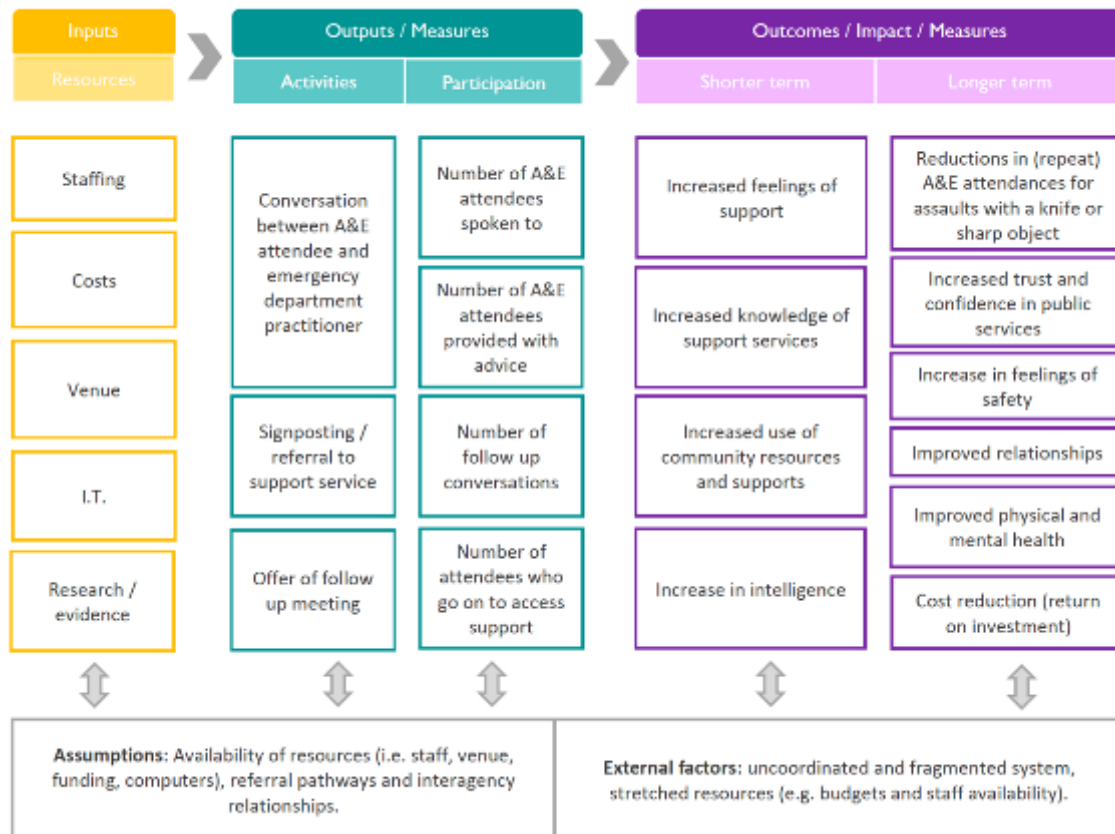
Logic Model: Divert Lancashire



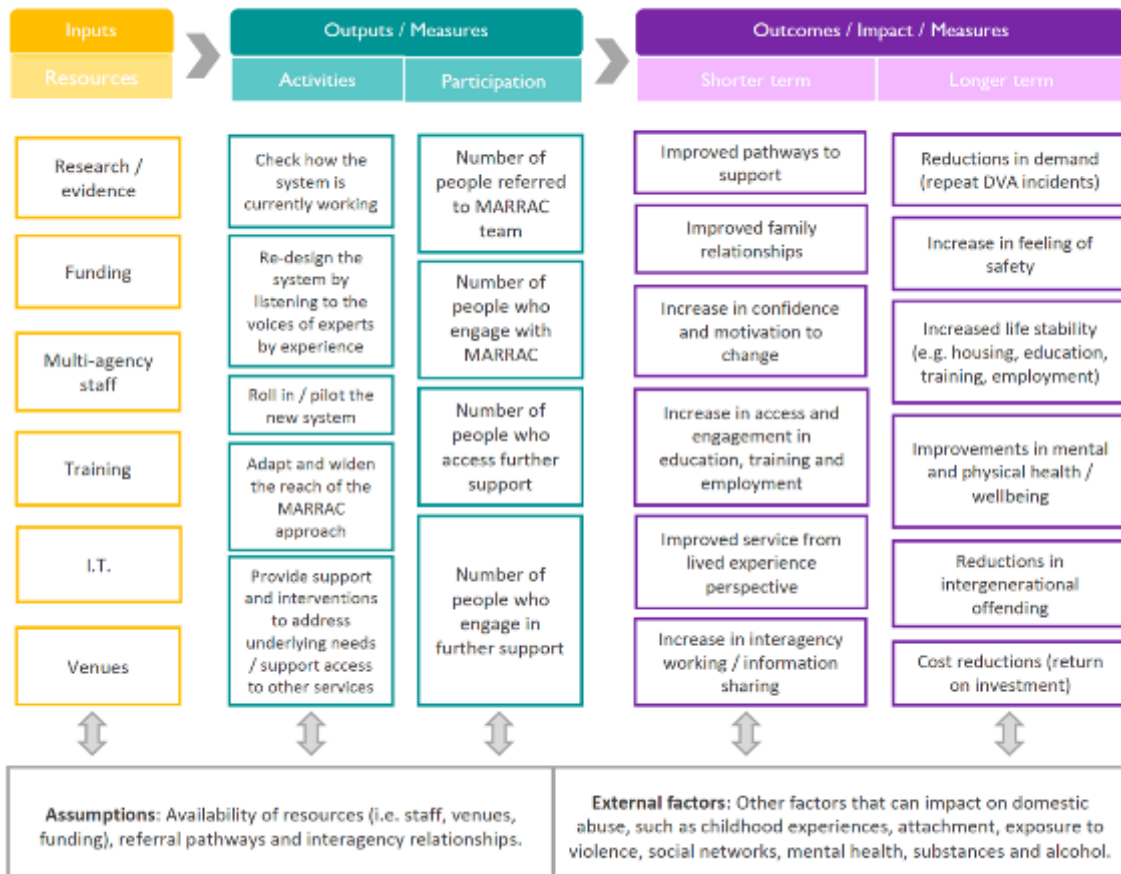
Logic Model: Trauma Informed (TI) Lancashire



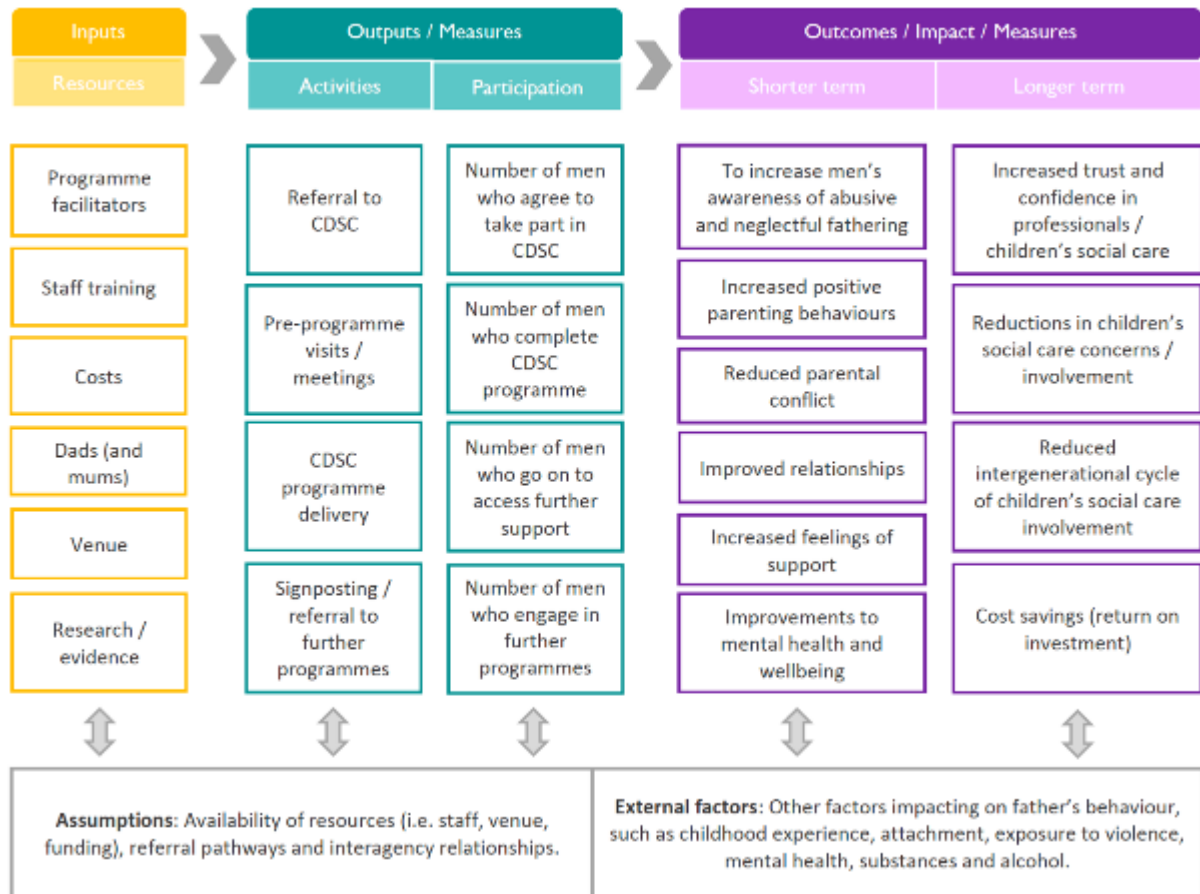
Accident and Emergency Navigators



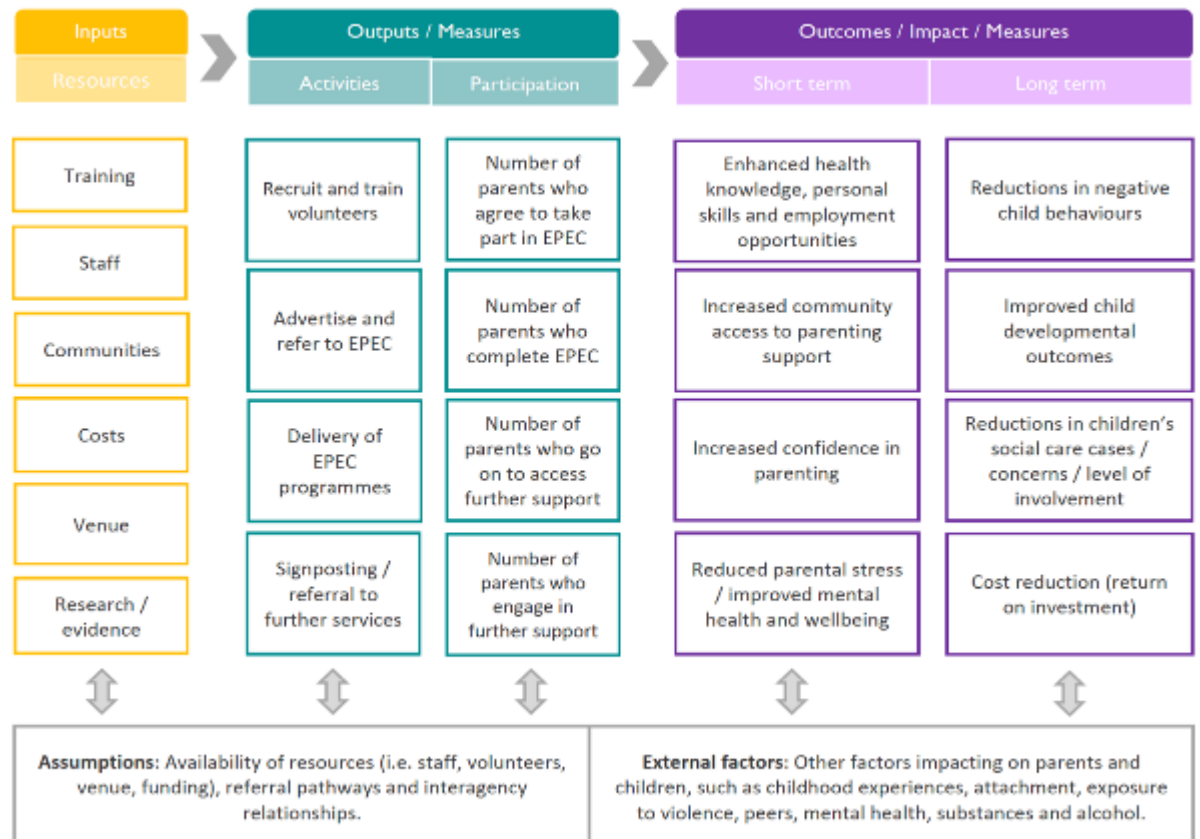
Logic Model: Multi-Agency Risk Reduction Assessment and Coordination (MARRAC) Work



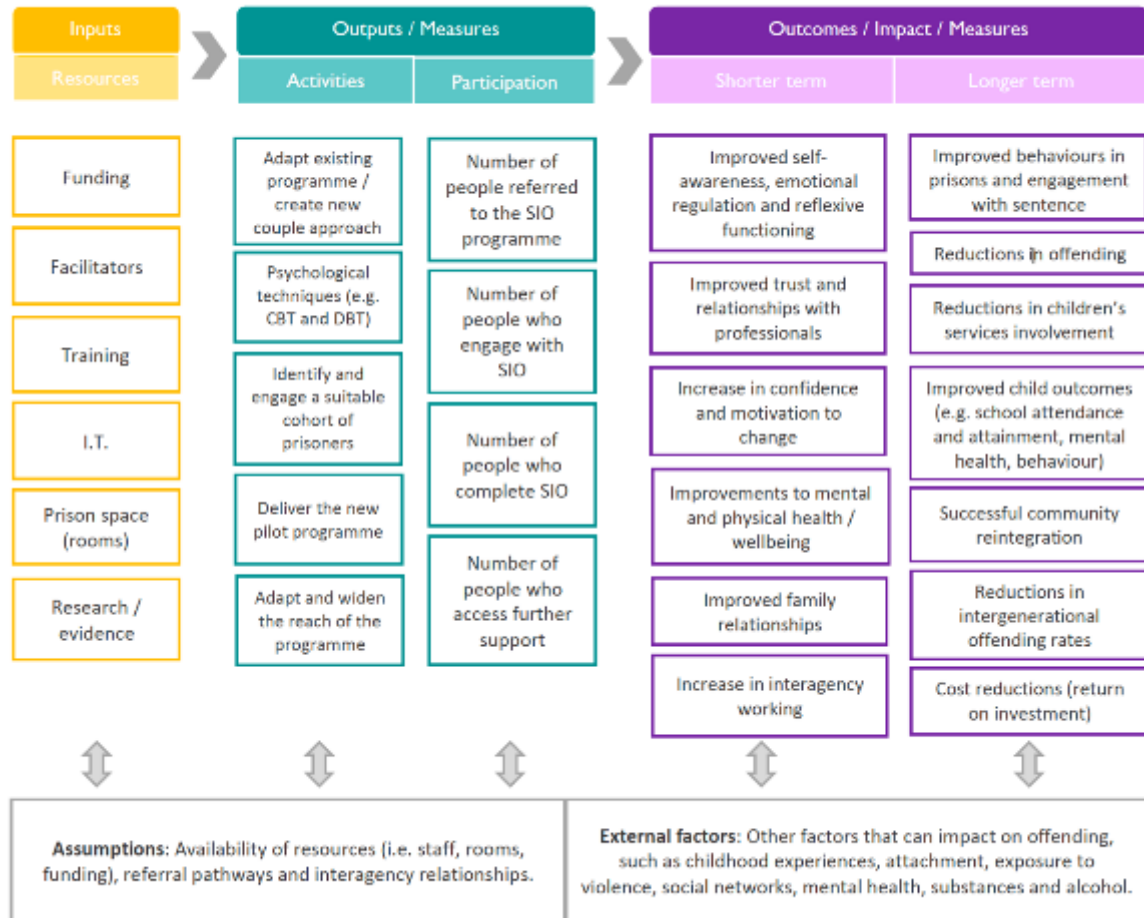
Logic Model: Caring Dads Safer Children (CDSC) Programme



Logic Model: Empowering Parents Empowering



Logic Model: Strong Inside and Out (SIO) Programme



Appendix C: Example case studies

Case study 1: Trauma-informed Communities

BwD Early ACEs work: In 2012, BwD was the first area in the UK to undertake a population-based ACE survey which identified the prevalence of ACEs across the borough and identified poor health and social outcomes in adulthood. Almost half (46%) of adults living in BwD had suffered at least one ACE with a further 12% of adults in BwD having suffered four or more ACEs (Bellis et al., 2013). Research has shown that the more ACEs people experience, the greater the risk of a wide range of health-harming behaviours and diseases as an adult. The impact of ACEs and trauma is wide reaching; it crosses organisational boundaries, settings, population groups and impacts across the life-course.

BwD Current position:

- Lancaster University are currently evaluating outcomes for CYP following the use of Routine Enquiry for new parents in BwD (results due May 2022). The EMBRACE model was evaluated this year and it was found to create ‘sustainable cultural change and asset-based capacity building over time’ (Hibbin and Warrin, 2021). Written into organisational KPIs and commissioning.

Listening to the voices of those affected by ACEs and trauma:

- Young person’s Toolkit- in 2019 a guide was created by young people in BwD to inform adults on how young people would like to be approached and supported when discussing ACE’s. ACE’s and trauma informed approach is built into local authority commissioned mental health training, including training for youth ‘Wellbeing Champions’. BwD Public Health in partnership with Health Watch have recently completed a citizen’s inquiry to engage with community members with regards to approaching ACEs and building a set of recommendations for developing trauma informed communities.

Raising awareness and developing partnerships across the system:

- Development of a strategy group led by Public health with multi-agency representation.
- Subgroups established to address specific needs.
- Events to raise awareness and grow the movement
- Working collaboratively and in partnership across Pennine Lancs
- Establishing approved training providers and widening the organisational offer to support workforce development
- Working with third sector partners to recognise and share good practice
- Building internal provision for schools and other educational settings to improve in-house support for children and young people (led by Educational Psychology)
- Developing ACE Community Champions

Looking forward:

- Development of a Systems-Resilient Framework using a Socio-Ecological model. Commitment to building trauma informed settings from early years to schools and colleges, health and social care to communities and neighbourhoods, Criminal Justice to housing and employment.
- Building capacity via ‘manage networks’. Working towards a shared language and shared vision across the borough, to bring all partners along the TI journey
- Using case studies to bring the trauma informed journey to life. Sharing good practice through events and social media
- Agreeing as set principle, adhering to the Pennine-Lancs Trauma Informed Pledge
- Future commissioning based on data and recommendations.

Case study 2: Trauma-informed Education

Special Educational Needs School

Since introducing trauma-informed principles, the school has seen a 46% reduction in the number of pupils involved in serious incidents. The number of pupils requiring physical restraint has also reduced by 61% and the number of incidents resulting in physical restraint has reduced by 83%.

“Through trauma-informed training of staff and the change in our school policies, incidents are reducing”.

“The numbers of pupils who are reaching crisis point is reducing as staff are able to calm before they reach crisis”.

Secondary School

The school held a full staff training on the first INSET day of the New Year, which was very well received with staff commenting it was the best training they had received in years. Since the training, the school has reported a 24% reduction in exclusions during the first half-term, while working to embed trauma-informed practice following the training.

“The nurture approach is becoming more apparent; it seems to be working well”.

“I have been able to manage their behaviour due to their calm and better choices. If I need support, I just call and someone comes”.

Case study 3: Trauma-informed Training and Workforce Development

Feedback from the trauma-informed training found that:

- 91% of attendees felt their awareness of how to avoid practices that might inadvertently cause further trauma had improved;
- 90% of attendees felt they had an improved ability to recognise adverse experiences and trauma, and how these experiences might impact a child or young person's ability to form trusting relationships
- 89% agreed that the training will enable them to put more effective interventions in place to address the impact of underlying trauma
- 96% agreed that the training had enhanced their understanding of underlying trauma and how that trauma might contribute to an individual's risk of involvement in serious violence.

"We looked at the psychology behind trauma and how it shapes our behaviours going forward. This is really important as these insights help us to shape the way we deliver our services so that our interactions with people build trust, develop a better understanding of their situation, and support them to make positive changes".

The workshop was led by the Violence Reduction Network and I was fortunate to sit with xxx who were able to share their lived experience of violence and how with the right support they turned their lives around. Xxx are now supporting others to do the same and showed amazing empathy and realised, which was inspirational.

The evidence behind 'trauma-informed' aligns perfectly with the Family Safeguarding Model being delivered in children's social care, as well as the Partners for Change Project in adults. It is fundamentally about recognising people as humans and not cases or statistics. It's about being supportive, collaborative, innovative and respectful to everyone. It's our values!"

Case Study 4: Caring Dads

Case study A

...we had a guy – gosh, alcoholic, domestic abuse. He was living in a house and his partner had gone to foster care with the baby, but by the end of our programme he was being able to visit her in placement, then visited out in the community. His alcohol use had massively, massively reduced. His mental health was better because he felt like he was being listened to. He was engaging with services. And in the end, they went to a mother and baby [unit] together.

So that were a massive turnaround for that guy who – he's got a previous child that he can't even see because of how he was. And that's how that guy used alcohol as his coping mechanism all the way through. His family was like that, but he started to know that and realise, you know, "I'm not going to touch alcohol – I'm going to do something different to manage myself". But it's things like that... Understanding what changes they've got to make themselves in order to be able to be a better dad (Hannah, Facilitator).

Case study B

Gary (pseudonym) used to lie on the sofa and pretend he was asleep every time I went – and I was also his family support worker – when I went for a visit. So, to physically see him stand up tall make eye contact, the impact on the children was positive, in as much as he changed the way that he behaved to impact the children. The children were not with him, in his care... The children were with his mum, but Gary had to work on building that relationship so that it impacted on his children.

He removed the anger, he removed the hostility, started looking at "I did this, I'm responsible. I can change, I can move things forward". So, what you then had was a person who was making eye contact, having a conversation, taking a pad and a pen into, writing things down, coming back to things, asking questions.

But you also then had someone who was working on his own relationship with his mother, and that went back to his childhood. It was a difficult childhood... He's moving on to be a peer mentor. So, what he's looking at is being a good dad, but being – he calls it "A more successful adult".

You think about the family time, the way that he behaves, they'll have a better positive relationship with their carer as they move on because they're able to communicate more effectively. So that is always going to have that impact on that child (Kelly, Facilitator).

Case Study 5: DIVERT Lancashire Adult Programme

A 21-year-old male client, who we call Sam for anonymity purposes, came into contact with the DIVERT programme due to various vulnerabilities and risks. Sam has been supported to tackle some of the barriers he was facing. For example, when we first engaged with Sam, he was experiencing difficulties communicating effectively in English. Initially, we used online tools to translate, but as support continued, he was accepted on an English speaking as a second language course, so he could support his own self-learning, which he engaged in on a daily basis. Soon Sam was able to converse much more effectively, and we were able to make further progress together, including identifying a number of goals, which Sam thought would have a positive impact on his future.

Investing a considerable amount of time early on to overcome significant barriers and show a genuine interest in Sam's life and development, enabled us to develop a trusting relationship. In addition, good quality stakeholder networks meant it was possible to quickly identify and put in place support for him. Examples of support have included:

- Setting-up a bank account.
- Applying for Universal Credit.
- Moving into more appropriate housing.
- Accessing third sector community activities.
- Accessing college programmes and education.
- Gaining employment.

Sam continues to engage with DIVERT and other supporting organisations and is positive about moving forward. His story provides an example of the benefits of long-term support, which DIVERT is able to provide to clients.

Case Study 6: DIVERT Lancashire Youth Programme

A young person (Callum, pseudonym) was placed in foster care and then a care home, due to concerns about significant substance abuse by his mother and a breakdown in the foster placement. Callum had been in contact with the police in relation to a range of incidents, including assaults on school staff, a carer, his sibling and other young people, and a burglary.

During an initial assessment with a DIVERT worker, Callum described how he found it hard to control his emotions and felt easily influenced by peers. The aim during the initial meeting was to find out Callum's interests and hobbies. He talked about enjoying cooking, resulting in cooking sessions were facilitated by the DIVERT worker. Callum was given the opportunity to choose what he wanted to cook and on what date/time. In addition, the DIVERT worker undertook weekly welfare visits to the care home where Callum was residing to build a relationship with him, see how he was doing and discuss further session plans. Discussions led to the DIVERT worker facilitating sessions in local skate parks, including food and travel. To encourage Callum to build his confidence and try new activities that he might be interested in, the DIVERT worker facilitated outdoor activities, which Callum engaged well in.

Working one-to-one with Callum on a weekly basis allowed the DIVERT worker to get to know him and gain an understanding as to why he was easily led by peers. Discussions also took place about controlling his emotions and what ways the DIVERT worker may be able to support Callum if he felt agitated. The one-to-one sessions provided a safe place for Callum to share his thoughts, feelings and emotions without being judged.

Callum continues to be highly motivated and engaged in sessions. There have been no concerning behaviour reported by the DIVERT worker or in relation to members of the community. His carers have shared positive feedback that they are pleased with the progress Callum has made while engaging with DIVERT.

Recently, we have moved away from one-to-one sessions and into small group work. Callum has remained focused on sessions and is enjoying being part of a positive peer group. He has demonstrated a clear commitment to trying new things and has been creative with ideas he has put forward himself as part of his engagement in the DIVERT programme.

Callum has set his own long-term goals, with support from his DIVERT worker, in relation to his education. At present, he is home-schooled, but the long-term goal is to support Callum back into a classroom setting.

Case Study 7: Emergency Department (ED) Navigators

Ben (pseudonym) attended the ED Department after being assaulted/stabbed. The patient was brought in by ambulance in major trauma, clinical observations out of range and clinically unwell, patient prepped reviewed by surgeons and taken to theatre. Ben had a Left lower chest - stab injury of present about 4 by 2 cm. Left lower abdomen about 3 stabs wounds present - which appeared superficial.

ED Navigator contacted Ben on the ward and patient stated he was currently homeless and sofa surfing. He reported to be too scared to leave the hospital due to recent attack. A review of the Ben was conducted 5 days later by the ED navigator and an assessment of needs completed. Ben was very anxious and upset, patient reported this is the saddest period he has ever felt. The ED navigator provided health advice given around injuries and current issues mentioned above. Although Ben reported he would be supported by mum in relation to the incident whilst recovering, he was unable to reside with her long term. The ED navigator liaised with housing regarding emergency accommodation to ensure patient would be safe when discharged.

Ben appeared to be recovering well from stab wounds but was affected by his assault; he was struggling to sleep due to witnessing the injuries that he received. Future support with mental health was discussed with patient A, reports no previous history of MH however, very shaken up from incident and that he is feeling anxious, discussed support services I can refer to. The ED navigator organised an emergency strategy meeting which was held prior to discharge. Referrals were made to SPOD, social services, education, Youth Therapy, Victim Support services.

Following discharge the ED Navigator continued to support Ben in the community, alongside probation as agreed during the strategy meeting Ben was to be seen in twos. The ED Navigator liaised with the officer in charge to request patient and family updated and to confirm they were aware of threats made to family. Ben continued to see GP/Walk in Centre for wound checks and a referral was accepted by youth therapy. Education was discussed with Blackpool education support and was deemed to not be appropriate at that time until patient's mental health needs were met, they would assist with food packages/ toiletries/ ongoing education, and they would follow up GCSE results.

Ben still suffered with some anxiety about leaving the hostel, however, was able to go out meeting with friends rather than being on his own. Ben's appetite slowly increased, and he found eating small and often as advised, helped and he continued to do this. Achieving Best Evidence statement completed, and police updated family on investigation. Housing officer at the hostel also worked in partnership with ED Navigator to continue seeing Ben with a colleague to ensure mental health needs continued to be met, and to discuss future wants and needs.

Case Study 8: Project ADDER

Sam (pseudonym) was identified as being at high risk of overdose due to her long history of substance misuse, offending, mental health and poor physical health. Sam has a history of power and threat regarding her vulnerabilities, co-dependency with other drug using associates, particularly males.

Her perspective of safety and the world around her was compromised due to historical trauma, often using avoidance to cope with emotional distress and increasing her use of substances in response. She carries guilt and shame around her children and feeling as though she has failed. Sam uses chaos as a coping strategy with minimal engagement with services in order to get her basic needs met.

Sam starting using drugs and alcohol in her early teens and has been convicted of numerous offences - all drug related. She has a history of sofa surfing and was staying in private rented accommodation when ADDER first engaged with her. Staying in this sub-standard, unsafe accommodation reinforced her perception of lack of trust and safety, through abuse, in which she reports being mistreated, attacked and robbed by other drug using associates.

Sam worked mostly with substance use keyworkers, a therapist, the Lived Experience Team and the Housing First Worker, all within the ADDER team. Trust was fostered with the ADDER team and efforts were made to secure her safe accommodation which distanced her from the risk and threat of violence at her previous property, enabling her to challenge pre-conceptions of the world and relationships as being abusive and threatening. Therapy was given at a place of safety to explore her fears, emotional distress and grief, providing Sam with an opportunity to manage safe coping skills and boundaries and her behavior began to change.

Engaging with the Lived Experience Team and therapy helped Sam fill her time with meaningful activities to build confidence and self-esteem. Moving Sam to more stable accommodation enabled her to re-evaluate her life. Positive changes started to happen, and Sam was self-motivated to promote her own harm reduction and begin a community detox of methadone. Sam started taking pride in her appearance and concentrated on improving her physical health and wellbeing.

Sam is now residing in a local hostel and is stable on Buvidal. She is supported by staff within the hostel, as well as the ADDER team. Her physical and mental health has improved, as has her confidence, self-esteem and self-worth. Sam has safely explored meaningful relationships and learnt to positively improve her boundaries to keep safe, reconnecting with her family relationships and motherly influence. Sam can recognise trauma-based responses and triggers, with her ability to self-sooth and cope with distress, without using illicit substances to mask her pain.

Sam has hopes and aspirations for the future and the possibility of returning to further education. Sam wants to reconnect with her family and make up for the time she has lost and be there for them emotionally.

Case Study 9: Claremont Project

The Claremont Project is a multi-agency initiative addressing disadvantage within the community of Claremont. This particular area is being focused on due to identified disproportionate levels of crime and vulnerability, compared to neighbouring areas. Using data-driven methods, the first process identified 38 families in need, 15 of which were engaged with through the Claremont project. The second process identified a further 21 families, 9 of which were engaged with.

This case study is based on one of these families who had 11 police incidents recorded between March 2020 and October 2020, the majority of which were domestic related (malicious communications and assaults) due to an ex-partner.

The family had been previously known to Childrens Social Care but had their file closed, although there was still substantial need identified, yet unaddressed by services. The Claremont team, comprised of neighbourhood policing and family support workers, completed visits to the family and built a rapport with the single mother and her 3 young children. The team explained what the project was aiming to do, and the support that could be offered. The mother gave consent for information to be shared with the relevant services and agencies and for appropriate support to be given to address self-identified need within the family.

Prior to the visits, the mother had already taken some positive action to remove the ex-partner from her and her children's life to minimise harm. However, the Claremont team established that the youngest child was starting to show signs of separation anxiety which put additional pressure on the mother. As a result of the rapport that had been built between the family and the Claremont team, the mother was informed about the sensory room in Westminster School, as well as a referral being made to 'Aiming Higher'. In addition, the Westminster family support worker was involved and continues to be available for any contact from the mother, although no further support has been requested or any further need identified.

Upon review, no further calls have been made by the family to the police since the intervention from the project began, but it has been confirmed that the family still live at this address. Further visits have been made to other identified families and young people in the area, of which identified need has included housing, mental health, wellbeing, addiction, financial challenges, and fire safety.

Case Study 10: Multi-Agency Support Panel (MASP)

A Year 9 pupil was referred into the 'District 6' Multi Agency Support Panel as education felt that he was beginning to get involved in Child Criminal Exploitation (CCE). School had observed changes in the pupil's behaviour and attendance patterns. The young person's parents had contacted school in relation to a mobile phone that they had found in his room and to outline changes in their child's behaviour, which they had witnessed in the home. Information was provided about MASP and consent was received from the young person's parents for a referral to be made.

Professionals involved in the MASP (Education, Gateway Housing, Child and Family Well Being [CFW], Police, Child and Youth Justice Services [CYJS] and Lancashire Safeguarding) discussed the referral and were able to check any additional information about the pupil from their internal data systems.

The following actions were agreed:

- CYJS would complete some early intervention 1:1 work around CCE with the pupil
- CFW noted that the family had recently closed to their service so agreed to complete a home visit to provide additional support and discuss concerns with parents
- School shared relevant intelligence with the Police
- Referral sent to the DIVERT Youth Team
- School based Family support liaised with parents about reducing risk of CCE
- Gateway Housing agreed that as the family lived in one of their properties they would monitor and note any concerns raised by other local tenants

Outcome

- Year 9 pupil engaged with the CYS and DIVERT
- Parents did not want any additional support from CFW at the time but were aware that the option was available should they change their minds
- Parents felt child engaging in positive activities would help
- Parents agreed to work with School-based Family Support Team
- Ongoing monitoring by MASP

Case Study 11: Multi-agency Risk Reduction Assessment and Coordination (MARRAC)

Case Study A: Family moved into refuge from another area. They had fled the previous refuge due to the perpetrator knowing their whereabouts. The children were currently open to Children's social care, but Blackburn Children's social care were not informed of the transfer neither was a MARAC to MARAC transfer completed. The Blackburn refuge completed a MARRAC and HCCU referral.

The MARRAC co-ordinator shared the referral with core partners for screening and listed for multi-agency discussion. Under the previous MARAC, such cases as these would be screened out as perceived to be safe and lower risk. It became apparent that after HCCU visited the perpetrator had been in contact via the victim's family and knew the hotel where she stayed at, when she fled. The victim was considering reconciliation and minimising the risks. A PSR was submitted by HCCU (medium standard) but raised to high due to previous discussion in MARRAC (same practitioner sits in the new MARRAC model as CADS). Appropriate safeguarding/ safety planning was efficiently coordinated, and the case was suitably escalated.

Learning- The timely response ensured that all partners were aware of the case and concerns regarding risk. Co-ordinated multi-agency approach to safeguarding victims of High-risk DA. In the old MARAC the case would have not been heard and requested just to flag and tag systems. Without the multi-agency conversations this victim may have reconciled with the perpetrator and fled the country.

Case Study B: Complex couple who have been known to MARAC on numerous occasions. In this incident the male was identified as the victim and female as the alleged perpetrator, however historically the male was known as the alleged perpetrator. Both have substance misuse issues and housing was a factor.

Whilst the couple were separated due to bail conditions, they engaged well with L&D and adult services irrespectively. The MARRAC team were able to utilise the 'expert pulls' to support solutions. However, once the bail conditions had ceased it was evident the couple were back in a relationship. There are no children involved, however potentially concerns that the female may have been pregnant. All appropriate agency systems were flagged and tagged. Utilising the resources accessible to the MARRAC, the couple have been referred to 'Changing futures' as a couple and navigators identified to help address the root causes.

Learning - The timely response ensured that all partners were aware of the case and concerns regarding risk. Co-ordinated multi-agency approach, listening to the ME's and sourcing solutions for their needs.

The interim evaluation report identified a number of positive findings from the new MARRAC system.

- 1) Purpose – Articulating a clear purpose worked well to maintain focus on dealing with cases that were at risk of or involved serious harm.
- 2) Co-location – The core team being situated close to the three MEs was a major benefit due to the short travelling distance and integration with other agencies.
- 3) Case coordinator role – Solved the issue of ownership and minimised the possibility of missing key case information.
- 4) Team leader role – Asset to the new model, as able to provide leadership and direction to the team, as well as case oversight.
- 5) Multi-agency team – Addressed the previous issue of silo-working and provided access to multi-agency information in 'real time'.
- 6) Immediate assessment and response to needs – Victims, perpetrators and children were all involved in discussions about needs and solutions in a timely fashion, without having to wait weeks for a response.
- 7) Less repetition – less duplication and waster in the system. Fewer repeat cases and better experiences for clients.
- 8) Clear process – To ensure effective delivery, adopting a whole-family, trauma-informed approach.
- 9) Visibility of measures – The new way of working means that evidence is available to give an overview of demand over the whole region.
- 10) Focus on outcomes – resulting in better managed workloads.

Case Study 12: Prisoners and prisoners' families

“There have been a number of referrals through to the LVRN as we have started to promote this work. They have come from a number of sources, police, social worker, Prisons family teams and schools.

In one case the family were struggling as a result of a father being remanded in custody on serious charges, and in other cases the parent, male and female, were serving sentences.

Building on the training and guidance to support Mia’s Story we have linked key messages from the book to support materials within an external resource – Invisible Walls Toolkit, to provide practical guidance and materials, supporting face to face work with young people and their families. Whilst still in the process of building a process and pathway for referrals we have been able to respond by sharing material to help the school support the child and support the prison family workers to make contact with the schools.

We are working on a clear pathway for communication and information sharing and these case studies are helping us to identify the key issues in terms of what information is useful, where to store this and who to involve for the next steps, both strategic and operational as well as gaining the voice of families.”

The table below “Lancashire VRN support model “shows the model we are working to and at this stage we are locating our work at Level one.

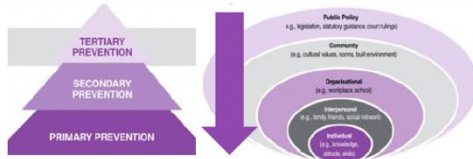
Lancashire VRN support model		
School and child Level 1	School staff/ prison staff and child Level 2	School staff/ prison staff/ family and child Level 3
Parental consent is gained from prison family support School provides ongoing programme of support/ interventions for the child/ young person around issue of parental imprisonment School staff receive training/ resources - Mia's Story and Invisible Walls Toolkit	As Level 1 Resources and training for prison support staff is provided Parent is supported in assisting their child to complete school work/ share success and progress in school Prisoners and families are supported by school and prison family support mechanisms to enhance quality of contact during parental imprisonment	As Levels 1 and 2 School staff and families meet with prisoner to discuss child's progress and share school successes. Prisoner has access to therapeutic intervention - Strength Inside and Out

Appendix D: LVRN Theory of Change

THEORY OF CHANGE

RATIONALE

- Concerns regarding prevalence & severity of violence
- Lack of coordinated strategy & activity
- Violence can have long-lasting & far-reaching social, health, behavioural & economic consequences
- Limited resources for violence prevention
- Limited evidence-base for "what works"
- Lack of understanding into local risk & protective factors
- Significant variation in interventions across the county
- No existing population level strategic needs assessment



INPUTS / RESOURCES

- + Funding sources (e.g. Home Office funding)
- + Staffing
- + Communities
- + Practice wisdom / expertise
- + Lived experience
- + Existing evidence / research / data
- + Understanding of "the problem" / "causes of the causes" at individual, relationships, community and society levels
- + Assets mapping
- + Strategic team members
- + Governance
- + Training
- + Equipment / I.T. / software
- + Space / buildings
- + Investment in evaluation
- + Existing relationships, partnerships & networks
- + Innovation, motivation & drive for systems change
- + Existing interventions / delivery of interventions
- + Existing information / data sharing agreements
- + Passion for social justice

EVIDENCE-INFORMED STRATEGIES (EXAMPLES)

Type of intervention	Mode of prevention	Programme examples
Parenting programmes	Primary	<ul style="list-style-type: none"> • Incredible Years/Preschool • Incredible Years Age Basic • Empowering parent, empowering communities
Home visiting programmes	Primary	<ul style="list-style-type: none"> • Let's Play in Tardem • The New Forest Parenting Programme
Good quality preschool education and schools-based emotional and life skills	Primary	<ul style="list-style-type: none"> • Incredible Years Teacher Classroom Management
Therapeutic approaches (cognitive, behavioural, social, or psychosocial) for young people at greatest risk of becoming involved in violence or already in violence	Primary, Secondary and Tertiary	<ul style="list-style-type: none"> • Multi-systemic Therapy

OUTPUTS

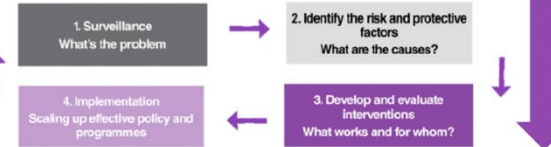
- + Long-term violence prevention strategy (youth & adult)
- + Community involvement in design, delivery & evaluation
- + Community conversations / increased listening to communities
- + Strategic leadership for violence prevention
- + Adoption of shared responsibility to prevent violence
- + Adoption of shared principles, goals & vision
- + Coordinated response / integrated, whole systems approach
- + Understanding of how different systems interact & contribute to violence prevention
- + Problem profile & local population-level understanding of the risk & protective factors
- + Embedding of key principles / "golden strands" into the development & operation of systems
- + A balance of innovative & evidence-based interventions
- + Improved understanding & evaluation of "what works"
- + Scrutiny of impact & violence levels
- + Bespoke, monthly, quarterly & annual data analysis
- + "New" & revised information / data sharing agreements
- + Services commissioned by the VRN
- + Roll-out / "scaling-up" / delivery of interventions
- + Place-based work
- + Advice & mentoring
- + People engaged & supported
- + Communications campaigns
- + Annual reports of progress & learning
- + New training available (e.g. trauma and ACEs)
- + Increased skills & knowledge amongst professionals & communities
- + Strong & sustainable collaborations between all relevant stakeholders to prevent violence

ACTIVITIES

- Developing a problem profile & understanding the prevalence of social determinants of violence in local populations
- Public messaging, social media & education campaigns to increase understanding & dispel myths
- Raising awareness about the risk & protective factors for violence
- Sharing positive messages that violence is preventable / inciting change
- Creating a hub of expertise about preventing violence (e.g. trauma & ACEs)
- Mapping local assets
- Identifying gaps in research & practice
- Bring together key stakeholders / coordinating a joined-up, holistic response
- Supporting existing interventions / scaling-up interventions (e.g. evidence-informed parenting programmes & interventions to build emotional & life skills)
- Designing & delivering new / innovative interventions (e.g. new approach to MARAC & therapeutic work with prisoners & prisoners' families)
- Strengthening diversionary activities
- Commissioning primary, secondary & tertiary prevention interventions
- Sharing learning between local, national & international partners
- Advocating for increased & long-term resources & political investment in preventing violence
- Supporting interagency, multidisciplinary, distributed leadership
- Enabling networking & a whole systems approach
- Creating a Governance Oversight Board
- Embedding a trauma-informed approach throughout organisational & community systems
- Assisting with multi-agency data collation & analysis
- Identifying patterns & hotspots
- Tackling individual, family, community & structural issues
- Advocating for social justice
- Assisting with research & evaluation to build the evidence-base
- Co-producing resources, interventions & evaluation with people with lived experience
- Increasing opportunities for rehabilitation, restoration & social cohesion
- Developing opportunities to improve the "causes of the causes"

INTERMEDIATE OUTCOMES

- + Increased access to education, training &/or employment
- + More holistic, coordinated, person-centred & adaptive support
- + Pro-social bonds & relationships
- + Improved emotional awareness, regulation, social, problem-solving & life skills / improved confidence and self-esteem
- + Communities exposed to anti-violence, anti-oppressive, non-judgemental messaging
- + Communities and organisations develop passion to support each other to reduce violence / enthusiasm to prevent trauma
- + An effective, whole systems approach to violence prevention
- + Recognition that everyone plays a part in preventing violence
- + Practitioners understand local needs/issues
- + Systems operate together effectively to reduce the risks & improve protective factors
- + People have greater opportunities to prevent, reduce & stop violence
- + Gaps & tensions between services & silo-approaches reduced
- + Systems & communities recognise the importance of nurturing children & young people
- + Interventions are evidence-informed & evaluated to continually improve
- + Multi-agency data collected, shared & analysed
- + Coordination of strategic response
- + Collaborative approach to commissioning
- + Collective decision-making / shared problem solving



LONG-TERM OUTCOMES / IMPACT

- + Violence is prevented
- + Improved population-level outcomes / risk factors & vulnerabilities are addressed (e.g. ACEs & trauma are prevented)
- + People are empowered with emotional regulation, conflict-resolution & life skills to resolve issues peacefully
- + People feel confident, have emotional awareness and good self-esteem
- + Offenders are supported to rehabilitate
- + Improved outcomes for the criminal justice system, including reduced offending & reoffending rates
- + Multi-sectoral outcomes are improved (e.g. mental health, substance "misuse", educational attainment, housing, CSC outcomes & poverty)
- + Reduction in referrals to statutory services
- + Financial resources are well spent
- + Improved social justice / reduction in inequalities, blame, stigma & shame
- + Compassionate communities, improved response, confidence & resilience
- + People are able to live their full potential & feel safe
- + Safe & healthy communities, absent of violence & violent crime
- + Self-sustaining violence prevention system





LANCASHIRE
VIOLENCE REDUCTION
NETWORK

