

**Supporting**

**partnerships for**

**violence prevention**



**Uned Atal Trais**  
**Violence Prevention Unit**



**PUBLIC HEALTH**

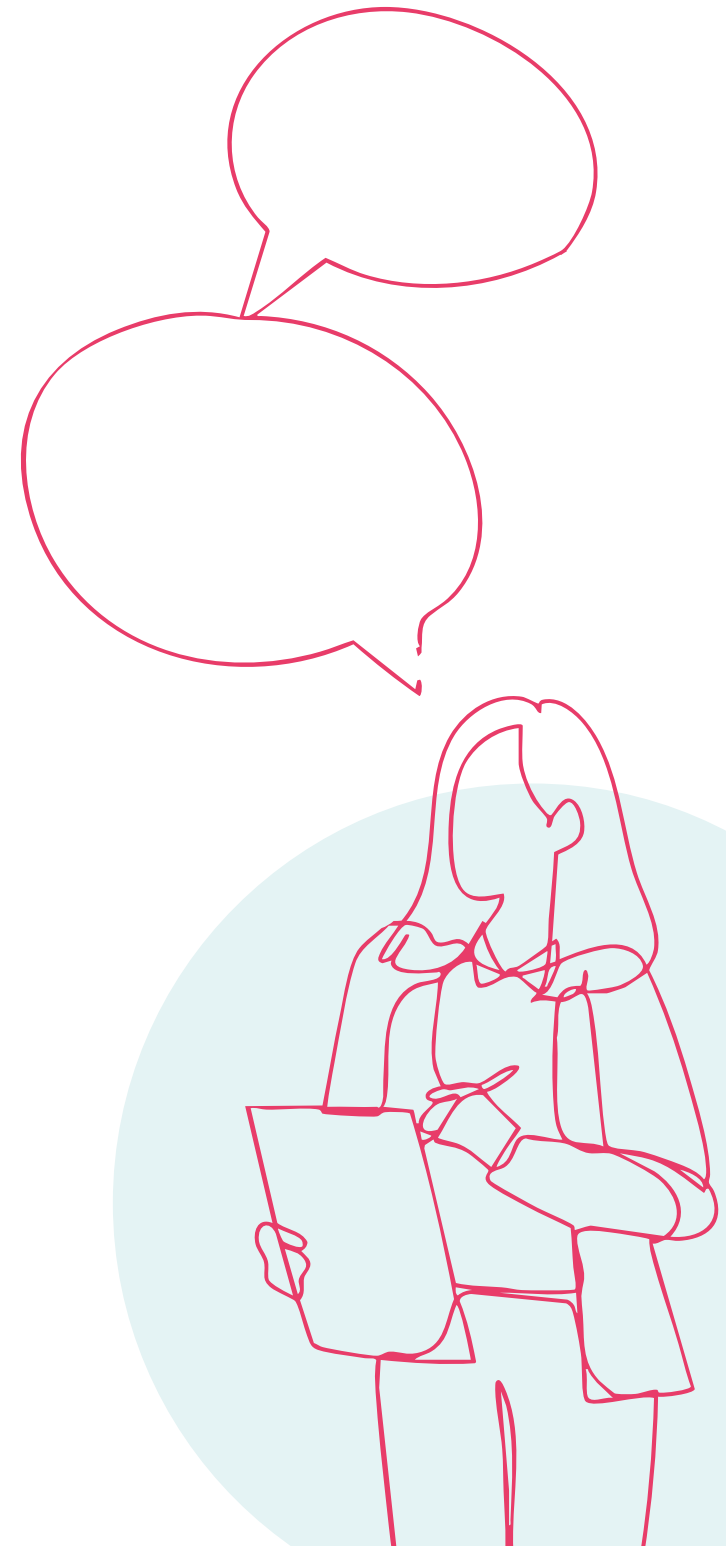
World Health Organization Collaborating Centre  
for Violence Prevention

## Supporting partnerships for violence prevention

**This report summarises key findings from independent evaluations of two multi-agency violence prevention partnerships and associated interventions which take a whole-system, public health approach to violence prevention in South Wales.**

These evaluations were funded by the Wales Violence Prevention Unit and conducted by Liverpool John Moores University (LJMU) to explore how the interventions and approaches across Cardiff and Swansea operate to identify and support individuals at risk of and/ or experiencing violence,

and the measures implemented to mitigate risk and prevent further involvement in violence and violent crime. The learning from these reports provides vital insight for the implementation of violence prevention partnership working.



## Background

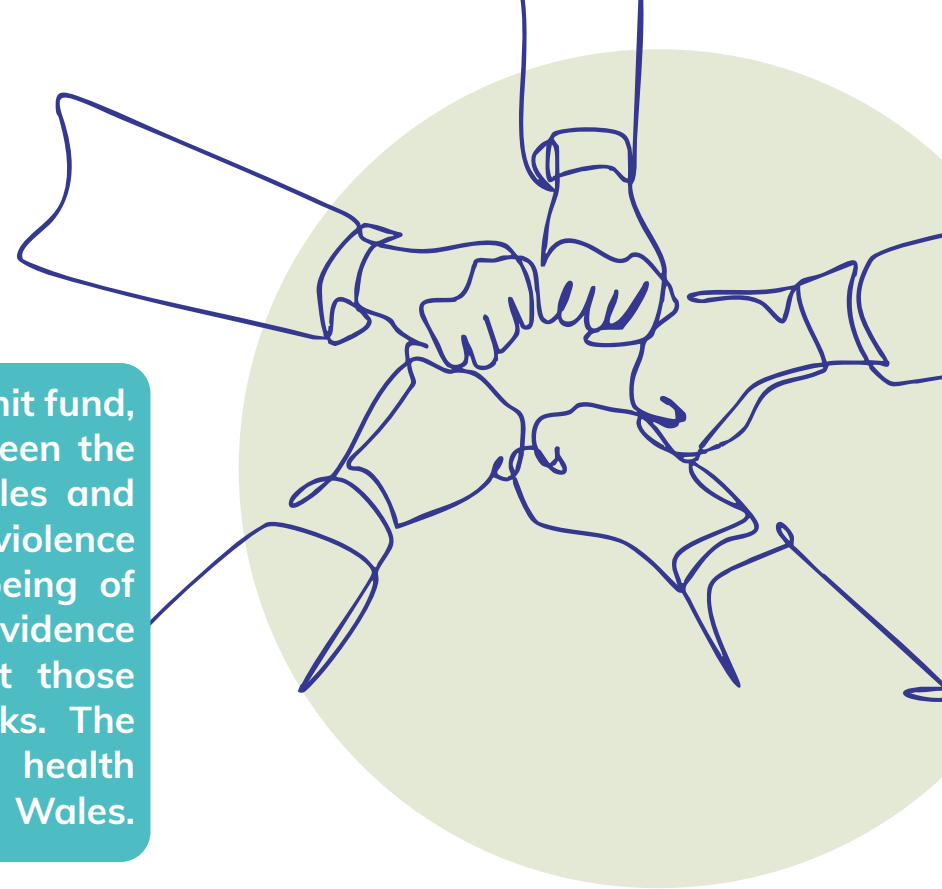
Established in 2019 through the Home Office Violence Reduction Unit fund, the Wales Violence Prevention Unit (VPU) is a partnership between the South Wales Police and Crime Commissioner, Public Health Wales and South Wales Police. The VPU takes a public health approach to violence prevention whereby it focuses on the health, safety and wellbeing of an entire population. The team draw upon multi-disciplinary evidence to understand the facts, explore possible solutions, implement those solutions, evaluate their effectiveness, and scale up what works. The overall aim of the VPU is to develop and implement a public health approach to prevent violence among children and young people in Wales.

Violence among children and young people is a complex issue, and its effects are corrosive and widespread, impacting the lives of other children and young people, families, and the wider community. Whilst violence is a harmful and systemic problem, we know from the evidence that it is preventable. However, preventing violence requires a whole-system approach to create lasting change. A whole-system approach describes collective actions

that can be taken by multiple partners to prevent violence (Snowdon et al., 2023).

To support a whole-system approach to violence prevention, the VPU commission interventions that sit within a range of statutory services, including health, policing, education, and youth work. Funded through the Home Office Violence Reduction Unit fund, allocated to the South Wales Police and Crime Commissioner,

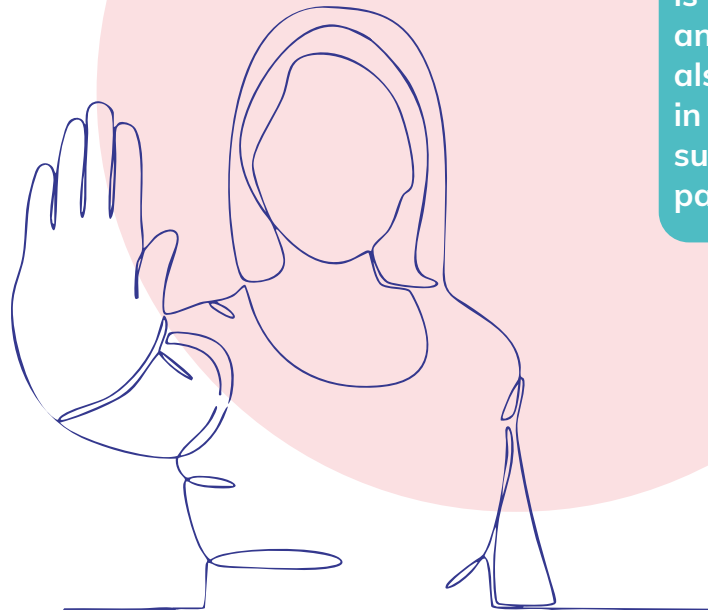
these interventions work across the three tiers of prevention; aiming to prevent violence before it occurs (primary prevention), offering immediate support to children and young people affected by violence (secondary prevention), and/or focusing on long-term care and harm reduction for those who have experienced violence (tertiary prevention).



The VPU's commissioned interventions are generally localised to areas of Cardiff and Swansea, which have been identified as hotspot areas in regular strategic needs assessments conducted by the VPU. Also operating within Cardiff and Swansea are the SAFE (Safeguarding Adolescents from Exploitation) partnership (Cardiff) and the CMET (Contextual, Missing, Exploited and Trafficked) panel (Swansea). The VPU funds the role of the SAFE and CMET coordinators and promotes a model of violence prevention partnership working which brings together statutory services with community support. This approach ensures that the needs of children and young people can be met and suitable pathways for care and support identified, to create a whole system approach to violence prevention in Cardiff and Swansea.

The CMET Panel is a multi-agency group, meeting on a fortnightly basis, which considers the contexts, themes, and trends for exploitation (rather than individual cases). Partners include Swansea Council, South Wales Police, Community Safety, Youth Justice Services, and third sector organisations. The panel also provides, or facilitates, access to specialist support services in relation to vulnerabilities such as substance misuse, mental health, homelessness, and violence. It also focuses on identified hotspot locations across Swansea and provides targeted outreach activities.

The SAFE Partnership supports the development and implementation of a city-wide approach for contextual safeguarding in Cardiff, consisting of safeguarding mechanisms to respond to individual risks (such as extra-familial harm, exploitation, and violence among children and young people), in addition to hosting multi-agency safeguarding meetings with key partners. SAFE is an action-focussed multi-agency partnership, which has been running for two years and is targeted at professionals (e.g., youth services, schools, police and third sector agencies) working with children, young people and families. The primary focus of the SAFE partnership is to prevent issues such as knife crime and criminal exploitation. The partnership also includes a high-risk panel process, in which any barriers to accessing support can be escalated to a high-risk panel for high-level managerial oversight.



# Evaluating the whole-system approach

To evaluate the complex multi-agency systems within Cardiff and Swansea, LJMU adopted the framework for evaluating complex interventions (Skivington et al., 2021).

This framework suggests that the evaluation should consider the effectiveness of the whole system, what works in what circumstances, and how the system and interventions adapt to one another. To do this, LJMU's evaluation activities included:



A rapid literature review to provide context to the research and aid the interpretation of research findings and development of recommendations.



Key programme evidence, policies and operational documentation was collated, reviewed and where possible, analysed to explore the development, implementation, delivery and impact of the VPU interventions.



Interviews with key stakeholders involved in the implementation and delivery of the VPU funded interventions. Stakeholder workshops were undertaken to collaboratively develop recommendations.



Interviews with service users engaging with the VPU funded interventions to explore the needs of individuals, barriers to accessing support, journey experiences and impact of support. Case studies were developed for the interventions.

LJMU produced four reports as part of the two evaluations. Individually, the four reports provide an extensive exploration of the VPU's approach to violence prevention in Cardiff and Swansea. The VPU has condensed the learning from these reports into this summary for partners across Wales.



### A Whole Systems Case Study: Swansea

The Whole Systems Case Study reports explore how the violence prevention activities and interventions work together to identify at-risk individuals and mitigate the risk of further involvement in violence and crime. The reports include key findings and recommendations for partnership working across the system and for evidencing impact.



### A Whole Systems Case Study: Cardiff



### Case Study Report: Swansea

The Case Study reports explore the violence prevention activities and interventions, how they were implemented and delivered and the difference the interventions have made for the children and young people they were designed to support.



### Case Study Report: Cardiff

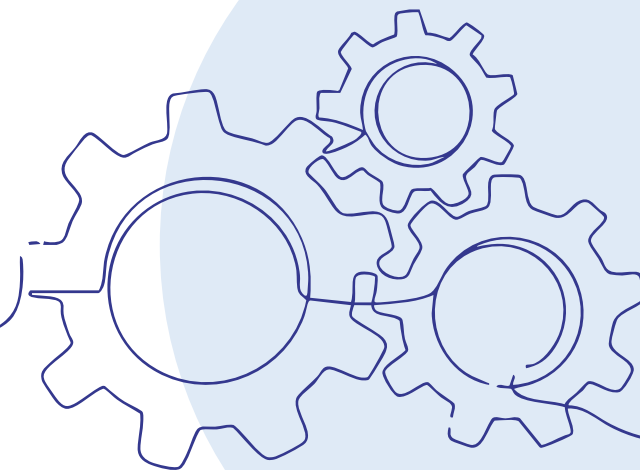
## Key findings

Overall, the evaluations found that the children and young people involved with the interventions had increased knowledge and awareness of risks, were better able to make informed choices, develop alternative coping strategies and had improved health and wellbeing, including increased resilience and improved self-esteem and confidence, and reduced anxiety and depression after being supported by the VPU-commissioned interventions.

Children and young people reported feeling reassured, safe, and listened to throughout their engagement with the interventions. Engaging with intervention activities also provided children and young people with structure and routine, giving them the opportunity to develop skills to help them move forward with their lives. There were also reports of wider impact in terms of the children and young peoples' improved relationships with friends and family and a reduction in reported incidents of violence. Below are some of the key findings that were shared across the reports.

### Bringing partners together

**1. Partnerships with the VPU were essential** in both Cardiff and Swansea where there is a clear, shared vision amongst partners for using a coordinated public health approach to violence prevention. The VPU established a large stakeholder network, including a diverse range of partners, to implement and coordinate violence prevention activity. The VPU is described as bringing partners together to develop networks and build relationships to work in partnership.



Working with the VPU provided an opportunity to share intelligence. Several stakeholders discussed the benefit of sharing data between organisations and the VPU and how this was used to inform decision making. This included the Wales Violence Prevention Portal to access anonymised data on violence in Wales.

## Commissioning interventions

2. The VPU model of commissioning and delivery contributed to the overarching VPU aim of preventing violence among children and young people, and any associated harms, to create safer communities across Cardiff and Swansea. Funding from the VPU enables organisations to enhance existing interventions and resources and develop new ones. Funding also allows these organisations to build capacity to reach more children, young people, and their families.

## Recognising the needs of children and young people

3. The VPU model recognises the importance of identifying and understanding the wider determinants of health and contextual factors that affect children, young people, families and communities across Cardiff and Swansea. Evaluation participants highlighted the critical role of education in building protective factors and

recognising risk factors, yet many of the children and young people were disengaged from school. Therefore, supporting children and young people back into education, training and employment is a key aim for VPU-funded interventions.

## Taking a trauma informed approach

4. All staff delivering interventions use a trauma informed approach to build trusted relationships with children, young people and their families. Providing a safe and non-judgemental space working flexibly and building strong relationships were all seen as key for successful engagement, with providers reporting good uptake of the violence prevention activities.

A strengths-based approach was seen as essential when working with children and young people as it enables them to develop new skills, and enhance existing skills, which are important in building their confidence and helping

them develop their own personal aspirations that will help them to move forward with their lives.

## Partnerships for prevention

5. The CMET Panel and SAFE Partnership were both seen as important models for bringing partners together in a multiagency response to violence prevention. The development of referral pathways and formal relationships between services promoted joint working and awareness of services. Both CMET and SAFE were described as providing opportunities to bring operational and strategic partners together to provide support and guidance, information, and intelligence, and make joint decisions to support children and young people. CMET and SAFE also allowed professionals to share the responsibility for protecting and supporting children and young people across Cardiff and Swansea.



## Positive outcomes for children and young people

6. The evaluation findings provide evidence for the **individual outcomes** for children and young people engaging in the VPU-funded violence prevention activities. The VPU model of linking statutory interventions with community support provided a pathway for identifying needs and moving the child or young person on to a suitable pathway of longer-term care and support. This ongoing work provides children and young people with the consistency needed to maintain relationships and sustain outcomes longer-term.

## Recognising the barriers to service delivery

7. **Reported barriers for families, children, and young people** to engage with services were mistrust in professionals, previous negative experiences and feeling overwhelmed by being involved with multiple

organisations. This highlighted the need for services to work together to provide accessible and wraparound, whole family support.

Barriers to delivery for intervention providers included recruitment delays which impacted on intervention implementation, the short-term nature of funding which created job insecurity for staff and working with limited resources and capacity. The impact of the pandemic was also seen to have increased complexities and service demand.

## Impacting the wider system

8. **Partners reported having good awareness of the function of the VPU.** Relationships and communication between the VPU and intervention providers was described as positive, with the VPU described as having a flexible approach when it came to understanding the needs of support services. The funding from the VPU increased capacity within services meaning they could have a wider reach

to engage with more professionals, children, and young people.

9. Wider impacts also included improved knowledge amongst professionals through establishing relationships, sharing information, engaging closely with interventions, training, and guidance. This resulted in improved partnership working in Swansea and Cardiff and the breaking down of barriers to prevent the criminalisation of children and young people and supporting them to move forward with their lives. In the longer term, partners hope that there will be a reduction in violence and violent crime, including a reduction in hospital admissions related to knives and violence, all leading to better life chances for children and young people.

**The evaluation findings indicate that the model of commissioning and delivery contributes to the wider overarching aims of reducing violence and harm among children and young people.**

# Recommendations

The evaluation reports made the following recommendations:

## Support education to contribute to violence prevention

- Relationships with schools and engagement from **education partners** could be strengthened. This may need government support to mobilise engagement. This would **support education to have a key** input at partnership meetings, and increase intervention take up within schools.

## Amplify the voices of children and young people

- Key partners and the VPU could work together to develop a **children and young people-friendly communications strategy**.

Stakeholders suggested the focus could move away from knife carrying and focus on using shared language and good news stories.

- Service providers and evaluators should continue to **keep service user voice at the heart of intervention design and delivery**, where possible incorporating co-production. This should be a key focus for final year evaluations of VPU-funded activities to better understand the legacy of the VPU, and in developing a sustainability plan.

## Secure long-term investment

- **Longer-term investment and funding** are needed to create **stability in services and consistency of care**. It would allow for less disruption to service delivery for the workforce and service users and would allow for longer-term evaluation to truly understand the impact of the interventions. Violence prevention services should work alongside the VPU to develop a business case and a **sustainable model** beyond existing VPU funding.

The Hospital Violence Prevention Teams were established in October 2019 and operate in two emergency departments in South Wales. Each team comprises two nurses and a community-based caseworker. The Violence Prevention Team offers advice, support and guidance to patients who have experienced violence, with the aim of engaging with those injured whilst they are in hospital (at the point of crisis) and to prevent violence by encouraging patients to access support and services.



## Prioritise evaluation

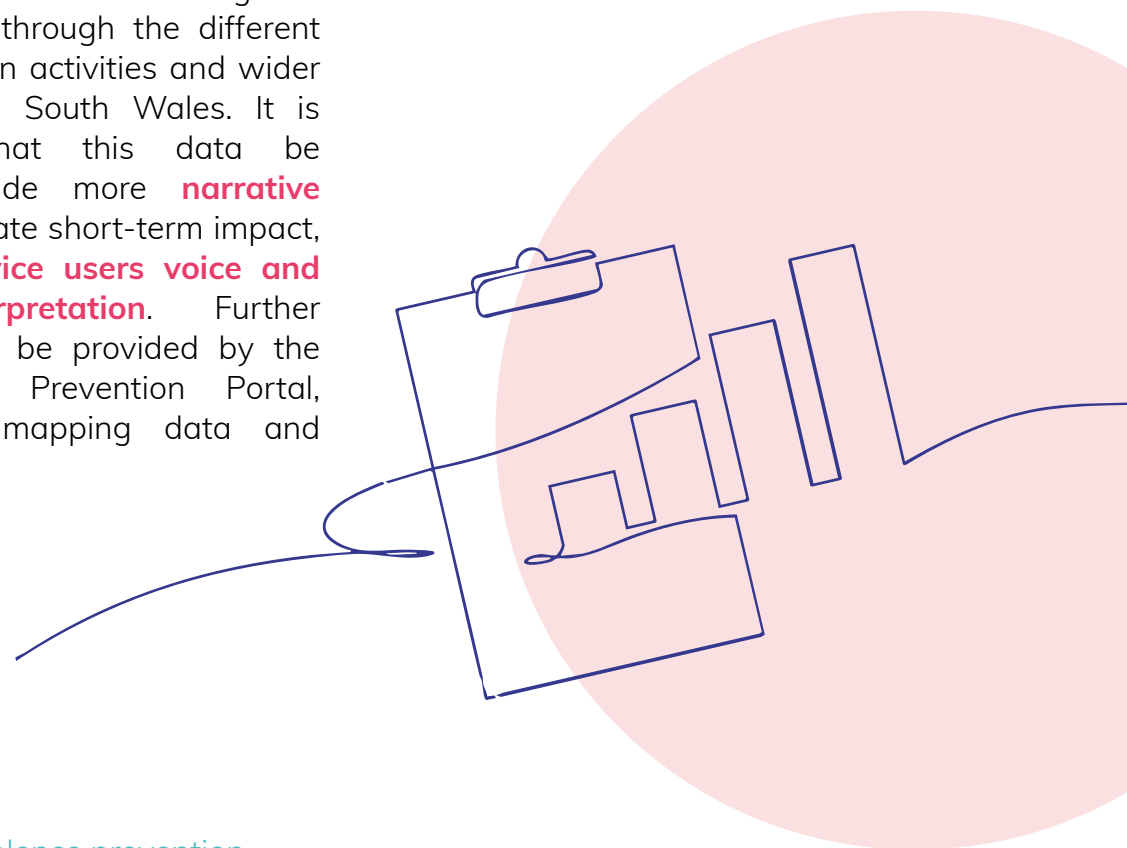
- Most interventions are subject to local and national evaluation. To ensure they are not over-researched or have to answer the same questions repeatedly for different evaluations, it would be useful for evaluators to find better ways to **share evaluation outcomes**. Further, evaluation should be built into the commissioning process to **measure the impact** of the intervention.
- Long-term evaluation was seen as key to measuring the longer-term impacts of the VPU. It is important that this includes softer outcomes, like the progress made for individuals within the intervention and across the system rather than the total numbers of individuals who complete a course. Services should continue to collect case studies, whilst also utilising the VPU evaluation toolkit to identify a consistent way of **measuring softer outcomes** using qualitative data.

- Anonymised **case studies** should continue to be developed across interventions in a standard template for use within evaluation (both internally and externally) to **evidence impact of services**. Consent from service users should be gained before use within the public domain.

## Recognising the importance of data

- Evidence from the evaluations demonstrates a wealth of intelligence that is gathered through the different violence prevention activities and wider data sets across South Wales. It is recommended that this data be captured alongside more **narrative data** to demonstrate short-term impact, **capture the service users voice and avoid misinterpretation**. Further information could be provided by the Wales Violence Prevention Portal, including more mapping data and broader data sets.

Teachable Moments initiative is a collaboration between South Wales Police and Media Academy Cymru (MAC) which takes place within police custody suites across South Wales and allows MAC caseworkers to conduct motivational interviews with children and young people who are in police custody. The interviews are intended to explore the child or young person's actions, needs and future goals to offer support and discourage future problematic behaviour.



Training for professionals around data intelligence may be helpful for colleagues to understand the broader picture and how outcomes data can influence action.

- **Data mapping and quality assurance exercises** may be useful for individual interventions. This would help ensure the appropriate data is collected to reflect the delivery and impact of that delivery.

### Developing pathways and improving partnerships

- The development of pathways such as the Hospital Violence Prevention Teams and Teachable Moments provide examples of effectively bringing statutory and voluntary partners together to create wraparound support and break down barriers for engagement. Learning should be taken from this model to develop **future pathways and partnership** working across sectors.

- The evaluations identified **gaps in service provision** for (1) mental health support and (2) diversionary activities and community spaces for children and young people to engage in activities in a safe place within their community. The VPU should explore **building a mental health support pathway** into future VPU-funded interventions.
- The interventions all include input at a strategic and operational level which is important for effective delivery, with frontline operational work informing strategic decisions. The VPU should consider how they can engage more informally with frontline staff for a **two-way feedback process**.



## References

Skivington et al., (2021). A new framework for developing and evaluating complex interventions: update of Medical Research Council guidance. *BMJ* 2021;374:n2061. Available at: [A new framework for developing and evaluating complex interventions: update of Medical Research Council guidance \(bmj.com\)](https://www.bmj.com/lookup/doi/10.1136/bmj.n2061)

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