



# Evaluation of the Lancashire Violence Reduction Network

## Final Report

June 2021



**LANCASHIRE**  
VIOLENCE REDUCTION  
NETWORK

## Evaluation of the Lancashire Violence Reduction Network - Final Report

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### About this report

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Lancashire is one of the 18 areas allocated funding by UK Government to establish a Violence Reduction Unit. In 2019, the Lancashire Violence Reduction Network (LVRN) was established, and in November 2019 Liverpool John Moores University (LJMU) were commissioned to implement an initial evaluation of the LVRN, to explore the LVRN as a whole and selected LVRN interventions. Due to COVID-19 restrictions, data collection for the evaluation was delayed until October 2020, and the focus shifted from evaluation of selected interventions focused on knife crime, to the development of case studies on other VRN interventions. Evaluation findings were presented in an interim report in January 2021. This final report incorporates revisions following LVRN partner review of the report and a case study on the DIVERT programme. It is important to note that the ongoing COVID-19 restrictions during the data collection period restricted the ability of the evaluation team to capture intervention recipient's views on the interventions, and thus evaluation findings report the perspectives and experiences of LVRN partners at a strategic and programme implementation level. Incorporating the voices of intervention recipients and the community will be a key focus of wider LVRN evaluation.

### Acknowledgements

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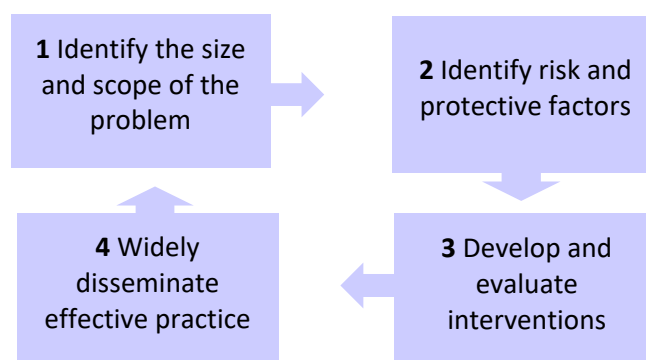
# 1. Introduction

## 1.1 Background

Globally, violence places substantial impacts on the population's health, wellbeing and social prospects, with broader influences on families, communities and wider society, including health, criminal justice and social services, and other sectors such as education (WHO 2014). Thus, preventing violence and associated risk factors, and promoting factors that protect communities are key United Nations Sustainable Development Goals, and a priority for governments worldwide. In the United Kingdom (UK), the UK Government published its Serious Violence Strategy in 2018 (Home Office, 2018), encouraging a multi-agency, whole system public health approach to violence prevention. Key to this is the adoption of the World Health Organization (WHO) approach to violence prevention that:

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

The approach has four key steps:



In 2019, the UK Government announced a £100 million commitment to tackle serious violence, focused on supporting local police forces to target areas most affected by violence (surge funding) and the establishment of Violence Reduction Units (VRU) (UK Government, 2019)<sup>1</sup>. This investment supported additional steps taken to prevent violence, reduce offending, promote public safety and stimulate closer working relationships between partners, including a new legal duty to support multi-agency action (Home Office, 2019a). In June 2019, the Home Secretary allocated £35 million to Police and Crime Commissioners in 18 areas most affected by violence<sup>2</sup> to set up multi-agency VRUs bringing

<sup>1</sup> Based on the Scotland Violence Reduction Unit model, and other community based multi-agency approaches to preventing violence (e.g. Cardiff Model; Florence et al, 2011).

<sup>2</sup> Identified by using hospital admissions for assault with a knife or sharp object as the core measure of serious violence.

together police, local government, health, community leaders and other key partners with the specific intent to reduce serious violence and its underlying causes, following a whole system public health approach to prevention (Home Office, 2019b). In addition, VRUs were tasked with producing:

- **A local problem profile/strategic needs assessment** to identify the nature and extent of violence, at risk groups and communities, and factors that promote serious violence in the local area; and,
- **A response strategy**, detailing how the VRU and its partners will deliver a multi-agency response to serious violence in their local area (based on evidence from the problem profile), and how this will be embedded into existing practices to prevent violence.

An evaluation of the development and implementation of VRUs in 2019/20 found that good progress had been made by VRUs, however more work was required to operationalise the VRUs and evidence outcomes and impacts at both a whole system and intervention level (Craston et al, 2020). In 2020/21, VRUs were provided with continued funding to develop and embed their VRU work programmes and multi-agency approaches.

## 1.2 Local Context

Situated in the North West of England, Lancashire is a county with a population of around 1.5 million, residing across varying levels of socio-economic deprivation. The county was selected as one of the 18 areas to establish a VRU, and in 2019/20 a local multi-agency partnership collaborated to establish the Lancashire Violence Reduction Network (LVRN), produce the needs assessment and response strategy, and continue to build upon local violence prevention strategies, following a public health and trauma-informed approach. The LVRN needs assessment illustrates the impact of violence on the local community and estimates the financial cost of violent crime<sup>3</sup> across Lancashire at around £346.6 million in 2017/18 (Jackson et al, 2020). Preventing violence is a key priority for the network, and in adopting a whole system public health approach to prevention, in year two (2020/21) they aimed to expand upon year one activities and trial, evaluate, and where appropriate roll out a range of violence prevention initiatives. The LVRN have subsequently commissioned and/or supported a suite of interventions and accompanying evaluation (e.g. evaluation of the Caring Dad's programme). In November 2019, the LVRN commissioned Liverpool John Moores University to evaluate the development and implementation of the LVRN, and selected interventions focused on the prevention of knife crime. However, due to the COVID-19 pandemic and national and local restrictions, in year two, LVRN activities and interventions were all impacted in various ways, and specifically related to this evaluation, many of the knife crime interventions were paused. As a result of ongoing challenges with intervention implementation and the limited potential for evaluation data collection, the evaluation was paused until October 2020. At this time, the commissioners agreed to refocus the evaluation to explore the LVRN as a whole, and to develop case studies on other interventions implemented during year 2, including Preston United, Navigators, Empower the Invisible and DIVERT.

## 1.3 Evaluation Aim and Objectives

**Aim:** To evaluate the feasibility, acceptability and impact of the implementation of the LVRN and selected work programmes.

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<sup>3</sup> Including commercial robbery, homicide, rape, robbery and violence with injury.

## Objectives:

- Understand and document the development, implementation and embedding of the LVRN, including facilitating and mediating factors, dose and reach.
- Explore key stakeholder views on the LVRN work programme.
- Consider the impact of the LVRN and selected work programmes on children/young people, the community, programme implementers and local services.
- Explore the extent to which operational activities of the LVRN develop and/or complement existing partnership working in Lancashire relating to preventing violence, reducing reoffending and promoting public safety.

## 1.4 Overview of Evaluation Methods

A mixed methods study was implemented to answer the evaluation aim and objectives. A summary of methods implemented is provided below and Appendix 1 provides full details of the evaluation methodology. It is important to note that the ongoing COVID-19 restrictions during the data collection period restricted the ability of the evaluation team to capture intervention recipients' (i.e. children, young people, community members) views and experiences of the interventions as originally intended, and thus evaluation findings report the perspectives and experiences of LVRN partners at a strategic and programme implementation level. Incorporating the voices of intervention recipients and the wider community will be a key focus of future and other LVRN evaluations.



Interviews (n=20) with LVRN steering group/team members (n=13), and intervention implementers (n=6) across LVRN funded interventions.



Review of LVRN and intervention documentation (e.g. resources; newsletters) and secondary data.

## 1.5 Structure of the Report

The findings are presented with reference to the WHO public health approach to violence prevention (Krug et al, 2002), the Serious Violence Strategy (Home Office, 2018) and additional guidance produced to support VRUs to implement a whole system public health approach to violence prevention.

- **Section 2** provides an overview of the scope and scale of LVRN activities.
- **Section 3** presents LVRN strategic and operational partner perceptions and experiences of developing the LVRN and implementing LVRN activities.
- **Section 4-7** provides case study examples to further demonstrate the development, implementation and impact of the LVRN funded interventions: Empower the Invisible (4), Navigators (5), Preston United (6), and DIVERT (7).

## 2. The Scope and Scale of Lancashire Violence Reduction Network (LVRN) activities

### 2.1 Vision and Mission

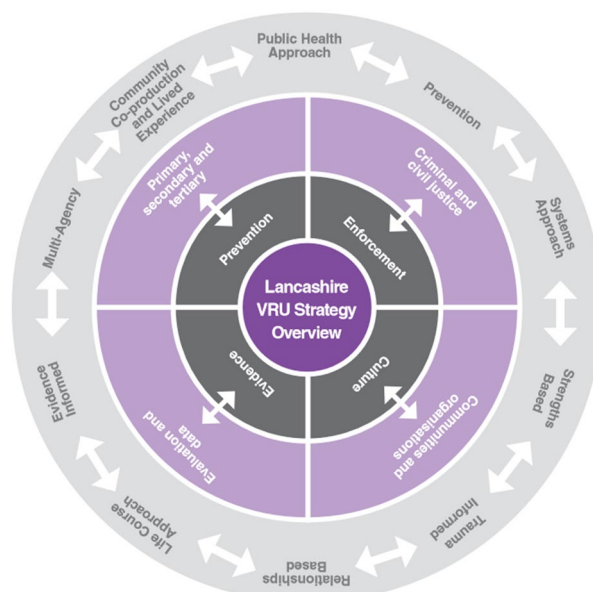
The vision of the LVRN is for every person living or working in Lancashire to feel safe from violence and violent crime. This includes focusing on four key strands, which will be delivered *“by prioritising action, leadership and system mobilisation”* (Figure 1) (LVRN, 2020):

1. Prevention: Prevention and early intervention are at the core of the LVRN. They focus on their community and partnership strengths to reduce, prevent and respond to violence.
2. Enforcement: The LVRN work closely with their partners to use civil and criminal remedies. They are committed to swift, visible justice for those who commit violence.
3. Evidence, data and evaluation: The LVRN promote a learning culture and develop evidence of good practice. They take a system-wide approach across Lancashire partnerships.
4. Culture transformation and workforce development: The LVRN take a public health approach to tackling violence. They build on their community links and partnerships, including working with people with lived experience, to reduce and prevent violence. They work to build a trauma-informed approach across the county’s services.

A key priority for the LVRN is to support a *“system-wide trauma-informed approach to making Lancashire a safer place to live, work and visit”* (LVRN, 2020). They define being a trauma-informed county as *“not an initiative but a way of being, and part of our culture. This impacts on our beliefs, values, way of life and the way our society is organised. The relationships we form, the language we use and the way we see the environment are all part of our culture”* (LVRN, 2020). The LVRN contributes to this aim by:

- Harnessing and sharing resources and good practice on implementing a trauma-informed approach.
- Supporting the workforce in seeing the benefit of trauma-informed practice and developing confidence in working in this way.
- Supporting the development of trauma-informed practice across Lancashire through a phased approach.

Figure 1: Overview of the LVRN strategic approach





## 2.2 The LVRN model

The LVRN includes partners from over 20 statutory and third sector organisations including youth offending teams, schools/colleges, public health, police, children’s social care, probation, community safety partnerships, Lancashire Office of the Police and Crime Commissioner (OPCC), Lancashire County Council, the NHS and academia. Led by a Director and overseen by a steering committee, a core LVRN team drive the development and delivery of the LVRN and its work programmes, in collaboration with partners from across the network (Ruston and Youansamouth, 2021).

## 2.3 Alignment with the WHO Public Health Approach to Violence Prevention

### Identify the size and scope of the problem, and risk and protective factors

The LVRN has adopted the WHO definition of violence as part of their public health approach to preventing serious violence/violence:

*“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, mal-development, or deprivation.”* (Krug et al, 2002)

In January 2020, the LVRN produced a strategic needs assessment to provide an overview of Lancashire and critically a baseline understanding of the nature and extent, and risk and protective factors for serious violence across Lancashire, and interventions and evidence to prevent serious violence (Jackson et al, 2020). The needs assessment is underpinning by the WHO public health approach to violence prevention, and focuses particularly on understanding the problem; identifying risk and protection factors; and, developing and evaluating interventions.

The needs assessment collates data on violence from a board range of sources including:

- **The Public Health England (PHE) fingertips database**, providing information at a local level (e.g. local authority) on a range of health and wellbeing indicators (e.g. violence, crime and anti-social behaviour; educational achievement and employment; drugs and alcohol; mental health; adverse childhood experiences [ACEs]).
- **Police crime statistics**, providing information on selected crime types included in the LVRNs definition of serious violence.<sup>4</sup>
- **The Multi-Agency Database Exchange (MADE)**, providing data from local partners, including attendances to accident and emergency departments (A&Es) for violence-related injury<sup>5</sup>.
- **The voices of the local community**, captured via a rapid desktop review; interviews with practitioners, children/young people and parents; and, surveys with children/young people and parents.

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<sup>4</sup> Including homicide, knife crime, gun crime, assault resulting in injury, rape, robbery, aggravated burglary, domestic abuse and violence, and child exploitation (sexual and criminal).

<sup>5</sup> Accessed via the Trauma and Injury Intelligence Group (TIIG), LJMU.

Use of intelligence to inform local actions is an ongoing process, with additional data collection and intelligence gathered as required to meet local needs and concerns. For example, during the pandemic, the LVRN implemented a survey across partner organisations to understanding the impact of COVID-19, and associated lockdown restrictions, on domestic and sexual violence and abuse (Ruston and Youansamouth, 2020).

### Implementing effective interventions, and monitoring and evaluating their impact

The strategic needs assessment has been used to inform the development of the LVRN strategy, and subsequently inform the actions within the LVRN implementation plan (LVRN, 2020). The needs assessment provides clear evidence of the LVRN using data and intelligence to develop interventions, with for example identified recommendations and actions directly linked to key findings from the needs assessment (see Table 1 for examples).

**Table 1: Example links between needs assessment findings and recommendations for LVRN actions**

Aspect	Key finding	Example recommendation
Causes of the causes: risk factors for serious violence	Education, employment and training: Poor school attendance and attainment across Lancashire including fixed period exclusions, persistent absenteeism and GCSE attainment. High levels of poor emotional and mental health need in school age children High levels of young people NEET	Undertake a more detailed assessment to further understand the reasons for and distribution of exclusions and absenteeism across Lancashire at a district level.
Location	Serious violence is prevalent across all districts of Lancashire, districts with highest levels of serious violence relative to population are Blackpool, Burnley, Preston and Blackburn with Darwen	Prioritise LVRN programmes of work to target interventions for those areas with bespoke need and adopt universal approaches for the others.

The LVRN have identified a number of core work streams for 2020-25 (Figure 2): all the programmes 'fitted' with the golden strands referenced in the LVRN strategy, and comprise of a combination of programmes with a pre-existing evidence base or 'new'/innovative approaches to Lancashire:

**Parenting**, e.g. The LVRN has invested in a number of programmes to support local parents. Caring Dads Safer Children (CDSC) is a programme for fathers where there are domestic abuse and violence concerns. Developed in Canada, this 17-week group-work programme aims to motivate change in men's behaviour by focusing on their role as fathers. The programme has four key objectives:

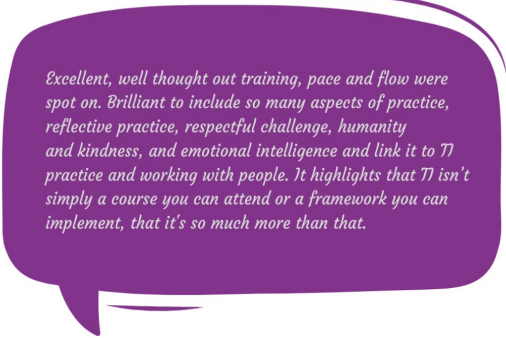
1. To develop sufficient trust and motivation to engage men in the process of examining their fathering.
2. To increase men's awareness of child-centred fathering.
3. To increase men's awareness of, and responsibility for abusive and neglectful fathering.
4. To consolidate learning, rebuild trust, and plan for the future.

Despite challenges with COVID-19, the CDSC facilitators have continued to run a number of programmes face-to-face during the pandemic, providing support during this time to 26 fathers (and their families). CDSC has previously been evaluated by the NSPCC (2016), however, no local evaluation

has been conducted. As such, the LVRN has commissioned an independent evaluation of the programme running in Blackburn with Darwen.

The LVRN has also partnered with the Empowering Parents Empowering Communities (EPEC) Scaling Programme<sup>6</sup> to bring EPEC to Lancashire. As an EPEC hub, Lancashire is offering parenting courses in local, socially disadvantaged communities, as identified by the needs assessment. EPEC combines local professional expertise with a parent-led approach to build community resilience. During sessions, parents learn strategies for improving the quality of their interactions with their child(ren), reducing negative child behaviour and increasing efficacy and confidence in parenting. The sessions involve group discussions, demonstrations, role-play and homework assignments. Up to December 2020, three staff had attended the EPEC training, and have become accredited EPEC teams and eight parents had attended the training and achieved the required standards for certification. The parent group leaders report identified the following achievements: improved self-confidence, self-efficacy, group work, personal skills, knowledge and expertise in parenting and child development, and increased personal aspirations, employability and financial independence.

**Awareness raising and prevention**, e.g. The LVRN have developed a trauma-informed practice training package (see Phythian, 2021) and implemented it across multiple agencies, involving 150 children’s social care and 100 multi-agency staff (including delivery virtually during the COVID-19 pandemic). Bespoke training is being provided to student police officers, with additional awareness raising via other communication methods (e.g. Walk the Talk: Childhood Trauma podcast). The development of a self-assessment toolkit aims to support the ongoing development of trauma-informed services in the county, and is being used by a number of organisations (e.g. children’s social care; social workers).



*Excellent, well thought out training, pace and flow were spot on. Brilliant to include so many aspects of practice, reflective practice, respectful challenge, humanity and kindness, and emotional intelligence and link it to T practice and working with people. It highlights that T isn't simply a course you can attend or a framework you can implement, that it's so much more than that.*

**Multi-agency violence reduction**, e.g. The LVRN have continued to support the implementation of Operation Encompass across Lancashire, an initiative with police and schools to safeguard and support children/young people who have been involved in or witness to a domestic abuse incident<sup>7</sup>. Police confidentiality share domestic abuse alerts with relevant schools, enabling them to provide support for pupils where needed.

Following a multi-agency review of the Multi-agency Risk Assessment Conference (MARAC) process in Lancashire, the service was redesigned. The new Multi-Agency Risk Reduction Assessment and Coordination process (MARRAC) involves the MARAC team working inclusively with victims, perpetrators and children, in order to ascertain the underlying needs of families and underlying causes of violence. Rather than waiting for a case to be heard at a MARAC meeting (as per the previous

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<sup>6</sup> EPEC has been identified to have an evidence rating of '3' and a cost rating of '1' by the Early Intervention Foundation (EIF). This means that at least one rigorous evaluation has found that EPEC has short-term, statistically significant, positive impacts on child outcomes. A cost rating of '1' indicates that EPEC is a low-cost programme to set up and deliver, compared to other interventions reviewed by the EIF.

<sup>7</sup> See: <https://www.operationencompass.org/>

model), the new MARRAC team make contact with each family member within a 1-2 days after an incident takes place. Instead of the MARAC meeting, there are four steps: 1) gather and assess information; 2) analyse and understand the risks and needs; 3) identify strategies and solutions; and 4) complete the case. The LVRN have commissioned an independent evaluation of the new MARAC process, and anecdotal evidence (from a previous pilot of the model) suggests improvements to waiting times and improved outcomes (e.g. increased engagement and reduction in re-referrals).

**The ED Navigators Scheme**, helping people to access support services as a result of their attendance at A&E, for example due to a violence-related injury (see Case Study in Section 5).

**The Lancashire DIVERT programme:** delivered in custody suites, and supported by the county's football community trusts, offers support to people in custody to help them to make positive decisions in life to reduce the chances of them re-offending (see Case Study 7).

**Prisoners and prisoner's families**, e.g. The LVRN have coproduced materials to support children (and families) with a parent in prison, and delivered training on the needs of children with a parent in prison to 445 schools and 105 multi-agency practitioners, including social workers, probation officers, mental health practitioners, school nurses and third sector representatives. The training introduces resources to support families and children affected by a parent being in prison, using the story of Mia as a vehicle to demonstrate key messages around how to support this vulnerable and under supported group (to date, 1,090 books of Mia's story have been requested by practitioners). The LVRN are also working with a Psychologist to develop the Strength Inside and Out Programme to reduce (re)offending by enhancing emotional regulation skills for both prisoners and their partners. A similar programme, which focuses on individuals (rather than couples) has previously been delivered in prisons and the community, and has been associated with reducing recidivism and intimate partner violence and coercive control, as well as improved outcomes for children.



**Exploitation and family support**, e.g. The LVRN have supported two areas of work to support those involved in, or at risk of exploitation. In Blackpool, the focus has been on engaging children/young people (40 up to October 2020) who are already exhibiting anti-social and escalating violent behaviour toward each other and other members of the community with an aim of protecting them from further criminal exploitation. Working alongside the existing Engage Team in Blackburn with Darwen, workers supported by the LVRN have focussed on children/young people at risk of going missing from home (MFH) to reduce the number of them being drawn into criminal exploitation. Up to October 2020, the Engage team had worked with 51 children/young people and there have been 58 MFH episodes that the team have dealt with.

Whilst the work streams have been defined to enable the four priority areas (detailed in 2.1) to be achieved, and address the findings of the needs assessment, the LVRN intend to continually review and reflect upon the work programme, to ensure it meets the needs of the Lancashire community and is driven and supported by evidence and data. In collaboration with partners across the LVRN, key outcomes and indicators have been defined for the four priority areas, and measurements identified (Youansamouth et al, 2020).

**Figure 2: Overview of LVRN project and work streams**

Violence Reduction Network - Projects and Workstreams						
<b>Parenting</b>	<b>Awareness raising and prevention</b>	<b>Multi-agency violence reduction</b>	<b>Accident and emergency navigators</b>	<b>Lancashire Divert Programme</b>	<b>Prisoners and prisoner's families</b>	<b>Exploitation and family support</b>
<b>Lead: Hazel Gregory</b>	<b>Lead: Justin Srivastava</b>	<b>Lead: Ian Whitehead</b>	<b>Lead: Hazel Gregory</b>	<b>Lead: Dave Oldfield</b>	<b>Lead: Sue Clarke</b>	<b>Lead: Ian Whitehead</b>
Aim: To identify evidence based programmes which focus on parenting, to reduce intergenerational adversity across the population, maximising resilience for current and future generations	Aim: To adopt a Trauma informed approach across all agencies  Aim: To work with children who are at high of missing education to become resilient violence and abuse.  <i>Commissioned services for joint working with the third sector</i>	Aim: To target families with prevalence of serious violence (including Domestic Violence) where children are involved	Aim: To help stop revolving door of violent injury in our hospitals  <i>Commissioned services for joint working with the third sector</i>	Aim: To get offenders to change their behaviour, to reduce the likelihood of them returning to police custody	Aim: To help prisoners understand their own behaviour  Aim: to increase the family's wellbeing, assist in reintegration and reduce further offending post release.	Aim: To increase support for individuals and their families who have been victims of exploitation and violence

### Sharing best practice and scaling-up evidence based interventions

Sharing best practice, evaluating interventions and scaling-up evidence based interventions is a key theme across all LVRN outputs and communications (e.g. monthly updates). A number of guidance documents have been produced to share best practice and support delivery of interventions and approaches to violence prevention, for example (see Appendix 2 for further details)<sup>8</sup>:

- Developing ACE and trauma-informed systems: Little book of ACEs; Little book of violence; COVID-19 trauma-informed guidance for schools; a trauma-informed organisation development framework.
- COVID-19 resources: Responding appropriately to COVID-19: a recovery curriculum for schools; links to resources to inform and support partners during the pandemic.

### Working with and for communities

To date, the LVRN has worked to embed the voice of children/young people and the community into the LVRN in various ways:

- Engagement with children/young people, families and practitioners to inform the LVRN needs assessment (and subsequently the LVRN strategy).
- Consultation with the community about the LVRN strategy.
- Development of a joint youth engagement programme with the PCC to form the Youth Commission on Crime Reduction and Prevention. The commission includes 25 children/young people, who have met twice, and at both sessions they were joined by the Deputy PCC and the Programme Manager from LVRN.
- Delivery of community engagement events and participation in existing events (e.g. youth forums; Roc events).
- Coproduction of information leaflets, such as the leaflets for families of prisoners produced by men in custody, children who have experienced parental incarceration, Lancashire and South Cumbria Prisons and the LVRN<sup>9</sup>.
- A partnership with UCLan, to enable students to volunteer to design and deliver projects across Lancashire in collaboration with the LVRN.

<sup>8</sup> <https://www.lancsvrn.co.uk/resources/>

<sup>9</sup> For example: <https://www.lancsvrn.co.uk/wp-content/uploads/2020/06/Dad-coming-home-prison-thoughts-feelings-LVRN.pdf>

### 3. Development, Implementation and Impact of the LVRN: Partner Perspectives

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A total of 16 interviews were conducted with 13 practitioners who, through membership of the Partnership Board and/or core delivery group for the LVRN, could speak with some authority about the work of the LVRN. The sample of interviewees ensured that partner agencies involved in the delivery of the LVRN were represented with participants being drawn from the police, the OPPC, probation service, local authorities, NHS, children's social care, education, academic partners and commissioned service providers. The interviews encouraged participants to reflect on their experience of joining the LVRN, their assessment of the LVRN's underpinning philosophy, the dynamics of partnership working within the LVRN, and the actual and planned impact the LVRN is having on building public safety and preventing violence.

Extracts from interviews are presented in the evaluation anonymously and in ways that protect the identity of the participant and/or their role. Often large sections of transcribed interviews are used and these help capture the thorough and considered contributions that characterised all the interviews conducted for this strand of the evaluation activity. The analysis of the interviews identified four clear themes around which to group the findings emerging from the fieldwork. In this section we explore each of these themes in sequence.

1. A strong, coherent, and shared sense of the trauma-informed principles of the partnership.
2. The determined strategic focus on building practitioner trauma-informed awareness and capacity.
3. The challenge to engage and commission services to innovate service delivery.
4. Promoting coherent short and long-term models of narrating (and evaluating) impact.

#### 3.1 A Strong, Coherent, and Shared Sense of the Trauma-informed Principles of the Partnership

A theme characteristic of all interviews was how well understood and shared the underpinning philosophy of the LVRN is amongst partners. Central to this is the clear attention to the role that trauma-informed principles can play to increase public safety, reduce victimisation and prevent violence. In all interviews reference was made to the need to understand the 'causes of the causes' and of placing offending behaviour in a wider social context. The strength of the articulation of how trauma-informed approaches could relate to the delivery of the ambitions of the LVRN, evident in every interview conducted, demonstrated how fluently members of the partnership collectively discuss and continually reflect on what the LVRN was seeking to achieve, and how.

The enhancement of partnership activity that – through trauma-informed approaches – focused attention on trying to respond differently to persistent and shared problems was something that all saw real merit in. The following was typical of what many viewed as the appeal of trauma-informed

thinking to re-establish a shared public sector commitment to try to work together to support communities:

*“What the LVRN is trying to do is challenge existing realities, to say we can’t go on like this, and present alternatives. It is saying we don't want this revolving door anymore...policing, education, mental health, it's the same people and families coming back round. We have to break this feeling that we just deliver things to people, so that we can tick a box, [even when] we know it's making no difference whatsoever and we aren't getting any sense of job satisfaction. The LVRN is challenging that reality, there is a better way and we can provide real-time alternatives.” (Interviewee [Int] 09)*

Within the Lancashire LVRN, the lead practitioners representing the key work programmes are all experienced professionals in their fields of practice and with long histories of working within the County. Being able to draw on their own practice backgrounds and on their experiences of involvement in a variety of multi-agency forums there was consistency again in how positively, and enthusiastically, all reflected on their involvement in the LVRN. A common thread that ran through participant's narration of working within the network was the sense of mutual respect all partners had for their peers, and of the genuine keenness to learn from partner organisations. As captured below, this sense of fully integrated working was of a form of authenticity that many had not experienced previously:

*“Unlike any multi-agency working that I know when I go to a LVRN meeting I don't know who is representing what agency, I don't see the agendas being brought into those discussions in ways we have always done elsewhere and that is really refreshing. We are there united by a common purpose to do something different and in an environment of respect and understanding, see how we can work best in the interests of communities of Lancashire, I don't know that all partnerships I have been part of [in] my professional career in Lancashire could lay claim to that.” (Int08)*

There are a number of factors that participants cited for why the partnership dynamics of the LVRN were wholly more positive than other multi-agency forums and why there is such a shared sense of what the LVRN is trying to achieve. These relate to, in turn, the buy-in from senior strategic leads into the aims of the LVRN; the way in which police partners have positioned their role within the LVRN; and the strong history of trauma-informed practice development that has been taking place in Lancashire (see Section 2).

Participants identified the significance of the catalytic impact that stimulating the interest and support for embracing trauma-informed approaches from strategic organisation leads had. This, they argue, helped ensure that organisational leads were more willing to work in partnership with one another to commit resources and were better placed to appoint the 'right people' to lead the LVRN at a more operational level. A number of interviewees identified the significance of the ACEs research in Blackburn with Darwen in 2013-14 (Bellis et al, 2014) and the momentum that study, as the first of its kind in the UK, generated for how practitioners understood and engaged with their communities and the vulnerabilities in evidence. That research evidence and the interest it stimulated in workforce development was seen as pivotal in being able to lever increased investment in LVRN approaches by statutory strategic leads and to capitalise on the opportunities that Violence Reduction Unit funding presented. The following was characteristic of those citing the significance of senior level buy-in:

*“The ACEs research set the ball rolling but then you have the right people in place to go further, you have xxx in Lancashire, the Chief Constable, who is a real advocate for trauma-informed ACEs, and well-being so you've got a leader in policing. You've also got leaders in public health who are shouting about trauma-informed and ACEs, and you've got lead health professionals, and you've got education leads shouting about ACEs and trauma-informed so I think it does make a difference. Having those people at the sort of top of the hierarchy organisational structure is really really important to help that buy-in and permission really for the organisation to take that approach.”*  
(Int04)

The top-level interest in adopting trauma-informed practices helped provide the initial impetus and helped bring together a partnership of like-minded people to work as the core group of the LVRN. But there were still resistances that needed to be overcome and relationships that need to be built. One of the original members of the LVRN talked of a conscious strategy to ‘work with the willing’ and to build the partnership activity and ambitions around the connections between organisations where interest in working together existed and then endeavour to build new activities and connections. This patient but strategic approach to building partnership working around an authentic commitment to trauma-informed thinking is something that members of the LVRN still value now as an important part of their work:

*“I remember being in one meeting with a strategic leader, who was asked about trauma-informed practice across the county in the meeting and said, Well, I don't really go with all of that stuff, you know, who in here has had an adverse child experience and of course as you'd expect half the room put their hands up, and then went on to say “so you see we did okay didn't we so I don't really think that there's anything in all of this”, and I'm banging my head against a brick wall. But that's now changed I know that that same person in a very strategic position are now completely on board, they are seeing what we are trying to achieve, they are seeing the training and workforce development we are putting in place as a partnership and they are buying into this.”* (Int09)

Another identified catalyst for the shared and coherent approach that all felt characterised the working of the LVRN is how police partners have positioned themselves within the LVRN. There could, many argued, have been a temptation for police leaders of the LVRN to focus on knife crime and to use resources and the impetus of the LVRN to target violent crime. But rather than see Violence Reduction Unit money as an opportunity to “*put more boots on the ground*” (Int12) all partners recognised the significance of the role of police leaders to take a broader perspective and to try to engineer partnership structures that would bring about more sustainable intervention activity that impact on the social determinants of violence. From police leaders themselves there was a clear reflection of their intent to work differently within the LVRN to shape new/different partnership dynamics:

*“In policing we will have Operation this and Operation for that but they mean nothing to anyone else, but we knew that we couldn't go on a public health approach without using experts from their own field. So it was helpful having a public health registrar on the team, academic research, education leads to try it with broadening the scope and building those relationships and children's social care, getting the council's and the Office of the PPC on board, there are all people who are wanting to do the right thing...we've been clear to say we can't arrest our way out of this issue we were saying that we need to work together. And how can we look at long term solutions and address the cause of the*



*causes and I think that's when ears pricked up and people saw we are thinking differently and there is a role for them in this.” (Int06)*

The informed recruitment of practitioners in the fields of education, children’s social care, community safety and probation was seen as providing the LVRN with “*credible leaders*” (Int03) and of giving “*the platform for public health voices to be heard*” (Int10). All participants recognised the value and importance of the re-naming of the partnership to being a Violence Reduction Network as being highly significant and reflecting the intent to deliver upon a “*distributive leadership approach*” (Int04) and creating “*a genuinely non-hierarchical and integrated*” (Int07) partnership. The importance of having experienced professionals, steeped in practice and partnership working is considered a key driving strength of the Network by all, as this contribution captures:

*“Having experience of working in a multi-agency team, looking at the different dynamics and the limitations of all those different team members is crucial. We have all had an understanding of the County of Lancashire, that we have three different councils, three different visions, three different modes of working and as practitioners you need to be realistic about what you can demand and expect of partners and have to empathise with their position, their role. So that understanding, that we all have, is a great benefit.” (Int10)*

The final key contributing factor to the shared sense of coherent partnership working within the LVRN was the feeling that the LVRN has been able to build upon a range of long-standing pieces of work taking place across Lancashire concerned with trauma-informed approaches. Over half of the sample talked specifically about their sense that partners had reached a ‘tipping point’ in wanting to adopt new approaches to established and endemic problems of “*the inter-generational transmission of families coming through services to no avail*” (Int07). And that within the County alternative approaches – informed by trauma-informed thinking – held appeal. There is a pride in the LVRN being identified as the national lead for trauma-informed practices across Violence Reduction Units and a shared sense amongst practitioner communities that within the County there is a heightened appetite to engage with public health approaches. All of these interviewees identified at least two examples of trauma-informed approaches they were aware of prior to their involvement in the LVRN; within GP practices, specific schools, or children’s social care initiatives. The LVRN funding was seen as providing the opportunity to consolidate and develop the growing momentum behind this work:

*“The VRN funding was really timely for the different spheres of work across different agencies. With a focus on underlying causes of violence, whether it's knife crime, domestic abuse, and that awareness of ACEs and wider experiences of trauma, often but not always in childhood, we had that understanding of trauma-informed in ways I don't think other areas have had, that importance of attachment in childhood, focus on parenting, people who experienced and proactive in moving multi-agency integrated working in this area.” (Int04)*

### 3.2 The Determined Strategic Focus on Building Practitioner Trauma-Informed Awareness and Capacity

The shared and coherent sense of the underpinning philosophy of the partnership has played out in terms of the purposeful sense of direction that the bulk of participants feel the LVRN has pursued. The collective sense that multi-agency partners came together to make “*new connections of old ways of working*” (Int10) bolstered the shared investment in trauma-informed practices and continues to stimulate a dynamic working environment. But crucially, there was a shared sense of the need to make

the work of the LVRN tangible and evidence-informed. There were pockets of trauma-informed practice already happening and a momentum from the ACEs research in Blackburn with Darwen but the LVRN funding was seen as providing the mandate to drive the ambitions forward and deliver sustainable change. With clear direction from strategic leads who understood the need to engage in fully evidence-based thinking and to run evaluation and academic insight through the modelling of the work the LVRN wanted to undertake was seen as a real strength by many of the group, as the below helps capture:

*“Lancashire, like anywhere will always have a bit of ‘my way of doing it is better than yours’ but actually, coalescing around trauma-informed practice and making that the core is different and you start afresh. The approach taken by the VRN was get the needs assessment, and base all that follows on evidence. There is still challenge about what, in the wider system is evidence based and still learning about what constitutes good evidence through systematic review and randomised control trials as opposed to what Joe Bloggs thinks is good practice, but as a partnership there is that awareness of that hierarchy and ranking of what evidence-based means.” (Int13)*

All participants felt they could identify a very deliberate strategy of building trauma-informed practice capacity amongst practitioners and of weaving the need to learn and reflect on practice innovation into the plans of the LVRN. From the initial leads of the LVRN and the authors of the strategic vision for the partnership there merged a very strong sense that the work of the LVRN was serious and meaningful and *“needed to translate words and theory into something sustainable and meaningful”* (Int09). Whilst many acknowledge that their host organisation had invested in training and professional development previously, there was a keenness that the impetus of LVRN funding would go further and embed longer-term and more meaningful change, as the below captures:

*“You’d be hard pressed to find an agency that professionally wouldn’t want to say that they didn’t want to engage people with lived experience or wanted to identify with being trauma-informed but actually enacting that vision into practice and hasn’t always been done. What we as a VRN are doing is questioning it from a theoretical evidence based perspective about what do these concepts mean and what can we do to enact them and actually implement them in practice, so let’s embed strengths based thinking all the way throughout policies, procedures, supervision not just talking about sending someone on a few hours training and or even refresher training, we’re talking about weaving that into whole organisations or systems.” (Int04)*

All participants recognised that the end goal of the LVRN work needs to be on making communities safer and in reducing the threat and experience of violence. But what emerged equally as strongly from many was the feeling that this process needs to start with the practitioners and embedding the change in whole systems thinking alluded to above. The needs assessment that the core LVRN team undertook helped to guide the strategy planning for the network and in particular renewed for many the focus on workforce development to make change in the medium to longer term. The very conscious efforts of the LVRN that resulted to focus on workforce development was something that participants believed was working and agreed with:

*“There are several projects I am involved in with VRN partners made possible only through the VRN that are focusing on things like supervision emotional resilience, and just sort of looking at what we do as organisations within our culture, and how we can better upskill our workforce. In terms of understanding the people that they work with and alongside and their own life experiences, building that emotional intelligence.” (Int10)*

*“The need workforce development shone through [from the needs assessment], from the outset, if we were going to deliver on the underpinning principle around trauma-informed practice we needed the professionals who could identify and understand the causes of violence.” (Int08)*

The attention to developing training packages and toolkits for practitioners in the fields of policing, probation, education, community safety helped frame the ambitions of the LVRN for the partners as they sought to take back the philosophy of the LVRN into their host organisations. All the operational leads for the key statutory partners reflected on how positively they found learning about and rolling out the ideas of the LVRN with their colleagues. As one participant identified *“having the philosophy and wanting to make change is all well and good but the challenge is about making that tangible and impactful out there where people are practicing”* (Int01). It was a source of great pride for many in the interviews that they were making good on this ambition and had delivered and were delivering support to make practice change a reality. A number of participants identified the self-assessment tools that had been developed to help organisations to judge how effective and embedded their trauma-informed practices were and of the experience partners had had in conducting assessments for organisations then being able to offer training and guidance. The resources the LVRN had developed for practitioners and the toolkits that are used were again cited as a source of great strength and to help reinforce to partners internal and external to the LVRN of the value of the application of trauma-informed thinking in practice:

*“We have always been mindful that trauma-informed thinking is not necessarily new or that organisations aren’t already working in trauma-informed ways, as in fact many are well versed in these ideas. But through toolkits, and making resources available we help to renew that focus on continuous learning and reflection and weave it into the routine working practices of professionals. That ability we offer to come in and conduct an assessment and as a multi-agency collaboration to say these resources are useful, these ideas will enrich your practice and actually you are doing but so are they and we can join up our thinking is powerful and adds credibility to what we are doing in the County.” (Int12)*

The word ‘credibility’ featured frequently in a number of interviews as partners reflected on how importantly they viewed getting the ideas of the LVRN across in practice and in demonstrating that the collective practitioner insights the group could offer served to advance professional practice. A number of examples were provided to show how the targeted working of the LVRN, able to take a more holistic view of the life course and working between partners could draw on high level strategic buy-in to initiate change. This was leading to changes being made in practice that could be directly attributable to the LVRN and the ambitions to weave trauma-informed thinking into routine everyday working. The following is one such example:

*“Operation Encompass is concerned with the notification systems between the police and schools where the schools are notified of domestic abuse incidents. So we set that database up, 600 schools, and then be able to share that database with the, with the police force, so that as a police officer attended an incident, and they were, they were completing the report that they could then just send a notification directly to the child’s school. So we have to train all 600 plus schools, plus all of the Constabulary, and it was an ideal opportunity to combine the message around about trauma-informed practice within that about what is domestic abuse we could cover the law change on coercive control as well at the same time. As part of the training we rolled out we explored the impacts of adverse childhood experiences, and that physiological and neurological impacts on whole*

*life course journey. We also commissioned a toolkit of resources so that when schools received the notification, they could go straight to a resource that would help them to conduct that conversation. So bringing in the evidence-base, coming up with a practical approach, up-skilling professionals so that they feel confident in how it's done with it. We have seen compliance with Encompass in some schools go from 30% to 80% and this is work that the VRN is helping drive.” (Int09)*

From the role of LVRN partners delivering inputs to probationer police officers featuring LVRN commissioned services during their training, to probation officers and social workers exploring embedding trauma-informed thinking in their professional practice, members of the LVRN reflected positively on how these activities gave the work of the LVRN traction:

*“The LVRN model has been introduced in a way that enables voices to be heard, it has been very inclusive. It is something that is not really being imposed on or by us. We are encouraging partners to use the resources to develop something, which is a call for partnerships, as agencies working in localities. When partnership working can be crudely viewed as you grab the resources you need from a sea of agencies, where you need quick wins from pulling on other people's resources to achieve your own organisation's targets [we are saying] you can much more supple and enabled agencies to blend into that whole delivery model, much more so than perhaps in other areas that I've come across, through the seminars and things that I've been involved in.” (Int07)*

Participants identified the impact that the spread of the COVID-19 pandemic has had on the work and reach of the LVRN. A number of interviewees identified that whilst the key consequence of the pandemic had been to ‘put organisations on the backfoot’ in terms of their practice delivery, the need to consider staff welfare and well-being had carved open the space for leaders to be more mindful of the impacts of trauma and what it does to people. They argued that whilst COVID-19 continues to have a clear impact on members of the community there has similarly been an increased attention on staff teams and how they have developed coping strategies during lockdown. It has, the argument follows, sharpened organisations focus on their own resilience and led interviewed LVRN members to observe that where once agencies ‘may have been a bit standoffish about trauma’ they are approaching the LVRN and reporting seeing the benefits of working more towards a preventative model. Of collaborating to better manage the stresses of daily life without it becoming an extreme and in need of higher-level intervention, both internally and external to their organisation.

More damagingly however has been the impact on the ability to maintain the delivery of multi-agency trauma-informed workshops that had yielded such positive feedback. Education leads spoke proudly of the amount of and the impact of engagement with teachers, children’s social care leads, social workers and cumulatively engaging hundreds of frontline practitioners. The impact of COVID-19 restrictions was in denying the opportunity for in-person delivery that is seen as so crucial to the delivery of the communities of practice style of full participatory engagement in learning and co-production activities. All participants who had been involved in the delivery of multi-agency training, and the majority of respondents had, identified how stimulating they found the events, how meaningfully they felt participants engaged, and of how rich they felt the feedback from practitioners about what they would take back into their roles was. The below was typical of examples interviewees offered of the power of exchange and constructive dialogue made possible by facilitated face-to-face training around trauma-informed practices:

*“[we see] the power of multi-agency conversations, [at one event] we have two head teachers at the table, a member of the recovering addicts community, and some mental health practitioners and a GP all sitting around the same table discussing behaviour in schools and this head teacher said well that’s not my core business, I am not a social worker or a mental health practitioner, I have to get those exam results. If somebody is stopping me getting those exam results I’m going to exclude them. And then at this point one of the recovering addicts community sat forward and said, I was one of those children, that wasn’t your core business and he then talks you through what his life has been, like, as a result of that, and at the end of that meeting she wrote on the board, as she was leaving. This is absolutely my core business now. That’s a really powerful conversation wouldn’t happen if they hadn’t been face-to-face on a table framed by trauma-informed thinking.” (Int09)*

The accounts all interviewees drew upon, like the above, to illustrate the discussions the LVRN engagement activity was initiating validated the initial attention that was being directed towards practitioners and generating a momentum of learning within that group to advance practice. All members of the core LVRN group felt confident they had raised the profile of the LVRN within practitioner communities and this was leading to impactful change in how services were being extended to service users. Examples were provided of how custody staff, who had experience of working with the LVRN commissioned DIVERT programme, had contacted LVRN members to identify detainees who they felt would benefit from engaging with the programme and in some cases were actually suggesting DIVERT link in with other third sector and youth service providers they had engaged. Similarly, with COVID-19 impacting upon the numbers of people that the Navigator programme could engage in A&Es, partners were being creative in suggesting alternative referral routes and trying to help stimulate service user engagement with trauma-informed services.

There were though some interviewees who felt that the partnership needed to constantly sense check on the messaging and ideas being generated for practitioners, and the wider community to engage with. Some reported concerns that the presentation of learning materials and ideas might be considered *“too academic and too abstract”* (Int02) and that that may impede practitioner willingness *“too engage with ideas and materials they may not see as immediately relevant to them and their role”* (Int07). The concerns were very much about the presentation and malleability of LVRN philosophy in different forums and to different audiences and to *“get the messaging right, and package it up well so that people engage with ideas they will see value in”* (Int02).

### 3.3 The Challenge to Engage and Commission Services to Innovate Service Delivery

Throughout all interviews a common theme to emerge was the sense that Lancashire was benefitting from adopting a much broader trauma-informed practice approach than having the predominant focus on knife crime that they felt characterised other VRUs. The needs assessment had identified that knife crime as a specific focus *“accounted for about 1% of the problem profile”* (Int04) and was dwarfed by other physical forms of violence, particularly domestic abuse. Drawing upon their experience of attending seminars and sharing best practice with VRU counterparts in other areas interviewees reflected on what they felt were much narrower commissioning agendas in affecting the conditions shaping violence. In contrast, there was a renewed confidence that the Lancashire approach to engaging with broader forms would engineer more sustainable impacts on the determinants of violence and criminal activity. It instilled the confidence of one of the LVRN’s leads to argue that

*“rather than being a violence reduction unit we are a unit concerned with reducing the causes of violence”* (Int08). That all interviewees, unprompted and verbatim, stated that the ambition of the LVRN was to tackle the *“causes of the causes”* indicates how shared this sentiment was.

From the clear direction of the leaders in the LVRN combined with the professional histories of partners, the capacity of the network to look beyond a focus on knife crime and adopt a fuller life course approach to intervention activity continues to be seen as a strength of the partnership. But in commissioning terms and in trying to make plans and decisions about what services to invest in the wider focus on the life course did present challenges:

*“We are linked into the public health approach looking across the whole life course, so early intervention working with children in first thousand days and we’re not giving up on people and understanding the whole life cost to see how violence, trauma can play out in at different points in people’s lives, whether that’s at school joy, you know, bullying, or child exploitation or then you work, moving into adulthood and about domestic abuse. So looking at the different life course approach and seeing how violence plays out and different points where we could intervene in the life course and what the evidence tells us is the best way of intervening what works at different points in people’s lives and evidence informed again throughout we’re trying to take an evidence informed perspective.”* (Int04)

A number of other interviewees highlighted LVRN initiated work they were involved in concerned with women in custody who are pregnant, and the impact of trauma in terms of that pregnancy, and the possibility of a removal of their child after delivery. This pre-life course work, coupled with the longer-term and enduring ambitions indicated above characterised the shared commitment to a genuinely whole systems approach to support communities. But the ability of the partnership to convert the principles of the LVRN into practice through commissioning services was challenging on a practical level in understanding procurement processes and engaging service providers, and then in terms of finding the services that are able to deliver on the ambitions of the LVRN. Many members of the partnership, in the early days of working together, found aspects of moving between being project partners and commissioners challenging:

*“I think what we are learning, myself included in this, is that the funding comes with commissioning issues, the procurement issues and some of those good ideas people say, can we do this and then you if it’s over 10,000 pounds, three bids of over 100,000 pounds is getting into a bigger procurement issue, and that also takes time. We’ve talked about some activities or evaluation work from the start but you have to go out to tender, get the bids back in, process them, because, again, I’m learning people have such different ways of working or measuring what they do. We wanted knife surrender bins, they sounded like a simple thing to get out, but then there is design of them, the cost of them, and then the weight of them, getting them out delivering, and put them in and actually citing them, you will find some partnerships are bound others were worried about reputational damage and I get that. But it is those sorts of issues being played out many times over and you need more time and people experienced in commissioning to play a role but we didn’t have that so.”* (Int06)

What came through strongly in many of the interviews was that procurement challenges were something members needed to enhance their understanding of and that work was needed with partners to help integrate their working practices into the model the LVRN was aspiring to deliver. There was a desire to be proactive and try to stimulate new ways of co-producing intervention activity.

It was very apparent, that through the collective decision-making processes about the work the LVRN wanted to and should undertake, practitioner partners could see a role to play in helping shape the dialogues around commissioning choices and helping third sector organisations be better able to articulate and fit their models of working into bigger work programmes. The following was characteristic of a handful of interviewees who identified what they saw as a responsibility to initiate change in commissioning processes:

*“We have to have honest conversations about what is impact and what change is being enacted, we are continually working on it, and actually, the evidence about cost benefits which often organisations will want to get buy in isn't well developed and we have got to be honest about what can we evidence and what can we change. If people are going to make decisions about the Caring Dads programme they will want to know that it works and we have to work with partners to identify impact that adds depth to professionals saying “it's really good because half the dads go on to get training employment or they've gone on to engage in other programmes that they previously refused”. We need to play a role to capture that from an independent evaluation, harnessing all that information together into an evaluation report where we can then say to commission's this is really working because of this and here's the evidence that it's working.” (Int04)*

Inherent within the insight offered above is the challenge for the LVRN in acting as an honest broker in stimulating, supporting and commissioning services that deliver trauma-informed practice. There is a longer-term role, a number of members of the LVRN recognised, for the partnership to continue to conduct assessments, maintain trauma-informed self-evaluation tools for partners, and – like here – to help advise on what services deliver necessarily good and positive trauma-informed outcomes. But in the short-term, as commissioners of services itself, the LVRN partnership needs to play a role in investing in services to bring about change in current levels of reported violence. A number of interviews talked about identifying their role as agents of change in bringing about new ways of developing practice and partnership working, but there was also a sense of responsibility to apply their expertise to help the dialogues about how – in the context of life course interventions and short-term funding cycles – roles can be defined for commissioned services to fit within these models:

*“It is unfair to hold some services to account for generating the impact on knife crime or serious violence that you would want as the work they are doing is just such a smaller part of a longer-term process of making change. Encountering a custody intervention coach is not going to determine a young person will never carry a knife or will be helped to find employment or re-engage in training but it has the capacity to land messages that support is available, we are able to say that these coaches are engaging groups of people we would previously have missed and actually the attention needs to shift now to where are the referral pathways for those coaches. The more networks like the VRN understand their target populations and the sequences of services they want to use the better placed they will be to commission those services and those services themselves are better cited on what their role is and what benchmarks they can be judged against.” (Int03)*

For some interviewees, how the partnership works with the services it commissions to co-produce the work they undertake, and the outcomes measures they are seeking to achieve is something they consider vitally important to embedding good trauma-informed practices in Lancashire. For their part, representatives of those services commissioned by the LVRN reported that they felt very integrated into the working practices of the model and of being able to draw upon the networks and experiences of LVRN members in developing their practice. The short and longer-term role of the Lancashire LVRN

in commissioning, engaging in joint commissioning with other VRUs, or as an honest broker to others involved in commissioning trauma-informed practice services is something that many partners are keen to explore.

### 3.4 Promoting Coherent Short and Long-term Models of Narrating (and Evaluating) Impact

As the presentation of interview data thus far has demonstrated, all participants were clear about the ambitions of the LVRN to stimulate long-term, generational and cultural change in communities and the organisations that serve them. That, amongst the group there is a recognition that the work of the LVRN is concerned with an ambitious and enduring attention to upskill practitioners and to create new alliances between partners and the publics they engage, around trauma-informed practices, to promote public safety and reduce the occurrence of serious violence. The sense that this vision is shared amongst partners and is building an evidence-base of the work being conducted to deliver on this vision stimulates the collective buy-in to the work of the network. In terms of trying to narrate the impact and performance of the LVRN this operational mind-set of the partners led some participants to argue that there *“will need to be a pushback”* (Int12) in the early stages of the LVRN when metrics will be used to judge the impact of reported levels of serious violence in the County. That partners in the LVRN will need to be bullish and creative about how the work achieved to date needs to be placed in the context of a much longer timeline of impactful activity that will not often be explicit.

Every participant, in response to questions around what criteria should be used to gauge the impact of the LVRN and when, argued that the impact of the work of the LVRN is long-term and urged caution in reading too much into short-term evaluation activity, especially if the activities and outcomes being measured aren't placed in their full context. All participants, to varying degrees, argued that an array of creative mechanisms need to be developed to fully capture the range of impacts the Network is having on the way partners, in isolation and in partnership, are working to reduce serious violence. In its first year of operation the LVRN was concerned with securing partner engagement and whilst year two did see attention turn to mobilising programmes the impact of COVID-19 has compromised the ability of partners to demonstrate coherent impact. There is a widespread and collective confidence that changes are happening, that the LVRN is being impactful, but in terms of the need to re-frame the criteria that could, and should, be used to judge the impact of partnership working the following was typical of the sentiment being expressed:

*“Can you in 12-months judge the impact of a Violence Reduction Unit on serious crime, well there may be this and that data that can help tell a story but the reality is that this is something that will take a full 10, 20 years to ever really judge what we want to achieve. The VRN in Lancashire is about changing how organisations work to deliver services to people, it about changing all those many social determinants that impact upon people’s lives that lead them to offend, and changing the opportunities available to families. We need to hold firm on those being what we are trying to achieve and be brave in resisting the pressure to conform to short-term targets.” (Int03)*

Amongst the partners there is a realism and pragmatism that the work of the LVRN needs to indicate impact and that expectations attached to the funding will need to see discernible impact. Those recognising the need to better capture the impact of working pointed to the efforts being made to embed research and evaluation activity and of generating rapid evidence reviews and more robust



evidence-bases from which to make investment and commissioning decisions. These include supporting commissioned interventions in collecting quantitative and qualitative measures, reviewing regular monitoring forms, developing evaluation frameworks with academic research partners, and helping narrate the non-linear nature of support/recovery models. The experience of partners who work across a variety of organisations and departments was seen as being crucial in helping support these processes:

*“We preach public health approaches and we have people steeped in public health practices in the partnership and they are keeping the focus on where we still lack of evidence, so then we are making choices about options...in this programme we did this and it worked, are we better to pilot in this area or that area, we know where the need is for this issue so you might have the need but you might not have the capacity so it’s a bit of a balancing act but in decision-making, commissioning, we are concerned with the evidence and there has been a maturation of how people are asking those, those questions and scrutinising the evidence around the impactfulness and the usefulness of our work.”*

*(Int13)*

The above participant’s belief that partners are developing their understanding of what constitutes robust evidence and recognising the need to better narrate the work of the LVRN they are involved in was supported by the interview data. The majority of interviewees offered considered reflection on what can constitute good data and around the appropriateness of the methods and tools used currently to capture activity. It was fully understood that in respect of VRU working there is no ‘evidence in black and white terms’ of what is working and that as practitioner’s working within the field they had a role to help stimulate the conversation of impact and to go beyond the *“statutory point of view the Home Office has in terms of a reduction in serious violence, yes or no”* (Int12). To that end partners are working to look at the data each other are collecting to, for example, look at the school attendances in those areas where they’ve delivered trauma-informed training and where there are, partners reported, demonstrable changes in the number of expulsions and where *“we are beginning to see an increase in in school attainment”* (Int11). Others argued for the need to better capture the changes in the number of children that are going on to care plans, especially with families where domestic abuse has been a factor, and that whilst direct LVRN control or commissioning may not be behind all of the impact, *“from our point of view if what we are doing is contributing to that overall reduction in serious violence, whether that’s public or private domestic, then that is a story we are part of”* (Int10).

Throughout a series of the interviews practitioners expressed their confidence that whilst they couldn’t reach for robust research evidence at this time (many LVRN programme evaluations are currently still in progress or in their early stages) they did feel the LVRN was having impact. There was recognition that in many cases hard data will help drive the impact trail – of the number of custody returns and/or improved training and employment outcomes for people accessing the DIVERT and Navigator programmes, for example – but that the more subtle forms of enriched partnership working and good practice sharing was much more elusive to record (the LVRN collect routine monitoring data for all funded programmes, and are evaluating the majority of their programmes in some format). All reflected powerfully on the messages they had taken from the Invisible Boy and Invisible Girl projects (see case study in Section 4) and not only how this engagement activity had helped renew their own personal investment in the working ethos of the LVRN but of the impact that they knew it had levered on their practitioner peers:

*“In my training and professional development I never had a victim lay bare the true extent of the harm of their experience and of the damage that services did by not listening. Having people in interactive forums through real, raw, personal experience capture what trauma means and how long lasting its impact, that is a sort of light bulb moment that as a practitioner you don’t forget and when I see that engagement in the training setting and when I see what my colleagues take from that I know we are working and we are helping enlightened what it is we are all doing as partners.” (Int05)*

But more than do more to try to capture the impact that partners, like in the case above, intuitively feel is happening there were also strong arguments advanced for how to tap into the influence of the LVRN. Surveys of staff pre and post training intervention and even following these up months later to better judge how that training manifested itself in practice were identified as one, established, way to help build the evidence picture. Others expressed concern that pushing these forms of evaluation runs the risk of distilling the work of the LVRN too discretely and of actually contributing to the binary notion of interventions working or not, without full and deeper context setting. The ambition to better and more vividly capture the subtleties of the working of the LVRN pushed some to argue for the need to use personal stories and case studies facilitated through different multi-mediated media forms:

*“We have got to be creative and change the boundaries here. Why don’t we use video diaries, video stories that actually tell a bit of a story about what’s happened in the community, within the statutory sector maybe we need to be more open-minded in accepting these as valid evidence. The third sector does that reasonably well and you will see organisations submit these to funders as part of their effort and maybe we need to push back in the statutory sector, to use new ways of demonstrating how well a particular piece has gone to the Home Office or Department of Education, I know it’s not what they want but we can make the case for their value.” (Int11)*

*“We can produce metrics around the amount of visits to our web resources and even the total engagement with our social media presence but actually that doesn’t tell the full story as if you look at how those messages are picked up and look at how meaningfully people engage with VRN leads through the twitter account, for example, it is rich dialogue that is educational. These are more than just hits and quick exchanges they are promoting an understanding of what the VRU is doing in really direct and powerful ways that we need to be more upbeat about presenting as evidence.” (Int02)*

Overall, there was a clear willingness within the Network to explore and consider new and conventional ways of capturing impact and of the role they, as partners, could play in that process. The interviews recorded the appreciation there is of the need to better understand and articulate impactful activity and of reconciling the long-term ambitions of the partnership with the short-term needs of metrics identifying changes in the levels of violence. For some members of the LVRN there was a confidence that their understanding of the common outcomes framework would help provide the sharpening of focus about what work was being undertaken and how that could be captured. But others though were much less certain of what a common outcomes framework would look like and there would appear to be meaningful progress that could be made in the partnership collectively discussing the overriding outputs being worked to in narrating and evidencing the impact of the LVRN philosophy.

## 4. Case study - Empower the Invisible: A Community Outreach Programme

### 4.1 The Programme

Empower the Invisible is a youth and community engagement programme working in targeted areas of Preston<sup>10</sup>. The programme works with children and young adults to educate them around knife crime, its consequences, and how to reduce the peer pressure that some may feel in relation to carrying knives or committing acts of violent crime.

The outreach programme provides the opportunity to speak to those who engage with the programme about other risks and/or criminal activity, such as county lines and child sexual exploitation. The programme leaders described how it was their lived experience of being in gangs and committing anti-social behaviour that has helped to develop relationships of trust over the time that they had been engaging with the children/young people.

*“We weren't just tackling knife crime. We were talking to them about county lines. We were talking to them about being sexually exploited. We were talking to them about the dangers of being online. And all that helps us to build some really, really good relationships with young people.”*

The programme engages with children and young adults through 121 mentoring and on-street workshops to offer advice and guidance, and education sessions through a series of informal workshops conducted in the local park bandstand, to create discussion and conversation. This informal approach was highlighted as having worked well and enabled the programme to be adapted as required, in order to meet the needs of the children, young adults and local community.

*“What we'll do, we'll just walk into the local park, and we see them all there smoking cannabis, with their bottles of cider and cheap wine and we approach them and we introduce ourselves. And the first thing we say to them is that we're not, in a language that they understand, we're not the feds And we're not some creepy couple that are gonna be asking you for photographs and stuff. And that*

<sup>10</sup> Such as parks, community spaces, shops and businesses which are highlighted hotspots of places of concern where anti-social behaviour is prevalent including knife crime, gang activity, drug use and dealing, criminal damage, harassment of public and child sexual exploitation.

### ENGAGEMENT

Up to December 2020, this community outreach programme has interacted with **53 individuals** (17 females; 36 males).

- Of the 17 females, 11 were aged under 18 and six were aged between 18 and 41 years.
- Of the 36 males, 25 were under 18 (the youngest was six years old) and 11 were aged between 18- 25 years.

11 knives have been handed in/retrieved.

- Of these, one was given in by a male aged eight; three by females aged 12 to 16 years; and the remaining six by males aged 12-25 years.
- One blade was also recovered from a 17 year old female at the scene of an altercation (this female was not engaged with the programme), and this knife was put in a knife bin.

*makes them laugh. So straightaway, you've got them relaxed and you've got a connection with them. And then we just tell them that we're just walking through the park or in the area that have any of them got any issues, are any of them being bullied. Is there anything they need to talk about? And conversations start with these young people. And they trust us."*

Empower the Invisible also work closely with leaders within communities to provide support where needed, describing examples of working with local shopkeepers, the Cricket Club and the football club, acting as a mediator to address concerns of children/young people 'causing nuisance' and endeavouring to change perceptions, describing:

*"We are so judgemental of young people. I'm sure people forget that they used to be young once."*

## 4.2 Service Delivery and Implementation

The content of the programme is very much guided by the needs of the children and young adults. The programme leaders described how they invest time within the community to build relationships and establish trust with the people they support.

*"We do two to three sessions a week with them, but we might just go down and kick a football about. And...you can pick up now when they're not quite, when they're a bit off key. So I can say is everything all right? And while some are doing football or winding [leader name] up, you might get some of them will come over to me and go 'oh such and such a thing has happened to me at school. Or such and such a thing is happening at home'. So they've also got somebody safe to talk to."*

The fact that the programme is non-judgemental and independent from statutory authorities (such as the police or other organisations) was noted as important. The programme leaders described the importance of treating everyone as equals, and providing them with food and drink (such as McDonalds and pizza) after they have engaged with a session.

*"When we started off there were only three or four that would really engage with us. But as the week's go on, they can see that you're consistent. That you don't say you're gonna turn up Monday at six o'clock, and then don't turn up... They see that you're not judging them. They see that you're not berating the bad behaviour, because there is a lot of bad behaviour... you're rewarding good behaviour."*

*"They don't see us as authoritarian."*

The programme leaders described trust as being vital to the success of Empower the Invisible, and provided examples of how they work to protect the children/young people that they work with. They engage with a variety of forms of safeguarding arrangements to protect young people, however they are mindful of how engaging with a third party may impact upon interpersonal relationships/trust with young people. Whilst Empower the Invisible act to provide a supporting and trusting programme of support for children and young adults to disclose issues relating to safeguarding, criminal activity and safety, the programme leaders described how they also have a duty of care to anonymously report activity to the police, as and where required.

## 4.3 Impact

Empower the Invisible regularly engage with 22 children and young adults, but engage with between 30 and 50 people at any time (see 'Engagement' box for further details). The programme leaders described the changes that can occur amongst children/young people and the community within

eight-weeks of engaging with Empower the Invisible. A number of examples were provided that ranged from changes in attitudes, to reporting safeguarding concerns that would have implications in terms of the safety and lives of those children/young people. Outcomes described by programme leaders included:

**Changes in attitudes and behaviour:** *“There's one in particular...she's 13. Every second word was f\*\*\* or c\*\*\*, really graphic words. And I'd be like XXX, you really don't need to speak like that to get my attention...I don't find that kind of language acceptable, either. It's really disrespectful. And now when she does come out, and she still comes out with expletives, but if I'm within earshot, she'll go sorry, I didn't mean it. I won't do it. So she, so she's more aware. She's learning to respect people. So it's the little things like that isn't a massive change to some, but for her it's enormous”.*

**Awareness raising, in order to change perceptions about carrying knives:** *“[When] handing in the knives, we're telling them that not every battle is yours. You don't have to get involved in everything. You don't have to be the biggest or the hardest. You know, it's okay to walk away. It's okay. If you feel frightened, not only to walk away, but to run. Run in the opposite direction.”*

**Changes in community perceptions and attitudes:** *“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.”*

#### 4.4 Impact of COVID-19

The programme leaders described the impact of COVID-19 on their ability to deliver their programme and on the children/young people and communities they support. During the lockdowns, the programme leaders described the importance of ensuring that children/young people still received the support they needed and the potential negative consequences of withdrawing this support.

*“Because of the lockdown, we didn't want to abandon them, and that's how they feel. They feel like they're being abandoned by people. So we continued because we knew the importance and we were building up to knowing that some of these young people were gonna hand over their blades to us. So we continued on I think it was end of July or beginning of August before they gave us the blades. And then once locked down had been lifted again, we were able then to take them out and do proper activities with them.”*

The programme leaders described how children and young people would gather together in the communities, despite the lockdown rules.

*“Because Preston is in tier three, they shouldn't really be out, but there was 14 of them last night. But then what you'll get you'll get, none of them will be out. Suddenly the penny will drop, we're in lockdown and we shouldn't be out. And then the day after that 20 of they'll be out. There's no, there's no pattern when you're in this lockdown tier 3 thing or anything.”*

The programme leaders also described the ways in which they had adapted their programme as a result of COVID-19, particularly during lockdown. It was felt particularly important to be out in the community to support children/young people and communities, and there were examples provided of how the guidance was used to adapt the nature of the support they provide.

*“Youth work is allowed in tier three...It's all literally done outdoors or at their home, we'll go round to their home and it might be a case of me and [leader] standing in the rain while they're in the porch, but we'll do that...we will do that because they do need checking in on more often.”*

#### 4.5 Development and Sustainability

The programme leaders described the support they receive from the LVRN as ‘fantastic’, describing them as ‘very forward thinking’. This was felt to be very important, in terms of the shared vision that children and young people should be supported.

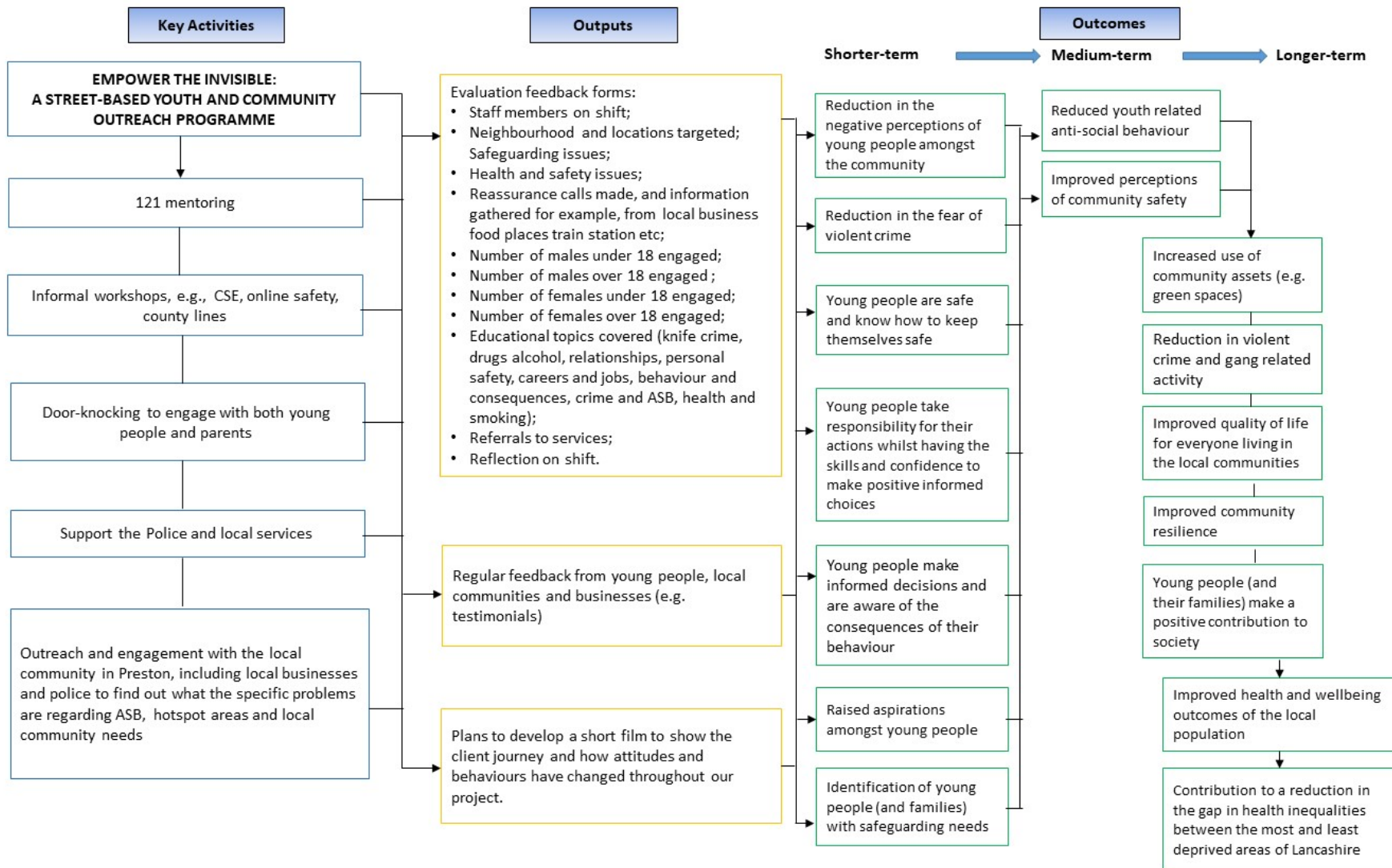
*“They [the VRN] don't view these children as delinquents whose future is already paved out for them. They genuinely want to see change.”*

The programme leaders described how they had been working to support the children and young people for almost a year (at the time of the interview taking place) and were concerned about the future sustainability of the programme without LVRN funding. There were particular concerns about the children/young people feeling ‘abandoned’ and the consequences of the programme not being available in the longer-term.

*“We've been engaging with them for a year next month. This is a bit there's a part of us that we don't want the young people to think we've abandoned them. And this, this. This funding project that we have now, has been extended to the 31st of December”.*

The programme leaders described how, in the future, the ability to use the vans that Lancashire Constabulary have that are equipped with X-Boxes and TVs would be a great way to engage with children/young people and build positive relationships with the police.

Figure 3: Empower the Invisible logic model



## 5. Case study - The Emergency Department Navigator Scheme

### 5.1 The Scheme

The Emergency Department (ED) Navigator scheme is based within the ED at Blackpool Victoria Hospital. The scheme supports individuals aged 10-39 years, with a particular focus on ages 10-25, and helps them to access support services. The ED Navigators are trained health professionals who work on a part time basis (18 hours per week) in the ED. This is being expanded due to the demand in the service. They work with anyone who requires support, but focus on young people who have attended hospital with a violence related injury and young people with concerns about their safety.

#### ENGAGEMENT

During 2020/2021, the **ED Navigators had contact with 416 children and young people.**

Engagement with the scheme includes appointments with the ED Navigator and support to access other services.

The ED Navigators mainly work on a face-to-face basis for the potential 'reachable and teachable' moment with additional follow up (by telephone) for referrals for individuals who attend the ED outside of the Navigators working hours. They will also continue to work with young people for follow up appointments after discharge from hospital. Lancashire have adopted the approach following successful implementation of ED based violence intervention programmes (EVIPs) and Navigator programmes in Scotland and London, with many programmes now being delivered across the UK.

*"The role involves working within the ED department, assessing patients to work out whether their attendance is related in any way to violence or exploitation. Many of our patients attend with injuries however this isn't always the case, we also assess patients that have attended with complex social issues who are at risk of violence. We will work all relevant patients to prevent violence related attendances."*

### 5.2 Service Delivery and Implementation

The LVRN identified the ED Navigator scheme as a secondary and tertiary prevention measure with the aim of reducing the number of ED attendances for children/young people, particularly related to assaults with a knife or sharp object, mental health conditions, and unintentional and deliberate injuries. The Lancashire LVRN ED Navigator scheme learnt from other areas, with evidence from other EVIPs; this included research and visits to other EVIPs in Glasgow and London, and learning from St Giles and the Redthread EVIP. Intelligence was also gathered from TIIG and the needs assessment, to explore trends in children/young people that the ED were treating.

#### **Implementation**

The VRN funding provided a budget which increased capacity in terms of contributing towards the roll out of the Navigator scheme, but did not fund a specific post. The funding was used to increase



resource and scheme hours. Therefore, Blackpool Victoria Hospital supplemented this with additional resource. Whilst it was highlighted that the scheme would benefit from increased and extended funding, allowing for additional resource within the ED department, it was noted that the model utilised was complimentary and realistic, and had helped build sustainability for the scheme beyond the pilot.

*“The funding received supports 10 hours of resources and we have contributed to support the funding for additional resource. We saw it as an opportunity to put appropriate support in place, to prevent young people being exploited.”*

Box 1 provides an overview for a snapshot of one month’s activity within the scheme (the example provided here is for June 2020), highlighting presenting issues and influencing factors related to the A&E attendance. It was noted that influencing factors are not always a true reflection, especially if the referral has been made out of hours and is followed up via telephone contact, making it difficult to assess.

#### **Box 1: Snapshot of data (June 2020)**

- 32 attendances.
- 65.6% of the patients were male and 34.4% were female.
- 46.9% were aged 18-30 years.
- Head injury was the main presenting complaint (31.3%).
- 37.5% were brought in by ambulance.
- 40.6% of attendances presented during the night; Monday had the highest number of attendances.
- Contact attempted with 29 people (face-to-face or telephone).
- Others were referred to Safeguarding Team, IDVA and FCWA.
- Influencing factors to admission ([at least] 7 alcohol, 7 drugs, 3 both).

#### **Trauma informed approach**

The ED Navigators scheme was identified as very much utilising a trauma informed and public health approach. The ED Navigator scheme reported working with young people who may have attended the ED with injuries related to drug and alcohol use, self-harm, overdose, injury and violence. They noted working with children who are already in services and known to contextual safeguarding and others who were not supported by any other services, and attendance at the ED may be their only access into the healthcare system. Some young people who attended with violence related injuries reported to not know why they were attacked, whilst some injuries were directly associated with criminal activity.

*“Some patients attend after targeted attacks, these may include assaults, being run over by a vehicle or discreet injuries. Their first instinct may be to say they have no idea why it’s happened, it was a random attack, they slipped and slashed their hand etc. However, we sit there face to face in the department explaining our role and reassuring them we can support them in so many different ways. I believe being there with the patient when they are so vulnerable, listening to them with no time limit is such a precious moment. Recently a male patient attended with a knife wound from a domestic abuse incident, he would not speak with staff or the police. He had previous attendances and had been in this abusive relationship for 3 years and had always declined support. However, I went to the department and sat with him, he had declined a referral to the IDVA team by nursing staff and was sat crying when I attended. I went and spoke with him and respected the fact he didn’t want to report anything. However, I spent the next 3 hours chatting with him about life, work, his cats! I held his hand whilst the consultant sutured his hand, every second was crucial in building that trusted relationship. By the end of his time in the department he had agreed for a referral to the IDVA and to MARAC and was supported the next day by me and the specialist IDVA. When patients are not*

*ready to talk, they are given our number and they can call whenever they are ready for the support, we get calls days, weeks, even months later and we are there for them and work at their pace.”*

Others attended for non-violent related injuries, for example presenting with a broken arm, highlighting the expertise and experience of the Navigators in asking the questions about how the accident occurred. For example, did the injury occur whilst running? Were they running away from someone or something? Utilising this trauma informed approach to understand the underlying reasons for the incident and providing an opportunity for early intervention and to link in for support.

The role of the Navigators allowed for that dedicated time to spend with the young people to have a conversation with the young person about what brought them to the ED, and other issues going on for them, allowing for that ‘reachable, teachable’ moment for critical intervention.

*“Patients may attend with a finger injury that could be a sports injury, a laceration to the hand that could be from washing up, a leg injury from being hit by a car crossing a road. However, ED Navigators always use their specialist judgment and think of the contextual situation of the attendance. An example would be where a 16-year-old boy attended and said he had been knocked over by a car, he was seen, treated and discharged. The ED Navigator looked at the notes and realised this had happened at 11pm in a pub car park, when we were in lockdown. Therefore, the ED Navigator was concerned this could have been a targeted attack. Only after speaking to the young boy over the course of a couple of weeks, did he disclose that he had a drugs debt and was currently being exploited. The ED Navigator was able to refer into the Child Exploitation team for specialist support for him and his 11-year-old sibling was also being exploited by the same people. The ED Navigator has continued to work closely with the children and their family, alongside the CE team ensuring continuity of care.”*

It was highlighted here that without the ED Navigator role, this is not always possible in a busy ED environment. Noting that staff with trauma and emergency roles need to focus on the injury and immediate threat to a young person’s health, meaning that there is not always time to have these more in-depth conversations with young people. Also the trauma informed skill, including knowledge and confidence, may not always be there for frontline staff to see beyond their emergency role to consider the bigger picture. The skill and dedication of the Navigators to have that time to spend with young people was seen as invaluable, and also allowed A&E to be supported within their roles.

### **Health role and expertise**

Blackpool Victoria ED was seen as well placed due to the skills and safeguarding expertise of the team, including exploitation teams and contextual safeguarding, and experience with other initiatives around serious violence and gang related crimes and injury. This highlighted how the ED were often working with young people in crisis and therefore the aim of implementing the Navigator model was to better target early help support to intervene at the earliest opportunity. This was particularly highlighted when working with young people who are experiencing and at risk of child exploitation. Having that main point of contact was seen as essential in young people not having to re-tell their story, and reducing re-traumatisation.

The ED Navigators scheme worked with other LVRN partners and attended regular team meetings. The scheme utilised health workers for the Navigators role. They noted how other areas had implemented navigators from other professional areas, including community workers with lived

experience. Whilst they acknowledged the benefits from this, they believed utilising staff with a health background and key skills in emergency care and health intervention was the most appropriate model in Lancashire. The Navigators also had key experience with youth offending. Having a well established role working with young people was seen as really important, in knowing what approach to take, the language to use and how to best tailor support for their needs. Also, having those wider professional links and skills enables the ED Navigators to identify needs and link into appropriate services.

*“The reason our ED Navigators are nurses is they are able to offer support around all the patients’ health needs. We support our patients with specialist advice on mental health, sexual health, dental health and follow-up hospital appointments. We don’t just sign-post to services, we support to these appointments and services. Working alongside the patient and supporting to these services increases engagement from patients and also reduces patients being retraumatised by having to explain their story to several different professionals”*

The health remit and expertise of the ED Navigators team also allowed for the wider health needs of young people to be supported and addressed. Often, basic health care needs are unmet, and the ED Navigators will address and provide support to access these services. Examples were given for young people who needed dental care or sexual health advice etc., allowing the Navigators to have these wider conversations and work with the young people to help them access additional services for their health needs.

*“we can provide full health care support, throughout our time supporting that patient. We see many assaults where patients have had teeth knocked out, but are not registered with dentists, therefore they can see an emergency dentist to remove any teeth causing pain, but teeth will not be fixed or replaced. Many of these patients, particularly children are too anxious to go out of the house due to them having no teeth, chipped teeth. We work with local dentists to ensure that our patients are seen in a timely manner and receive the dental care they require”*

An example was provided for work undertaken with a young male who had been a victim of assault at school, and whilst he may have recovered from his physical injuries, there were longer lasting impacts on his mental health, including a fear of returning to school. The Navigators were able to maintain this relationship and provide ongoing support for the family and support the young person back to school, whilst also supporting his parents (see Box 2).

Young people presenting at the ED also had a wide range of other needs, including young people who required support with housing, employment and debt. It was highlighted here, that through building those trusted relationships through the Navigator role, this allowed young people to trust and open up about wider issues that they were experiencing, that they may not have otherwise disclosed.

*“We support with a varied range of services as well as health. I helped a young man who came in who had been assaulted due to drug debt. The patient had not disclosed this to me when I saw him in the department, but after I had built up a trusted relationship by continuing to support him after discharge, he disclosed that he had been assaulted due to owing money for cannabis. He was really struggling and had left his flat to hide out at his mums. He wanted to work but had been unable to find any work and had no CV. I worked with him to develop a CV, I was able to print these out for him and he was so grateful for this support. He was successful in gaining a job and was able to pay off his drug debt. He just needed someone to listen and support him, reassurance that he was capable. He is an amazing young man and he’s doing well. He had a keen interest in boxing but had*

*stopped doing this when he had started smoking cannabis. I was able to speak to a local boxing gym and set up some classes for him. I spoke with him recently when he required some support with a rental agreement, and he said he is very happy working in construction, no longer smoking and is currently training for a boxing competition”*

**Box 2 – example of supporting a young person and their family**

*“Another example would be a 12-year-old boy who came into the department after being assaulted at school... it was a very vicious attack... I went and met with this young boy at his home, he was so nervous and withdrawn. He sat there with his head down, low in mood and poor eye contact. He had bitten all his fingers to the point where they were bleeding and at risk of infection. This child had not been into school since the assault and said he would be too scared to ever go back to school. Mum had letters home from school requesting her child must be sent into school and was at risk of being fined. Mums relationship with school had broken down and she also did not want to send him in to school as she said they were not keeping him safe. Mum was very emotional throughout my visit and it became apparent mum also needed support. I was able to refer mum into some local counselling to support her with the anxieties, these incidents had caused her.”*

*“I have worked with this family for several months; I have had several meetings with school to work with them to ensure they are safeguarding this child when he attends school. This enabled me to work with mum and school to repair the broken relationship that had formed with the family. Mum attended meetings as she said she felt having me there gave her some confidence that her concerns would be heard. This enabled us to develop a robust plan to safeguard this child whilst he was in their care and gave mum the confidence to let him re-attend school. Several measures were put in within school and he started to return to school for small sessions. It was a slow process and I ensured all professionals worked at the child’s pace throughout, so that he was able to build the confidence in re-attending school and feel safe. This included me referring him to a counsellor that attending school each week to see him. I have recently closed this case and mum said if it hadn’t been for the role of the ED navigator that her son would never have returned to school”*

It was acknowledged that this way of working with young people also supported them to attend appointments. An example was provided for a young male, who the Navigators believed would probably not have turned up for a follow up medical appointment, and through engaging with him through the Navigator Scheme, he was supported to attend these appointments. Again this was linked to the health remit of the Navigators, who were able to access records, speak with colleagues from other departments to advocate for the young people, and even attend appointments with them. Here it was noted that without this intervention, young people not attending appointments are likely to be missed, highlighting the opportunity to make every contact count, and use that ED attendance as a critical moment for intervention. It was noted that the Navigators will not just signpost young people to services, but will go with them and support them to make contact with other support services. Flexibility is also required, and Navigators will go out to see the young person at the best location for them (e.g. at college, so not to remove them from education).

*“I worked with a young male adult, he didn't really have any support around him. He had been assaulted and had a fractured nose. He said he wasn't going to bother going to the follow up appointment, so by our ED Navigator supporting the patient we were able to ensure he got the care*

*he required and also avoided a non-attendance within a busy department. I was able to find out when the patients apt because of my access to the relevant health records. In building that trusting relationship other things came out, such as he had been self-harming. I was then able to provide support around distraction techniques and refer into an appropriate service for specialist support.”*

### **Building a trusted relationship**

Blackpool Hospital had been utilising the trusted relationship model for a number of years before the ED Navigator scheme was implemented. This meant focusing on softer outcomes and building that relationship with young people, noting how many young people have been let down many times in the past, and the hard work and dedication required to rebuild this trust. It was commented that the young people will often test the Navigators and are reluctant to engage at first.

*“It was only in building up a trusted relationship that the patient starts to feel comfortable enough to be able to speak about how they are feeling and what areas they require support with. They need to know you are going to be there, when you say you are going to be there. You phone them when you say you’re going to phone them. It’s that consistency that builds that relationship. A patient recently said “The fact you’ve been calling me so much has kept me thinking right, and it’s been so nice to have someone there believing in me and to hear someone saying how well I am doing. I really appreciate it and if it wasn’t for meeting you that night I would have been in the same situation.”*

The commitment from the Navigators was seen as imperative here showing the young people that they will not let them down. Explaining that this is not a one off engagement and can take several sessions and a lot of dedication before the young person is ready to engage. Highlighting the need to recognise, understand and appreciate the complexities and how resource intensive it is to help build that trusted relationship and the investment needed once that relationship is established. Again this highlighted how the trusted relationship broke down barriers and supported young people to develop trust in a professional, and how that relationship then enabled the Navigator to advocate for them and support them to go onto engage with other professional services.

*“We are working to gain the confidence of our patients through building a trusted relationship... We might need to visit several times before you get a true picture of what is happening in that person’s life. We have this time. We are not bound by a set number of visits, we see each patient as an individual and take their care and support at the pace that benefits them the most.”*

### **Barriers to delivery**

The part-time nature of the ED Navigator role (18 hours per week) meant that the team carried out the duties of this busy role in addition to other busy roles and responsibilities. Further, when following patients up via telephone (who had been identified by ED when the Navigator was not present), this did prove difficult in starting to develop a trusted relationships before having any face-to-face interaction. Concern was expressed here that young people presenting at the ED outside of ED Navigator hours may not be receiving the same level of care. Technical issues were also flagged in here, in terms of not being able to make contact with young people who may have lost their mobile phone or changed their phone number, and also in terms of trying to have a confidential conversation when other people may be present.

*“It’s not ideal following people up on a telephone, as research shows that face to face contact at the reachable and teachable moment when the vulnerable patient is in the ED setting is crucial. It can also prove difficult contacting people, due to patients not updating their contact details with the*

*hospital, mobile phone may have been stolen at the time of assault. We hope that when we have more ED Navigators in post this issue will lessen, and we can support more vulnerable patients with that crucial face to face contact.”*

### 5.3 Impact

The successes of the scheme focused around the engagement with young people and the trusted relationships that were built to enable them to engage with support, citing the ‘reachable and teachable moment’ highlighted above. The ED Navigators reported that positive comments had been received from both staff and patients who had engaged with the service. This also included positive feedback from parents who reported how they found the help supportive too, with Navigators describing the model that allowed them to also support parents as ‘amazing’.

*“I supported a young boy this weekend that had been assaulted with weapons and had significant injuries. He and his dad were very appreciative of the call, he said he found it heart-warming that someone cared enough to follow up 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. The young boy had not slept in his own bed since the incident and had been sleeping in his dad's bed, Dad found this hard to understand and said due to him being a single parent found it hard dealing with the incident on his own. So was very grateful and appreciative of our role.”*

*“Thank you for being there when I was in such a dark place – This male had attended the department with what he reported to of been a mirror falling on his arm, however after I went and spoke with him in the department he broke down and explained he had been in the army and had been diagnosed with PTSD but never had therapy... he had started having flashbacks and grabbed a knife and slashed his arm. Support continued for several months – the case closed and last week I received a message saying Thank you for being there and supporting him. Again, he is doing well and in a much better place mentally and physically.”*

Examples highlighted throughout this case study also demonstrate how young people have been supported with their mental health, to attend appointments, supported to return to school, to gain employment and reduce debt, and much more.

*“I believe our role is stopping re-attendances to the ED department by working with patients to support them to make better choices and improve their lives and have a positive future.”*

In terms of young people sustaining positive changes, it was reported that some young people re-establish contact with the Navigators at a later date, to either pass on good news, or to disclose something they did not feel ready to share at the time. The scheme remains open to the young people, and they are able to return for further support when they need it. The door was not closed. Data outcomes also showed that only four out of 122 young people who had engaged with the scheme had a repeated ED attendance following engagement with the Navigator.

### 5.4 Impact of COVID-19

The ED Navigator scheme was impacted by the COVID-19 pandemic, noting how non COVID-19 related ED attendance reduced during this period, but how this had now increased. During restrictions, delivery was adapted to utilise more telephone contact. The scheme preferred to use face-to-face contact to engage with young people, and found that telephone contact did work well with engaging

a number of young people with the scheme, with some young people not answering their telephone, or being unable to speak confidentially whilst at home.

*“I've got a young person at the minute who's self-isolating. So, we've kept in contact via FaceTime and phone calls. Our service is patient-led and we adapt our service to meet the individual's needs. We offer contacts face to face, by telephone, video and by text. Many young people struggle talking over the phone and prefer some communication via text, It also works well when people can't talk for whatever reason, but we can still check in on a regular basis.”*

Where possible the scheme also continued to work face-to-face, and the Navigators utilised novel ways of engaging with young people including visiting them in their garden and going for walks where they could chat in a more confidential and relaxed setting. It was noted here, that regardless of the adaptations due to the pandemic, the Navigators always worked in a flexible way, tailoring their appointments and support to the individual needs of the young person.

*“We have completed ‘walk and talk’ sessions. This works well as the conversation flows more intensely and patients can relax more than they would sit in a room directly opposite each other. I'm seeing a young man whose life is very chaotic. So, we go out for a walk and he just chat away calmly, because we are in a relaxed open environment. The other way we can build a relationship is to go for a drive and get a drink/food because some of our patients may still be too anxious to go out after the assault, so this can help, as we are going out but staying in the safe environment of the car whilst we work on their anxieties.”*

The ED Navigator scheme also worked with DIVERT (see Case Study 6), who were limited with delivery during the COVID-19 pandemic due to the closure of custody suites. Whilst due to pandemic restrictions, colleagues from DIVERT could not attend the ED in person, this support was carried out over the telephone, and was seen as another positive way to engage with young people and support the Navigators during this difficult period.

## 5.5 Developments and Sustainability

Considering wider impacts, the ED Navigator scheme saw themselves as well placed to tackle the immediate presenting health issue and then build that trusted relationship to understand underlying reasons and causes for the incident, and to prevent repeated incidences. This was seen as a way to reduce violence related injuries, and potentially the offending associated with this. The scheme highlighted a piece of work the Navigators are currently undertaking to identify trends in violent injuries, to understand and ask questions about the vulnerabilities of the perpetrator. To try to understand why they are engaging in this behaviour, to intervene before they become more involved in violence, and potentially criminal exploitation. This was seen as way of reducing the chances of them entering the system via the ED as a victim of violence related injury and crime later in life.

The ED Navigators scheme was seen to be well embedded within practice to sustain the delivery and impact of the service. The ED Navigators will continue to be based within Blackpool Victoria Hospital, with the view to expanding the scheme within other areas across Lancashire, including Blackburn and Preston. However it was acknowledged here that further support is required to sustain the model longer term and enabling it to be available on a full time basis to ensure all young people have the

same access to the scheme, ensuring that no young people are missed and have the opportunity to engage with the Navigators.

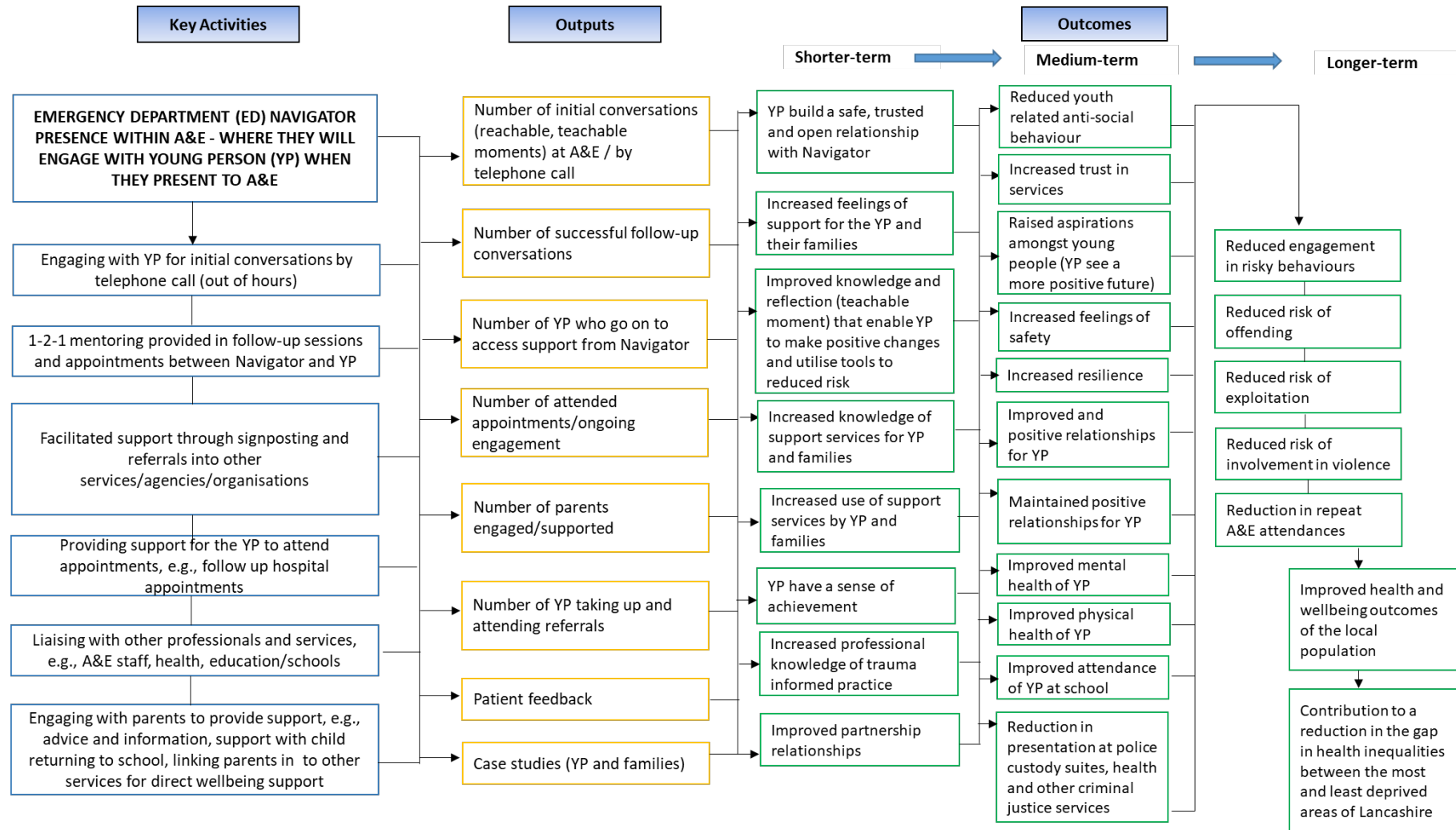
*“We are going to roll out the ED Navigator service into Royal Preston Hospital, which will be fantastic for the people of Preston. Every ED should have an ED navigator team as it is such a crucial role in supporting patients holistically”*

The Navigators scheme were keen to work more closely with LVRN partners in the future, for opportunities to come together to share learning and best practice, and further develop professional working relationships across the partnership.

*“Ideally, like after COVID and things it would be good to, for us to get together with the other partners, within the VRN, just so that way they know was more and we know them, just to build those relationships, I think is really important that we have them.”*



Figure 4: ED Navigator logic model



## 6. Case study - Preston United Community Engagement Work

### 6.1 The Programme

Preston United are a grassroots community group, established in 2002, to provide support for their local community by engaging, empowering and enriching them through a variety of projects. The aim of this specific programme is to reduce serious violence among children/young people from two different local communities.

The programme was designed in order to work with children/young people living in the Broadgate and Kingsfold area of Preston. These two areas have historic violent disagreements that has shaped the way children/young people interact with one another from the differing areas. The history between the two areas has led to groups of children/young people involved in armed conflict with each other resulting in some serious injuries particularly a lot of knife related injuries on both sides. The programme was planned to run for a 20-week period.

*“We are working in two communities that have got historic issues of violence between them. Where the older ones are exploiting younger ones to carry on that trend. So we are trying to get to the younger ones to reduce the harm in the future.”*

A key aim of the project is to identify young people (aged 20+) from each area to be trained up as mentors providing sustainability and a legacy of the project. The mentors will go on to support future collaborative projects between the two areas. They will have the knowledge, skills and experience to work with children/young people who they have gained the trust and respect through the project. The mentors will also deliver sessions with children/young people across the two communities.

### 6.2 Service Delivery and Implementation

#### Training of mentors

The three mentors already known to the centre through the local community (i.e. football coaching) are being provided with the following training as part of the project:

1. **Child sexual exploitation** to recognise the signs and how to work with children and young people caught up in a chaotic lifestyle.
2. **County lines** and the signs young people are being drawn into child slavery through the county lines drugs distribution.
3. **Adverse Childhood Experiences.**

#### ENGAGEMENT

Up to December 2020, this community outreach programme had interacted with:

- **12 children** aged 10-14 years (3 females; 9 males).
- **3 mentors aged 20+** (all males).
- **Parents of children.**

The individuals from Broadgate community where young people already known to Preston sports centre, where as the individuals from Kingfold community were identified and referred by a local police lead in that area.

4. **Trauma-informed approaches**, covering six principles: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment and choice, and cultural, historical and gender issues.

In order to learn these skills as well as achieve new qualifications the mentors job shadow on other intervention projects as well as going on training courses to learning how to work with children and families with complex needs.

*“Mentors will be going on a course next week on reducing parental conflict to understand what leads to the breakdown of a happy home and how kids are impacted.”*

Mentors are all from the two local communities, allowing young people to have a point of contact that they can go to if any issue arise. The mentors through their training will have the skills to deal with this and can put in place relevant interventions or notify someone more experienced from the team for additional support.

*“Our aim is to have a community representative who lives in that area, speaks like them, someone they can trust and someone who can keep checking in with them.”*

The mentors lead sessions with children/young people (see below), including monitoring attendances, managing the sessions themselves, by keeping the group calm and focused, getting the young people to engage and contribute to discussions and getting feedback from the young people on how the sessions are going. The programme lead sets up the session plan, venue, refreshments and transport and are there to assist and step in if necessary.

### Young people sessions

Sessions are delivered either virtually to individuals or face-to-face to small groups (bubbles of four) at the local community centre in Broadgate in a large sports room. The young people from Broadgate were already attending or known to the programme leader. The young people from Kingsfold were referred to the programme by local police whom they felt would be most appropriate for the programme. Up to the point of the interview, Preston United had managed to run six sessions mostly consisting of sports and outdoor activities including trampolining, football and mountain biking to encourage the two groups to integrate.

Programme leaders also spoke with the parents of the young people, many of whom were unemployed, had substance misuse issues or had been to prison or had children who had been to prison. The programme leads spoke to parents about smoking marijuana in front of the young people, and how being surrounded by that kind of lifestyle can have detrimental impacts on that young person’s life, because they may be more likely to then themselves get involved in drug taking. The majority of the parents were female who came forward and one male. The parents were reported as having engaged well with the programme and sessions have been ran to allow the parents to get to know each other as well. Sessions on trauma and adverse childhood experiences were ran with the young people in small groups but also with the parents. The programme planned to include guest speakers to come in and discuss different topics with the young people including an ex-police officer and child exploitation workshops; however the programme has only been able to run one session with a service called families against violence which involved lived experiences relating to gang crime.

*“Families against violence is from Manchester, and his son was shot at 14 was killed by a rival gang member, just the jaws on the floor, a few of the mums turned up and they were in tears, and he goes, this is where beef can lead to.”*

### 6.3 Impact

As the programme is only around 40 percent completed at the time of the interview no clear impacts could be identified as a result of the programme. The programme leader did however describe the changes that they have picked up on in the young people, mentors and the community within the six sessions that have ran so far. A number of examples were provided that ranged from changes in attitudes and behaviours, school attendance, staying out of trouble with the police and improvements in knowledge and skills. Outcomes described by programme leaders included:

**Changes in attitudes and behaviour:** Positive relationships forged between the two groups. Even spending time together socially outside of sessions in each other’s areas and there has been no incidences of violence between the two groups of young people since the sessions began. Despite the fact that there has been some incidences of violence including knife crime, the young people participating in the programme were not involved, the conflict centred on the older individuals (aged 18-25 years) in the gangs.

*“To have these kids just talk to each other in a civil manner without, you know, effing and blinding and not resorting to violence, that was a massive thing for us. Because these are the future gang leaders. These are the ones who are being groomed by the old ones, to carry on this beef between the two ends.”*

**Improvement in knowledge and skills:** By providing a work placement on the project, the trainee mentors will gain first-hand knowledge at the same time as learning new skills and techniques for working with young people who are caught up in serious violent behaviour. The legacy/sustainability of the project will be the creation of greater understanding and gaining mutual respect of each other leading to a lessening of tensions/incidents between the areas.

*“At least they (young people) have got somebody to talk to 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 any additional support, they can call us, we can help them out by our aim is that the young people in both and communities having a friendship circle together, but also have a community representative who lives around them who speaks their language.”*

### 6.4 Impact of COVID-19

COVID-19 created a huge barrier for Preston United, as they received funding a week before Lockdown (March-July 2020), resulting in a delay in the programme implementation. They officially started running the programme in summer 2020 with limited activates that allowed for social distancing. The Preston area has also been under tighter restrictions since the start of September, with some areas being in tier two or tier three. Therefore, Preston United were unable to deliver the sessions in one large group as originally intended, resulting in sessions being delivered on an individual level to young people virtually or in smaller bubbles. Having been unable to recruit any female mentors Preston United also found that circumstances compromised the ability of the four mentors they did recruit to complete the full programme and in time one of these mentors had to, owing to personal changed family commitments, drop out of the programme. They were also forced to make alterations to the

sessions themselves and the types of activities they could complete. Due to many business being closed and government restrictions, a lot of the sports and outdoor activities proposed had not being attempted.

*“I'll be honest with you, the kids a little annoyed that they can't do the bigger activities, but we will be getting them done.”*

Attendance to the programme has been consistent for all 12 young people, who seemed to have all engaged well with the activities and discussions.

*“To be fair at the moment, because there's nothing really much for the young people to do they have been turning up because then we feed them and we give them stuff. So its two hours here instead of be stuck at home.”*

## 6.5 Developments and Sustainability

It was difficult to establish the sustainability and future of the programme due to it only running for a short time period. The programme lead felt more time would be needed to establish if any improvements or alternations to the programme might be needed in the future without evaluation and the completion of the programme. However, some future ideas for sustainability were identified including paying the mentors one day a week, enabling them to develop their skills, gain qualifications and remain working long term on the programme.

*“If the mentors were paid to do a one night a week or a couple of hours in each end, that will really be a massive sustainability tick, because kids get to see someone that lives two doors away from them on a regular basis.”*

The programme lead stated how they intended to get the funding to do this long term via a government scheme that pays individuals to work for six months, gain skills and accredited qualifications in counselling, mentoring, safeguard and sports. This would enable the mentors to not only improve the service they provide to the community and the young people they intervene with but also help improve their own lives, by having gainful employment, new skills and references for the future that they may not have had without this programme.

*“We are looking at possibly getting the mentors on a government scheme that pays them to be with us for six months. So that will be a big bonus, they are paid to learn about the stuff that we are already doing. They would get a level one in counselling and mentoring, through active Lancashire they would qualify in safeguarding and entry level in sport.”*

Finally, the programme has also been expanded to be implemented in other communities in the local area. Funding has been granted to see if the programme can be replicated and adapted to other communities facing similar gang related violence across another two areas.

*“We got another pot of money to do the same similar thing, but in two different areas. So the you know, we have gained a little bit, because obviously, the community safety said, well, can you replicate what you're doing in Broadgate and Kingsfold? Can you do that anywhere else and practice with sharing with other communities now?”*

## 7. Case study - DIVERT Lancashire

### 7.1 The programme

*“...everyone's got such a, such a strong passion for the programme. And even people who were sceptical at first have developed a really strong passion for it...we're not always kind of snowed under with clients but at the drop of a hat you can go from zero to a hundred and it's kind of all action stations.” (P2)*

**DIVERT Lancashire** is running in partnership with the LVRN, Lancashire Police and New Era and works with 18 to 25-year-olds who are attending police custody for violent crime. The programme has representation in custody suites of Preston, Blackburn, Blackpool and Lancaster, but the team engage service users beyond these locations and work across the County. The hope is that by engaging young people with physical activity through collaboration with several football community trust departments across Lancashire,<sup>11</sup> rates of reoffending will be reduced, and young people will be helped to make positive changes in their lives. The presence of a young person at a custody suite is seen as a teachable moment where young people can engage with a DIVERT coach; this engagement also helps to identify a young person's unmet needs and works towards individual goal setting around education, training and employment. Working with a DIVERT coach is voluntary, confidential and does not influence any criminal proceedings. Young people can also connect with DIVERT after being released from prison.

*“...it's looking at ways that we can support them and do some goal setting so that hopefully they don't find themselves back in police custody again in the future.” (P2)*

The DIVERT programme began as a pilot in London as an example of coaches using 'assertive engagement' with young people who were being detained in custody suites. These coaches were employed by the local football community trusts/football clubs. In London the programme has been seen to be 'incredibly effective' in reducing offending and getting people back into employment,

#### DIVERT HIGHLIGHTS Q4 (JANUARY TO MARCH 2021)

- **Referrals: 59**
- **Information, advice and guidance provided\*: 81**
- **Education\*: 3**
- **Training\*: 2**
- **Employment\*: 2**
- **Supported into treatment\*: 7**
- **Supported into housing\*: 3**
- **Supported into finance/benefits advice\*: 4**
- **Supported into community-based activities\*: 6**
- **Positive outcomes (e.g., accessing employment, education, training opportunities and being supported successfully into other services/activities)\*: 114**

*\*may include new activity with clients referred in previous quarters.*

<sup>11</sup> Preston North End Community and Education Trust, Accrington Stanley Community Trust, AFC Fylde FC Community Trust, Blackburn Rovers Community Trust, Blackpool FC Community Trust, Fleetwood Town Community Trust and Shrimps Trust, Morecambe Football Club, and Burnley FC in the Community.

training and education. In Lancashire, the model is seen to work slightly differently in that the coaches are seconded from the football clubs involved in DIVERT Lancashire and brought together into the New Era Foundation. The needs of the young people in Lancashire are also seen to differ to those in London.

*“..the issues that are presenting to our coaches here are completely different to those in the South East. Lots of stuff around poverty, homelessness, addiction, mental health and simply navigating those pathways is becoming increasingly challenging and, you know we're very much involved in dialogue to address that now with some of the health and drug services...” (P1)*

## 7.2 Service Delivery and Implementation

### Engaging with young people on their own terms

*“It's a totally voluntary programme, it relies on their willingness to engage and their readiness to change...it's not a programme, where we're going to grab them by the wrist and literally drag them and say, 'this is what you need to do'. It's very much focused on what the young person wants to do, what they want to achieve, and what they see as inhibiting factors, to leading a normal life.” (P2)*

It was highlighted that many of the young people eligible to engage with DIVERT are presenting with unmet, additional needs that needed to be navigated before they were able to engage with 'meaningful activities' around education, training or employment. These needs focus around poverty, homelessness, addiction and mental health issues. DIVERT was seen to be 'bridging the support gap' to the young people gaining access to these support services. Where those unmet needs are not present it was felt that it would *'be fairly easy to transition them [the young person] into some of those sorts of activities that are more challenging or demanding'*. Some of the young people are also not ready to engage when meeting coaches in the custody suite environment. An example was given of one of the coaches who left their card with a young person who initially didn't want to engage, but the young person then contacted them when they left the custody environment because they hadn't wanted *'to talk in front of all those other people'*. The importance of addressing place-based, local needs was also highlighted with it being recognised that different areas of Lancashire have different issues. It was felt DIVERT is able to adapt and respond flexibly to these differing issues and needs.

*“...Blackpool is different from Preston, Preston is different from Blackburn, Blackburn is different from Burnley, they've all got their own little quirks and ways of working, and the demographic of the populations is different. So, our service, for me, it very much accommodates those local needs.”(P1)*

It was felt that in order to successfully engage with DIVERT, young people need to be positively motivated to change, with *'personal resilience so they can stick with the programme'*. This was seen as a challenge where the young person may not see their lifestyle as being a 'problem', but these feelings may change as they get older; also in those young people being referred in from other services/agencies where they are still in crisis and *'still living fairly chaotic lifestyles'*, some of whom were therefore unable to engage with DIVERT.

*“You know when you get a bit older you get a bit more fed up of it, if we're getting clients through who have had enough of addiction or offending then we've got a good chance. There will be challenges but I think we've got half a chance and we want them to be here, we want them to be here because they value the input of the coaches are all working out for them.” (P1)*

It was highlighted that there is no time limit to how long the young people engage with DIVERT. This was seen to be a benefit to engagement as the young people can access support for as long as they want to. This meant, however, that they disengage with the programme and then re-engage at a time of crisis for support. It was felt that this evidenced 'some synergy between the coach and the client, a developing relationship of trust. In these instances, the coaches were seen to be non-judgmental and did not give the people a 'hard time'.

*"most other services you still get three-month intervention and then, off you go. Whereas with DIVERT it's not...whenever that client wants to engage with us we can engage, some of them [who have disengaged] are already coming back, they're picking up the phone and ringing the coaches - 'I've got a bit of a problem with my parents' and that opens the dialogue up again." (P1)*

*"One of the clients I've worked with for the longest period of time, some weeks I'll be on the phone to him every day of the week. And then sometimes I can go three weeks without talking to him and then he'll pop back up. Usually it tends to be when there's some sort of need" (P2)*

Participants spoke of the frustration and difficulty that is felt when young people disengaged with DIVERT, but they were unsure why. In these instances, the coaches followed up the young people with weekly calls, but after a number of weeks of no response ceased trying to contact them.

*"...when does it get frustrating for that person? Do they want to engage? Are we doing that because we need the engagement as well? Or should we just go, well that person doesn't want to and just sort of just put it off and stop? And I made a decision after a month's timeframe, four weeks, four messages, no reply. For me, this person doesn't want to engage. But she hasn't been through custody again....I found that part difficult. So it was a lot of, 'what could have happened?'" (P3)*

*"...what I don't want do, is to have a sort of reputation for being a service that only takes the shiny pennies...we've got to take a bit of the rough with the smooth and do what we can." (P1)*

Being able to see the young people face-to-face and not just texting them or speaking to them over the telephone was also seen to be important in developing these relationships. As the differing COVID restrictions had changed over the last twelve months, the coaches were seen to have made every effort to see young people face-to-face as well as engage them in activities.

*"I think being able to meet them one-to-one is so much more positive than a text or a phone call...obviously, we've not been able to move on to and that's just how it's been, but I think now just being able to just say, 'we'll grab a coffee in town'...that personal approach is 100% better, whereas if it's over the phone, they're happy to be a bit more closed on the phone, because they're not there with you...I feel you get you better outcomes by actually being there with them." (P3)*

## The offer

The football club that the young person engages with is dependent upon where they live rather than the custody suite they're brought into. Initially there were concerns that young people would be 'tribal' in terms of which football team they supported and therefore where they would be willing to engage (as is noted in London), but that has not been the case in Lancashire. The offer available from each football club also differs depending upon their size. For example, some of the larger clubs offer access to education and training through their community trust with young people able to complete college courses etc. There are also locally shaped offers with smaller clubs working collaboratively



with other local community projects in their areas and utilising what they can that is 'in house' as appropriate, for example, football sessions.

*"...what we've tried to do is shape the offer locally...some of the smaller clubs don't have the resources, because some of the bigger clubs offer degree programmes and apprenticeships and really, you know, really great stuff. Smaller clubs, I wouldn't say their offers are any poorer, but they have to work harder to get the same outcome. So they tend to do really great collaborative work with other local community projects...So there's a lot of innovation that goes on with smaller clubs that you probably don't see quite as much [in the bigger clubs]... the bigger clubs have got defined programmes, you know, sign up here, you do 12 weeks, next, you know, and it's very much like that, whereas I think the smaller ones have to be a bit lighter on their feet." (P1)*

*"A lot of it comes down to you know the luck of the draw with the areas that you're in....we're very fortunate in East Lancashire, because we have a really strong Recovery Network and we have some really fantastic organisations that are already doing a lot of the good work. So it's really important for us to kind of tap into that third sector and not try to reinvent the wheel. We're just trying to put together a really strong portfolio of organisations and stakeholders and people that we work with and try to offer different opportunities for them to engage in..." (P2)*

It was also felt to be important, where possible, to provide the young people with other opportunities to engage, for example, through attending additional weekend football sessions and one participant also spoke about weekly 'meet and greet' sessions held at the Lancaster Boys and Girl's Hub and providing a 'safe space' for the young people to talk and meet others.

*"...we run a Saturday morning football session in United Together and we've started inviting DIVERT clients along to that as a bit of an activity as well. So something to do in a weekend, which we found is quite important for them...there's always stuff going on Monday to Friday, but it's engagement at the weekend where it is difficult and where they can sort of drift into what they used to." (P3)*

### Linking in with other services/agencies

When speaking about other professionals who were placed within the custody suites, discussion focused around the liaison and diversion (L&D) service that is run by the Lancashire Care NHS Foundation Trust, and the importance of developing relationships with these professionals to ensure that they are aware of the DIVERT offer and how it differs from the L&D offer. The L&D service focuses upon mental health support, but having non-statutory professionals from the community trust and football clubs was seen as a 'softer' approach to engaging the young people. It was highlighted that discussions were currently under way to look at how L&D and DIVERT may work together more collaboratively to complement each other so that the young people can gain access to what they need. It was highlighted how these relationships were already beginning to be established in terms of the DIVERT coaches being able to ask L&D where may be best to refer young people as well as L&D referring into DIVERT.

*"So there's a bit of work going on around how we promote what we do, how we work more closely with these other people that are in the custody suite, rather than compete with them less and how we can work together." (P1)*

The football clubs link in with third sector organisations and participants spoke about the United Together Programme that is run by Active Lancashire<sup>12</sup> and the benefits of being able to get the young people involved in these activities. Active Lancashire were also seen to refer into DIVERT.

*"...they've already shown me a track record of helping me with clients. They've shown their track record of referring clients and joint working. So they have become one of the key partners where if I come across something where I'm really unsure or it's a bit like 'oh I don't have to deal with that'. And I know I can kind of tap into their already established network." (P2)*

The coaches were seen to be motivational, passionate and engaging and vested in DIVERT, but there were barriers posed by services when trying to get those most in need young people referred into services.

*"the coaches are all special people...when I'm around these young people who are so positively motivated and they don't take any crap from particularly in services in getting people referred into services [and that can be] a major challenge and it makes me bloody angry because you know people dying and struggling, and you know we can help them but we need them to help us as well and that's my massive bugbear at the minute every conversation I have with the coaches is around getting people into treatment services and the obstacles that are presented in doing that." (P1)*

### 7.3 Impact

Evidencing the impact of DIVERT and being able to draw upon data or other resources to help narrate what DIVERT does and how the changes in young people manifest themselves was seen to be a challenge. Some of these challenges have been detailed above around: access to young people - it was highlighted that the footfall through the custody suites is 'quite low anyway', with an example given of three people being detained in one of the custody suites and the chances of those three fitting the criteria as 'very low, because we only look after a certain cohort of people'; engaging with young people with numerous unmet needs; the impact of COVID-19 on the DIVERT offer; and disengagement. In response to these challenges DIVERT have developed and are continuing to develop other referral pathways, through, for example, youth justice networks, probation and integrated offender management teams.

*"..the traffic through the custody suites where we're based is very low, so I think just all around the team today, they've got two and three people in custody and obviously we can only talk to the 18 to 25 year old's, so the market is very limited. But what has happened is we've started getting referrals in from other agencies so youth offending teams, young people transitioning from YOT into adult services, there's always a support gap there... it's about being light on our feet and, you know, technically, that is what we do for a living, but it's the same quality of support that we can provide to other agencies so yeah the referrals have improved a great deal, but we still need more." (P1)*

Whilst DIVERT are able to evidence the number of young people on their books, it was felt to be very difficult to evidence the impact of DIVERT because of the work around additional needs and also people disengaging. Disengagement also makes it very hard to get any feedback around the reasons for this or just their experiences of DIVERT whilst they have been engaged.

*"..personally for me, what else isn't so good, is the impacts work. So all that stuff around getting people into employment, training, education, getting people stabilised on addiction, that's been a*

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<sup>12</sup> <https://www.activelancashire.org.uk/projects/united-together>

*really big challenge. So we're getting quite high numbers through then [they're] disengaging. That's the problem. And that's the issue we've had is keeping hold of them.” (P1)*

It was also acknowledged that all of those young people on their books would not be 'active'. Defining 'drop off' was seen to be very important so that a true reflection of the young people engaged with DIVERT was seen. This is something that is currently being looked in to. Providing a service now for those that are ready to engage but also raising awareness with others so that DIVERT is there for those trigger moments when people feel more ready to engage, however, was seen to be key.

*“This is something we need to define if I'm honest with you, because I think there's a reluctance in the mind of a coach to mark that box on the screen, that the case is closed. So if you look at the drop off rate, it's very, very low. But I suspect that's because people don't want to write people off. People might engage, and then they'll come back to you three months later...But I think we're going to have to put in place some sort of rationale for how we say somebody's finished...so the figures make it look as though nobody's disengaging, but I know that they probably have, it's just that they haven't told us they have, and the coach doesn't want to record it in that way.” (P1)*

It was felt that DIVERT is not necessarily at a point in its delivery where it is able to evidence hard outcomes, but that this would develop with time as the programme developed. It was also seen to be important to measure and celebrate softer outcomes such as 'very modest improvements in well-being', which are just as important to measure when looking at the distance travelled by a young person.

*“...the hard outcome, if you like, is that kind of employment, training. But that's a hard outcome that could be 12 weeks or six months down the line. I think what we have got really good at in the third sector is utilising those softer outcomes. So if they need help around their mental health or addiction or housing, or even if they just need kind of a couple of football sessions a week, just to give them some structure in their week...I think we've been successful with that in terms of implementing loads of soft outcomes, which are all building towards that harder outcome further down the line.” (P2)*

Participants spoke about softer outcomes in relation to developing communication skills that were needed when for example, attending a job interview or beginning training. Other softer outcomes also focused around young people experiencing increased levels physical activity through attending, for example, football training sessions and also developing new friendship groups/peer support groups.

*“Some of people that you come across, they've never had the experience of owning a proper conversation, actually communicating in a professional manner and trying to get that reciprocated, and it's something that is probably not noticed, but when you're thinking about trying to get them ready for jobs, interviews and training, some of them do literally need to learn how to how to speak in certain environments, kind of what's acceptable, and the way they might act or talk when they're with their current group of friends isn't going to be suitable if you're trying to make positive change, so even something really small like that, I've seen kind of quite a significant impact.” (P2)*

*“I want them to meet those people so that they don't just rely on me to be the one to talk to. They need to have a social group that's not the social group that got them into trouble in the first place...so having a meet and greet group, having a football session, they know they can go to and just get on with is really positive.” (P3)*

It was also hoped that a volunteering platform would be set up once the young people had completed their objectives so that they're able to 'give something back'.

## 7.4 Impact of COVID-19

COVID-19 and its associated lockdowns and restrictions was seen to have had both positive and negative impacts upon being able to run DIVERT. A number of the custody suites were closed, making it difficult to develop relationships with those officers and other professionals working in the custody suites in terms of them knowing what DIVERT was about and referral processes into the programme. Importantly whilst the custody suites were closed, this also meant that the coaches were unable to access those young people at which the programme was targeted. It was hoped that once the COVID restrictions were eased and 'back to safe working or easier working' that this would improve. One of the interviewees had been furloughed from March to September 2020 and had therefore not had the same opportunity to engage with young people up to the current time as their other colleagues.

*"I think one of the one of the biggest effects of kind of COVID has been even when the custody suites have been operating and have been open...we got kind of restricted access for a long period of time. Because they're trying to limit the numbers through custody, people that would normally be kind of arrested and put into custody to kind of calm down for a little bit and given a little bit of a slap on wrists and then released aren't coming in. They're only bringing in the people they really need to bring in to either protect someone else or because it's going to be a chargeable offence." (P2)*

When some of the restrictions began to be lifted and the coaches went back into the custody suites, it was felt that it was almost like they were starting back at the beginning.

*"...the coaches were meant to be placed in the custody suites, lock down totally killed. So we've been back in custody now for about three weeks [after third lock down], and it's like, we're the new kids at school again, we were having to go back into those environments where people don't remember us, or they don't recall what we did." (P1)*

COVID-19 was seen to have been a positive in that it made DIVERT Lancashire look outside of their 'comfort zone' to other ways they might engage with young people, for example, through developing relationships with other agencies and third sector voluntary organisations. An example was given around the developing relationship with a probation officer based at a local prison around interviewing young people prior to their release to explore their needs and how they may engage with DIVERT.

*"So we've had one session so far, where there's a probation officer based at [name of prison] and they take a laptop and our coach [name] actually...talks to the guys on a zoom meeting. And then when they come out, they find out what their post-release needs are. So we know what needs to be addressed...so far it's working pretty well. We wouldn't have touched that work if it hadn't been for COVID. So that's really positive." (P1)*

## 7.6 Developments and Sustainability

The Lancashire VRN was considered to be a 'true network' that added credibility and backing to DIVERT. It was felt that there is a really good level of 'buy-in' to DIVERT with one of the participants speaking about the benefits of being vetted as Police staff, so that the coaches have the freedom to move about the custody suites and can access the Police computers to look at who's in custody and 'what their offending behaviour looks like', which was seen to save time and ensure that they are approaching the right young people. The LVRN were seen to be very receptive to any conversations 'whatever the problem might be' and one of the participants spoke about utilising the knowledge and

expertise of other members such as a social worker and senior probation officer who are seconded to the LVRN, and having the confidence to ask questions, knowing that they are speaking to people who they know 'have absolutely got the clients at the centre of what we're trying to do.'

Pathways to accessing other agencies and services for young people were seen to be there 'in principle' but in reality, this was not the case. The LVRN were seen to improve communication and access to services/agencies by acting as a middle-person to speak to managers in these services, and along with linking DIVERT in with other LVRN interventions (e.g. ED Navigators), subsequently enabling the development of referral pathways and offers of support for young people. It was felt, however, that more formal structures need to be put in place to be able to navigate the referral pathways more easily. It was felt that by involving the LVRN, it was alerting them to the challenges being faced not only in terms of young people being able to access services, but also the effect of these challenges upon actually being able to work with the young people and evidence the impact of DIVERT. The networking and relationship building made possible through the LVRN was helping to change attitudes/approaches of the services and to find solutions to the service delivery challenges being encountered.

*"...I don't think they [service leads] believed it was as bad as it was until they witnessed it for themselves. We've got to prove that it [DIVERT] works and we can't do that if we're constantly bridging the support gap for people that can't access services you know we will happily work with them, and the VRN get that totally you know...in a way, sort of shook up some of the senior managers in those systems because, probably, they've not been challenged in that way before they might have been by from the third sector, but they probably haven't been by other services and now they've got that collaboration working, [where] VRN managers can pick up the phone and say right look you know this is a this is a genuine problem this is what's happening." (P1)*

Without funding and the LVRN, it was felt that DIVERT would not be sustainable. Evidencing the impact of DIVERT was seen to be crucial in its longevity into the future.

*"...if there is a spending review, and all the VRNs are chopped well all the people working services will simply go and go back to their day jobs, whereas for us it's game over. We've got to prove the effectiveness of what we do, we haven't got the time to be thinking about making long term plans...the only way that will have any traction with the people that pay for these services is by proving that it works...I'm not talking about just counting numbers, it's got to be about quality, [the coaches] write everything down every interaction you have with a client and even if it's a negative one, write it down. It's all got to be included in what we feed back to the VRN and ultimately the Home Office." (P1)*

Publicising DIVERT across partners in Lancashire was seen to be very important in increasing awareness. This is currently done through attending meetings with senior managers in services through connections with the LVRN with information then being fed down to their teams.

*"...we've been lucky because we've been able to talk to the senior managers in those services because of our connections in the VRN...So, again, your sense of instant credibility because of that association, say we've been invited to attend the team meetings for all those services, you know we're going on meetings where they've got, you know, 10 senior probation officers. So, immediately you don't have that credibility issue and then that's being fed down to their teams locally." (P1)*

The football clubs involved in DIVERT are also seen to be 'instrumental in promoting that sort of message and the value of the programme' through their own communication channels such as Twitter, and through their own community arms that many residents across Lancashire will be aware of. It was felt, however, that DIVERT could still be publicised more with the custody suites and to other police staff so that, for example, when police are working in a neighbourhood and are in contact with young people there is the opportunity to provide them with information about DIVERT and possibly refer them rather than young people only becoming involved when they are brought to the custody suite.

*"I think if we could just get a little bit more information and kind of visual stuff in front of custody staff and police staff and branch out more into the police networks, so that we do become well known. So if there's a police officer on the street, who's working in a neighbourhood and dealing with the same person over and over again, who fits our remit, it's just having in their arsenal, this DIVERT programme tackles exactly what we're dealing with here. So not only can I free myself up in not having to deal with this person kind of four times a week, I potentially help him to do something positive. So I think that's the only thing I'd like to change and I think it will as we get busier and we're able to publicise ourselves more." (P2)*

One possible challenge/barrier in terms of publicity, was seen to be when DIVERT was publicised through the Police Comms Department. It was felt to be important that DIVERT is not seen as a Police product.

*"...the VRN is the violence reduction network, but the public face of it, is that it's a police product. So everything is managed by the police, the infrastructure. We did a press release last week, facilitated by the local media lead in the police, and they posted it on the police website with a photograph of our coaches, and the first comments was 'pig'. We get on with the police but the more we appear to be like the police, that's gonna impact on engagement, because people will think well you just a copper in a tracksuit, and that's something that you think...even though I thought great we're getting all this exposure [one of the coaches said], 'Well, actually, I don't want to be seen in that role I want to be seen as helping people first'." (P1)*

Recently the DIVERT offer has been enhanced to include those aged 17 ½. As they are technically still children, the importance of having a 'proper framework' was highlighted. An example was given of one young person who engaged with DIVERT at the age of 17 ½ and the impact this was having.

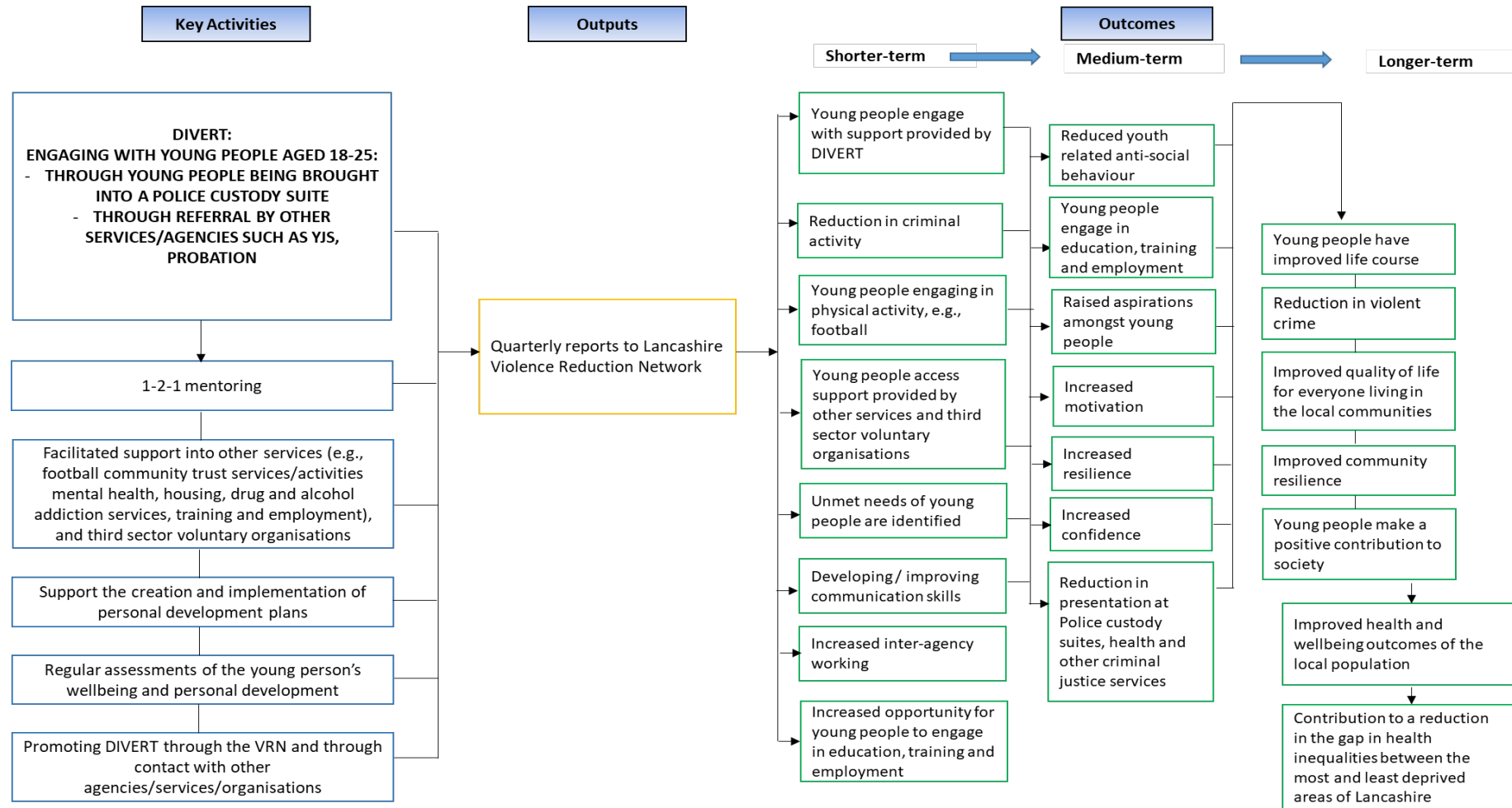
*"we are trying to integrate those referrals into the activities of the clubs, rather than anything that we do outside of the trust environment, because we know that the governance is already in place the safeguarding is already in place and, most importantly the activities are already in place to support young people. So, we don't need to reinvent the wheel and we hope that there'll be traction there because it's been tested on that market and that's where the club's, you know, although we got that their coach on loan to us. We're giving them work back because they'll be wanting to our clients to do the sort of activities that the clubs are providing." (P1)*

Looking at a youth strand of DIVERT was also suggested so that those aged 15 to 25 may be able to access the programme. It was felt that by accessing young people from an earlier age, that a greater impact may be seen.

*"I think, for me, when you see some of the 18 year old's coming through and even some of the 19 year olds, and you kind of sit across the table from them, and you think you are actually a child*

*yourself. So if we could get slightly younger and get into that the 16 to 17 year old's, you know, we can definitely make a massive difference...community trusts are set up for primarily the under 18s but they offer such fantastic opportunities for teenagers. And there's such a great support network wrapped around that. So it makes sense." (P2)*

**Figure 5: DIVERT Lancashire Logic Model**





## 8. Key Learning and recommendations

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**The findings demonstrate that Lancashire have embraced a whole system trauma-informed approach to tackling violence.** The strategic buy in, drive and shared investment and vision from the experienced multi-agency partners has brought existing partnerships together and supported the development of new collaborations to further develop a trauma-informed partnership and workforce to make communities safer. Lancashire has benefited from adopting a broader trauma-informed life course approach beyond the focus on knife crime through building trauma-informed capacity within the workforce and community.

- **Recommendation:** Build upon the existing drive to develop and embed trauma-informed approaches to tackling violence across Lancashire (and beyond) through advocacy, education, practice and research, and proactively share practice innovation within and across partner agencies.
- **Recommendation:** Continue to engage with wider LVRN partners and LVRN team members' host organisations, ensuring they are aware of the vision and approach of the Network, can contribute to its direction and support its aimed outcomes.

**The partnership and organisations used an evidence-informed approach to implementing interventions with Lancashire.** Key learning from other VRUs, and other interventions was used, alongside using key intelligence such as the needs assessment to inform decisions. Partners and providers within the partnership have also positively learnt from one another, feeling at ease to share experiences and best practice, as well as reflecting on challenges and gaps within delivery and services.

- **Recommendation:** Continue to embed programme monitoring and evaluation into all LVRN funded activities and share learning across the network and wider violence prevention partners at local, national and international levels.

**Emerging themes from the case studies and engagement with intervention providers, demonstrates that interventions were targeted with a more holistic view of the life course and a focus on education and awareness.** A key aim of this was reducing the risks of criminal exploitation and activity, and the serious violence associated with this. Interventions used trauma-informed approaches to understand the causes of offending and provide early intervention, highlighting the knowledge and skills required to consider the impact of ACEs/trauma, reinforcing the importance of the workforce training around trauma-informed practice.

- **Recommendation:** Building upon existing and continuing research, and programme monitoring and LVRN funded evaluation work, identify the underlying factors that contribute to exposure to violence ('causes of the causes') and/or protect people from harm, and enhance understanding of the needs of the local community to enable mechanisms of positive change at an individual, family and community and societal level.

**The LVRN funded interventions had a strong ethos in building trusted relationships with young people and communities, in line with the LVRN commitment to engaging communities within the partnership.** The time needed to build relationships with young people, break down barriers and build rapport and trust with them was highlighted as key skills of the experienced providers, and also

highlighted the dedication and resource required. The interventions provided an opportunity to make every contact count, by engaging young people into support at the earliest opportunity, seizing the opportunity of a 'reachable, teachable' moment.

- **Recommendation:** Continue to enhance collaborations with children, young people, families and communities, to co-produce violence prevention initiatives, and ensure a community led public health approach to violence prevention is promoted from the 'bottom up'.

**The interventions were delivered in varied settings and used varied approaches and activities to engage young people.** This included both informal and informal settings which were tailored to the needs of the young people and guided by need, and also tailored due to the COVID-19 pandemic. Integrating young people into support where they felt integrated and not judged was important, as was having one main point of contact where they did not have to re-tell their story. Mentoring and training was highlighted as particularly important in enabling young people to develop skills and share their experiences.

- **Recommendation:** Maintain a focus on person centred support, ensuring programmes are accessible to young people and meet their varying needs to enable them to develop their aspirations and opportunity to engage in intervention activities.
- **Recommendation:** Ensure that systems enable coordinated referral pathways and provision of support and opportunity, facilitated through for example a single point of contact, who can maintain contact over the necessary time period for the young person, to enable the development of a trusted relationship between the practitioner and young person.

**Delivery of the LVRN and the LVRN funded interventions was significantly impacted by the COVID-19 pandemic, with lockdown measures meaning that face-to-face work was either paused or was adapted to accommodate safe working and individuals needing to self-isolate or shield.** Providers utilised different approaches to engage with young people via remote platforms and in public spaces. Providers also supported one another, an example being DIVERT re-allocating resource to the ED Navigators scheme. It was agreed that organisations were 'put on the backfoot' as a consequence of this, with partners recognising the impacts on wellbeing, and that the community, young people, and the workforce needed the support now more than ever. A positive impact of Lancashire adopting a whole system trauma-informed approach meant that the county was more mindful of the impacts of trauma and sought out ways to help organisations and individuals build resilience.

**The profile of the LVRN has been raised within practitioner communities leading to impactful change in how services are being provided to communities.** Impact of the partnership approach is clearly demonstrated throughout the early findings, however, at this stage, due to the impact of paused delivery and paused evaluation activity, there is currently less information around the individual impacts for the children/young people and communities. What is known at this stage is that intervention engagement has been positive, trusted relationships have been developed, skills have been developed, and providers have reported changes in attitudes for the children/young people engaging with them. This includes changes in attitudes and perceptions around carrying knives, safety within the community, and positive feedback from young people, their parents, and community members. During the evaluation period, there has also been no repeated A&E attendances for young people engaging with the ED Navigator Scheme, and 11 knives were handed in and retrieved via Empower the Invisible. Young people are continuing to engage with the interventions and to re-establish contact when they require it.

**The LVRN has provided opportunities to upskill practitioners and to create new alliances between partners.** LVRN partners were confident that the partnership is bringing about change and contributing to impacts that will stimulate longer term generational and cultural change for organisations and communities. In terms of measuring impact, partners are working together to understand and reflect on what constitutes robust evidence to ensure that creative mechanisms are developed to fully capture the range of impacts that the partnership is having for partners together and in isolation of the partnership, in working to reduce serious violence. This includes a focus within the common outcomes framework to better develop greater understanding of impactful and meaningful activity in the short term and long term beyond the Home Office funding, to develop metrics identifying changes in the levels of violence.

- **Recommendation:** Drawing on the LVRN outcomes framework, utilise programme monitoring, LVRN funded evaluation work, and wider evidence to identify and narrate the short, and in due course long-term impacts of the LVRN activities.

**The LVRN partners were confident that the commitment and investment from the multi-agency partnership would support the sustainability of the partnership, interventions and impacts for communities.** The support between organisations and from the LVRN, alongside the shared vision of the trauma-informed public health approach meant that the model was meaningful and realistic. The broader approach to tackling violence aimed to provide a more sustainable way of tackling the determinants of violence. Providers highlighted how they were working to complement and build on good practice, to ensure delivery is realistic and sustainable moving forward. Others highlighted that additional resources are required to ensure the offer of support is available to all communities in need, and measures are in place for young people and communities beyond the LVRN interventions.

- **Recommendation:** Work with LVRN partners, programme deliverers and other relevant stakeholders to identify pragmatic solutions to embed promising and effective practice into the local system, promoting the sustainability of interventions beyond LVRN/Home Office funding.

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## 10. Appendix 1: Methods

Due to COVID-19 restrictions, data collection for the evaluation was delayed until October 2020, and the focus shifted from evaluation of selected interventions focused on knife crime, to the development of case studies on other VRN interventions. Evaluation findings were presented in an interim report in January 2021. This final report incorporates revisions following LVRN partner review of the report and a case study on the DIVERT programme. It is important to note that the ongoing COVID-19 restrictions during the data collection period restricted the ability of the evaluation team to capture intervention recipient's views on the interventions, and thus evaluation findings report the perspectives and experiences of LVRN partners at a strategic and programme implementation level. Incorporating the voices of intervention recipients and the community will be a key focus of wider LVRN evaluation.

This section provides details of the methods implemented to inform the evaluation report. All logic models have been developed from information gleaned from the evaluation and in consultation with the programme leads.



**Interviews with VRN partners and intervention deliverers:** 16 semi-structured telephone interviews were conducted with 13 key members of the VRN representing police, Office of the Police and Crime Commissioner, probation service, local authorities, NHS, children's social care, education, academic partners. The interviews explored background to the LVRN and its work programme, and broader violence prevention activity; experiences of, and progress in developing the LVRN and implementing the work programme; supporting and impeding factors (and if and how impeding factors were addressed); areas for development; actual and anticipated LVRN programme impacts; and LVRN programme sustainability. Additional interviews were conducted with programme implementer to develop case studies of selected interventions: Navigators - one paired interview with the LVRN ED Navigator Scheme leads (November 2020), and a second paired interview with two Navigators (December 2020); Empower the Invisible - one interview with the programme lead (November 2020); Preston United - one interview with the programme lead (November 2020); and DIVERT - two interviews with the programme lead (November 2020 and April 2021) and a paired interview with DIVERT coaches (April 2021).



**Review of LVRN outputs including:** the LVRN website, strategy document, problem profile and other publically available resources.

**Review of programme data:** Identifying client engagement with the programmes and outcomes.

## 10. Appendix 2: Links to LVRN resources

Resource	Link
Serious Violence in Lancashire: Strategic Needs Assessment	<a href="http://www.lancsvrn.co.uk/wp-content/uploads/2020/04/LVRNNeedsAssessmentv2.pdf">www.lancsvrn.co.uk/wp-content/uploads/2020/04/LVRNNeedsAssessmentv2.pdf</a>
Lancashire VRN Strategy	<a href="http://www.lancsvrn.co.uk/wp-content/uploads/2020/06/Lancs-VRN-Strategy.pdf">www.lancsvrn.co.uk/wp-content/uploads/2020/06/Lancs-VRN-Strategy.pdf</a>
Lancashire VRN Outcomes Framework	<a href="http://www.lancsvrn.co.uk/wp-content/uploads/2020/10/Outcomes-Framework-Lancs-Violence-Reduction-Network.pdf">www.lancsvrn.co.uk/wp-content/uploads/2020/10/Outcomes-Framework-Lancs-Violence-Reduction-Network.pdf</a>
The little book of ACEs	<a href="http://www.lancsvrn.co.uk/wp-content/uploads/2020/04/Little_Book_of_ACEs_Final-2-.pdf">www.lancsvrn.co.uk/wp-content/uploads/2020/04/Little_Book_of_ACEs_Final-2-.pdf</a>
Little Book of Violence Reduction	<a href="http://www.lancsvrn.co.uk/wp-content/uploads/2021/02/Little-Book-of-Violence-Prevention-Lancs-VRN-28Jan21-1.pdf">www.lancsvrn.co.uk/wp-content/uploads/2021/02/Little-Book-of-Violence-Prevention-Lancs-VRN-28Jan21-1.pdf</a>
COVID-19 trauma-informed guidance for schools	<a href="http://www.lancsvrn.co.uk/wp-content/uploads/2020/05/LVRN-Post-COVID-19-Trauma-Informed-Guidance-for-Schools-FINAL_5.pdf">www.lancsvrn.co.uk/wp-content/uploads/2020/05/LVRN-Post-COVID-19-Trauma-Informed-Guidance-for-Schools-FINAL_5.pdf</a>
A trauma-informed organisation development framework.	<a href="http://www.lancsvrn.co.uk/wp-content/uploads/2020/07/Lancs-VRN-Trauma-Informed-toolkit.pdf">www.lancsvrn.co.uk/wp-content/uploads/2020/07/Lancs-VRN-Trauma-Informed-toolkit.pdf</a>
Responding appropriately to COVID-19: a recovery curriculum for schools	<a href="http://www.lancsvrn.co.uk/wp-content/uploads/2020/07/LancsVRN-Responding-Appropriately-COVID-19-Curriculum-meet-needs-of-communities.pdf">www.lancsvrn.co.uk/wp-content/uploads/2020/07/LancsVRN-Responding-Appropriately-COVID-19-Curriculum-meet-needs-of-communities.pdf</a>
Leaflets for prisoner's families	<a href="http://www.lancsvrn.co.uk/resources/leaflets-for-prisoners-families/">www.lancsvrn.co.uk/resources/leaflets-for-prisoners-families/</a>

Further resources are available at: <https://www.lancsvrn.co.uk/resources/>



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