MERSEYSIDE Violence Reduction Partnership

Merseyside Violence Reduction Partnership Strategy

2022-2025

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Introduction

In March 2019 the Home Office invested £35million of the Serious Violence Fund in to Violence Reductions Units (VRUs) in 18 police force areas, deemed worst affected by serious violence. The aim of the VRUs was to form a key component to build capacity in local areas to tackle the root causes of serious violence. This was to include being response for driving local strategy and embedding cultural change alongside their commission role as a means to make the VRU sustainable.

In 2019, Merseyside VRU took the decision to rebrand to become a Merseyside Violence Reduction Partnership to greater represent the efforts of the team, working with and for our communities rather than imposing initiatives.

Whilst the evidence indicates that serious violence is only perpetrated by a small minority, those individuals can do considerable harm to victims, families and communities. It is also recognised that there are variations in serious violence within each borough across Merseyside, each facing their own challenges. In response, MVRP are a collective partnership that proactively facilitates long-term sustainable change by bringing communities, individuals and partners together.

Through the use of evidence and data, MVRP will provide and support suitable responses to preventing violence before it becomes part of someone's life, tackling not only violent crime but also the underlying causes. Understanding the drivers of serious violence, and both the risk and protective factors, are key to implementing long-term change and support.

Purpose & Vision

The Merseyside Violence Reduction Partnership MVRP 2022-2025 Strategy will outline our priorities, delivery plan and commitment for the next three years in line with the MVRP vision:

We believe that all communities have the right to be free from violence in order to provide the best life chances for all across Merseyside

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Our Priorities

In line with the public health approach and MVRP logic model MVRP are continuing to develop the life cycle model and progress on the previous strategy priorities.

The 2022-2025 strategy will focus intervention and prevention work in the areas of:

Early Years
Education
Health
Whole Family Approach
Preventing Offending

The above areas will ensure that all investment and opportunity, be it through primary, secondary or tertiary interventions, can be of benefit at all ages and all stages of an individual's life, which in turn will create long-term change and community resilience across Merseyside. Focusing on these areas within the context of community and place-based work will ensure that the right activity is occurring in the right place.

Early Years

The first 1,000 days of a child's life are crucial period for child development and wellbeing. There is clear evidence that experiences during the early years of life play a unique role in shaping a child's brain, with long-term consequences for health and wellbeing and life chances. The focus on early years, will complement the additional priorities to address the whole life cycle, including parent and family-based interventions, school readiness, building bonds, and understanding importance of attachments and relationships.

Education

The whole school approach is key to implementing sustainable practices whilst building our offer to support statutory educational settings with guidance and programmes to reduce serious violence, exploitation, and other associated issues. There is a commitment to ensuring a strategic, evidence-based, co-ordinated approach which accurately measures impact, avoids repetition and protects against re-traumatisation.

Health

Health is a cross cutting thematic, interwoven into all programme design and implementation, ranging from whole systems understanding, system and process evaluations for programmes, to health-based interventions to provide opportunities to prevent and reduce

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serious violence. These could include improving mental health, physical health, and wellbeing, to understanding mental illness, understanding resilience in communities, or even access to health services. As this develops there will be opportunities for learning and evidence building to inform best practice, training and upskilling professionals, and ensuring our communities are represented and understood by our partnered professional bodies.

Whole Family Approach

A holistic approach to supporting the whole family as a unit, bridging the gaps and bonds between parents and their children to prevent the impact of violence, allowing parents to understand and address their own trauma / ACEs to support them to be better parents. This is complemented by providing practical support for children and peer support.

Preventing Offending

Previously titled `Reducing Reoffending`, MVRP want to focus on preventing any offending at the earliest opportunity, with the aim to also support those at reducing reoffending. Providing practical support assists to address individual need to aid rehabilitation and reduce offending, and restorative practices and programmes support the understanding of personal behaviours to aid positive change. Also aiming to support system and process change to aid those individuals and their families, from issues such as financial and housing support, to maintaining bonds and relationships with children and family members outside of the criminal justice system.

Our Objectives

In order to address our priorities, meet the aims of our communities & partners, and fulfil national requirements, MVRP are committed to:

Ensuring a public health approach drives and underpins all that MVRP do, proactively promoting this with our partners and other organisations.

Ensuring that community is at the heart of everything that we do- serious violence cannot be addressed if we do not work with and for our communities. MVRP will ensure its work is underpinned by the voice of young people and communities across Merseyside.

Ensuring a trauma informed approach underpins all services, recognising how ACEs have shaped lives and lead to problems which can be focused inwardly or outwardly.

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Taking an evidence-based approach to identifying root causes of serious violence in order to prevent and tackle serious violence. Also using this evidence base, theory, data and evaluation to direct interventions and funding.

Facilitating multi-agency working at both an operational and strategic level. Maximising resources, coordinating activity, reducing duplication, sharing best practice and helping to integrate and embed practice across a range of partners.

Transparent allocation of resources, with opportunities and processes for funding publicised through networks. Ensuring funding will be coordinated in such a way that there are interventions centrally funded to tackle county wide causes of serious violence, whilst also providing funding at a local level to ensure bespoke causes and issues are addressed, in a transparent and accountable way.

Implementing and supporting sustainable practices, supporting early collaboration through project design phases to plan for long term implementation and ability to embed or achieve alternative funding.

Ensuring poverty, inequality and deprivation will be a continuous thread throughout the work of the MVRP team, the MVRP strategy, and all decision making, alongside all of our partners to ensure we can effectively mitigate the risks and struggles facing our communities.

Our Roles & Responsibilities

The MVRP comprises of a `core team` of co-located professionals, who each represent their organisation across the county. The partnership approach to this core team is central to the effective delivery and success of MVRP activities.

Each member of MVRP has a role to play in supporting our partners and communities, by identifying root causes of serious violence and introducing sustainable programmes and support that addresses those causes and addresses the risk factors experienced by so many.

For 2022-2025 MVRP will continue to work collaboratively with the MVRP Steering Group to ensure that innovation is identified and supported, best practice is promoted, and Steering Group members can promote positive change and lobby for support within their own organisations and those with whom they collaborate. The support of the pro-active Steering

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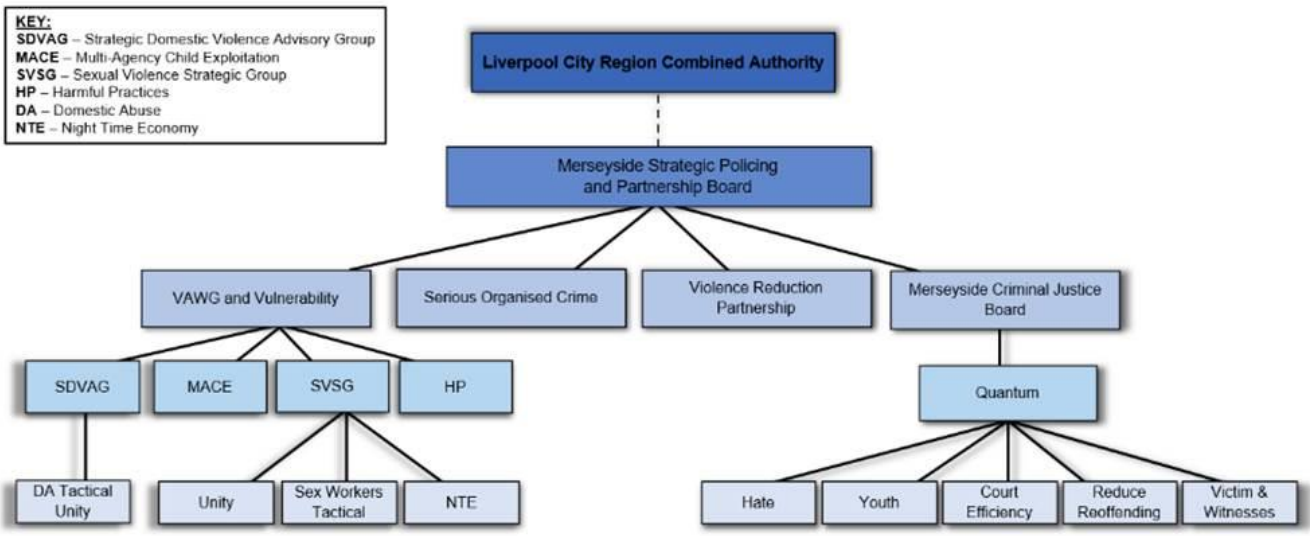
Group promoting MVRP engagement across the whole of Merseyside and beyond will enable MVRP to embed positive change and effective and efficient working practices.

The ability and option to extend and enhance the expertise within the MVRP team will remain in place to ensure that the necessary skills and experience are being invested in to achieve the aims of the MVRP strategy.

Our Governance & Accountability

Governance also plays a significant role in achieving the aims and objectives of the 2022-2025 strategy as it facilitates effective discussions to address the wider context of the changes in serious violence.

The Merseyside Police and Crime Commissioner (PCC) provides oversight of the delivery of national strategies across Merseyside, whilst simultaneously maintaining a commitment to community safety. The PCC therefore has full oversight of the MVRP and the strategic priorities will be supported through the Merseyside Strategic Policing and Partnership Board (SPPB).



Strategy Implementation & achieving our aims

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To deliver against the aims and objectives of the strategy, MVRP will work within a whole system, public health approach (PHA) to reducing serious violence through; primary services provided for a whole population (preventing violence from happening in the first place); secondary services for those at risk (preventing violence from escalating to serious criminality); and tertiary services for those who have experienced or caused injury (preventing violent offender from reoffending).

Initially MVRP will focus on what works, identifying areas and opportunities for greater exploration and creation of our evidence base, strive to upscale programmes to further test models to enable mainstreaming and embedding in the appropriate services and organisations once it is appropriate. Having each partner agency and organisation reference their commitment to a public health approach to reducing serious violence in their own strategic plans and documentation will provide a collaborative and cohesive approach to achieving our collective goals.

This will be underpinned by an effective Theory of Change, detailed and planned programme design and delivery plan, detailed data collection and performance monitoring, and evaluated to understand impact and areas for development.

Communication between partners is key to the successes of MVRP, and the team and steering group will develop ways to maximise its effectiveness. The MVRP Communications Strategy will provide a framework to ensure the right information and learning is shared with the right people and through the right mediums.

Impact will not only come from financial support or interventions supported by MVRP but also through CPD and collaborative learning, work alongside academic partners to develop research and evidence based, and end of programme evaluations. Supporting delivery partners and organisations to develop logic models and theory of change where applicable to provide a well-structured programme design, delivery plan and review process will also enhance the collective ability to understand and evidence impact, using this to enhance future pieces of work and future investment.

Understanding Impact

Home Office have provided key success measures through which they will monitor the impact on serious violence, including recorded violence offences, hospital admissions and attendances. These include:

- Reduction in SV crimes
- Reduction in knife enabled injuries, especially under the age of 25
- Reduction in knife enabled homicide, especially under the age of 25

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In addition to the Home Office measures, MVRP are also interested in impact that sits outside out recorded offences or reported injury data. We are committed to understanding:

- Improved school readiness
- Improved school attendance and attainment
- Improved child development
- Improved relationships and inter-familial relationships
- Improved mental health
- Improved services and capability & knowledge of professionals
- Improved feelings of safety
- Improved life chances
- Reduction in NEET children and young people
- Reduction in violent offences
- Reduction in injuries
- Reduction in homicide
- Reduction in hospital attendances and admissions
- Reduction in arson and deliberate fire setting
- Reduction in NWAS call outs for acts of violence

Whilst MVRP have identified the above, this list is not exhaustive and the evidence-based approach to reducing serious violence will lead our understanding and identify alternative and additional areas for consideration. MVRP are also committed to understanding the root causes of serious violence, therefore in both short- and long-term measures have been identified in order to focus our understanding and effectiveness over the next three years.

Key short-term measures

- The voice of the child, young people and communities is embedded in the work of the MVRP
- Increased support for the most vulnerable students across all educational settings
- Increased and effective interventions for pregnant mothers, and the 0-5 years cohort
- Increased and effective interventions focusing on empathy, decision making, & resilience skills
- Support for at-risk individuals, both pre and post arrest, and/or incarceration
- Improved use and quality of data to inform activity
- Increased understanding of ACEs and provision of support in organisations
- Increased understanding of Trauma Informed Practices and adoption across whole systems

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- Increased understanding of neurodiversity and referral processes across all partnered professional bodies
- Increase in the number of young people provided with mental health interventions
- Whole family support for offenders and prison leavers
- Effective communication and engagement, understanding our reach and ensuring each piece of information is of value and linked to our aims

Long term measures

- Changing language and attitudes across our communities, including the language and approach taken by professionals
- Increased positive mental health and wellbeing, (including resilience, life skills and confidence)
- Improved feelings of safety within communities, and children and young people, including reduced fear of violence
- Increased aspirations in children and young people
- Improved quality of life for populations (e.g., children, young people, families)
- Improved community connectedness
- Improved educational outcomes for children and young people
- Reduction in vulnerability of children and young people affected by / at risk of serious violence
- Reduction in ACEs
- Reduction in school exclusions
- Sustained reduction in violent offences and anti-social behaviour across Merseyside

Measuring Impact

Not all measures are quantifiable or measurable however an understanding of service delivery through qualitative data and community feedback is essential to determine whether MVRP are achieving our aims. MVRP have identified a number of ways in which we will work which will assist in providing this understanding and highlighting progress.

- Updated Logic model and Theory of Change
- Understanding impact
- Sustainability
- Long term tracking of cohorts
- Specific project feedback after delivery
- Success of tracking individuals outside of mainstream services (i.e. education) - cohort modelling

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- Wider awareness of MVRP & PHA through communication and marketing, social media engagement, change in attitudes and use of language by all partners
- TIA practice embedded in organisations
- Seats at the table of strategic boards pan-Merseyside
- All organisations adopting guidance created by MVRP
- Consistent approach across a widening audience and partnership
- Accountability – holding all to account for their work
- Action tracker for each project with exception reports where required
- Sustainability model developed prior to funding being given
- Agreed Terms of Reference for all contracts prior to awarding funds
- Recording and dissemination of case studies
- Providing consistent and regular opportunities for community insight and feedback
- Ability to collaborate and co-design projects with communities and children and young people
- Provide CPD and learning opportunities for all partners and stakeholders

Whilst the Home Office requires data in relation to success measures, MVRP are committed to understanding impact and best practice, sharing where something has not been successful, or changes are required to ensure greatest impact. The `what works` can only be effective if we also identify the `what doesn't work and why` and share this across the partnership.

Reviewing the above measures each year will ensure compliance and understand what has been achieved. It will also provide an opportunity for additional measures to be added to the strategy where applicable. This insight and data will feed the MVRP Strategic Needs Assessment, informing our understanding in terms of shifting demand, new crime trends, SVD or other legislative changes.

Sustainability

Home Office intentions are clear that VRUs must operation `with and for` the community by embedding the views and voices of the communities and young people into operations and delivery. It is believed that building genuine engagement with the community with ensure that VRUs can understand the issues as they truly exist, identify the effectiveness of what is already in place, equip those locally with eh skills to embed best practice, and build-up communities capable of sustaining violence preventing activity in a business-as-usual capacity. The VRU network are also required to develop a sustainability plan in relation to both financial and cultural sustainability.

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MVRP are committed to developing sustainable violence prevention activity by:

- Investment in skills and education-based activities
- Co-design and collaborative ownership to ensure in-house knowledge and experience is built upon
- Opportunities to provide CPD
- Identify areas of duplication and coordinate collaborative practices
- Invest to save (in areas of knowledge, technology, data sharing)
- Evidence-based practice and information sharing to inform activity
- Effective evaluation
- Support to identify alternative funding opportunities
- Influence policy and process decision-making to embed long-term change.

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Appendix

Serious Violence Definition

MVRP have adopted the local definition of serious violence used for data recording purposes by Merseyside Police. This ensures consistency with our partners in relation to understand demand and impact. The local definition is:

All knife crime or firearms enable offences, including the following categories:

- Attempt murder
- Assault with intent to cause serious harm (wounding with intent to do GBH (S18 Assault), causing bodily injury by explosion or torture)
- Business and personal robbery
- Threats to kill
- Assault with injury
- Racially or religiously and other form of hate aggravated assault with injury
- Assault with injury on a constable
- Rape
- Sexual assault against a female
- Sexual assault against a male
- Endangering life
- Homicide

And

Non-knife crime or firearms-enabled offences;

- Homicide plus attempt murder
- Assault with intent to cause serious harm (wounding with intent to do GBH (S18 Assault), Causing bodily injury by explosion or torture)
- Arson with intent to endanger life
- Assault with injury on a constable (only including cause GBH with intent to resist, prevent arrest, wounding with intent to do GBH and wounding with intent)
- All other robbery

Despite adhering to the local definition, MVRP take cognisance of the definition as recorded in the Home Office Serious Violence Strategy:

`*specific types of crime such as homicide, knife crime, and gun crime and areas of criminality where serious violence or its threat is inherent, such as in gangs and county lines drug dealing*`

This ensures that MVRP, and Merseyside Police, are aware of different recording mechanisms and reporting structures which will inform any reporting and knowledge base on a regional or national level. It will also ensure that we are working with the most accurate

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and effective data when collaborating with our partners rather than using data that is not bespoke to the county.

Whilst the definition of serious violence does not include Domestic Abuse (DA) or Violence Against Women and Girls (VAWG), the MVRP are aware of the impact these incidents have on our communities and as such the MVRP has cognisance to this when delivering on it's objectives. MVRP will look at themes relating to these issues such as misogyny, gender-based violence, equality and attitudes and language towards women and girls. All requests for funding support submitted to MVRP will be reviewed with these themes in mind to ensure that any VAWG or DA issues can be addressed throughout delivery. *(Please see MVRP SNA for examples of such projects)*

Public Health Approach

In adopting a public health approach to violence prevention, our strategy is designed to have a strong emphasis on addressing the root causes of serious violence and endorsing factors that promote against and mitigate the impacts of violence. Preventing adverse childhood experience (ACEs) and developing a trauma-informed approach is also fundamental to the work undertaken.

The `Preventing Serious Violence Strategy: Summary Publication` (21/10/2019) stated the reasons as to why violence is a public health issue:

> *`…because living without fear of violence is a fundamental requirement for health and wellbeing`.*

This is vital, in that the health and wellbeing of an individual or a community has the potential to impact upon every interaction or experience a person has during the course of their life be it, education, employment, prospects, or interpersonal relationships, etc. all of which, can be severely affected through ill health and poor wellbeing. Interventions and actions that address this, as early as possible, will not only reduce demands on health services, the criminal justice system and the wider economy, but will also improve the outcomes in relation to an individual or a community by addressing the root causes of violent crime in order to prevent it occurring in the first place.

Violence is defined by the World Health Organisation as `*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 higher likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation*`.

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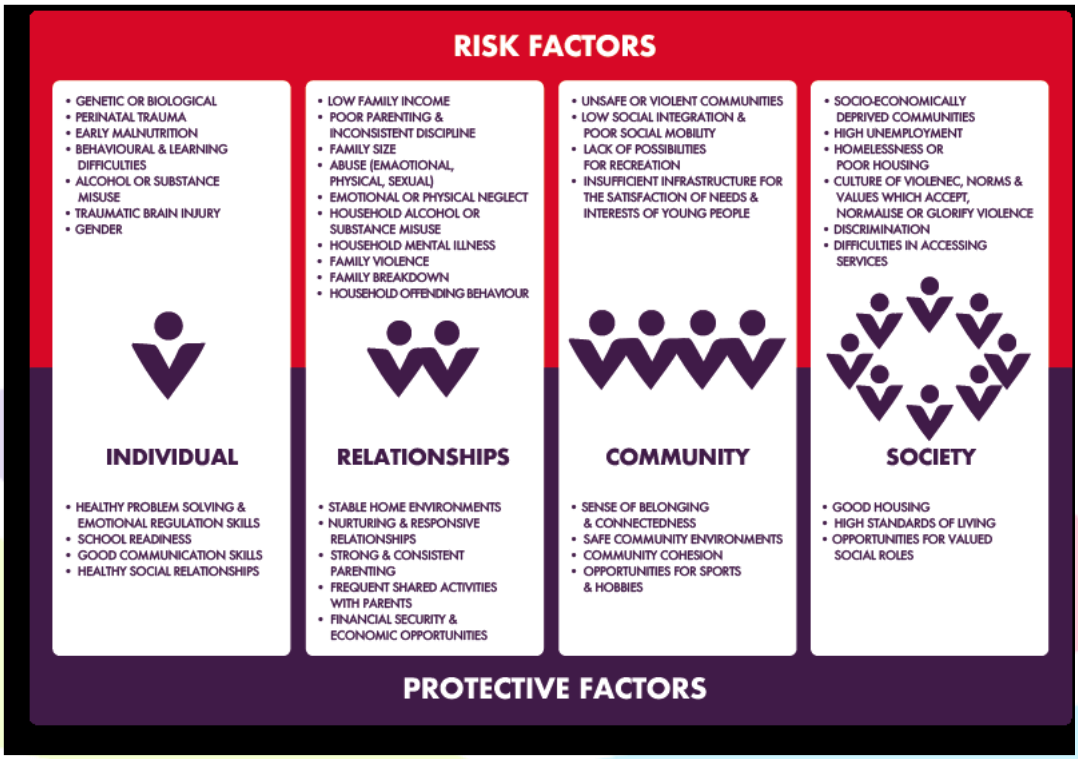
Despite the different forms and expressions of violence there are numerous and overlapping factors behind them that are either `risk factors` for making violence more likely, or `protective factors` which mitigate against victimisation or perpetration of violence.



The World Health Organisation primary, secondary and tertiary model identifies how the public health can be adopted to support communities.

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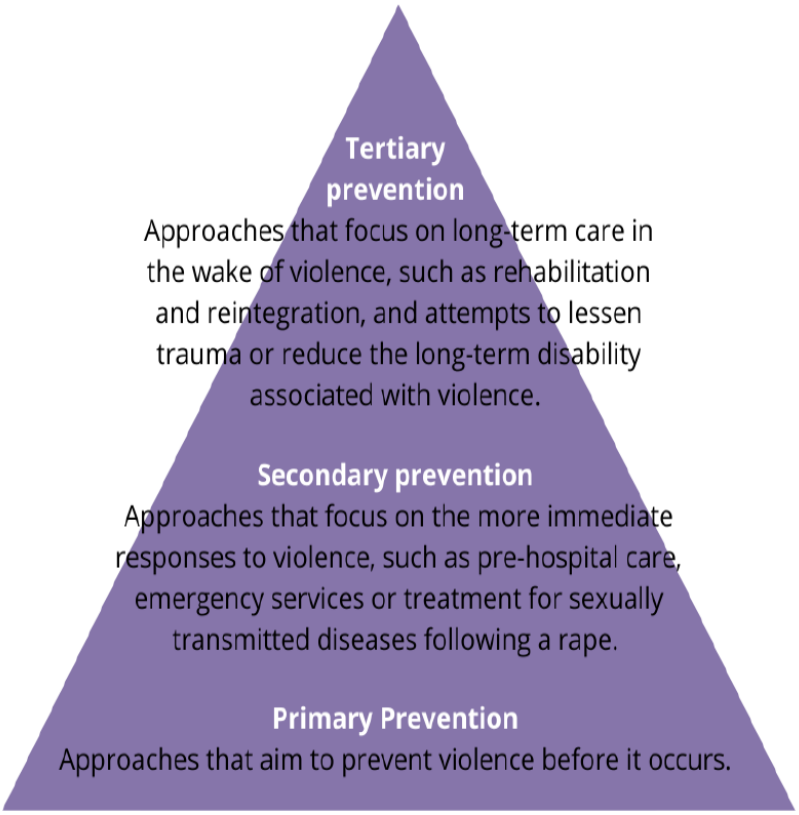

MVRP will continue to take cognisance of the known risk factors as discussed above, however we will engage with our communities and partners to understand where risks are emerging ang why. Poverty, inequality, and deprivation are all known risk factors in Merseyside, however having experienced a global pandemic and changing political priorities and expenditure, it is likely that these factors will have a greater impact in the on the children, young people and families that we are looking to support and create better life chances for.

The *Child of the North, Building a fairer future after COVID-19*[1] report states that children in the North are more likely to live in poverty than those in the rest of England, with poverty being the lead driver of inequalities between children in the North and their counterparts in the rest of the country. This leads to worse physical and mental health outcomes, educational attainment, and lower lifelong economic productivity. Whilst the COVID-19 pandemic has made the situation worse, the full impact is not yet known. From extremely high levels in the 1990s, child poverty rates declined to nearly the national average by 2008. However, by 2014 child poverty began to rise and now nearly a third of children live in poverty. Child poverty has long-term effects on children's development, health and wellbeing and the anticipated pandemic-related increase in child poverty is deeply worrying.

[1] Child of the North, Building a fairer future after COVID-19, nhsa & N8 Research Partnership, Child-of-the-North-Report-FINAL-1.pdf (thenhsa.co.uk)

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The cost-of-living crisis is becoming increasingly apparent across Merseyside, with individuals and families already facing difficult choices between food and energy bills. This will ultimately contribute to the living conditions, lifestyle and futures of our children and young people, exposing them to the risks of serious violence. In April 2022 it was identified that five of the top ten constituencies hardest hit in the whole of the UK are in Merseyside. Research in relation to financial vulnerability scoring revealed that every Merseyside constituency has a worse score that the nationwide average of 45.1. It is acknowledged that the increased cost of living will impact on everyone, but the impact won't be the same everywhere. There are communities, such as those in Merseyside, have not recovered from the effects of the pandemic, and they will continue to be hit by the rising energy and food prices. [2]

Poverty, inequality and deprivation will be a continuous thread throughout the work of the MVRP, the MVRP strategy, and decision making alongside our local authorities and partners to ensure we can effectively mitigate the risks and struggles facing our communities.

Violence in Merseyside

The below summary has been included to provide some context in relation to Serious Violence on Merseyside in the previous calendar year. This date period has been selected to ensure that a full data capture could be collated and analysed to provide insight as the data capture for the financial year was not complete. The data has been analysed using the TIIG data hub therefore contains information from Merseyside Police, Merseyside Emergency Departments, North West Ambulance Service and Merseyside Fire and Rescue Service. As in all MVRP reporting, the data is defined using the SV definition as stated above and focuses on the Home Office requirements for SV involving children and young people under the age of 25.

TIIG Data – Crime Data

Serious Violence has risen since 2020, notably increasing by 15% (6,059 more offences) between January 2021 and December 2021 when compared to the same period over the previous year. Whilst Miscellaneous Crimes against Society rose by 6% and Violence against the Person rose by 17%, Possession of a Weapon offences, reduced by 7%, particularly Possession of an Article with a Blade reducing by 21%. Due to changes in data reporting from 2020 to 2021, there were nine sexual offences recorded in 2021. Sexual offences did not have their own category in 2020 so direct comparisons cannot be made. Whilst these initial indications may appear concerning, it is important the MVRP take a public health approach to sustain reduction and prevent violence from occurring in the first place and ensure engagement with key partners and community members in coordinated manner.

[2] Cost of living crisis: Five of top 10 hardest hit constituencies in the whole of UK are in Merseyside | LiverpoolWorld

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TIIG Data – Emergency Department Data

Using the same dates for comparison, January to December 2020 and the same for 2021, for attendances in Emergency Departments (ED), there was a 10% increase from 2020 (3,748) to 2021 (4,107), with hospital admissions rising in all boroughs: Knowsley (up 5%), Liverpool (up 13%), Sefton (up 2%), St Helens (up 6%), and Wirral (up 22%). From these attendances, where a weapon was involved, the use of fists was highest, with a combination of body parts coming in second. In 2020, fists accounted for 27% of admissions, a combination of body parts was 25%. This where the type of weapon was not specified accounted for 12%. Regarding the use of knives and blades in 2020 for ED data, knives accounted for 4% and `other` bladed/sharp object was also 4%. In comparison to 2021, fists went down by 33%, combination of body parts deceased by 36%, knives decreased by 18% and the use of `other` sharp object/blade decreased by 82%. Whilst these figures do look promising, those categories under `not specified` increased by 191%. Whilst not specified, this could suggest that the ED were not categorising the type of weapon as they did in 2020. It should be noted that whilst `fists` is not recordable weapon type in Merseyside Police data, it is recorded in ED data and therefore has been included to provide an insight as to types of violence impacting on health services in Merseyside.

TIIG Data – NWAS Data

Overall North West Ambulance Service (NWAS) call outs in 2021 (2,484) decreased by 8% from 2020 (2,260). Call outs from Knowsley decreasing by 20%, Liverpool decreasing by 2%, Sefton decreasing by 15%, St Helens increasing by 1%, and Wirral decreasing by 14%. However, MFRS call outs in 2021 (3,890) increased by 8% overall from 2020 (3,606). For Knowsley, there was a 12% reduction in callouts between 2020 and 2021, Liverpool rose 7%, Sefton decreased by 8%, St Helens increased by 26%, and Wirral increased by 21%.

For further details & analysis please see the MVRP Strategic Needs Assessment 2021-22.

Home Office Success Measures

Table 1: Progress against specific success measures collected by the Home Office, over three years with specific dates detailed

Success Measure	2019 Baseline	2020 (COVID)	2021 Latest Performance
Reduction in hospital admissions for assaults with a knife or sharp object, and especially among victims aged under 25	Knife and sharp object categorised as 'knife' and 'other bladed/sharp object' assault admissions Jan – Dec 2019 (n=309)	Knife and sharp object categorised as 'knife' and 'other bladed/sharp object' assault admissions Jan – Dec 2020 (n=293) **(5% reduction)**	Knife and sharp object categorised as 'knife' and 'other bladed/sharp object' assault admissions Jan – Dec 2021 (n=148) **(49% reduction)**

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	Knife and sharp object categorised as 'knife' and 'other bladed/sharp object' assault admissions under 25s Jan – Dec 2019 (n=106)	Knife and sharp object categorised as 'knife' and 'other bladed/sharp object' assault admissions under 25s Jan – Dec 2020 (n=110) **(4% increase)**	Knife and harp object categorised as 'knife' and 'other bladed/sharp object' assault admissions under 25s Jan – Dec 2021 (n=62) **(44% reduction)**
Reduction in knife-enabled serious violence, and especially among victims aged under 25	**Police data:** Overall total of serious violence offences with a knife (possession of an article with a blade) committed in 2019 (n=634)	Overall total of serious violence offences with a knife (possession of an article with a blade) committed in 2020 (n=673) **(6% increase)**	Overall total of serious violence offences with a knife (possession of an article with a blade) committed in Jan - Dec 2021 (n=529) **(21% reduction)**
	Police data: Overall total of serious violence offences with a knife (possession of an article with a blade) where the suspect was under 25s committed in 2019 (n=267)	Overall total of serious violence offences with a knife (possession of an article with a blade) where the suspect was under 25s committed in 2020 (n=242) **(9% reduction)**	Overall total of serious violence offences with a knife (possession of an article with a blade) where the suspect was under 25s committed in 2021 (n=205) **(15% reduction)**
	Police data: Overall total of serious violence offences with a knife (possession of an article with a blade) where the victim was under 25s committed in 2019 (n=48)	Overall total of serious violence offences with a knife (possession of an article with a blade) where the victim was under 25s committed in 2020 (n=70) **(46% increase)**	Overall total of serious violence offences with a knife (possession of an article with a blade) where the victim was under 25s committed in 2021 (n=34) **(51% reduction)**
	NWAS *data currently does not show categorisation of callouts (e.g. stab).* Overall total of NWAS callouts for under 25s between Jan – Dec 2019 (n=709)	*NWAS data currently does not show categorisation of callouts (e.g. stab).* Overall total of NWAS callouts for under 25s between Jan – Dec 2020 (n=523) **(26% reduction)**	*NWAS data currently does not show categorisation of callouts (e.g. stab).* Overall total of NWAS callouts for under 25s between Jan – Dec 2021 (n=477) **(9% reduction)**
	A&E Data: Knife and sharp object categorised as 'knife' and 'other bladed/sharp object' assault admissions under 25s Jan – Dec 2019 (n=106) For knife only, admissions were (n=75)	Knife and sharp object categorised as 'knife' and 'other bladed/sharp object' assault admissions under 25s Jan – Dec 2020 (n=110) (4% increase)	Knife and harp object categorised as 'knife' and 'other bladed/sharp object' assault admissions under 25s Jan – Dec 2021 (n=62) (44% reduction)

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		For knife only, admissions were (n=59) **(21% reduction)**	For knife only, admissions were (n=53) **(10% reduction)**
Reduction in all non-domestic homicides, and especially among victims aged under 25 involving knives	**Police data:** The number of offences that were recorded as a non-domestic homicide in 2019 (n=14)	The number of offences that were recorded as a non-domestic homicide in 2020 (n=13) **(7% reduction)**	The number of offences that were recorded as a non-domestic homicide in 2021 (n=19) **(46% increase)**
	Police data: The number of offences that were recorded as a non-domestic homicide involving a knife where the victim was aged under 25s in 2019 (n=0)	The number of offences that were recorded as a non-domestic homicide involving a knife where the victim was aged under 25s in 2020 (n=1)	The number of offences that were recorded as a non-domestic homicide involving a knife where the victim was aged under 25s in 2020 (n=2) **(100% increase)**

Table 2: Progress against locally defined success measures, over three years with specific dates detailed

Success Measure	2019 Baseline	2020 (COVID)	2021 Latest Performance
Reduction in serious violence	36,875 offences committed between Jan 2019 – Dec 2019. **45% increase** from 2018. (**Note**. Only offences between Apr 2018 – Dec 2018 were available for this comparison).	39,386 offences committed between Jan 2020 – Dec 2020. **7% increase** from Jan 2019 – Dec 2019.	40,490 offences committed between Jan 2021 – Dec 2021. **15% increase** from Jan 2020 – December 2020.
Reduction in knife-enabled serious violence	634 offences of 'possession of article with a blade' committed between Jan 2019 – Dec 2019. **64% increase** from 2018. *(**Note**. Only offences between Apr 2018 – Dec 2018 were available for this comparison).*	673 offences of 'possession of article with a blade' committed between Jan 2020 – Dec 2020. **6% increase** from Jan 2019 – Dec 2019.	529 offences of 'possession of article with a blade' committed between Jan 2021 – Dec 2021. **21% reduction** from Jan 2020 – Dec 2020.
Reduction in number of victims of serious violence <25 years	9,234 victim incidents recorded under the age of 25 between Jan 2019 – Dec 2019. **46% increase** from 2018. *(**Note**. Only victim incidents between Apr*	9,509 victim incidents recorded under the age of 25 between Jan 2020 – Dec 2020. **3% increase** from 2019.	11,680 victim incidents recorded under the age of 25 between Jan 2021 – Dec 2021. **23% increase** from 2020.

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	2018 – Dec 2018 were available for this comparison).		
Reduction in number of victims of knife crime <25 years	48 victim incidents recorded under the age of 25 where the offence was 'possession of article with blade' between Jan 2019 – Dec 2019. **336% increase** from 2018. *(**Note**. Only offences between Apr 2018 – Dec 2018 were available for this comparison).*	70 victim incidents recorded under the age of 25 where the offence was 'possession of article with blade' between Jan 2020 – Dec 2020. **46% increase** from 2019.	34 victim incidents recorded under the age of 25 where the offence was 'possession of article with blade' between Jan 2021 – Dec 2021. **51% reduction** from 2020.
Reduction in school absenteeism	Average across Merseyside 19/20: Primary-4.4% Secondary-6% SEN-11%	Data not yet available	Data not yet available
Reduction in number of permanent school exclusions	Number across Merseyside 19/20: n=195	Data not yet available	Data not yet available
	Not Applicable	Number of schools with intensive mentor for those on the cusp of permanent exclusion: n=8	Data not yet available
Improvement in school attainment/attendance	% of people aged 16-17 who are NEET March 2020: 9.7%	Not yet known.	Data not yet available
Reduction in reoffending	Number of serious violence offenders in 2019 who re-offended within this year: n=68	Number of SV offenders in 2020 who re-offended within this year: n=46	Data not yet available

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Serious Violence Duty

The Serious Violence Duty is a key part of the Government's programme of work to prevent and reduce serious violence. The legislation creates a new Duty on local authorities, chief officers of police, fire and rescue authorities, specified criminal justice agencies and health authorities. Chief Officers of Police will be required to ensure they work alongside other specified authorities under the Duty to share data and intelligence, formulate an evidence-based analysis of the problem and then produce a strategy detailing how they will respond to those particular issues.

In addition, section 6(1) of the Crime and Disorder Act 1998, which sets out the strategies Community Safety Partnerships must formulate and implement, has been amended to explicitly include serious violence.

PCCs are not subject to the Duty and the role is discretionary but is similar to those for Community Safety Partnerships. However, given the shared objectives with other authorities on prevention and reduction of crime and as the PCC has responsibility for the totality of policing in the area, it is believed that PCCs can play a crucial role as a convening partner to support the development and implementation of the local serious violence strategy. PCCs will also be able to monitor activities by specified authorities in relation to their functions under the Duty and report the findings to the Secretary of State who may use the evidence to exercise their direction-making power where a specified authority has failed to discharge the Duty. To support this monitoring and oversight role, PCCs will be able to request certain information already held by authorities.

Community & Stakeholder Involvement

Strategy development workshops ensured community and stakeholder input for the development of the MVRP 3-year strategy. The below provides a snapshot into the discussions and viewpoints that have informed strategy development:

Stakeholder workshops

Key points raised that informed the direction of the strategy development from stakeholder workshops included:

`*True prevention rather than situational prevention*`

`*Invest to achieve cultural competencies*`

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`Requirement for MVRP strategy or commitment to PHA to violence reduction to be included in all partner strategies and embed into governance structures`

`Commissioning academic studies to test inferences`

`Quarterly updates from all partners at steering group meetings to ensure accountability`

`Understanding political and social dynamics in relation to serious violence – i.e. cost of living crisis`

`Striving to provide homes and safe spaces, not houses`

`Consider life journeys- interventions but also data monitoring and evaluation`

`Impact of ICSs and how the changes in healthcare can influence change and inform violence prevention`

`How do we reflect diversity and inclusion in the strategy?`

`Best use of lived experience`

`Safeguarding is everyone's business`

Peer Action Collective (PAC) workshop:

The Peer Action Collective researchers discussed what they felt was important to the aims of the MVRP strategy for young people, and what key areas should be considered. This developed into natural conversations relating to needs and wants of young people, understanding their role and responsibility to communicate this to the MVRP team, looking to hold MVRP to account for delivery and impact.

"The more standardised the support is, the less stigma or judgement there is"

"We should be asking service users about their experiences of services"

Examples of this the PRs gave included:

- *Health*
- *Communication between services*
- *Waiting times*
- *Navigators*
- *Housing standards*
- *What are waiting rooms like?*
- *What are the barriers?*
- *How do patients/service users feel afterwards?*

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"It's not worth doing if it divides people"

We need to secure "life paths and what opportunities are being offered, making sure we aren't just hitting grade targets."

"there is a big difference between mental health and mental illness"

Make sure measures are child-friendly and link back into UNCRC child rights framework.

Give incentives to CYP who have given their time. This can be upskilling, opportunities or anything which shows value. However, we should still always pay people for the time they give us as we wouldn't expect to go to work and not get paid.

Schools are still using isolation as a punishment. MVRP could evaluate the effectiveness of isolation and the effectiveness of implementing trauma informed approaches on the number of pupils excluded.

"Do young people know their rights?"

"Where can young people go to learn about their rights?"

"What is the consistency of this?"

We need to upskill young people – how do we avoid participation which doesn't just tick a box?

We need to appreciate the difference language can make: what is wrong with you vs. what has happened to you?

"Allow young people to put things into practice themselves – don't just take opinions"

Importance of trusted adult relationships, especially in schools"

"Why are some schools receptive to challenge and change and others aren't? What can be done about this?"

Supply teachers organisations should ensure there is trauma-training and understanding of stress responses (both of pupils and what behaviour as a form of communication is, but also what their stress responses are and how it impacts their practice as a teacher in a new classroom).

We should understand impact through Storytelling.

We should implement a parental scrutiny panel- made up of service users. Rather than these being per intervention, they should be by our strategic themes. E.g. Early Years theme would have a service user scrutiny panel of people using early years services.

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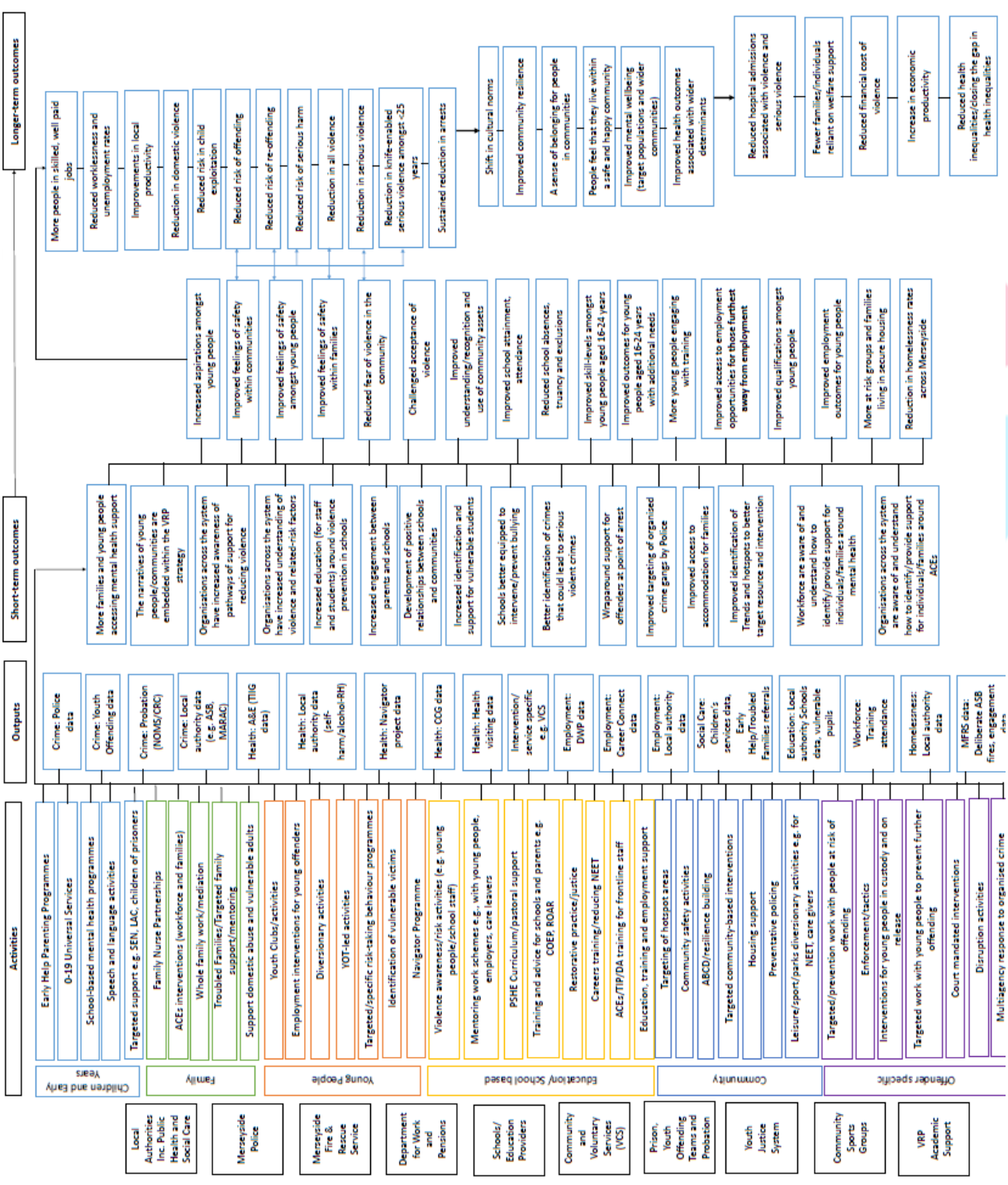
Theory of Change

Final draft to be included once agreed.

Logic Model



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