

MERSEYSIDE
**Violence
Reduction
Partnership**



Strategic Needs Assessment

2024 - 2025

Merseyside Violence Reduction Partnership

Authored by: Charlotte Clark. With contributions made by Partners of MVRP and SVD.

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Executive Summary

The Strategic Needs Assessment (SNA) for Merseyside Violence Reduction Partnership (MVRP) allows MVRP and partners to understand what Serious Violence (SV) in Merseyside looks like, using both an evidence-based and public health approach. Reviewing data and information from a range of sources gives a solid understanding for both the MVRP and partners to put interventions in place and have a big impact to reduce SV across the Merseyside region.

Specifically, the SNA for 2024/25 has:

- Provided an understanding of what SV in Merseyside looks like through a range of data and information sources.
- Given an overview of local context.
- Exhibited the drivers and risks of serious violence, with a breakdown of current data patterns of individual risks, Close Relationship risks and Community risks.
- Provided insights into Liverpool John Moores University (LJMU) research of adult victims of violence in Merseyside and those increased risk factors.
- Demonstrated a partnership approach of working together to reduce and prevent violence.
- Provided recommendations for the next financial year to ensure we continue to progress towards our shared goals and objectives.
- Identified gaps in areas where there is limited data and information that would allow the partners to provide focus and support.

The 2024/25 MVRP SNA continues to provide an overview of all five Local Authority (LA) areas; Knowsley, Liverpool, Sefton, St Helens and Wirral. This includes identifying challenges or vulnerabilities that persist over Merseyside or within an individual Local Authority. All data and information which is available for 2024/25 is analysed along with comparisons from the previous year.

The risk factors to serious violence are important to highlight, explored through data increases, decreases and gaps. By looking at the breakdown of risk factors; individuals, close relationships and community, there are comparisons for each LA against England as a whole. This is useful to inform decision making regarding intervention commissioning and changes to ways of working to maximise impact. As we already know, intervening at the root cause of a problem helps prevent crime and vulnerability, and can have a positive impact on an individual's life, creating safer, stronger communities.

We recognise that data and information sharing is key between partner agencies to understand what SV in Merseyside looks like, where the gaps in service are, where there is increased demand, and also where projects and interventions are having a positive impact on our communities. However, we should still recognise that behind this data sits a person with real life experiences both positive and negative.

In January 2025, the MVRP held a conference 'Driving Change; The impact of prevention', which provided partners with an opportunity to hear directly from young people about their experiences and the impact that MVRP funded interventions are having on their health and wellbeing. It also provided an opportunity to showcase and discuss the results of the MVRP funded population survey conducted by LJMU. The SNA explores some of the key findings that have come out of the public's response to the survey questions.





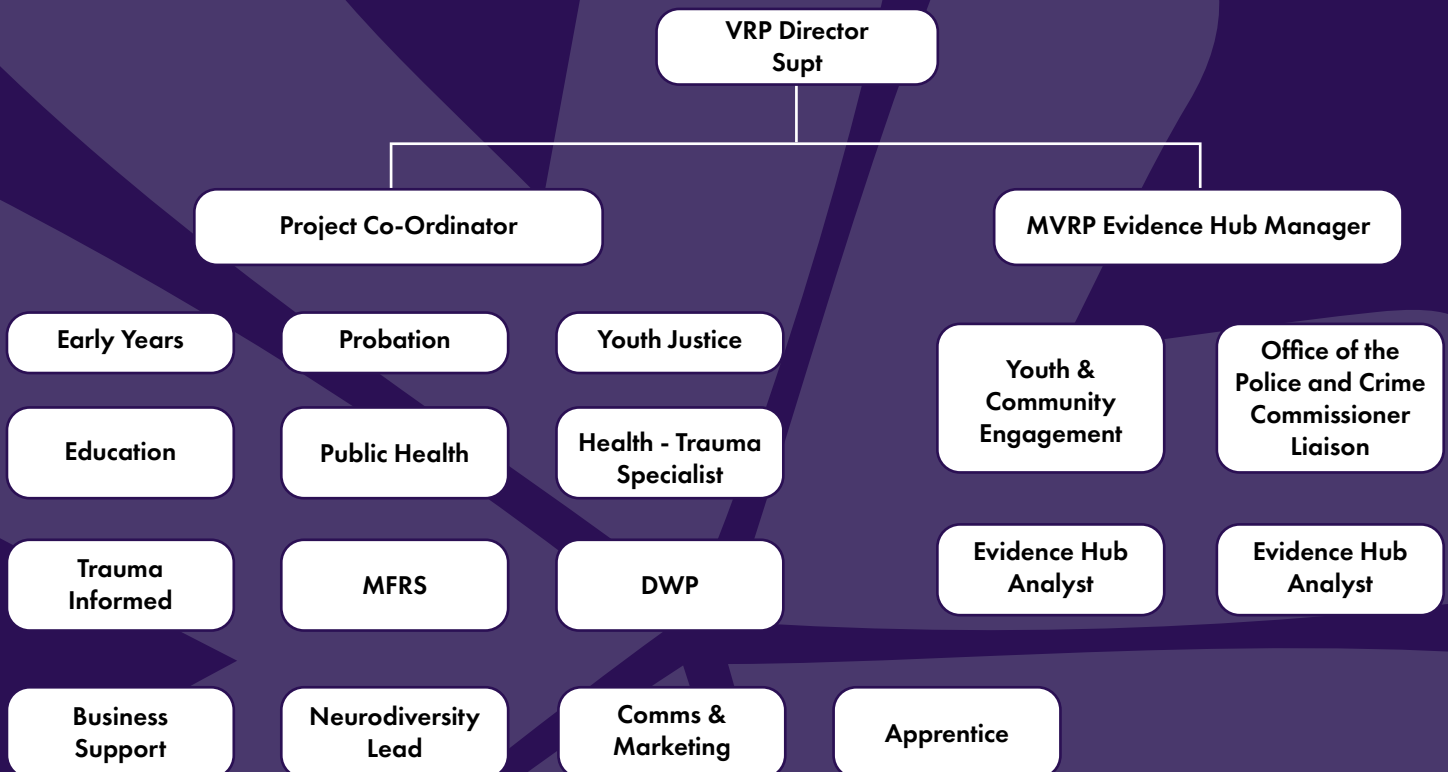


Merseyside Violence Reduction Partnership

Merseyside Violence Reduction Partnership (MVRP) was established in 2019 when the Home Office provided funding for 18 Violence Reduction Units, now 20, to be established in certain areas across the country. MVRP chose to rename the team from 'unit' to partnership to reflect our approach to tackling serious violence. The MVRP brings together partners from across Merseyside's five local authorities, using a Public Health Approach (PHA).

Our partners here at the MVRP are seconded from a variety of services including Merseyside Police, Merseyside Fire and Rescue, Local Government, National Probation Service, Public Health, Department of Work and Pensions, Youth Offending Service, Health, OPCC and Education. All our partners bring expertise and knowledge to address underlying causes of violence and how we can work with our communities to prevent it.

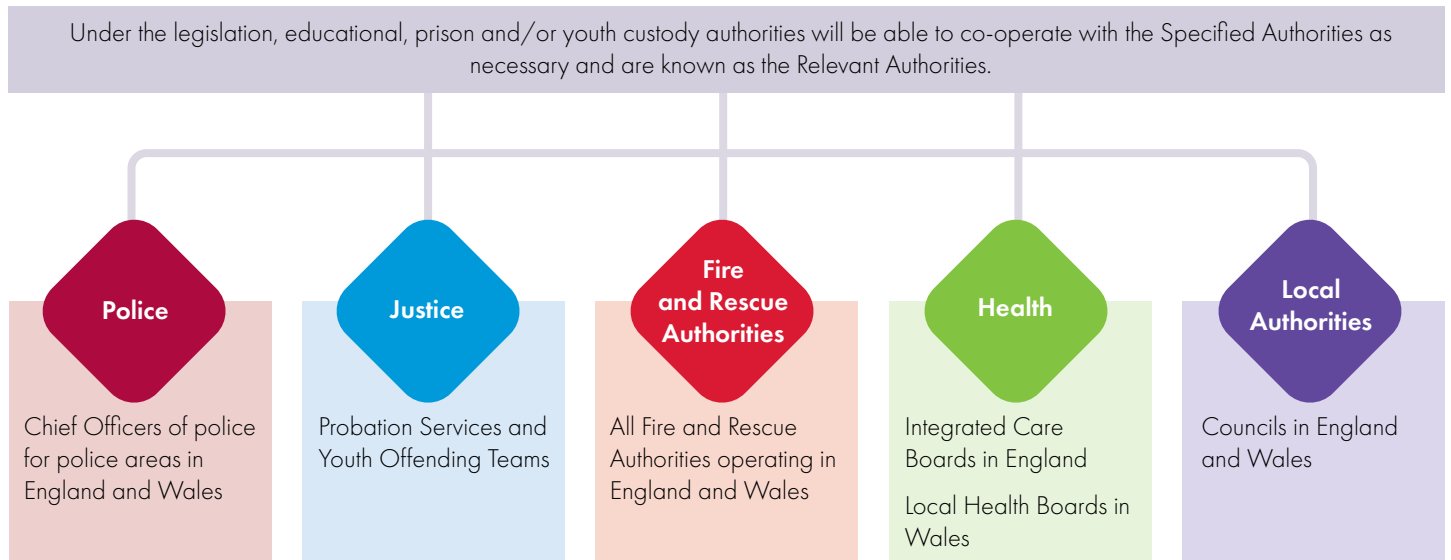
MVRP Structure



Serious Violence Duty

Following the serious violence strategy by the Home Office in 2018 and the establishment of VRU's, in 2022 the Police, Crime, Sentencing and Courts (PCSC) Act received Royal Assent. The PCSC Act introduced several measures to tackle serious violence, including a new Serious Violence Duty (the 'Duty') which clearly stipulates that partners including the police, fire and rescue, health,

local authorities, youth offending teams and probation services, must work collaboratively and share data and information in order to put in place a strategy to prevent and reduce serious violence alongside the Serious Violence Duty manager and Analyst. In January 2023 the Serious Violence Duty commenced.



Aim of the SNA

More specifically:

Understanding Local Needs:

We use our SNA to gather and analyse data and feedback to create a comprehensive picture of the health and wellbeing of the local population, including identifying health inequalities and emerging issues. This has enabled MVRP to continue to identify the drivers of SV in the local area, and the identification of the cohorts of people most affected, leading to the coordination of a multiagency response.

Informing Service Planning:

The information gathered is used to plan and commission services that are responsive to the specific needs of the local community, ensuring that resources are directed effectively.

Reducing Inequalities:

SNAs help to identify areas where health inequalities exist and provide evidence for targeted interventions to address these disparities.

Building Consensus:

SNAs facilitate collaboration and communication between different organisations and stakeholders involved in health and wellbeing, fostering a shared understanding of priorities.

Continuous Improvement:






SNAs are not one-off assessments but rather an ongoing process, with data and information being continuously updated and reviewed to ensure services remain relevant and effective.

Supporting Decision-Making:

The information generated by SNAs provides a strong evidence base for decision-making, ensuring that resources are allocated strategically and that services are designed to maximize impact.

Annual data comparison for U25's

Table one: Annual data comparison of blue light services between April to December 2024 for under 25's.

| | | |
|--|---|--|
| ED 865 | 18%  | ED 709 |
| Merpol Suspects 6,206 | 44%  | Merpol Suspects 3,471 |
| Merpol Victims 9,350 | 47%  | Merpol Victims 4,917 |
| MFRS 2,512 | 7%  | MFRS 2,335 |
| NWAS 113 |  18% | NWAS 134 |

At the time of writing only April 2024 to December 2024 was available for Emergency Department (ED), Merseyside Fire & Rescue Service (MFRS), Merseyside Police suspects and victims, and North West Ambulance Service (NWAS). Therefore a comparison over the same period last year will be compared.

Please note Merseyside Police data went under data quality to remove any possibility of DV for April 2024 onwards which will have had an impact on the decreases seen.

Definition of a Public Health Approach

The 'Preventing Serious Violence Strategy: Summary Publication' (21st October 2019) provides a rationale to why violence is a public health issue as:

'...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 their life be it, education, employment, future prospects, or interpersonal relationships, 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, a family or a community by addressing the root causes of violent crime in order to prevent it occurring in the first place. The WHO primary, secondary and tertiary model identifies how the PHA can be adopted to support communities.



Tertiary prevention

Approaches that focus on long-term care in the wake of violence, such as rehabilitation and reintegration, and attempts to lessen trauma or reduce the long-term disability associated with violence.

Secondary prevention

Approaches that focus on the more immediate responses to violence, such as pre-hospital care, emergency services or treatment for sexually transmitted diseases following a rape.

Primary prevention

Approaches that aim to prevent violence before it occurs.

Definition of Serious Violence

In the national Serious Violence Strategy, the Home Office defines serious violence as:

‘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’.

By adopting a PHA to violence prevention, our strategy has a strong emphasis on addressing the root causes of SV and endorsing factors that promote against and mitigate the impacts of violence. Preventing Adverse Childhood Experiences (ACEs) and developing trauma-informed approaches forms a key part of our approach.

ACEs include all forms of child maltreatment, and aspects that affect the environment in which a child lives, including the experience of domestic abuse. With this in mind, and given the impact of COVID-19, whilst our remit is SV, we remain flexible to respond to other violent crime types (such as domestic abuse and the impact of this ACE on future experiences of violence) based on the monitoring of information and data.

The evidence shows that SV is perpetrated by a small minority, and accounts for 2% of the total crime in Merseyside, however those individuals can cause considerable harm to victims, families, and communities. It is recognised there are variations in SV within each borough across Merseyside. Whilst there is a focus placed upon youth violence in open spaces, we do seek to impact across the whole spectrum of SV, especially after the COVID-19 pandemic has changed the use and time spent in open spaces. The local definition of SV used for data recording purposes by Merseyside Police, and subsequently adopted by MVRP, is:

All knife crime or firearms enabled 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

Non -knife crime or firearms enabled offences including as below:

- 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

Drivers of Serious Violence

The MVRP's belief that violence is preventable has remained consistent since inception. By understanding the drivers behind crime, we can reduce the risk of offending and therefore reduce the number of victims. To achieve this, adopting and embedding a multi-agency PHA is essential. Some of the drivers of violence are detailed here and grouped into community and wider society drivers, drivers within close relationships, and individual factors that can contribute to driving violence.

It is widely acknowledged that violence is far reaching with detrimental impacts on our communities, particularly on those in our most deprived communities. Public Health England and the WHO, both provide frameworks for a PHA, which have helped shape the work of the MVRP:

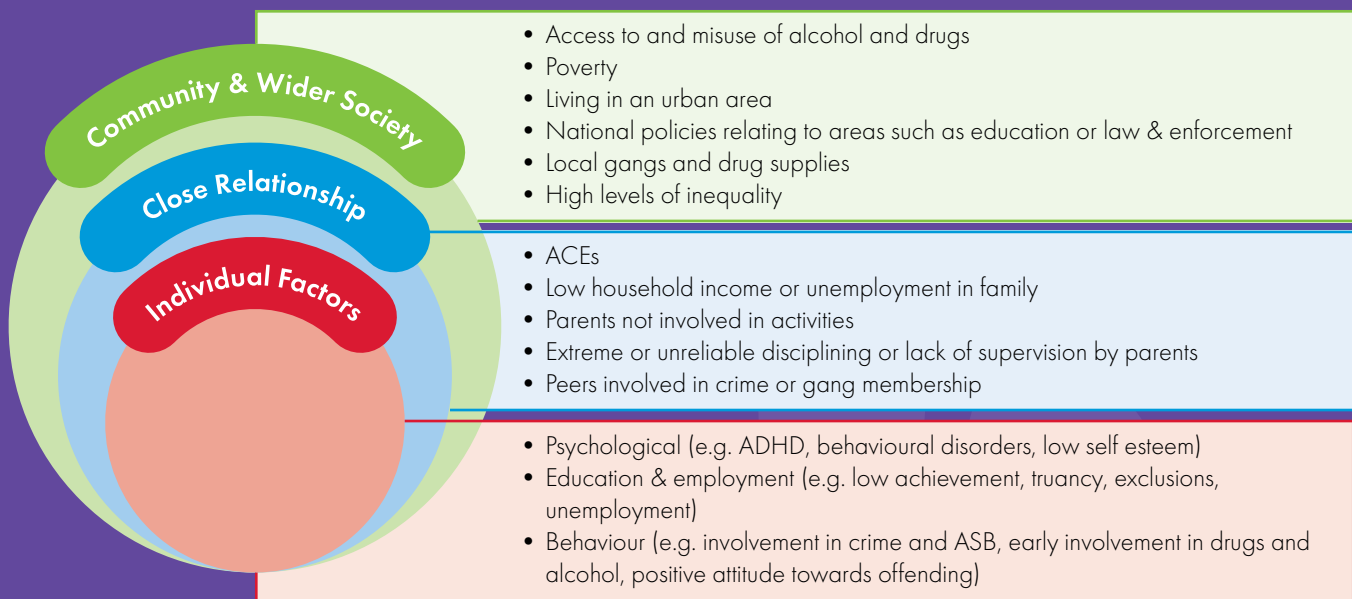
Public Health Approach:

- Understand the scale and nature of the problem
- Design Interventions and policies to tackle the problem
- Monitor and evaluate
- Scale up successful strategies

World Health Organisation Approach:

- Surveillance
- Identification of risk and protective factors
- Monitor and evaluate
- Implement effective interventions

The PHA supports a population focus rather than concentrating on high-risk individuals. The preventative emphasis is on tackling 'upstream' risk factors, to lessen 'downstream' consequences. It also must be acknowledged that it requires bravery in making long-term commitments where there are pressures to respond very quickly and operationally. This approach is not without its challenges, the key one being the use of data for policymaking which raises issues of privacy and political challenges. This PHA relies on knowledge and information from a range of disciplines and organisations.



Risk factors

The World Health Organization (WHO) aims to improve health and safety by addressing the risk factors that increase the likelihood that someone will become a victim or a perpetrator of violence. They seek to identify the common risk factors driving violence and the protective factors preventing violence. It encourages identification of these factors and implementing interventions across all levels: individual, relationship, community and societal, at the same time.

Risk Factors

- Genetic or biological
- Perinatal trauma
- Early malnutrition
- Behavioural & learning difficulties
- Alcohol & substance misuse
- Traumatic brain injury
- Gender



Individual

- Healthy problem solving & emotional regulation skills
- School readiness
- Good communication skills
- Healthy social relationships

- Low family income
- Poor parenting & inconsistent discipline
- Family size
- Abuse (emotional, physical, sexual)
- Emotional or physical neglect
- Household alcohol or substance misuse
- Household mental illness
- Family violence
- Family breakdown
- Household offending behaviour



Relationships

- Stable home environments
- Nurturing & responsive relationships
- Strong & consistent parenting
- Frequent shared activities with parents
- Financial security & economic opportunities

- Unsafe or violent communities
- Low social intergration & poor social mobility
- Lack of possibilities for recreation
- Insufficient infrastructure for the satisfaction of needs & interests of young people



Community

- Sense of belonging & connectedness
- Safe community environments
- Community cohesion
- Opportunities for sports & hobbies

- Socio-economically deprived communities
- High unemployment
- Homelessness or poor housing
- Culture of violence, norms & values which accept, normalise or glorify violence
- Discrimination
- Difficulties in accessing services



Society

- Good housing
- High standards of living
- Opportunities for valued social roles

Protective Factors

Taking an evidence-based approach

A key aim of the MVRPs overarching strategy is to ensure that all decisions are based upon the best available evidence. The SNA, informed by the Trauma and Injury Intelligence Group (TIIG) Data Hub, [About - TIIG \(ljamu.ac.uk\)](https://ljamu.ac.uk/about-tiig), provides a basis for our evidence-based decision making, ensuring that MVRP look externally for further information and data sources. These can vary from academic research, community feedback, and publicly available datasets, to complement our understanding and allow informed decision making throughout. Examples include our commissioned work and independent evaluation by LJMU such as [MVRP whole system evaluation report 2022-23](#), and the Youth Endowment Fund Evidence toolkit [Youth Endowment Fund Toolkit](#), which supports our partners to understand models and approaches more readily, having a more solid evidence-base.

The bespoke TIIG data dashboard acts as the initial insight into demand across Merseyside bringing together data from health (Emergency Departments and North West Ambulance Service), Merseyside Police, Merseyside Fire & Rescue Service plus the Department for Education data and the Index of Multiple Deprivation, to provide a profile of SV across Merseyside. All MVRP members and partnership organisations have access to this data. Updated monthly, with data mapped and charted across the county, it assists in identifying at risk populations, hotspot areas for violence, as well as supporting the ability to monitor trends and identify the severity of violence being undertaken.

The Data Hub informs MVRP decision making from determining the type of intervention but also key locations for projects and interventions. It also allows our partners to use a consistent dataset to inform their own processes and governance. The data will continue to be used as part of the future evidence base and can be supplemented and developed as MVRP and partners implement appropriate monitoring and evaluation.

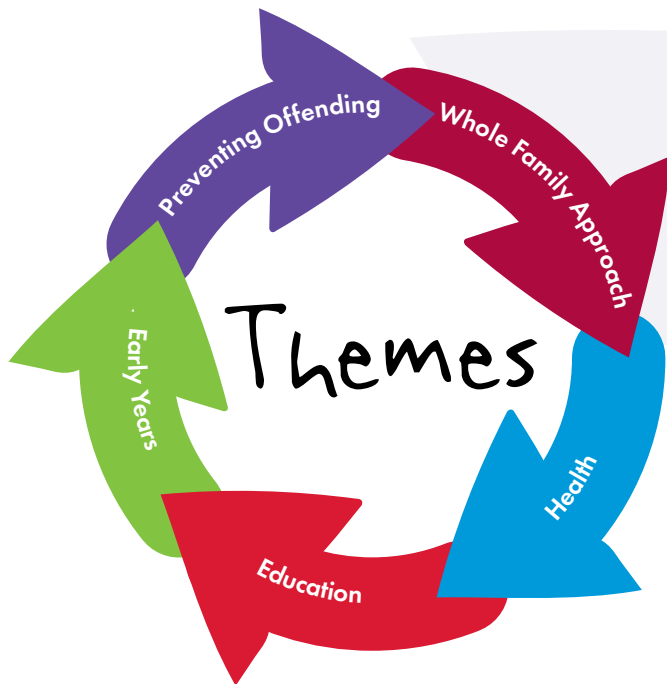
The use of the data has encouraged shared learning, improved multi-agency working, and better targeting of resources. Whilst the value of the Data Hub is acknowledged by users, ongoing work is required to maintain the system and sustain high quality data transfer between partners.

The MVRP Evidence Hub have continued to engage with the National VRU Learning and Evaluation Network, and routinely engage and share best practice with other VRUs. This provides invaluable insight and ensures that we not only learn and embed an evidence-based approach but that we also learn from blockages experienced by others to deliver the most effective and efficient interventions across Merseyside. Below is a link to the most recent National evaluation report.

[Violence Reduction Units 2022 to 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/reports/data-reports/violence-reduction-units-2022-to-2023)

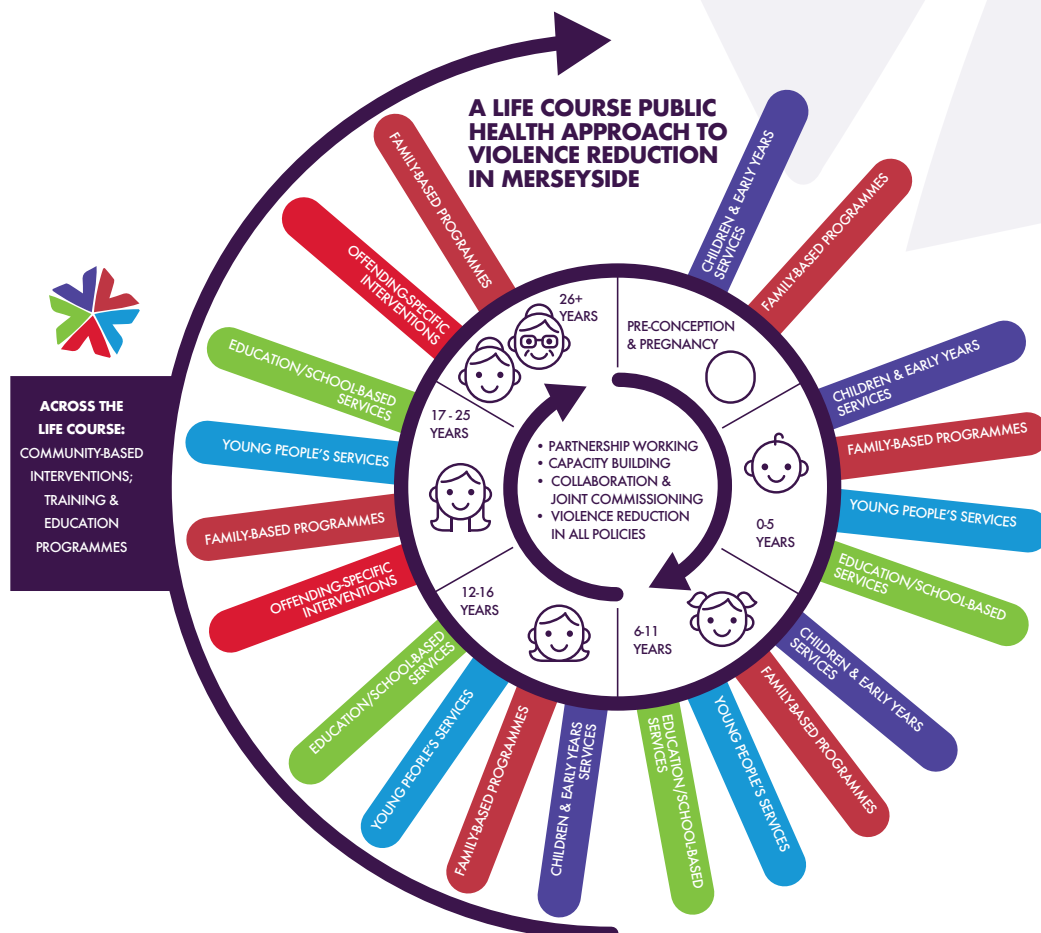


Themes, Objectives & Life Course



- Ensure a Public Health Approach
- Ensure a Trauma Informed Approach
- Be transparent
- Ensure that community is at the heart of everything we do
- Taking an evidence-based approach
- Facilitating multi-agency working

Focusing on the above priorities and objectives has allowed MVRP to invest in the PHA at a universal level. Adopting some primary intervention delivery alongside targeted secondary and tertiary interventions is key to implementing a whole family approach to supporting communities across Merseyside. MVRP will continue to strive to achieve long-term change through primary approaches to prevention.



Local Context

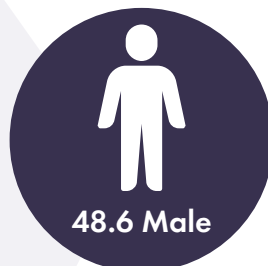
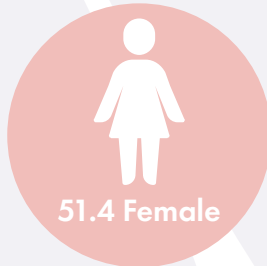
This section explores data from a variety of open source data platforms. Local context includes demographic and risk factors: individual, close relationships and community.

Demographics of Merseyside

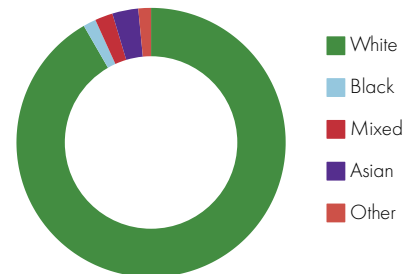
Population



Gender



Ethnicity



Population by Local Authority

Each landmark icon represents the population size. Largest icon - larger population to smallest icon - smaller population.



U25 Population



Census data includes 25 year olds in this figure

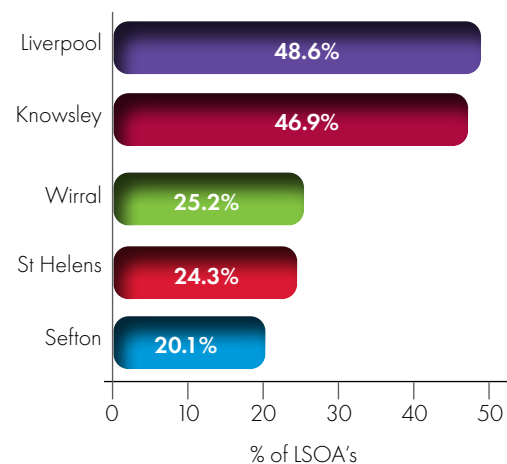
U25's make up 29.3% of Merseyside, just under 1/4 of the population. 20-25 year olds make up the majority of this age group, from having two large universities in the city centre. Gender is very closely split with males at 51% and females at 49%, this is the opposite of what the whole population of Merseyside shows.

Deprivation in Merseyside

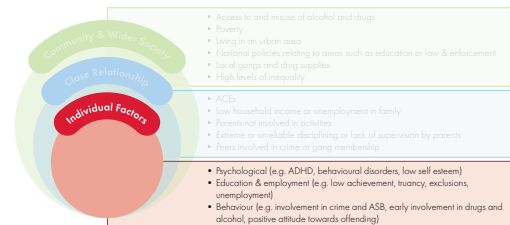
Rank of deprivation for each Local Authority

| Local Authority | Local Authority Rank |
|-----------------|----------------------|
| Knowsley | 3 |
| Liverpool | 4 |
| Sefton | 89 |
| St Helens | 40 |
| Wirral | 77 |

% of LSOAs in the top 10% most deprived areas



Risk Factors: Individual



Individual factors that contribute to SV are important to acknowledge and understand. Early intervention and support to young people in Merseyside can prevent them from leading a negative lifestyle.

The below table provides insight to factors included in the above risks for an individual. Although data provides an overall insight into what young people may be facing, we acknowledge that everyone has their own journey.

Table two: Education and Psychological factors

Above England

Below England

| | Knowsley | Liverpool | Sefton | St Helens | Wirral |
|--|----------|-----------|--------|-----------|--------|
| % Primary school with SEN support/SEN with EHC plan 2023/24 | 15.6% | 17.6% | 15.9% | 16.3% | 17.6% |
| % Secondary school with SEN support/SEN with EHC plan 2023/24 | 17.8% | 16.8% | 15% | 17.5% | 14.6% |
| % of pupils achieving grade 4 or above at GCSE by FSM and disadvantage status 2023/24 | 27% | 35.8% | 35.8% | 34.9% | 35.5% |
| % of pupils achieving grade 4 or above at GCSE for all pupils 2023/24 | 40.2% | 56% | 57.7% | 59.1% | 60.8% |
| Total persistent absence 2023 | 27.02 | 23.60 | 23.21 | 20.52 | 22.38 |
| Rate of permanent exclusions for Autumn term 2023/24 in Primary schools | 0.01 | 0.01 | 0.00 | 0.03 | 0.00 |
| Rate of permanent exclusions for Autumn term 2023/24 in Secondary schools | 0.27 | 0.18 | 0.13 | 0.16 | 0.11 |
| Rate of suspensions for Autumn term 2023/24 in Primary schools | 0.52 | 0.46 | 0.39 | 1.06 | 0.83 |
| Rate of suspensions for Autumn term 2023/24 in Secondary schools | 11.74 | 11.75 | 5.31 | 10.40 | 5.77 |
| % 16-17 participating in education in training for 2024 | 86.3% | 88.1% | 93.7% | 88.8% | 92.5% |
| % of children receiving good development at the end of reception 2023/24 | 63.1 | 62% | 62.7% | 66% | 66.2% |
| % of children achieving at least the expected level in communication and language skills at the end of reception 2023/24 | 75.6% | 76% | 75.9% | 78% | 76.4% |
| % pupils with SEMH needs primary School 2022/23 | 2.8% | 3.6% | 2.7% | 3.4% | 4.8% |
| % pupils with SEMH needs secondary School 2022/23 | 4.2% | 4.4% | 3.4% | 4.5% | 6.1% |
| Rate of hospital admission for MH conditions (<18 yrs) per 100,000 2023/24 | 56.7 | 67.7 | 101.9 | 94.3 | 174.6 |
| Rate of young people excluded with SEN support Autumn term 2023/24 | 0.19 | 0.15 | 0.14 | 0.16 | 0.09 |

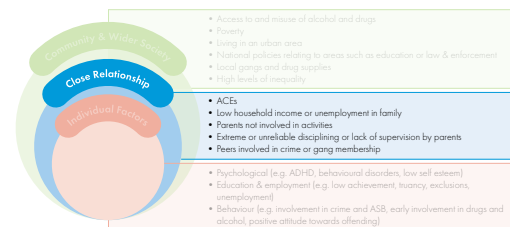
(Source: [Data catalogue - Explore education statistics - GOV.UK and Fingertips](#) | Department of Health and Social Care)

Young people achieving a good development and at least expected level of language and communication is below England's average across all LA's. This is also reflected at GCSE level, pupils achieving grade 4 or above is below England's average.

For most LA's, persistent absences, suspensions and permanent exclusions are above England's average. For social, emotional and mental health in school and hospital admission St. Helens and Wirral are above the national average for all.

Risk Factor: Close relationships

Relationships with those close to young people have a huge impact on their futures, therefore having supportive intervention and interaction with them can have a positive impact on their development.



Young people in the care system.

Table Three: Looked after and Kinship carer households 2024

Above England

Below England

| Metric | Knowsley | Liverpool | Sefton | St Helens | Wirral |
|--|----------|-----------|--------|-----------|--------|
| Rate of child protection plans starting in the year per 10,000 children U18 for 2024 | 56.2 | 63.3 | 51.5 | 48 | 55.9 |
| Rate of children looked after per 10,000 2024 | 96 | 155 | 108 | 132 | 116 |
| % of kinship carer households between 0-17 years per LA | 2.2% | 2.1% | 1.7% | 2.1% | 1.8% |
| % 17-18 year old care leavers NEET | 40% | 35% | 33% | 23% | 35% |
| % 19-21 year old care leavers NEET | 37% | 38% | 52% | 42% | 44% |
| % 22 year old care leavers NEET | C | 15% | 29% | C | 30% |
| % 23 year old care leavers NEET | 31% | 8% | 12% | 0% | 26% |
| % 24 year old care leavers NEET | C | C | C | C | C |

(Source: [Local Authority Interactive Tool](#), [Kinship care in England and Wales and Data catalogue](#) - [Explore education statistics](#) - [GOV.UK](#))

The above table looks at the percentage of young people in 2024 that are looked after. Further exploration provides us with some insights for the reasons why and gives us a further understanding of these young people's ACES. By far, abuse or neglect across every LA is the reason that many young people that are looked after in 2024. Wirral specifically is the highest, showing 85%. This is closely followed by St Helens (77%), Knowsley (71%) and Liverpool (70%). These 4 LAs are above the average percentage of England for this reason which stands at 56%. Sefton is the only LA that is below England but still close at 52%. Other reasons that contribute but at a lower percentage include family acute stress, family dysfunction and absent parenting.

From the table above there is more understanding of care leaver activity between the ages of 17-21. It is important to note that the majority of 17-21 year olds are in some form of education, employment or training. According to the [Children's Commissioner 2022 report](#) "52% of children in care had a criminal conviction by the age of 24 compared to 13% of children who had not been in care". It is also noted that 18% of children in care had received a custodial sentence by the time they were 16, this is in comparison to the 4% of children not in care.

There is currently no legislation that supports Kinship Carers. The Department for Education defined kinship carers in 2024 as "any situation in which a child is being raised in the care of a friend or family member who is not their parent. The arrangement may be temporary or longer". Table three of 'looked after children and kinship carer household' does not include carers who are not related to the young person, meaning these percentages will be higher across all LA's and England - it is estimated that 24,000 kinship households are non-related carers. In England just under half of kinship carers were deprived in the health and disabilities category and 33.1% were not in employment. Both of those factors were the highest category for kinship carers within England, suggesting that most kinship carers may be the grandparents.

Employment

Employment income is a factor that contributes to deprivation having an impact on a young person and their family, limiting their access to security, housing, food and education.

Table four: Employment in Merseyside estimation 2023.

| Metric | Knowsley | Liverpool | Sefton | St Helens | Wirral |
|------------------------------|----------|-----------|--------|-----------|--------|
| % 16-64 year olds employed | 69.4% | 67.5% | 79.9% | 74.4% | 74.2% |
| % 16-64 year olds unemployed | 4.3% | 7% | 3.5% | 3.6% | 3.3% |

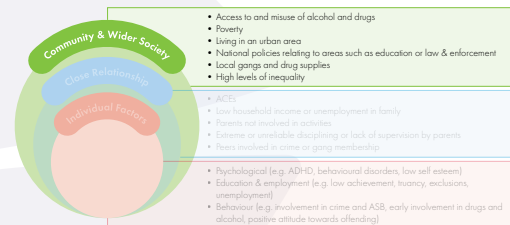
(source: [Employment and employee types - Office for National Statistics](#))

Employment across 3/5 LA's has shown an increase based on 2022's estimations, Liverpool and Wirral are the two LA's showing a decrease. When it comes to comparison with the rest of the region, our two LAs ranked in the top 10% for deprivation (Knowsley and Liverpool) are worse off for both employment and unemployment. Liverpool's unemployment percentage has nearly doubled in comparison to the previous year. Sefton, St Helens and Wirral's employment percentage is higher than the North West's overall and percentage unemployed is lower.

The average salary in Merseyside is £32,760 but the average differs again with genders. Males' average salary is £34,301 and females £30,515, which is below the Merseyside average. The bottom 10% of earners in Merseyside earn an average of £20,527, Split by gender, females earn below the average and males earn above the average: Females = £19,234 and Males = £21,324.



Risk Factor: Community and Wider Society



Community and wider society can have an impact on how a young person develops and what is available to them based on their circumstances. Peers in their communities can have an impact on lifestyle choices but so can poverty and the options they have around them.

The below table shows the rates of homelessness and drug and alcohol misuse in each LA and the comparison to England's rates.

Above England Below England

Table five: Drug and alcohol misuse and homelessness in Merseyside.

| Metric | Knowsley | Liverpool | Sefton | St Helens | Wirral |
|---|----------|-----------|--------|-----------|--------|
| Adults 18+ in treatment at specialist drug misuse services rate per 1,000 2020/21 | 7.3 | 9.1 | 6.4 | 8.7 | 8.6 |
| Adults 18+ in treatment at specialist Alcohol misuse services rate per 1,000 2020/21 | 2.8 | 1.7 | 2.4 | 3.3 | 3.1 |
| Homelessness – households owed a duty under the homelessness reduction act 16-24 year olds rate per 1,000 2021/22 | 3.1 | 1.0 | 1.2 | 2.0 | 1.6 |
| Homelessness: households in temporary accommodation rate per 1,000 2023/24 | 1.3 | 3.5 | 0.9 | 0.5 | 0.6 |
| Homelessness – households with dependant children owed a duty under the homelessness reduction act rate per 1,000 2022/23 | 23.1 | 12.5 | 7.5 | 14.2 | 14.0 |

(Source: [Fingertips](#) | [Department of Health and Social Care](#) * most recent data available*)



Poverty

The below map and table highlight [Income Deprivation Affecting Children \(Index\)](#) (IDACI) under 16 and provides insight to LSOA's (Lower Layer Super Output Areas) that are most affected. The office of national statistics defines an LSOA as "a statistical geography used in England and Wales, representing a small area with a relatively consistent population size".

Map one: IDACI map of Merseyside

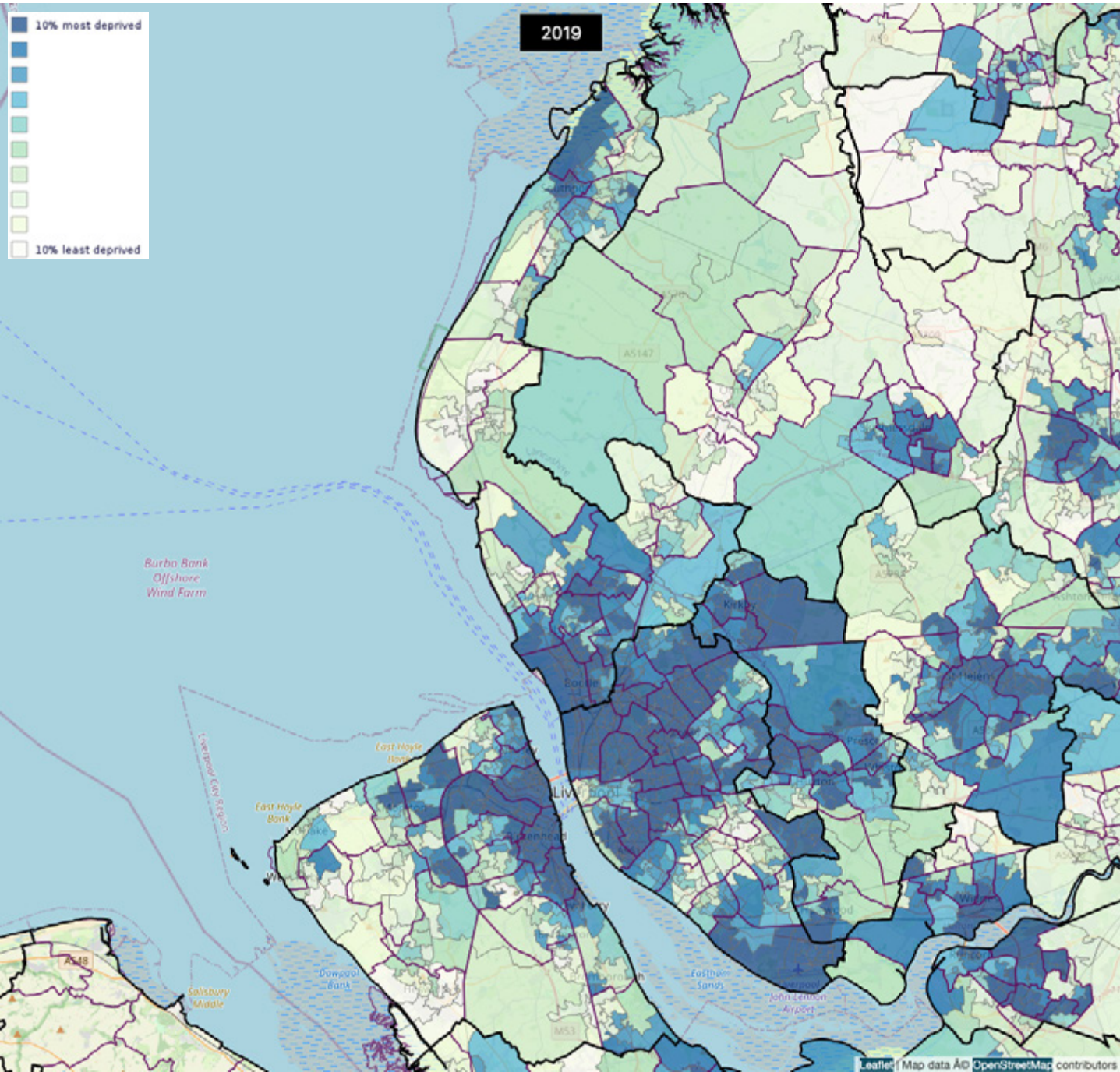
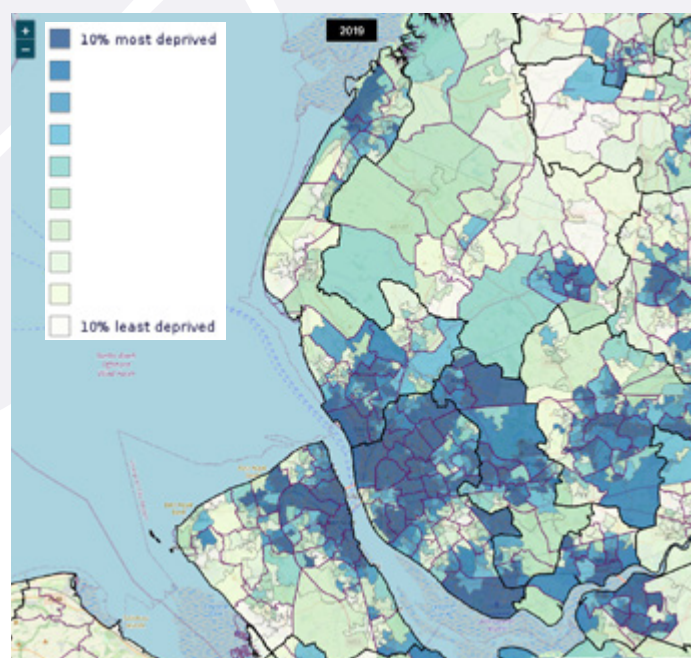


Table six: IDACI top 10% deprived areas.

| Local Authority | % LSOA in top 10% deprived | Number of LSOA in top 10% deprived | LSOA code most deprived | National Rank of LSOA code most deprived | Ward LSOA ranked most deprived within |
|-----------------|----------------------------|------------------------------------|-------------------------|--|---------------------------------------|
| Knowsley | 45% | 44 | Knowsley001A | 15 | Northwood |
| Liverpool | 42% | 125 | Liverpool1060E | 1 | Central |
| Sefton | 16% | 31 | Sefton038D | 203 | Derby |
| St Helens | 25% | 30 | St Helens014E | 26 | Parr |
| Wirral | 23% | 48 | Wirral011C | 36 | Bidston St James |

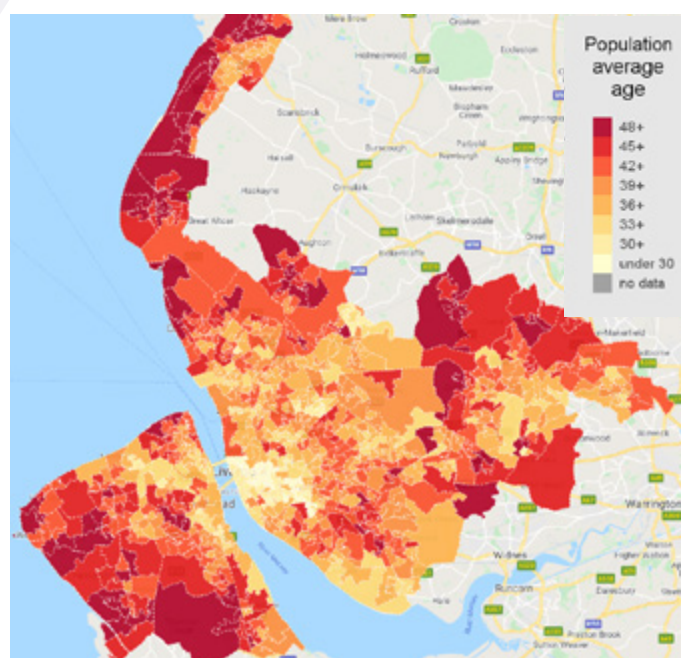
The below shows the same map as above alongside a map of the majority age group population within each LSOA, to allow a comparison of IDACI with the majority age

Map one: IDACI map of Merseyside



Map two: Population average age of Merseyside

(Source: [England and Wales facts in maps and graphs](#))



Food banks

In the first 6 months of the financial year 2024/25, the North West was shown to be the second highest region to receive food parcels in England, according to [Trussell Trust](#), with only London receiving more.

Their data allows us to see the impact on Merseyside, specifically breaking it down to LA's. So far this year 4 out of the 5 LA's have seen a decrease in food parcels supplied overall in comparison to the same period in 2023. Wirral being the only LA to show a slight increase.

Table seven: Food Parcels distributed to Adults and Children in Merseyside (April – September 2024)

| Local Authority | Parcels delivered to Adults | Parcels delivered to Children |
|-----------------|-----------------------------|-------------------------------|
| Knowsley | 2,966 | 2,060 |
| Liverpool | 6,828 | 3,673 |
| Sefton | 4,974 | 2,364 |
| St Helens | 2,677 | 1,375 |
| Wirral | 4,874 | 2,601 |

(Source: Trussell Trust)

Please note - this is based on data provided by Trussell Trust only and does not include those food banks that have not been recorded by them. This data is a measure of volume rather than individual users.

Unregistered Childrens Homes

We have seen an increase in children requiring a care home placement, over the previous 12 months. These children are being placed in homes that are not registered with Ofsted and are therefore known as ‘unregistered care homes’. Following investigation and a report conducted by the Children’s Commissioner* as of 01/09/2024 there were 775 looked after children living in an unregistered placement in England. It is alarming that due to the homes not being registered with Ofsted, for these children there is no regulation of their progress or welfare within their placement.

* [cco-illegal-childrens-homes.pdf](#)

To understand who is being placed into these homes, data from the Children’s Commissioner report provides some insight. See the below table.

Table eight: Demographics of young people placed in unregistered homes as of 01/09/2024

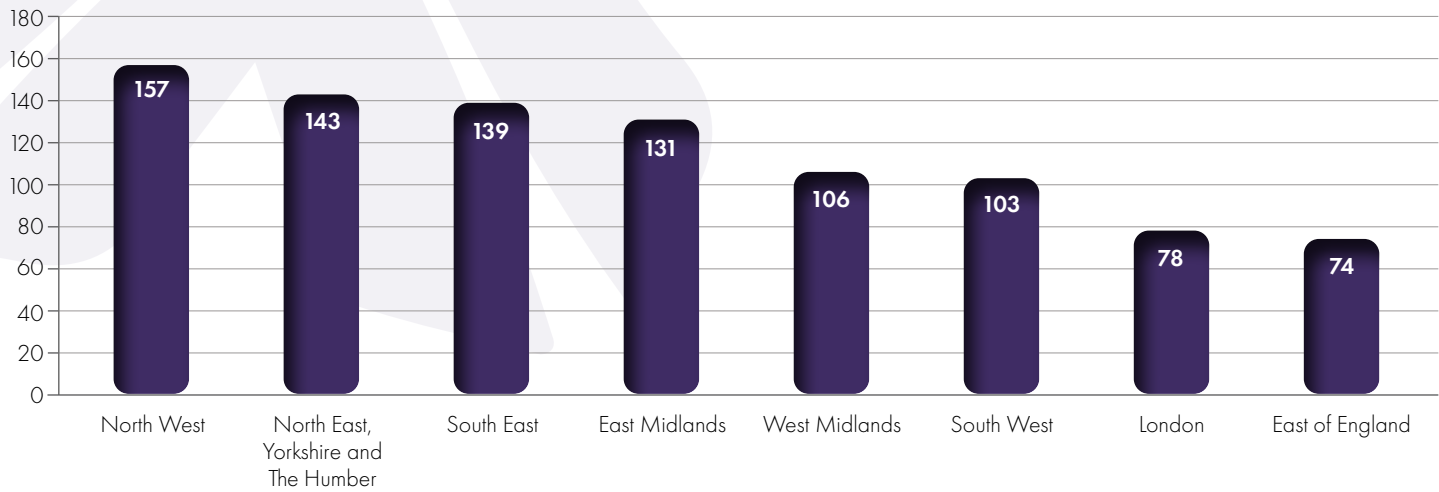
| Factor | % of young people in unregistered care homes |
|---|--|
| 0- 10 years of age as of 01 /09/2024 | <1% |
| 11 - 15 years of age as of 01 /09/2024 | 46% |
| 16- 17 years of age as of 01 /09/2024 | 53% |
| Female as of 01 /09/2024 | 42% |
| Male as of 01 /09/2024 | 58% |
| Has an EHCP as of 01 /09/2024 | 57% |
| SEND with no ECHP as of 01 /09/2024 | 9% |
| In receipt of CAMHS as of 01 /09/2024 | 41% |
| On a waiting list for CAMHS as of 01 /09/2024 | 7% |
| Placed out of LA area as of 01 /09/2024 | 62% |
| Recorded missing incidents as of 01 /09/2024 | 31% |

(Source: [cco-illegal-childrens-homes.pdf](#))

These young people are considered among the most vulnerable in the care setting, with limited understanding of the support they receive and how it aligns with their care plan – factors that may increase their risk in the future. Many unregistered care homes are privately funded, with most staff being employed by the provider and in the absence of Ofsted regulation, there is no way of inspecting their suitability to support highly vulnerable young people.

According to an Ofsted report on unregistered care homes, at the end of the 2023/24 financial year the North West had the highest recorded number of unregistered care homes. See the below chart.

Chart one: Number of unregistered care homes by region 2023/24



(source: [Unregistered children’s homes - GOV.UK](#))

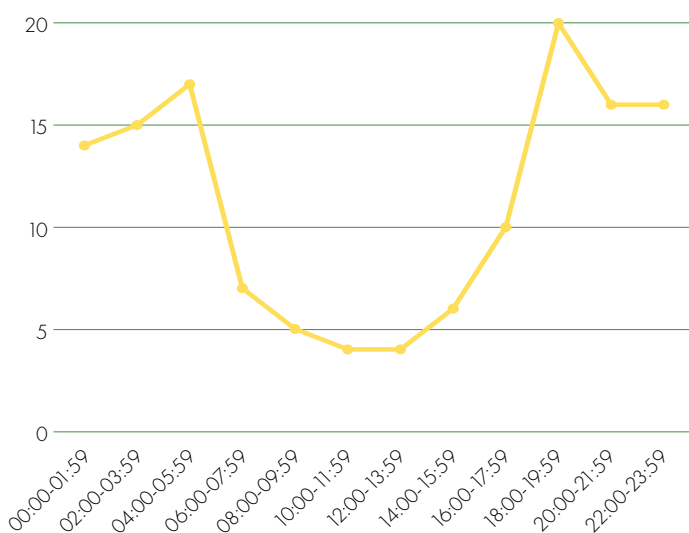
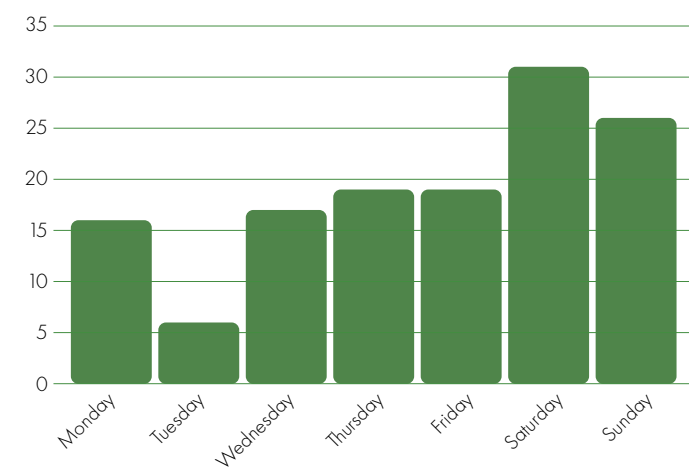
TIIG Data

This section explores data from the Trauma and Injury intelligence Group (TIIG) based at the Public Health Institute (PHI) at Liverpool John Moore's University (LJMU). Data is provided in relation to Emergency Department attendances, Noth West Ambulance Service, Merseyside Fire & Rescue Service and Merseyside Police. All data covers the period of time available between 01/04/2024 - 31/12/2024.

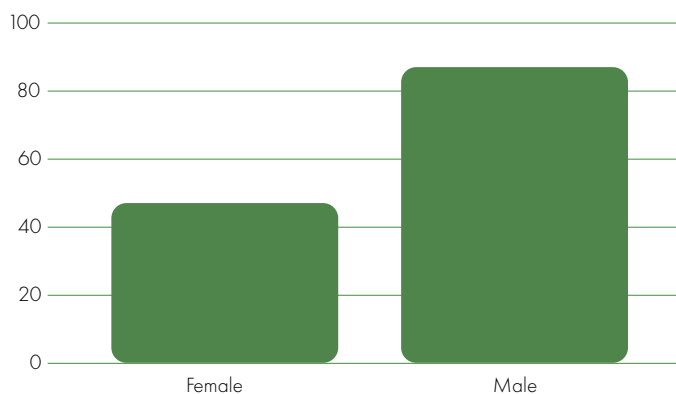
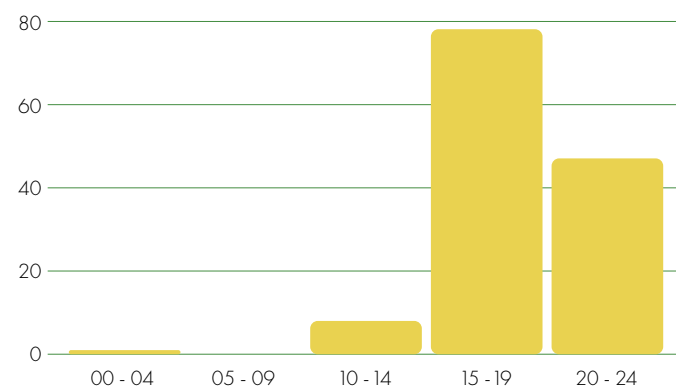




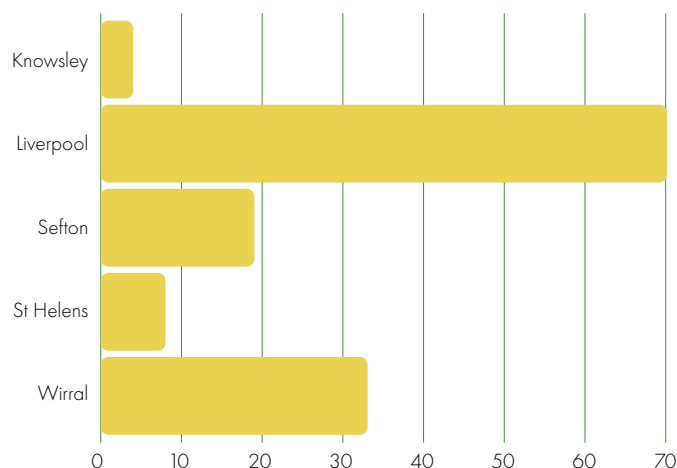
Days which had the highest NWS call outs were Saturday and Sunday. Saturday made up 23% of call outs and Sunday 19%. Thursday and Friday seem to stand out as their busiest week day seeing 14% of call outs made on each day. The time for call outs peak in the evenings, NWS call outs are significantly reduced between 06:00 and 16:00 hours.



Looking specifically at those young people requiring NWS, the peak ages for U25's are 15-19 year olds, accounting for 58% overall. In terms of gender 64% are male, 35% are female.

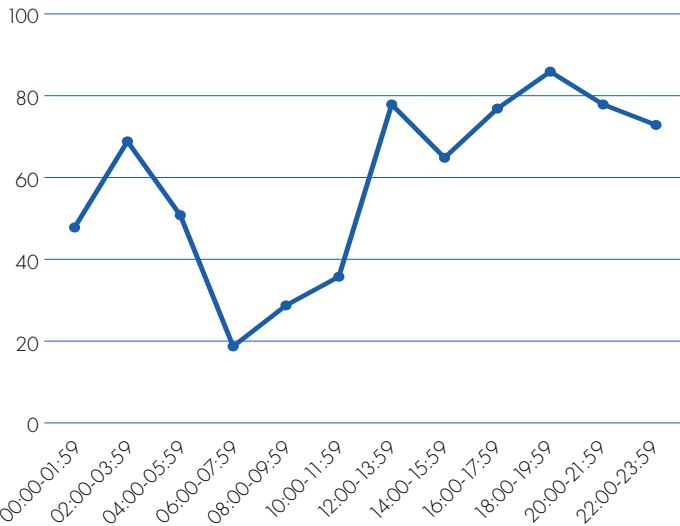
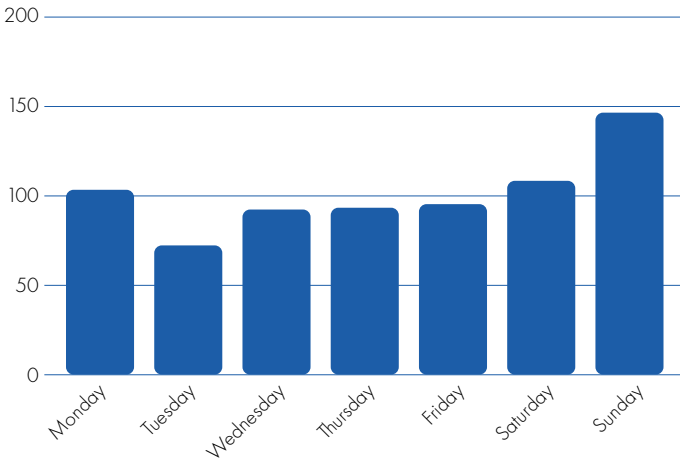


Finally, when looking at the Local Authority breakdown, 52% of patients reside in Liverpool. Followed by Wirral (24%), Sefton (14%), St Helens (5.9%) and Knowsley (2.9%).

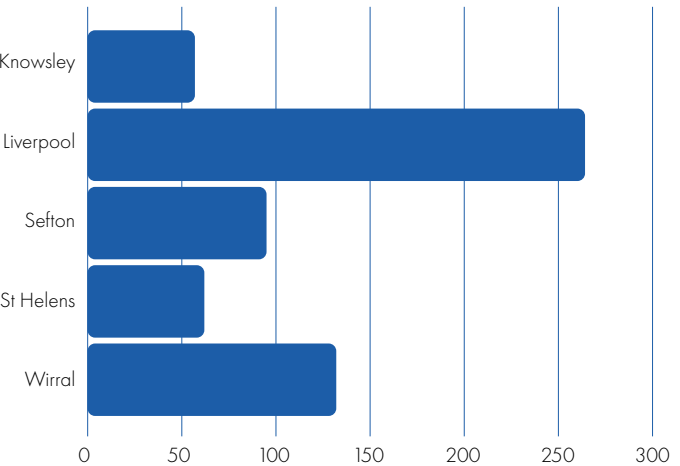
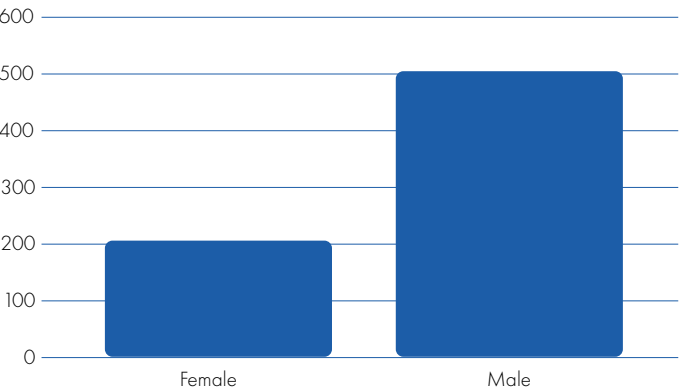
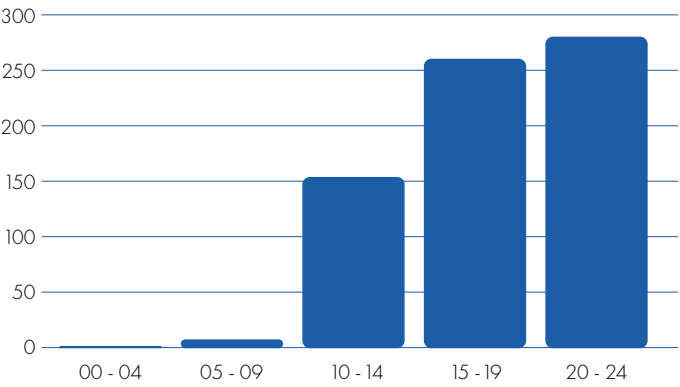




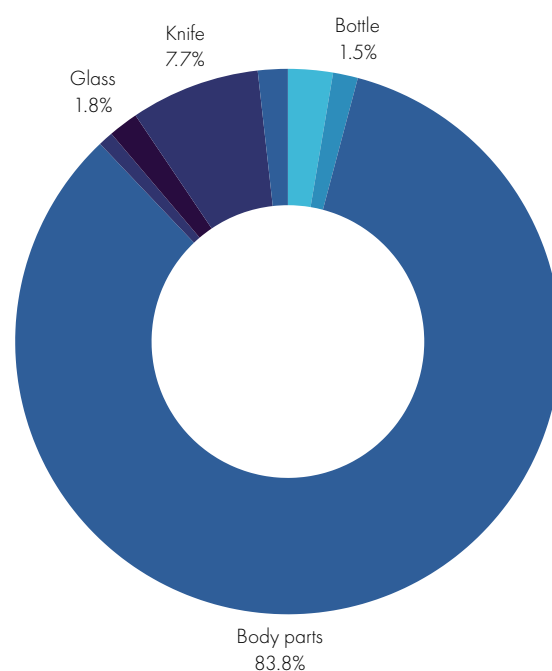
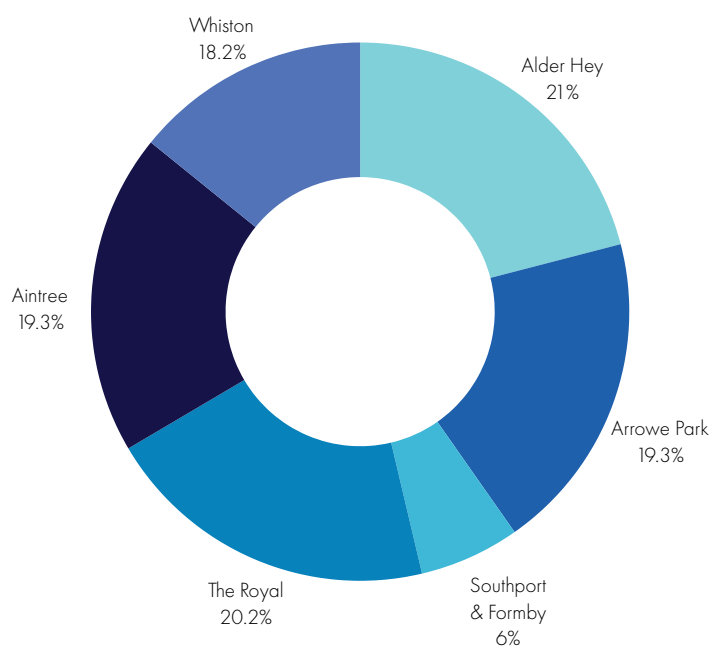
Sunday was the peak day for attendees of serious violence, when looking at the time and age groups attending it was early hours until 05:59, 20-24 years peaking at this time. Overall the peak time for ED attendees was 18:00-19:59 with an increase beginning to show from 12:00 - 13:59.



Looking specifically at those people requiring medical assistance, the peak ages are from 20-24 year olds (39%) followed closely by 15-19 year olds (36%). 71% were male, 28% were female. Finally, when looking at the Local Authority breakdown, the majority (37%) of patients residing in Liverpool, with only 10% of ED attendees reside outside of Merseyside.



NHS EMERGENCY DEPARTMENT (ED)

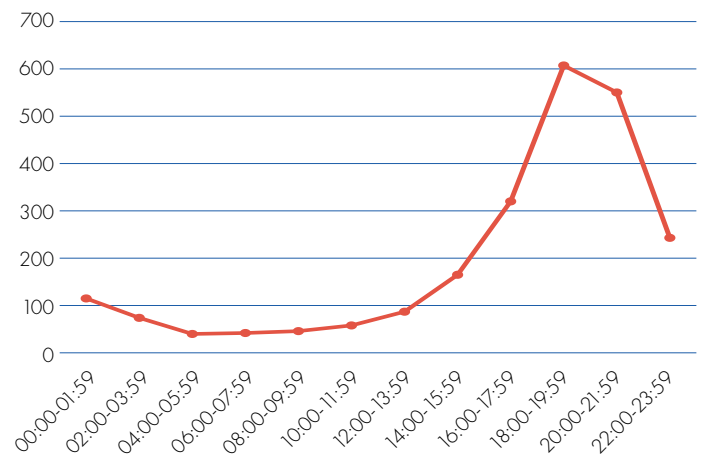
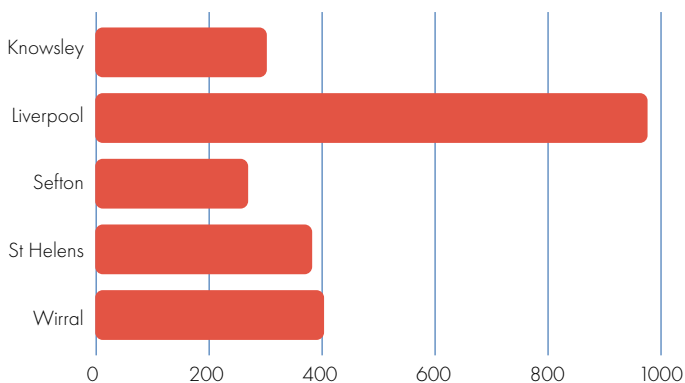
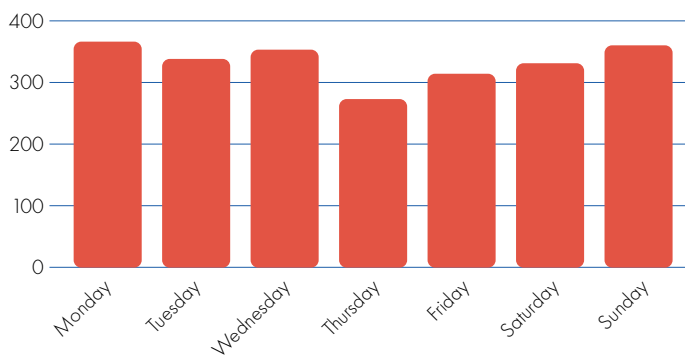
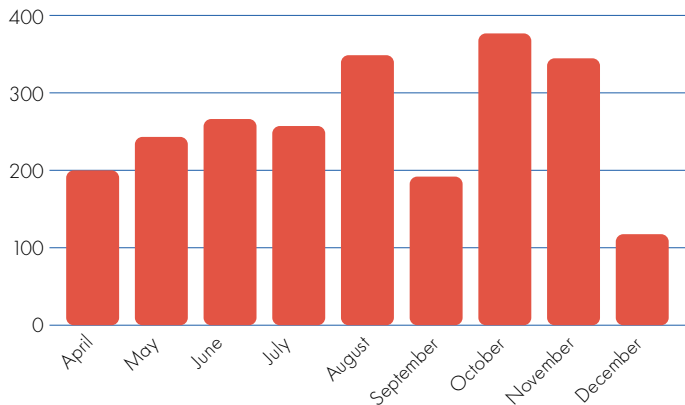


83.3% of U25 attendees attended due to SV injuries sustained from body parts (Combination, feet, fist and head). With the exception of Southport, the Merseyside hospitals listed have a close % of U25's attending with Alder Hey having slightly more attendees.

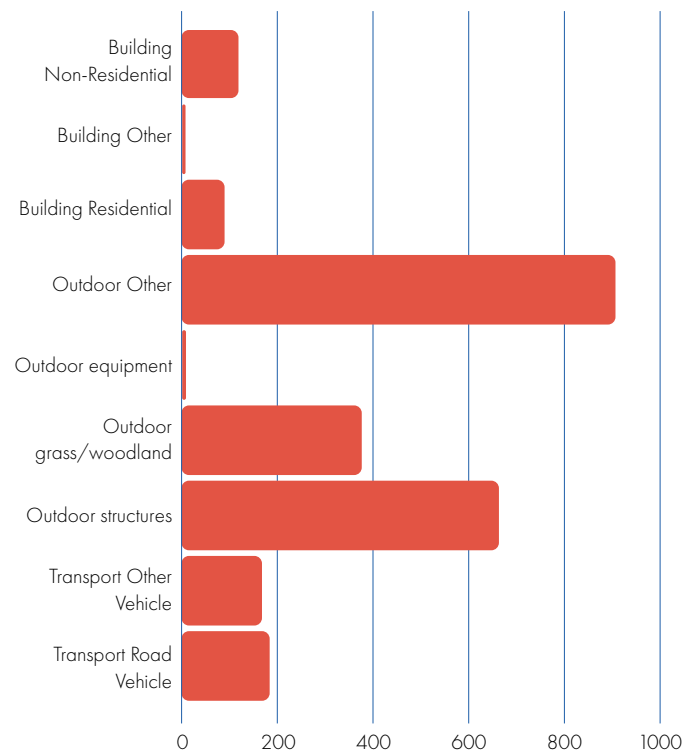


MFRS saw 2335 deliberate fires, the majority of which (1952) were classed as secondary. Peak months include October (16%), November (14%) and August (14%), these three months include the banger period and previous discussions with MFRS reveal usual peaks around these months attributed to dry weather causing grass fires. Peak days include Monday, Wednesday and Sunday, with time peaking 18:00 – 19:59 for emergency calls outs. The graph shows a low curve for earlier in the day with an increase beginning around 16:00-17:59.

Please note there are no age groups applied to MFRS data



67% of deliberate fire property types were 'outdoor other' and outdoor structures together. Majority (89%) of spread items were classed as not specified, not known, other and none. When it was known, the main 'spread item' was 'Explosives petrol/oil' at 2% and the fire cause, when known, 3.7% naked flame.





MERSEYSIDE
POLICE

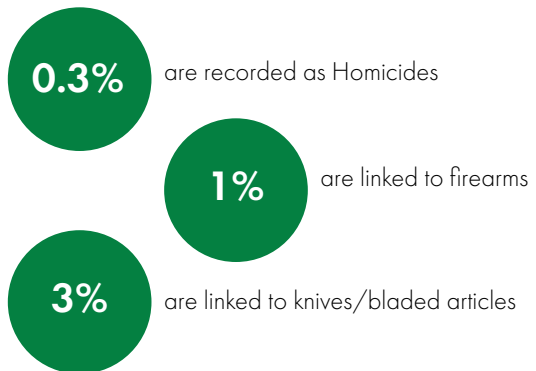
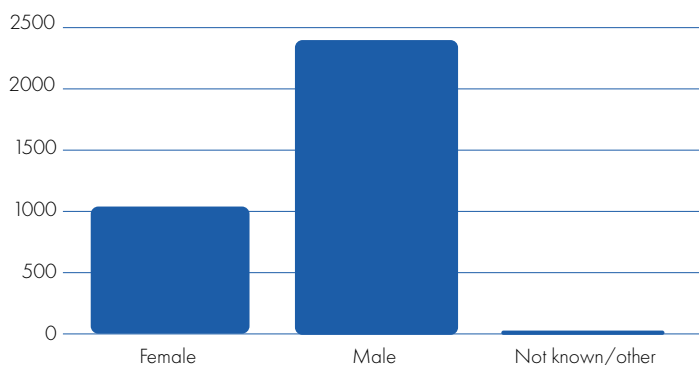
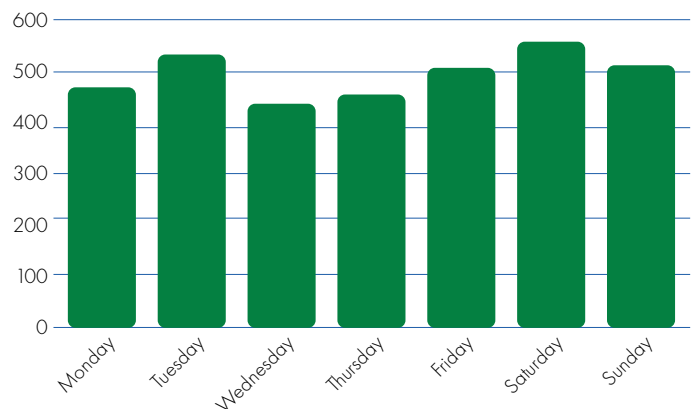
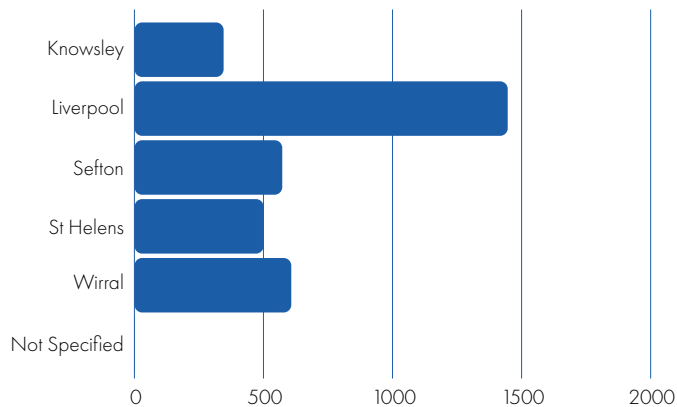
SUSPECTS



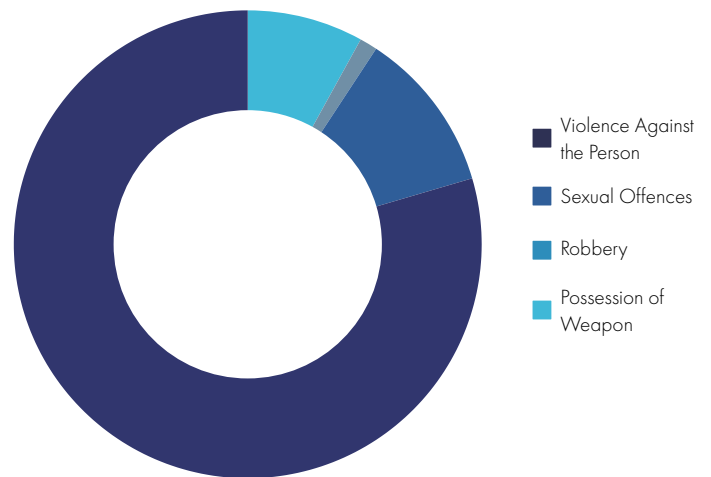
The Local Authority with the most recorded Serious Violence incidents is Liverpool, with 41%. Although hard to see, 'not specified' made up 0.05%, there should always be an offence location so MVRP will work with MerPol to improve this.

SV incidents were quite consistent throughout the time period, April to June were the months showing a higher number of U25 suspects.

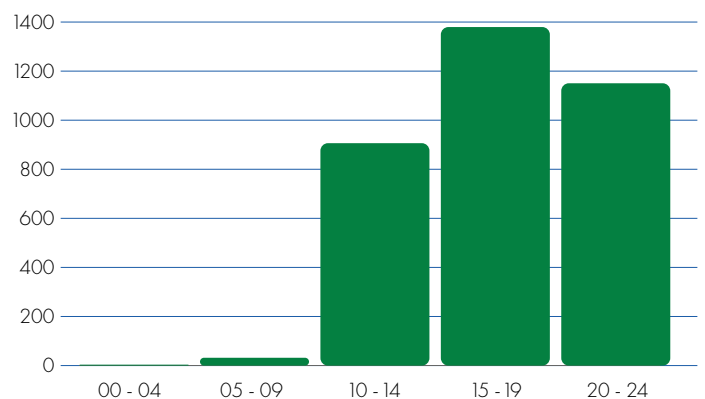
The peak day of the week was Saturday (16%), followed closely by Tuesday (15%).



The main crime type by far, was Violence Against the Person at 79.6%, specifically 44% Violence without Injury.



Most suspects were 15-19 years of age and male. However, when looking age groups 20-25 and 10-14 still had high numbers.



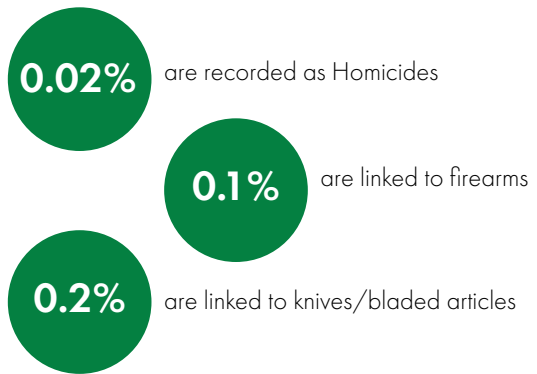
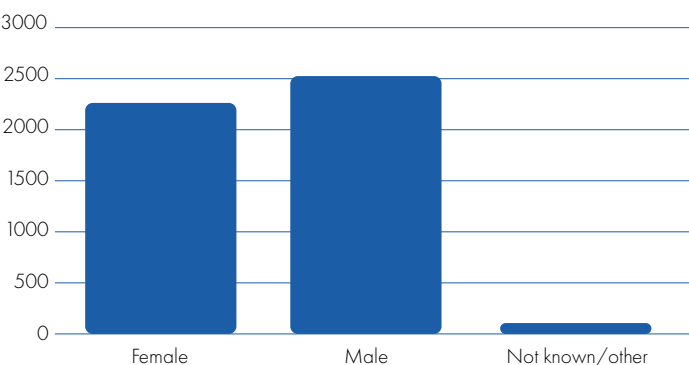
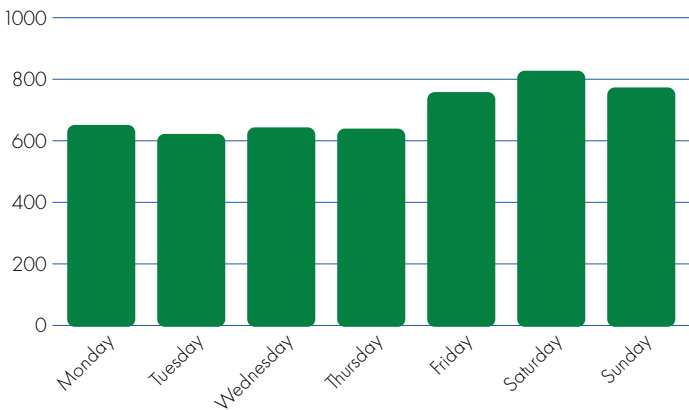
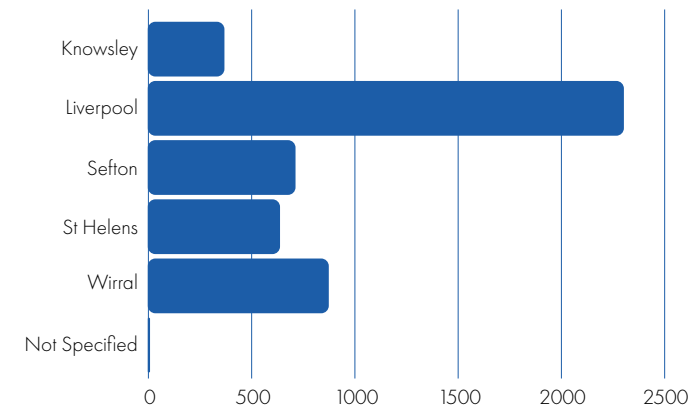


MERSEYSIDE
POLICE

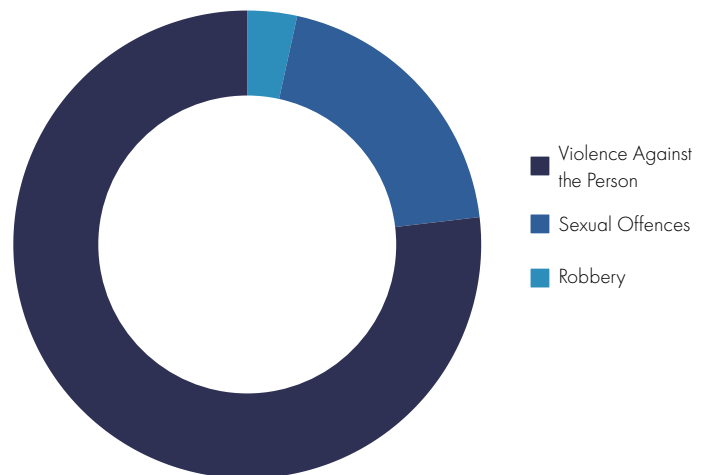
VICTIMS



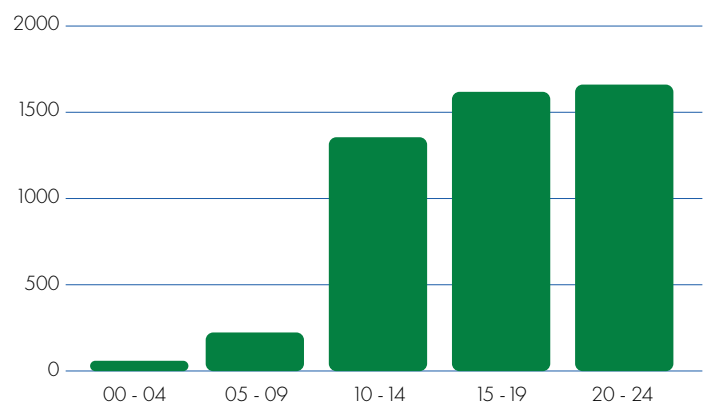
The Local Authority with the most recorded victims of Serious Violence incidents is Liverpool, with 46%. Although hard to see, 'not specified' made up 0.22%, again there should always be an offence location so MVRP will work with MerPol to improve this. SV incidents were quite consistent throughout the time period, with a slight increase in May and October. The peak days of the week were Saturday (17%) and Sunday (16%).



The main crime type by far, was Violence Against the Person at 77% , specifically 44% Violence without Injury.



Most victims were 20-24 years of age and male. However, when looking at age groups 15-19 and 10-14 they still have high numbers.





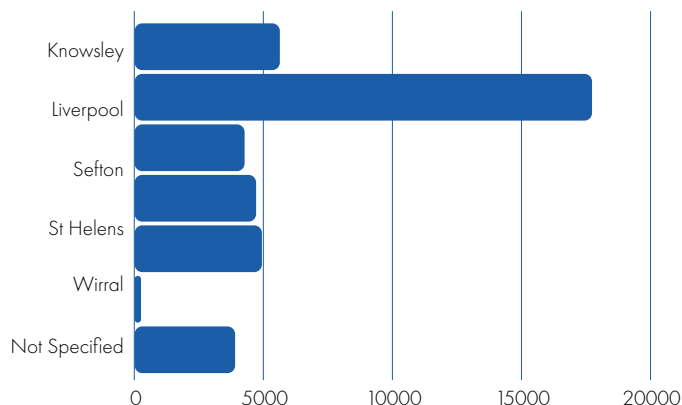
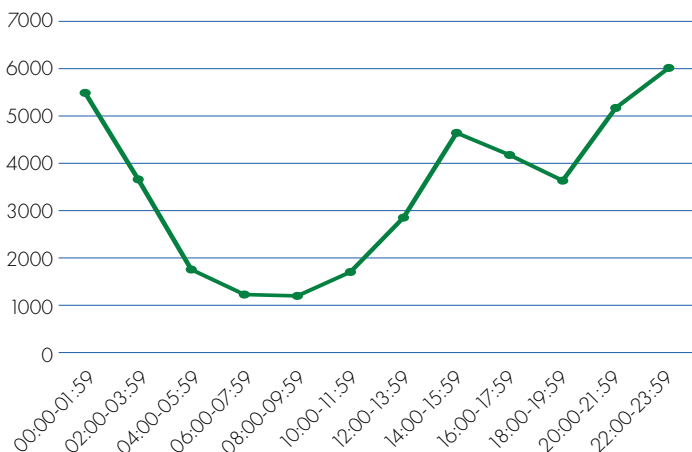
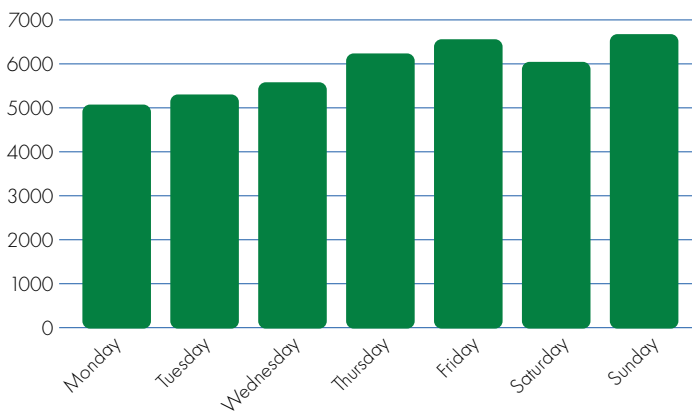
MERSEYSIDE
POLICE

STOP & SEARCH

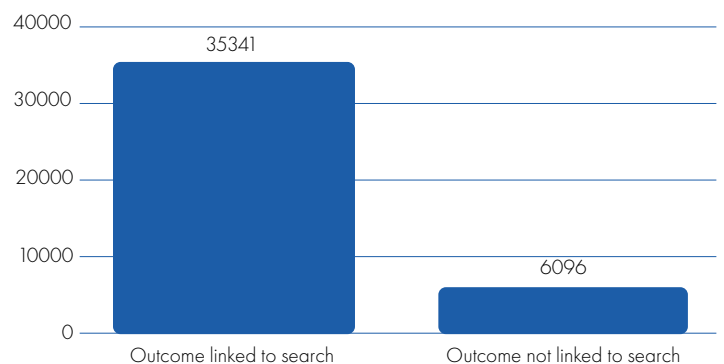
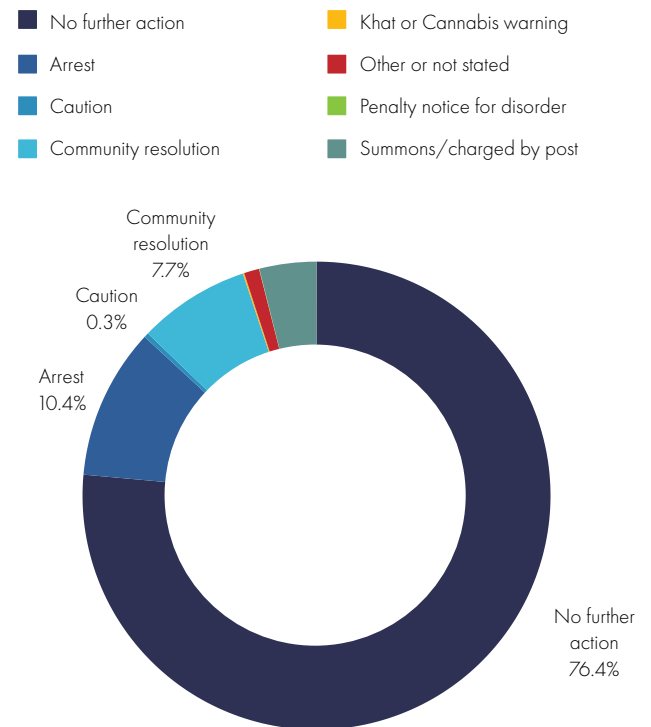


TIIG have also provided us with a Police Stop and Search dataset. From this we know that in Merseyside for all age groups:

- Stop Searches occurred mostly on Thursday, Friday and Sundays. They mainly took place in the evening and overnight but with a specific peak time of 22:00 – 23:59 (14%).



- The main residential LA for those stopped was Liverpool at 42%. For information 0.9% live in LA's outside of Merseyside 78% of people who were stopped self identified as White British.
- The main Act cited was the Misuse of Drugs Act at 75% and the main 'object' found was controlled drugs at 74%. For interest, 0.2% of objects found were linked to firearms and 5.3% linked to offensive weapons.





Local Authorities

This section explores blue light data sourced from the TIIG for each Local Authority. This is broken down (where able to) to U25's and covers 01/04/2024 - 31/12/2024.



All data has been reviewed on 21/03/2025 and covers time period 04/2024 to 12/2024.

Descriptive

Through day of the week and time of reporting, collective data shows 'evening time' peaks in the reporting of incidents.

To understand circumstances Police data shows 72.2% were related to violence against the person. Specifically for ED data, highest weapon types known for this time period, showed 15.7% as fist and 5.2% knife. For all offence groups 15-19 year old suspects were the peak, with the exception of arson seeing 10-14 year olds linked (although a very small number). All U25's offence groups showed violence against a person as the highest.

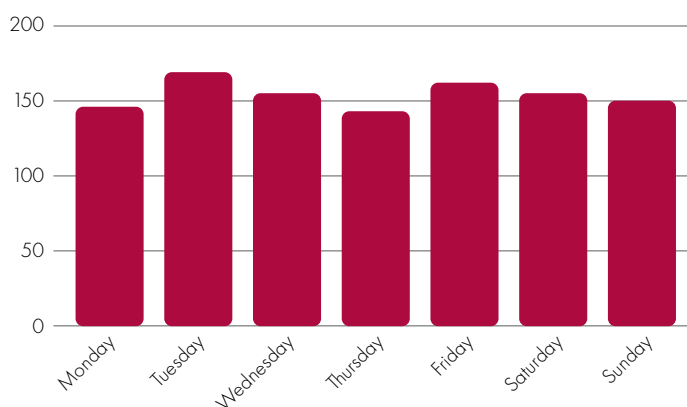
'Outdoor areas' were by far the property category stated most for MFRS call outs.

TIIG data

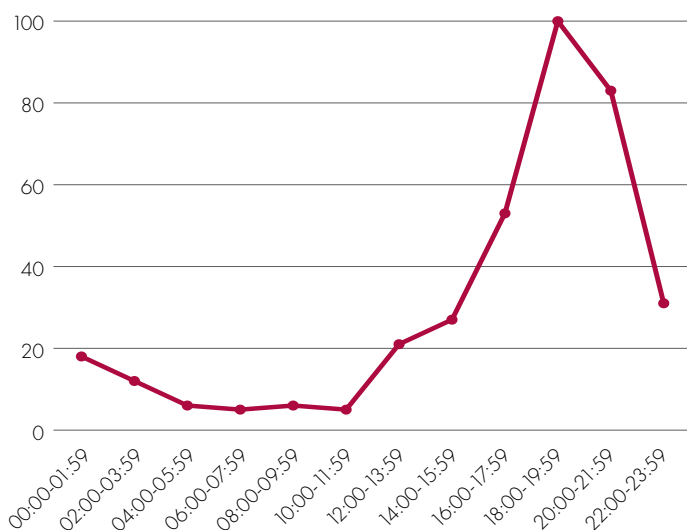
- Emergency department attendees - 57 this is a decrease of 24% from last year.
- Merseyside Fire and rescue call outs - 303 this is a decrease of 1.1% from last year.
- North West Ambulance Service call outs - 4 this is a decrease of 55.5% from last year.
- Merseyside Police Suspects - 345 this is a decrease of 53.8% from last year.
- Merseyside Police Victims - 371 this is a decrease of 60.8% from last year.

Please note Merseyside Police data for 2024 removed possibilities of DV to align with SV definition, which is why there is a larger decrease.

Day of the week



Time of reporting

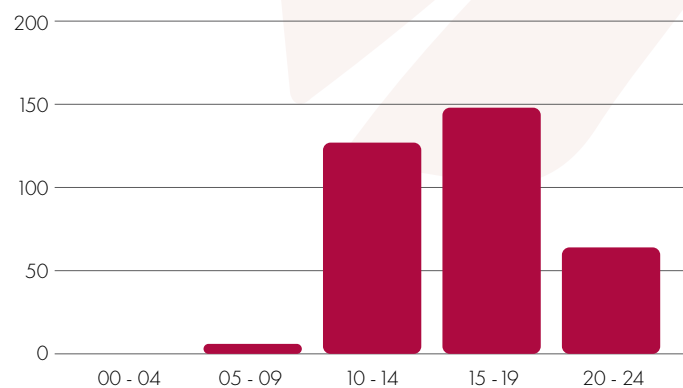
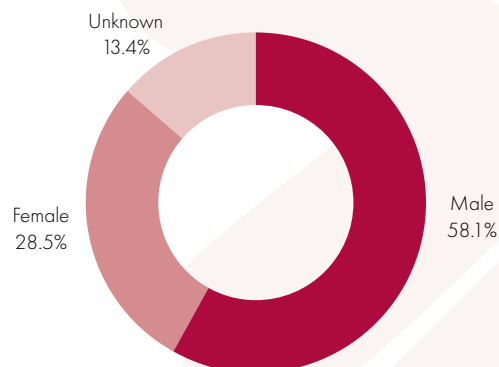


Please note time group does not include MerPol data.

Suspect demographics

86.9% White British

8.6% reported as not stated/not specific.

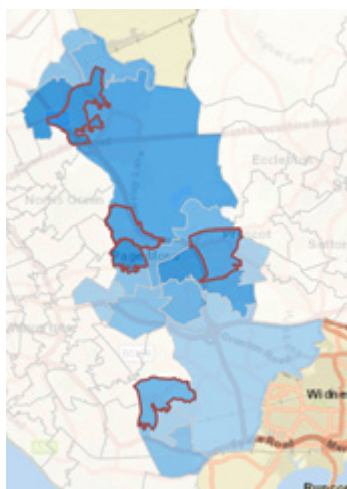


Please note the above is based on MerPol data and gender includes ED data.

Hotspot areas

The map to the right shows hotspot areas in Knowsley that appear in 2 or more blue light responses for the calendar year 2024.

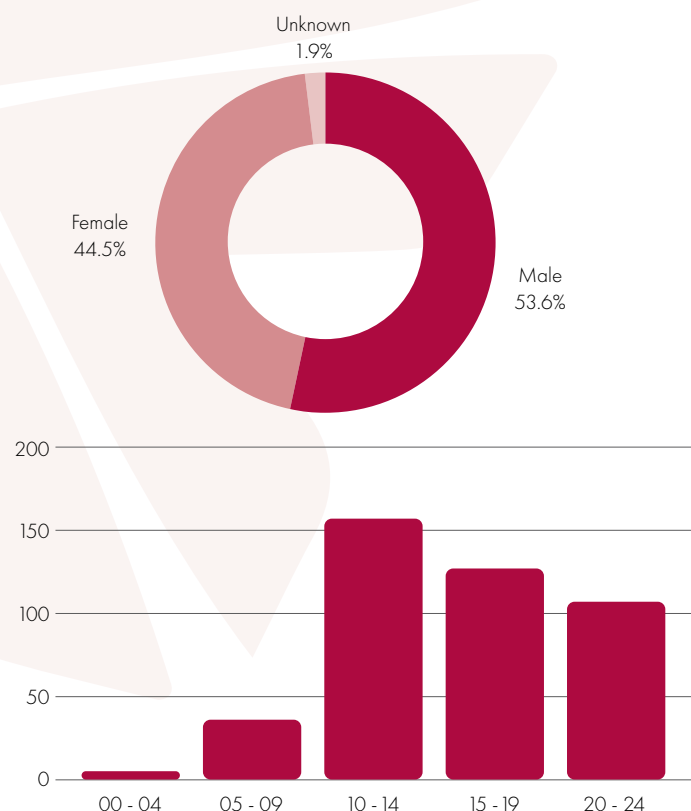
The 5 areas shown are Kirkby South East, Halewood North, Page Moss & Fincham, Prescott and Stockbridge Village. Please refer to Appendix one, table one to understand the blue light services applied to each hotspot.



Victim demographics

81% White British

15.1% reported as not stated/not specific.



Please note the above is based on MerPoLED, and NWAS data. However, NWAS data is not included in Ethnicity.

Source: [Build a custom area profile - Census 2021, ONS](#), [The Knowsley Offer](#) | [Knowsley Council](#), [Urgent Treatment Centres and Walk-in Centres, UTCs, WICs](#).



Demographics of Knowsley:

- The overall population of Knowsley is 157,103 people.
- There is a near even split of genders in Knowsley, with there being slightly more females (52.1%).
- The median age in Knowsley is 39.2 years.
- 95.3% of the population is white.
- 46.9% of LSOAs are in the top 10% of deprivation.
- 29.4% of Knowsley's population are under 25.
- 51.2% of under 25's are male.
- 0-5 year olds make up most of U25's, however they are all fairly close.



Education in Knowsley:

- 7 Early years Children's centres.
- 50 Primary Schools.
- 6 Secondary Schools.
- 4 Colleges/Sixth Forms.



Health in Knowsley:

- 1 Urgent treatment centre.
- 1 hospital.
- 25 GP surgeries.



Total beneficiaries:

- 5,355 individuals reached through MVRP funded interventions.

All data has been reviewed on 21/03/2025 and covers time period 04/2024 to 12/2024.

Descriptive

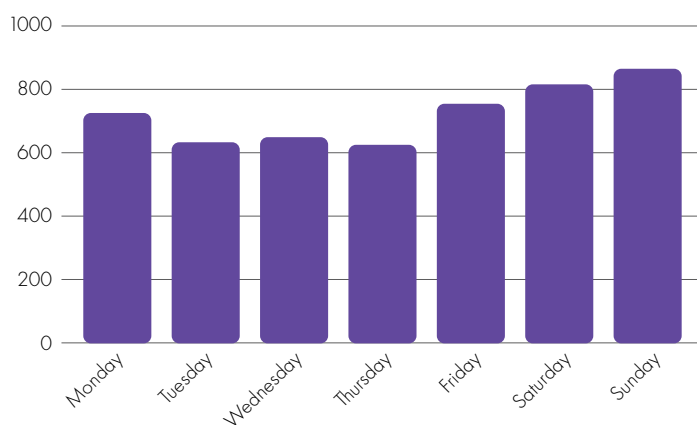
Through day of the week and time of reporting, collective data shows 'evening time' peaks in the reporting of incidents.

To understand circumstances Police data shows 77.3% were related to violence against the person. Specifically for ED data, weapon types known for this time period, showed 32.5% as fist and 4.9% knife as highest. 15 - 19 year old suspects were the peak age group for possession of a weapon, robbery and violence against the person.

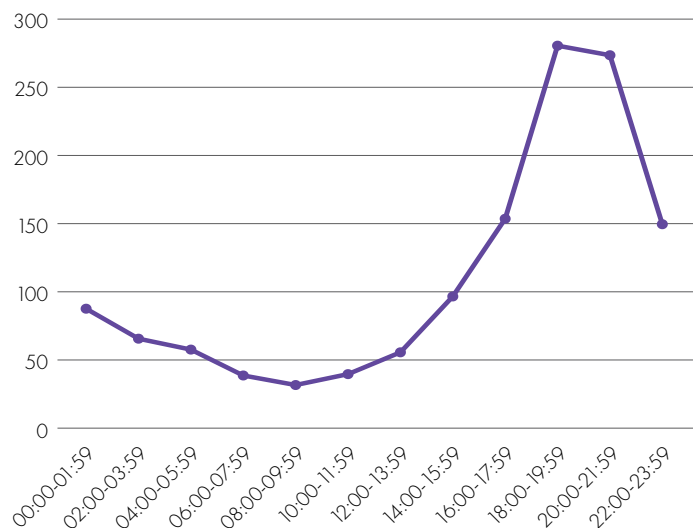
20-24 year olds were the peak age group for sexual offences and arson.

Outdoor areas were by far the property category listed highest for MFRS call outs.

Day of the week



Time of reporting



Please note time group does not include MerPol data.

TIIG data

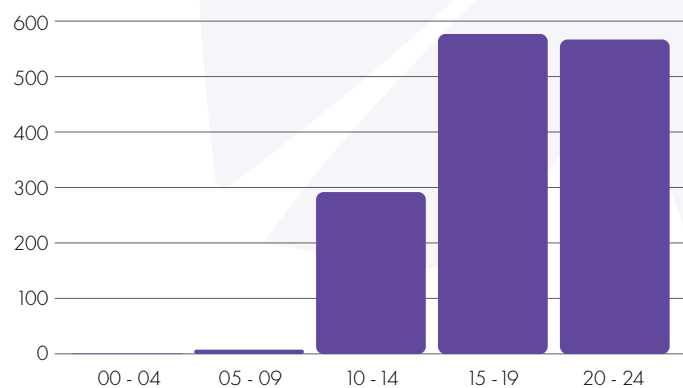
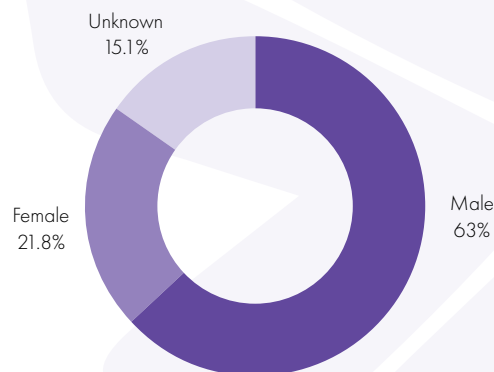
- Emergency department attendees - 264 this is a decrease of 11.4% from last year.
- Merseyside Fire and rescue call outs - 975 this is a increase of 4.7% from last year.
- North West Ambulance Service call outs - 70 this is a decrease of 18.6% from last year.
- Merseyside Police Suspects - 1145 this is a decrease of 51.7% from last year.
- Merseyside Police Victims - 2304 this is a decrease of 41.4% from last year.

Please note Merseyside Police data for 2024 removed possibilities of DV to align with SV definition, which is why there is a larger decrease.

Suspect demographics

68.1% White British

11.7% reported as not specific/not stated.

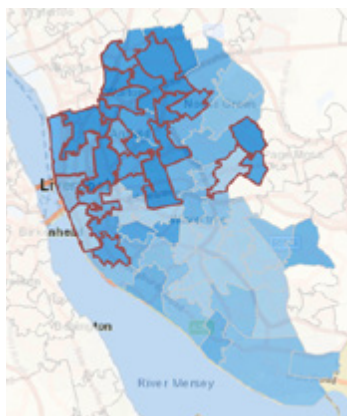


Please note the above is based on MerPol data and gender includes ED data.

Hotspot areas

The map to the right shows hotspot areas in Liverpool that appear in 2 or more blue light responses for the calendar year 2024.

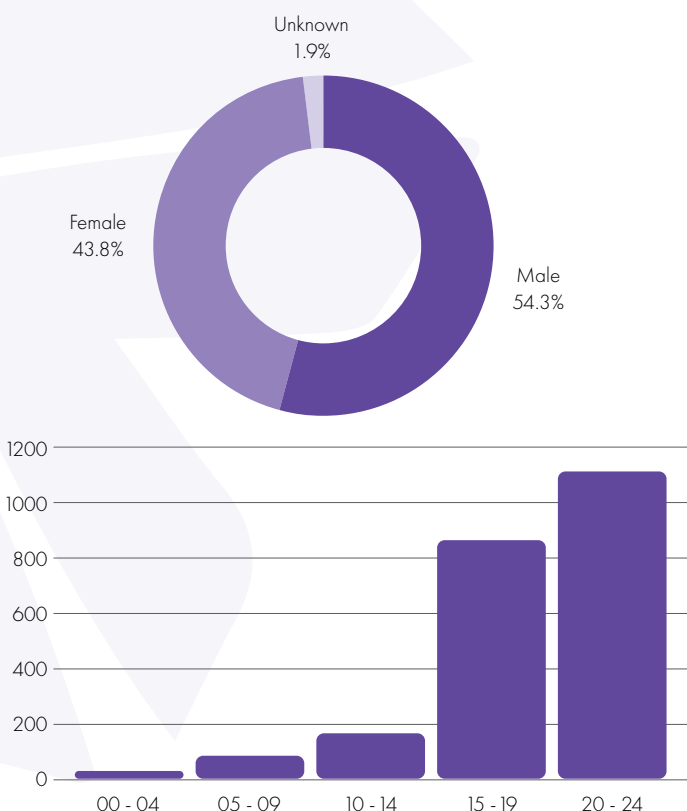
The 21 areas shown are Albert Dock & Queens Dock, Anfield West, Central & Irlington, Dovecot, Everton East, Everton West, Fairfield West & Newsham Park, Fazakerley South, Kirkdale North, Kirkdale South & Vauxhall, Knotty Ash, Norris Green East, Norris Green West, Orrell Park, Pier Head Toxteth Park, Tuebrook, Walton Hall, Walton North, Walton South and Yewtree. Please refer to Appendix one, table two to understand the blue light services applied to each hotspot.



Victim demographics

64.1% White British

16.8% reported as not stated/not specific.



Please note the above is based on MerPoLED, and NWS data. However, NWS data is not included in Ethnicity.



Demographics of Liverpool:

- The overall population of Liverpool is 496,770 people.
- There is a near even split of genders in Liverpool, with there being slightly more females (51.1%).
- The median age in Liverpool is 35.4 years.
- 84% of the population is white.
- 48.6% of LSOAs are in the top 10% of deprivation.
- 33.9% of Liverpool's population are under 25.
- 50.2% of under 25's are female.
- 20-25 year olds make up most of U25's, with the understanding of the high student population.



Education in Liverpool:

- 6 Early years Children's centres.
- 122 Primary Schools.
- 36 Secondary Schools.
- 10 Colleges/Sixth Forms.
- 4 Universities.



Health in Liverpool:

- 2 Urgent treatment centres.
- 4 hospitals.
- 50+ GP surgeries.



Total beneficiaries:

- 16,635 individuals reached through MVRP funded interventions.



All data has been reviewed on 21/03/2025 and covers time period 04/2024 to 12/2024.

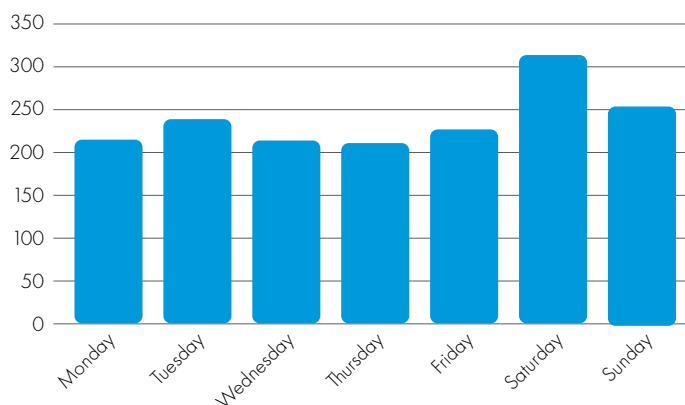
Descriptive

Through day of the week and time of reporting, collective data shows 'evening time' peaks in the reporting of incidents.

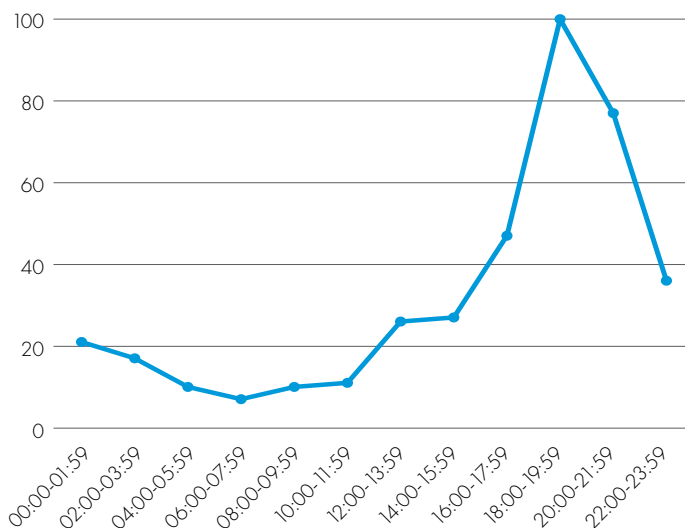
To understand circumstances Police data shows 74.5% were related to violence against the person. Specifically for ED data, weapon types known, for this time period, showed 44.2% as fist and 4.2% knife were the top. For offence group sexual offences 10-14 and 15-19 year old suspects were peak age group. 15-19 year olds were the peak suspects for arson and possession of weapon and 20-24 year olds violence against the person.

Outdoor areas were by far the property category being the reason for MFRS call outs.

Day of the week



Time of reporting



Please note time group does not include MerPol data.

TIIG data

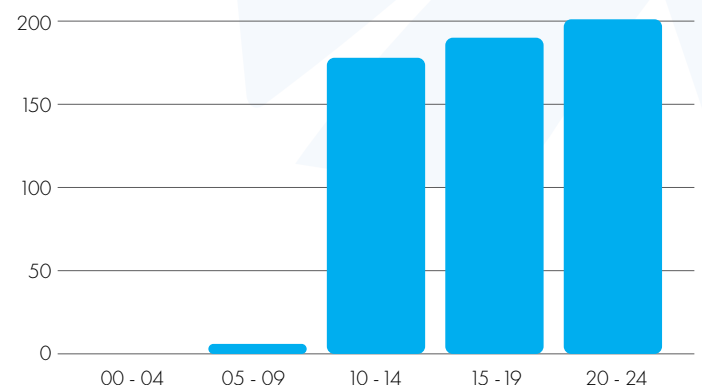
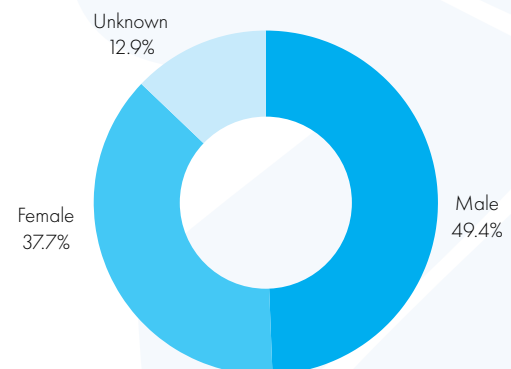
- Emergency department attendees - 95 this is a decrease of 22.7% from last year.
- Merseyside Fire and rescue call outs - 270 this is a decrease of 1% from last year.
- North West Ambulance Service call outs - 19 this is a increase of 58.3% from last year.
- Merseyside Police Suspects - 572 this is a decrease of 45.6% from last year.
- Merseyside Police Victims - 715 this is a decrease of 53.5% from last year.

Please note Merseyside Police data for 2024 removed possibilities of DV to align with SV definition, which is why there is a larger decrease.

Suspect demographics

80.4% White British

12% reported as not stated/not specific.

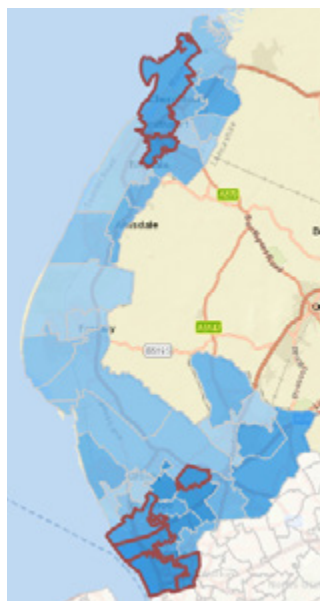


Please note the above is based on MerPol data and gender includes ED data.

Hotspot areas

The map to the right shows hotspot areas in Sefton that appear in 2 or more blue light responses for the calendar year 2024.

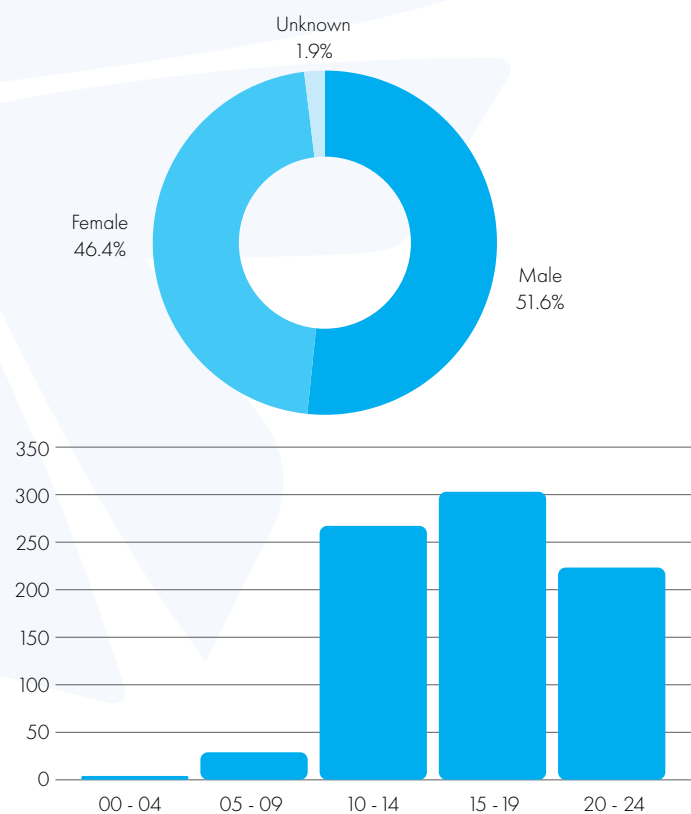
The 8 areas shown are Bootle East, Bootle South, Netherton North, Netherton South, Seaforth North, Seaforth South, Southport South and Southport Waterfront. Please refer to Appendix one, table three to understand the blue light services applied to each hotspot.



Victim demographics

71.8% White British

24% reported as not stated/not specific.



Please note the above is based on MerPoLED, and NWAS data. However, NWAS data is not included in Ethnicity.

Source: [Build a custom area profile - Census 2021, ONS, Young People & Families](#) | [The Sefton Directory](#) , [Urgent Treatment Centres and Walk-in Centres, UTCs, WICs.](#)



Demographics of Sefton:

- The overall population of Sefton is 281,027 people.
- There is a near even split of genders in Sefton, with there being slightly more females (51.5%).
- The median age in Sefton is 45.9 years.
- 95.8% of the population is white.
- 20.1% of LSOAs are in the top 10% of deprivation.
- 25.5% of Sefton's population are under 25.
- 51.5% of under 25's are male.
- 10-15 year olds make up most of U25's, however the U25 population is fairly close.



Education in Sefton:

- 13 Early years Children's centres/family hubs.
- 71 Primary Schools.
- 8 Secondary Schools.
- 17 Colleges/Sixth Forms.



Health in Sefton:

- 1 Urgent treatment centre.
- 1 hospital.
- 49 GP surgeries.



Total beneficiaries:

- 6,691 individuals reached through MVRP funded interventions.

All data has been reviewed on 21/03/2025 and covers time period 04/2024 to 12/2024.

Descriptive

Through day of the week and time of reporting, collective data shows 'evening time' peaks in the reporting of incidents.

To understand circumstances Police data shows 75.1% were related to violence against the person. Specifically for ED data, weapon types known for this time period, showed 19.3% as fist and 6.4% a combination of body parts as highest. For offence groups, 10-14 year old suspects were the peak for arson, 15-19 year olds possession of a weapon, sexual offences and violence against the person. 20-24 year olds were the peak for robbery offences.

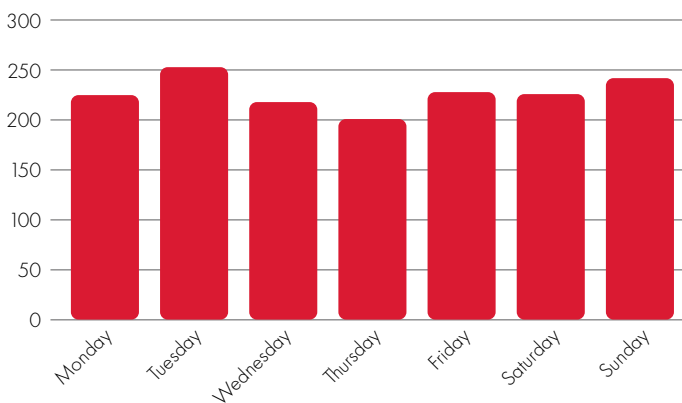
'Outdoor areas' were by far the property category being the reason for most MFRS call outs.

TIIG data

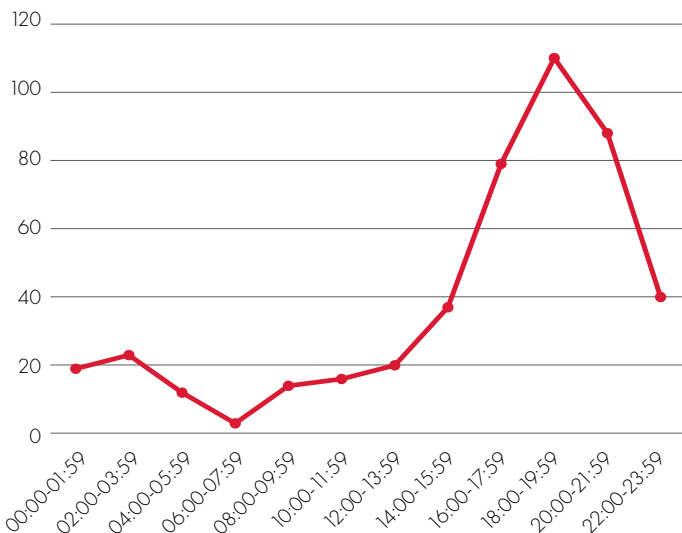
- Emergency department attendees - 62 this is a decrease of 1.5% from last year.
- Merseyside Fire and rescue call outs - 383 this is a decrease of 116.9% from last year.
- North West Ambulance Service call outs - 8 this is a decrease of 55.5% from last year.
- Merseyside Police Suspects - 500 this is a decrease of 44.8% from last year.
- Merseyside Police Victims - 640 this is a decrease of 51.2% from last year.

Please note Merseyside Police data for 2024 removed possibilities of DV to align with SV definition, which is why there is a larger decrease.

Day of the week



Time of reporting

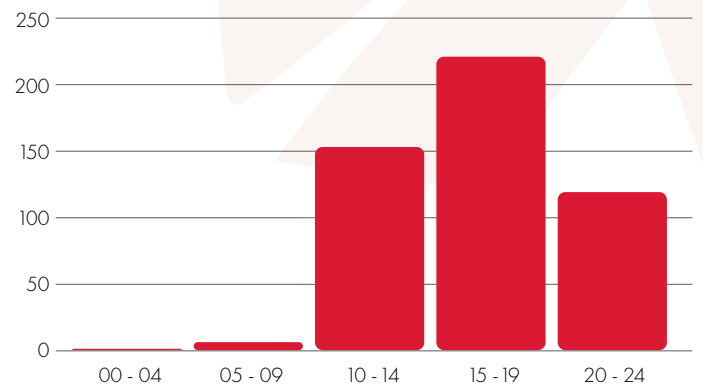
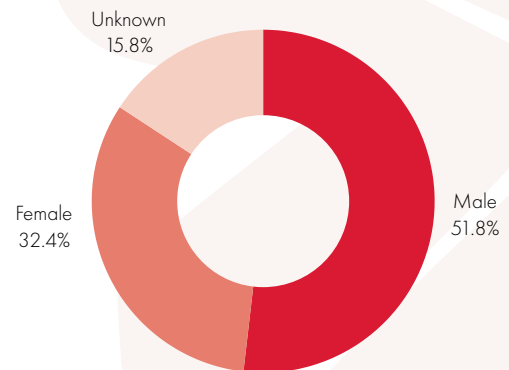


Please note time group does not include MerPol data.

Suspect demographics

73.6% White British

17% reported as not stated/not specific.

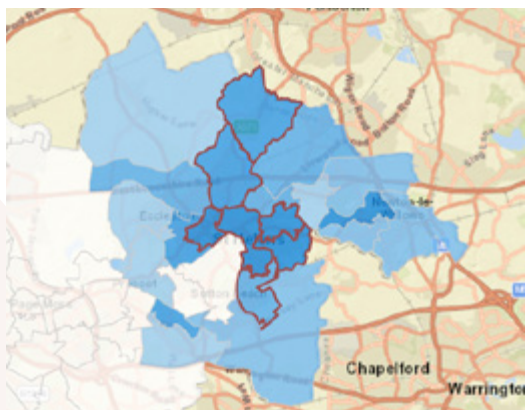


Please note the above is based on MerPol data and gender includes ED data.

Hotspot areas

The map below shows hotspot areas in St Helens that appear in 2 or more blue light responses for the calendar year 2024.

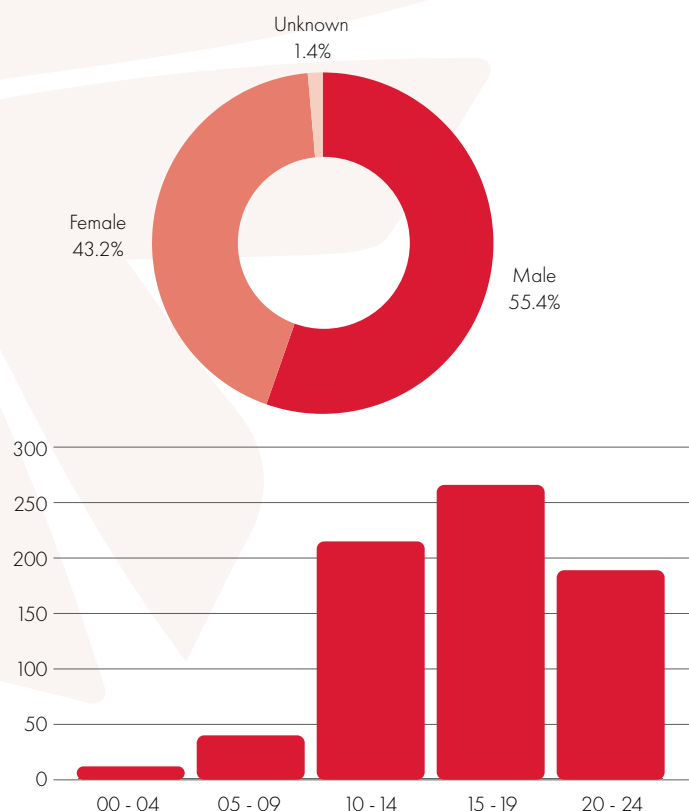
The 7 areas shown are Billinge, Broad Oak, Derbyshire Hill, Moss Bank, Sutton Leach, Town Centre East & Fingerpost and Town Centre West. Please refer to Appendix one, table four to understand the blue light services applied to each hotspot.



Victim demographics

73.3% White British

23.7% reported as not stated/not specific.



Please note the above is based on MerPoLED, and NWS data. However, NWS data is not included in Ethnicity.



Demographics of St Helens:

- The overall population of St Helens is 184,728 people.
- There is a near even split of genders in St Helens, with there being slightly more females (50.9%).
- The median age in St Helens is 42.9 years.
- 96.5% of the population is white.
- 24.3% of LSOAs are in the top 10% of deprivation.
- 26.9% of St Helens' population are under 25.
- 51.3% of under 25's are male.
- 10-15 year olds make up most of U25's, closely followed by 05-09 year olds.



Education in St Helens:

- 5 Early years Children's centres/family hubs.
- 51 Primary Schools.
- 9 Secondary Schools.
- 15 Colleges/Sixth Forms.



Health in St Helens:

- 1 Urgent treatment centre.
- 1 hospital.
- 35 GP surgeries.



Total beneficiaries:

- 1,782 individuals reached through MVRP funded interventions.

All data has been reviewed on 21/03/2025 and covers time period 04/2024 to 12/2024.

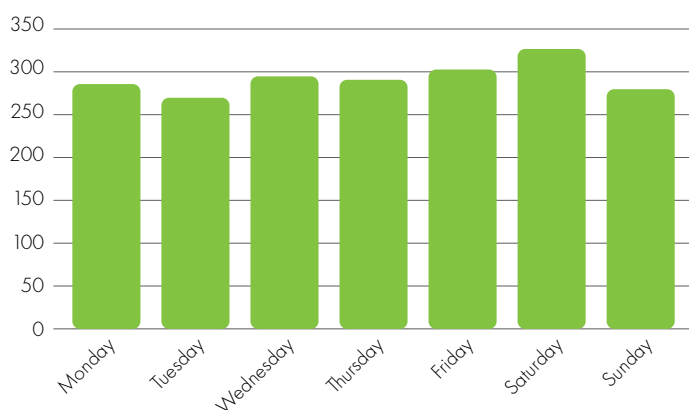
Descriptive

Through day of the week and time of reporting, collective data shows 'evening time' peaks in the reporting of incidents.

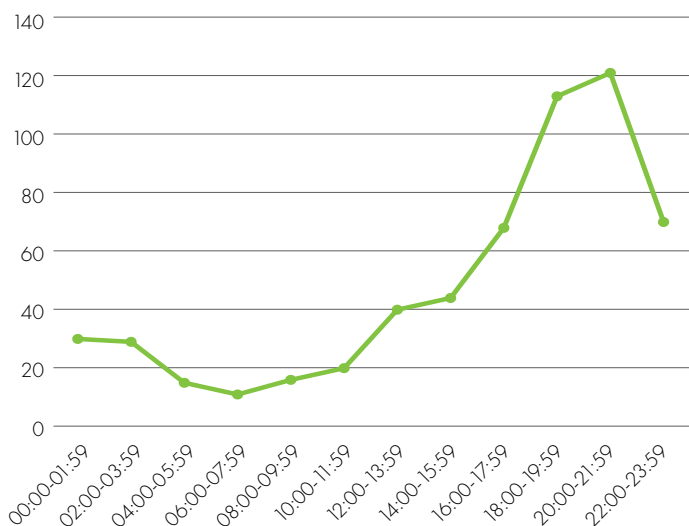
To understand circumstances Police data shows 77% were related to violence against the person. Specifically for ED data, weapon types known for this time period, showed 36.3% as fist and 21.9% as a combination of body parts as highest. For offence groups 15-19 year old suspects were the peak age groups for arson, possession of a weapon, robbery and sexual offences. 20-24 year old suspects were the peak age group for violence against the person.

'Outdoor areas' were by far the property category being the reason for most MFRS call outs.

Day of the week



Time of reporting



Please note time group does not include MerPol data.

TIIG data

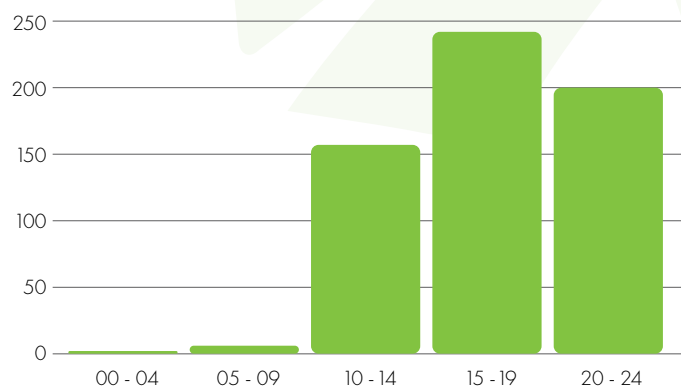
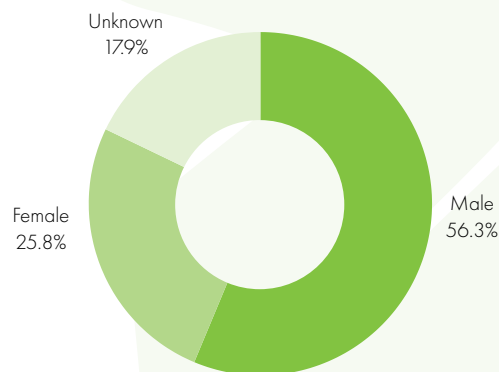
- Emergency department attendees - 132 this is a decrease of 20% from last year.
- Merseyside Fire and rescue call outs - 404 this is a decrease of 18.8% from last year.
- North West Ambulance Service call outs - 33 this is a increase of 120% from last year.
- Merseyside Police Suspects - 607 this is a decrease of 45.9% from last year.
- Merseyside Police Victims - 876 this is a decrease of 46% from last year.

Please note Merseyside Police data for 2024 removed possibilities of DV to align with SV definition, which is why there is a larger decrease.

Suspect demographics

86.1% White British

7.5% reported as not stated/not specific.

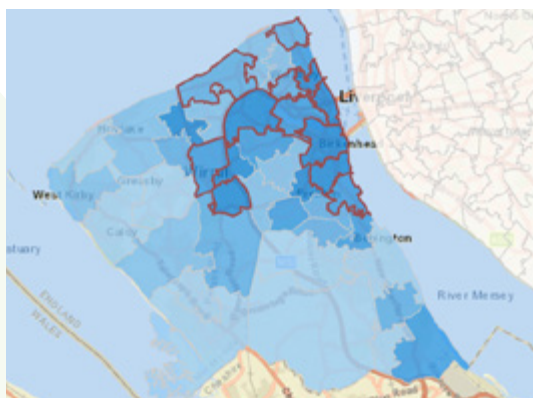


Please note the above is based on MerPol data and gender includes ED data.

Hotspot areas

The map below shows hotspot areas in Wirral that appear in 2 or more blue light responses for the calendar year 2024.

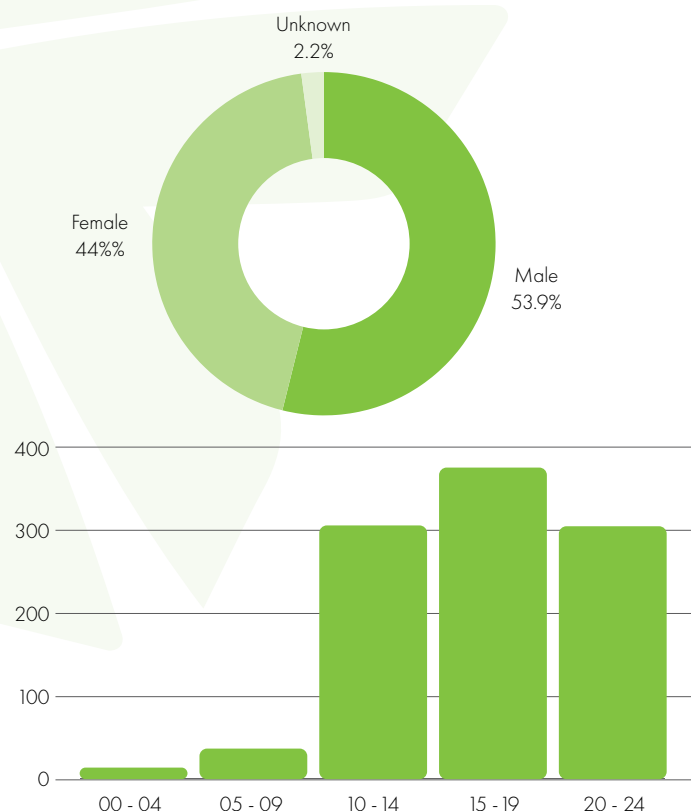
The 12 areas shown are Bidston Hill, Birkenhead South, Birkenhead Central, Egremont, Leasowe, Liscard, New Brighton, Poulton, Seacombe, Tranmere, Upton West and Woodchurch. Please refer to Appendix one, table five to understand the blue light services applied to each hotspot.



Victim demographics

76.7% White British

16.7% reported as not stated/not specific.



Please note the above is based on MerPoLED, and NWAS data. However, NWAS data is not included in Ethnicity.

Source: [Build a custom area profile - Census 2021, ONS, Homepage](#) | [wirral.gov.uk](#) , [Urgent Treatment Centres and Walk-in Centres, UTCs, WICs](#).



Demographics of Wirral:

- The overall population of Wirral is 184,728 people.
- There is a near even split of genders in Wirral, with there being slightly more females (50.9%).
- The median age in Wirral is 42.9 years.
- 96.5% of the population is white.
- 24.3% of LSOAs are in the top 10% of deprivation.
- 26.9% of Wirral population are under 25.
- 51.3% of under 25's are male.
- 10-15 year olds make up most of U25's, closely followed by 05-09 year olds.



Education in Wirral:

- 10 Early years Children's centres/family hubs.
- 95 Primary Schools.
- 26 Secondary Schools.
- 23 Colleges/Sixth Forms.



Health in Wirral:

- 4 Urgent treatment centres.
- 1 hospital.
- 47 GP surgeries.



Total beneficiaries:

- 3,378 individuals reached through MVRP funded interventions.

Points of interest in relation to crime

This section goes into further detail in relation to certain crime types and other factors to consider when reading this SNA.

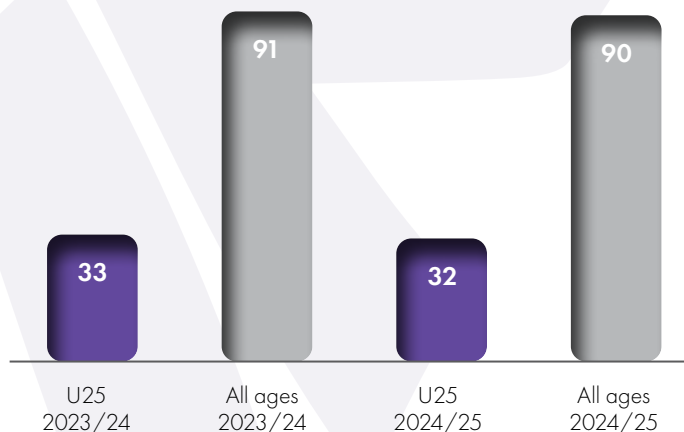
Knife Crime

The most recent Office for National Statistics Police recorded crime data ^[1] for Merseyside shows serious offences involving a knife or sharp object between September 2023 and September 2024 were 1,241, this is <1% of all recorded crime in Merseyside. In England serious offences involving a knife or sharp object were recorded as 52,812, Merseyside makes up 2.3% of this. Assaults with injury made up 57.2% of serious offences involving a knife or sharp object and a total of 5 homicides. Although individual people sit behind these figures and have experienced unimaginable trauma, which we should not minimise, it must be recognised there has been a 2.7% decrease in serious offences involving a knife and a decrease of 2% of assaults causing injury. Whilst Merseyside is showing decreases from the year before for overall serious offences involving a knife or sharp object, this is contrary to the pattern seen for England which has shown an increase of 8.4%.

Gap: This data cannot be broken down to understand U25's who are victims or suspects of the above.

Whilst Police data is showing us decreases, we must recognise that not all of those injured by a knife or sharp object will always report it to the Police but are more likely to attend an emergency department. For the current financial year in comparison to last there has been a 3% decrease in attendees (U25) with injuries due to a knife or sharp object. The below graph illustrates the comparisons of last financial year to the current.

Chart two: Comparison in numbers of attendees at ED's for knife or sharp object injuries.



(Source: TIIG)

Please note for both FY the parameters are April – December.

Online Vulnerabilities

Social media is difficult to police, it is used not only by young people but by adults as well. The role of social media creates influence on its users and can impact choices and decisions made. An example of this being the online misinformation which in some part led to the riots that took place in Summer 2024.

Following interviews and a completed report written by the Children's Commissioner after the 2024 riots ^[2], of those young people attending, social media influenced some of those decisions. From the interviews young people described seeing "peaceful protest" which created curiosity to explore what was happening in their area. The young people reported that the posts they saw lacked context or did not provide further information about the protests, such as their purpose, nor did they contain extremism content. One young person stated they did not know what the protests were about—they were simply curious to see what was happening. Below is a quote from one of the young people interviewed by the Children's Commissioner:

"Billions of people use social media, that's just the risk of it and you can't control the opinions people express or how they feel on things like racist views. There's always going to be your stereotypical white English man who is only for white people. If someone is racist, no one can change how they feel... It might not be right but that's the way of life."

Child, charged in the 2024 riots.

As well as being influenced by what is shared online, there are some different communication styles across the different social media platforms that can provide some insights into a young person and what they are trying to say. From the use of emojis or certain words, it can indicate bullying, drugs, extremism, sexual references and violence to name a few. The following link provides resources for further understanding. Shareables - [KIDSONLINEWORLD.COM](https://www.kidsonlineworld.com)

[1] [Crime in England and Wales: Police Force Area data tables - Office for National Statistics](#)

[2] [Children's involvement in the 2024 riots | Children's Commissioner for England](#)

Youth Justice

Youth Justice Proven Offences and First time entrants 2023/24

The majority of proven offences (30%) in England and Wales by 10-17 year olds were for violence against the person. Four of the LA's in Merseyside follow this pattern, except for Knowsley where drug offences are slightly higher. The below table provides insight into the total proven offences and offence groups that fall into SV that are provided in this data set (Criminal Damage, Robbery, Sexual and Violence against the person).

In total there were 210 first time entrants (FTE) into the criminal justice system which is an increase of 15% on the previous year, compared to England and Wales there was a decrease of 3%. In England and Wales 'summary excluding motoring offences' was the main reason for FTE, in Merseyside it was drugs, making up 20%. The majority (83%) of FTE's were aged 15-17, however, there was an increase in 10-14 year olds from the previous financial year of 29.6%. 'Violence against the person' being the main offence for their first time entrance.

Table ten: Youth Justice Proven Offences.

| Local Authority | Total proven offences | SV offence group totals | % SV offence group totals |
|-----------------|-----------------------|-------------------------|---------------------------|
| Knowsley | 118 | 41 | 34.7% |
| Liverpool | 261 | 133 | 50.9% |
| Sefton | 90 | 41 | 45.5% |
| St Helens | 139 | 54 | 38.8% |
| Wirral | 95 | 45 | 47.3% |

(Source: [YJB Data - Youth Justice Resource Hub](#))

Please note: the above include criminal damage, which is not an offence group but will include arson which is an offence type of serious violence.

Young People in LA care vs non LA care Young People

The report for Children in Custody 2023/24 ^[3] was published in November 2024 which reflects on the experiences of Young People's 12-18 years old in secure training centres and Young Offender Institutions (YOI). Alongside the report, data was published to give further understanding of responses from the Young People's. The below is a small section relating to Young People who have had LA care experiences.

In all YOI (Feltham A, Cookham Wood, Parc YOI, Werrington, Wetherby and Keppel) 64% of those who responded to the annual survey had been in Local Authority Care, 67% of Young People from Wetherby and Keppel. There are noticeable differences between young people who have been in a YOI and have experience of the care system compared to those who have not been in non-LA care.

These include:

- Young People who had been in LA care had high reports of having mental health problems and a disability (Physical/mental/learning needs)
- Young People who had been in LA care had a higher percentage in the ease of being able to see a mental health worker and receiving help
- Young People who had been in LA care had been a victim of physical assaults caused by another Young Person more so than non LA care experienced Young People
- Young People who had been in LA care had higher recordings of incidences with another Young Person with only 36% reporting no incidents
- Young People who had been in LA care had lower visits from family or friends once a week or more
- Young People who had been in LA care 76% were in Education and 20% were in involved with interventions, which is a higher than non-LA care Young People
- Young People who had been in LA care had similar responses on preparedness to move on in the future. With just under half of Young People with LA care experience (47%) reporting their experience within YOI would make them less likely to re-offend

[3] [Children in custody 2023-24 – HM Inspectorate of Prisons](#)

Following the conference held by MVRP in January 2025*, a survey was sent out to attendees for feedback. The following key words were provided:

[illegible]

- **More events/Networking opportunities/chances to present**
- **Catalogue of funding work/keep informed of VRP work/Communication**
- **Other funding avenues/future sustainability**
- Family based interventions
- Representation from Wirral
- Universal work for early years
- Helping schools to tackle racism from early years upwards
- Continue building evidence
- Consistency of inputs in schools – all schools not just specific schools.

43



Community Insight

This section provides insight and feedback from our Merseyside communities gathered from Serious Violent Duty surveys.

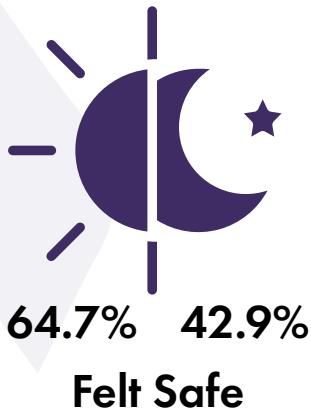
Serious Violence Duty survey response

With many thanks to LJMU, who conducted a representative household perception survey, funded by MVRP, they have allowed us to share some interesting insights into the experiences and perceptions of violence and community safety across Merseyside.

The infographic below provides an understanding of those who responded, those who had been a victim of violence and further evidence of risk factors for violence victimisation, feelings of unsafety and locations, community cohesion and views on being a bystander.

In total 5,395 individuals responded to the survey across Merseyside, with all responders aged 18 and over. These reports can be accessed through [Reports - Public Health Institute | Liverpool John Moores University](#).

Merseyside Violence & Community Safety Survey



34.8% thought violence was common in their neighbourhood.

86.3% thought violence was common in Merseyside generally.



32.9% of survey respondents had been a victim of violence since the age of 18.

Liverpool (33.4%) and Wirral (39.4%) reporting over Merseyside proportion.



4.5% of survey respondents had been a victim of violence in the past 12 months.

Liverpool (5.4%) and Wirral (5%) above the Merseyside proportion.



23.9% had been a victim of physical violence since the age of 18 with most stating the offender as a stranger.



45.9%

Felt unsafe in their nearest park at night.



23.9%

Felt unsafe in their nearest town centre at night.



28%

Felt unsafe in Merseyside generally at night.



23.2%

Felt unsafe in pubs, bars and clubs at night.



21.1%

Felt unsafe on public transport or stations at night.



20.3%

Felt unsafe at taxi ranks at night.

13.9%

personally felt unsafe from violence in Merseyside.

42.7%

felt 10-17 year olds are unsafe from violence in Merseyside.

37.7%

felt 18-25 year olds are unsafe from violence in Merseyside.



Community Cohesion

- **75.5%** felt like they belonged in their neighbourhood
- **29.4%** believed they had a say in what goes on in their neighbourhood
- **75%** agreed they can get what they need in their neighbourhood



Bystander

- **84.3%** agreed they needed to set an example in their own behaviour for what they expect from others
- **47.1%** believed it was their responsibility to intervene in problematic situations
- **31.6%** believed there was no need to get involved in problematic situations

Adulthood victimisation and ACES



Individual

Arrested at any point in their lifetime: **2.9X**

Incarcerated at any point in their lifetime: **2.8X**

Has one Ace: **2.5X**

Has 2 to 3 ACEs **4.4X**

Has 4+ ACES: **9.7X**

Excluded from School up to the age of 18: **2.8X**



Close relationships

Does not feel close to adults they live with: **1.2X**

Does not feel close to relatives they do not live with: **1.3X**

Does not have close or good relationships: **1.4X**

No trusted adult support up to the age of 18: **2.1X**



Community

Low levels of overall neighbourhood cohesion: **1.2X**

Feel unsafe from violence in Merseyside generally: **2.1X**

Feel unsafe from violence in their neighbourhood: **3.0X**

Think violence is common in Merseyside generally: **1.0X**

Think violence is common in their Neighbourhood: **1.7X**

Driving change: The Impact of Prevention, Voice of the Child.

In January 2025 MVRP held a conference, 'Driving change: The Impact of Prevention'. A number of our young people held their own session and bravely spoke of their experiences.

With many thanks to the young people of Time Matters ^[1] and Toxteth El8te ^[2], the below gives some themes of what these young people had spoken about from their lives before intervention, to now. This session has been recorded and is available through our website ^[3].

Some key themes from the voices of the young people

Please note these are not direct quotes.



What the young people want:

- Young people to explore things in their own time without pressure
- More support for older young people made available
- Change the way young people with parents in prison are looked at



Time-Matters UK CIC
Supporting Children Affected by Parental Imprisonment



The above are not direct quotes from our young people, but consistent and common themes that were spoken about. Within their session some of the young people touched on their personal life before they joined a specific intervention, the journey they have had whilst attending interventions, the impact of the events from the Summer of 2024, the positive aspects of the interventions and outcomes.

[1] [Time-Matters UK – Supporting children who have a parent in prison in the community](#)

[2] [Toxteth El8te](#)

[3] [Driving Change: The Impact of Prevention - Merseyside Violence Reduction Partnership](#)

She Inspires: Feelings of Safety

She Inspires is a program that focuses on empowering young girls in Merseyside, using football as a tool to inspire and encourage them to pursue their dreams and reach their full potential. The program offers a variety of activities, including football tournaments, and educational opportunities, all aimed at building confidence, teamwork, and leadership skills.

Following the She Inspires event, MVRP asked those in attendance (primary school age) what they thought made them feel safe and what made them feel unsafe. There were clear themes for both.

For safety, themes included People (Family and friends, teachers, neighbours), community (volunteering, shops/food places, CCTV, lighting, feeling included, Police, near school, nice areas such as beach/parks and neighbours) and activities (Football, dance, school trips, leisure centres and local clubs). For feelings of not feeling safe, themes included People (gangs, bullying, crowds/groups of people and specific descriptive) and Communities (vehicles such as motorbikes/fast cars, weapons, night time, fireworks, litter/rubbish, CCTV and lack of facilities).

Word cloud two: She inspires participants 2025 what makes young people feel safe



Word cloud three: She inspires participants 2025 what makes young people feel unsafe



[StreetSafe | Police.uk](https://www.streetwise.org.uk/) - StreetSafe is a service that allows individuals to anonymously report concerns in public spaces such as issues and feelings of unsafety (It is not used to report crimes). As part of the government's agenda to tackle violence against women

and girls, StreetSafe data is being used to report locations where women and girls feel or have felt unsafe and to identify the features on why that location made them feel unsafe.

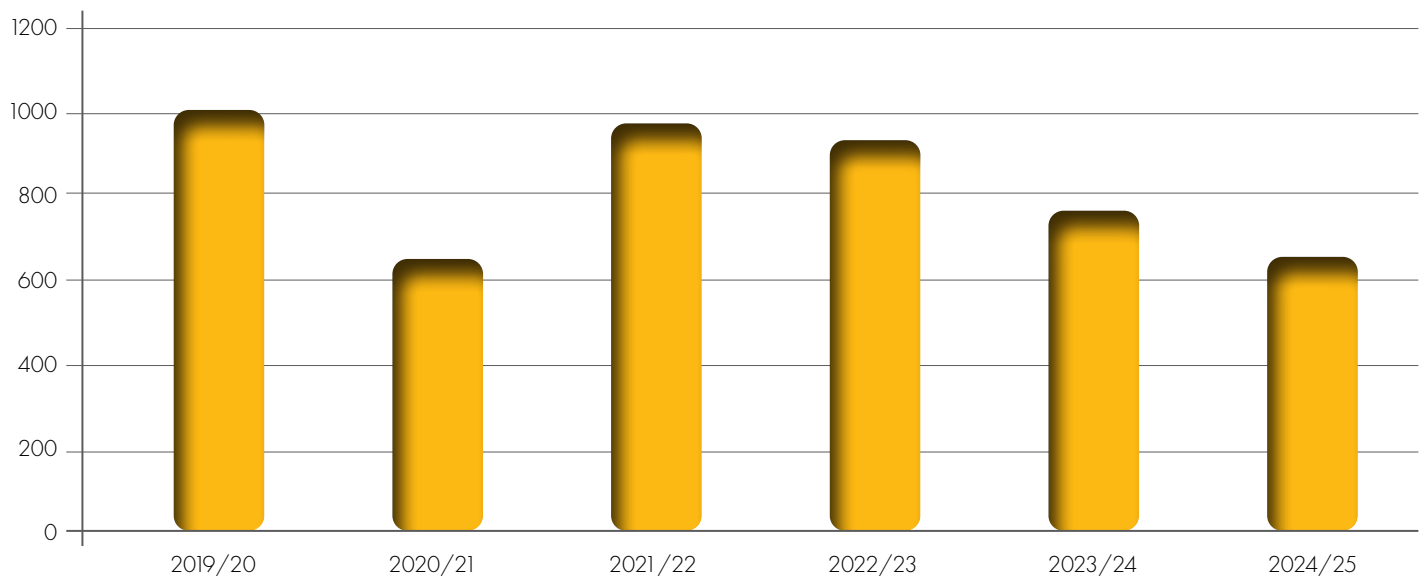
Conclusion

This section provides concluding remarks from information provided in this year's SNA and recommendations for both MVRP and partners to take on board.

Blue Light Data Comparison

Whilst remembering that behind all our data there are lived experiences of SV, the data allows us to see and understand what our communities in Merseyside need. It has been recognised that most blue light services have seen a decrease for this financial year, with North West Ambulance Service being the only one showing a slight increase.

Chart three: U25's Emergency Department attendees 2019/20 to 2024/25



(Source: TIIG)

Please note the above data covers April – December for all years.

The above chart is one example of our blue light service showing a downward trend, apart from post covid (2021/22). The above emergency department attendances for U25's for serious violence this year is the lowest it has been since Covid, with a 0.77% difference from this current FY to 2020/21 (COVID period).

Throughout this SNA asterisks have shown that blue light data is reflective of April – December only, to understand how this may impact on the decreases or increases shown. For emergency department U25 attendances, it should be noted that post-Covid, January to March are not peak months for attendance. This pattern is common across other blue light services.

Below highlights the similarities blue light data has shown in the reporting period for this financial year:

- Saturdays and Sundays were the peak days. However, a variation of weekdays stands out with not too much difference.
- Evenings peaked, starting to increase from 14:00-15:59 hours.
- For blue light services, where age is available, the peak age group was 15-24.
- Males were recorded higher for both victims and suspects of SV.
- Where ethnicity is known, for both victim and offender, the majority were white British.
- Liverpool had the highest reporting for SV from all emergency services.

For under 25's involved in serious violence, through the blue light data and when broken down into local authorities, the time and even the reduced differences in the days of the week can suggest once education or workdays are complete, involvement in serious violence increases.

Risk Factors: Individual, Close Relationships and Communities

Depending on the subject, performing above or below England's average can be seen as room for improvement. For individual risk factors, most LA's are showing young people as above England's average for being away from education through exclusion, persistent absences and suspensions. Pupils in all LA's both on free school meals and all pupils overall, are achieving 'grade 4 or above' below England's average. It is important that all partners work together to support our young people recognising that being in education is a protective factor to mitigate risk of involvement in SV. This **MUST** be highlighted and exclusion only used as a last resort and / or challenged by partners as appropriate.

Across all our LA's young people in care or kinship care households are above England's average. From the Children's Commissioner report, it is known that over half of children in care have a criminal conviction and just under a fifth have received a custodial sentence. This highlights a need to work with our young people in the care system to support them further in building positive life choices and to prepare them for care leavers status with strong foundations.

Two of the LA's in Merseyside are in the top 5 most deprived areas. However, acknowledging the deprived areas in all LA's and the young people living within them provides insight to areas where intervention and further support may be needed. However, looking through a public health lens, it is important that we recognise that through poverty, food banks, or housing, creating opportunities and equality for our young people to be surrounded by positive choices will support them to lead positive lifestyles.

Community Insight

The Merseyside violence and community safety survey highlights key areas where the public feel most unsafe. Evening is the time when most respondents felt unsafe with a public park being the place overall where most felt unsafe. Just under half felt that 10-17 year olds were unsafe in Merseyside, with a small difference believing 18-25 year olds were unsafe. Further findings provide insight of an increased likelihood of becoming a victim of violence if an individual has experienced ACEs, further highlighting the more ACEs experienced the increase in likelihood. For each risk factor the increased likelihood linked to victimisation is as follows:

- Individual: Has 4+ ACEs **9.7X**
- Close relationships: No trusted adult support up to the age of 18 **2.1X**
- Community: Violence is common in their neighbourhood **1.7X**

Gaps

- Limitation in up-to-date data for risk factors including education, drug and alcohol misuse, homelessness.
- Limitation of Merseyside Fire and Rescue Service demographic breakdown.
- Limitation in understanding demographics of Merseyside young people in unregistered care homes and especially of young people from outside of Merseyside placed here.



Recommendations

Targeted

- To continue the work and publish 'Voice of the Child' framework to ensure that young people's voices and choices are heard. – **MVRP**
- To support children who are entering the CJ systems but don't meet any criteria for further support – **YJS/MVRP**
- To provide further understanding on unregistered care homes in Merseyside including demographics of those supported there – **MVRP/Local Authorities**
- To advocate for young people placed in unregistered care homes and follow the CC in reporting unregistered care homes – **MVRP/Local Authorities/Merseyside Police**
- To engage with our communities and young people to understand their wants and needs to feel safe and support them – **MVRP/Local Authorities**
- To work on data limitations for risk factors (education, drug and alcohol misuse and homelessness) – **MVRP/Wider partnership**
- To keep targeting schools with high absence, exclusion and suspension rates with interventions – **MVRP/Education**
- To support young people with low achievement/readiness in education settings – **MVRP/Education**
- To support and advocate for young people with neurodiversity – **MVRP**
- To support the implementation of neurodiverse resources into practice within CJ areas that were funded by SVD and MVRP – **SVD/MVRP**
- To respond and act on feedback following MVRP Driving Change conference – **MVRP**
- To gain further insights into CAPVA and follow recommendations made by LJMU research – **MVRP/Wider partnership**
- To gather understanding and insights from Women and Girls on their thoughts of safety/unsafety within Merseyside – **MVRP**
- To provide and support women and girl's feeling of safety following the finding in LJMU's survey – **Wider partnership**

Strategic

- To continue supporting young people who have risk factors of serious violence and provide them with skills and opportunities – **MVRP/Wider partnership**
- To continue data gathering and data quality alongside TIIG to ensure interventions and support are directed in an evidence-based way – **MVRP/TIIG**
- To continue building evidence through evaluation of projects to ensure we are delivering high quality work for our young people and communities – **MVRP/LJMU**
- To review all independent evaluation reports to respond and act on recommendations – **MVRP**
- To ensure interventions funded support those with risk factors and ACEs that can contribute to becoming a victim and/or involved in serious violence – **MVRP**
- To put in place or highlight ongoing interventions in key areas where residents feel most unsafe – **MVRP**
- To create awareness of safety in Merseyside and the positives aspects/good news stories within communities – **MVRP**
- To design and disseminate a sustainability plan to all stakeholders and partners to achieve longstanding legacy for MVRP programmes and projects and at a system level – **MVRP**
- To continue to strive to achieve sustainability, where appropriate, for programmes, activity, and resources, designed and funded by MVRP, to ensure a legacy after March 2026 – **MVRP**



Appendix 1

Table One: Knowsley multiple blue light hotspot areas

| Knowsley Area | ED YP | ED | NWAS YP | NWAS | MFRS | VWI |
|---------------------|-------|----|---------|------|------|-----|
| Halewood North | ✓ | | | ✓ | | |
| Kirkby South East | ✓ | ✓ | | | | ✓ |
| Page Moss & Fincham | | ✓ | | | ✓ | |
| Prescot | ✓ | ✓ | | | | ✓ |
| Stockbridge Village | ✓ | ✓ | | | ✓ | |

Table Two: Liverpool multiple blue light hotspot areas

| Liverpool Area | ED YP | ED | NWAS YP | NWAS | MFRS | VWI |
|-------------------------------|-------|----|---------|------|------|-----|
| Albert Dock & Queens Dock | | | ✓ | ✓ | | ✓ |
| Anfield West | | | | | ✓ | ✓ |
| Central & Islington | | | ✓ | ✓ | | ✓ |
| Dovecot | | | | | ✓ | ✓ |
| Everton East | | | | ✓ | | ✓ |
| Everton West | | ✓ | ✓ | ✓ | | |
| Fairfield West & Newsham Park | | ✓ | ✓ | ✓ | ✓ | ✓ |
| Fazakerley South | ✓ | ✓ | | | | ✓ |
| Kirkdale North | ✓ | ✓ | | ✓ | | |
| Kirkdale South & Vauxhall | | | | | ✓ | ✓ |
| Knotty Ash | ✓ | ✓ | | | | |
| Norris Green East | ✓ | ✓ | | | | |
| Norris Green West | ✓ | ✓ | | | | |
| Orrell Park | | | | ✓ | ✓ | |
| Pier Head | | | | ✓ | | ✓ |
| Toxteth Park | | | ✓ | ✓ | | |
| Tuebrook | ✓ | | | | | ✓ |
| Walton Hall | | | | | ✓ | ✓ |
| Walton North | ✓ | ✓ | | ✓ | | ✓ |
| Walton South | | ✓ | | ✓ | | ✓ |
| Yewtree | ✓ | ✓ | | | | |

Table three: U25's Sefton multiple blue light hotspot areas

| Sefton Area | ED YP | ED | NWAS YP | NWAS | MFRS | VWI |
|----------------------|-------|----|---------|------|------|-----|
| Bootle East | ✓ | ✓ | | | ✓ | ✓ |
| Bootle South | | ✓ | ✓ | ✓ | ✓ | ✓ |
| Netherton North | | ✓ | | ✓ | ✓ | ✓ |
| Seaforth North | | ✓ | | ✓ | ✓ | ✓ |
| Seaforth South | ✓ | ✓ | | | | ✓ |
| Southport South | ✓ | ✓ | | | | |
| Southport Waterfront | | ✓ | ✓ | ✓ | | ✓ |

Table four: St Helens multiple blue light hotspot areas

| St Helens Area | ED YP | ED | NWAS YP | NWAS | MFRS | VWI |
|-------------------------------|-------|----|---------|------|------|-----|
| Billinge | ✓ | | ✓ | | | |
| Broad Oak | | ✓ | ✓ | ✓ | | ✓ |
| Derbyshire Hill | | ✓ | | | ✓ | ✓ |
| Moss Bank | | ✓ | | ✓ | | |
| Sutton Leach | ✓ | | | | ✓ | |
| Town Centre East & Fingerpost | ✓ | ✓ | | ✓ | ✓ | ✓ |
| Town Centre West | ✓ | ✓ | | ✓ | ✓ | ✓ |

Table five: Wirral multiple blue light hotspot areas






| Wirral Area | ED YP | ED | NWAS YP | NWAS | MFRS | VWI |
|--------------------|-------|----|---------|------|------|-----|
| Bidston Hill | ✓ | ✓ | | | ✓ | ✓ |
| Birkenhead South | | ✓ | | | ✓ | ✓ |
| Birkenhead Central | | ✓ | ✓ | ✓ | ✓ | |
| Egremont | ✓ | ✓ | | ✓ | | ✓ |
| Leasowe | | | ✓ | ✓ | | |
| Liscard | | | ✓ | ✓ | | ✓ |
| New Brighton | ✓ | | | ✓ | ✓ | |
| Poulton | ✓ | ✓ | ✓ | | ✓ | ✓ |
| Seacombe | | ✓ | | ✓ | | ✓ |
| Tranmere | | | | ✓ | ✓ | ✓ |
| Upton West | ✓ | ✓ | | | | |
| Town Centre West | | ✓ | | ✓ | | ✓ |



Appendix 2

All age groups annual data comparison

Table Six: Knowsley multiple blue light hotspot areas

| | | |
|---|--|---|
| ED 3,121 | 28.3%  | ED 2,237 |
| Merpol Suspects 24,844 | 52.1%  | Merpol Suspects 11,895 |
| Merpol Victims 34,137 | 46.7%  | Merpol Victims 18,176 |
| MFRS 3,337 | 30%  | MFRS 2,335 |
| NWAS 447 |  31.9% | NWAS 590 |

At the time of writing only April 2024 to December 2024 was available for Emergency Department (ED), Merseyside Fire & Rescue Service (MFRS), Merseyside Police suspects and victims, and North West Ambulance Service (NWAS). Therefore a comparison over the same period last year will be compared.

Please note Merseyside Police data went under data quality to remove any possibility of DV for April 2024 onwards which will have had an impact on the decreases seen.

For continuity, MVRP have reported on all age groups in the SNA. The above represents those under 25, please see appendix two for all age group annual year comparison.

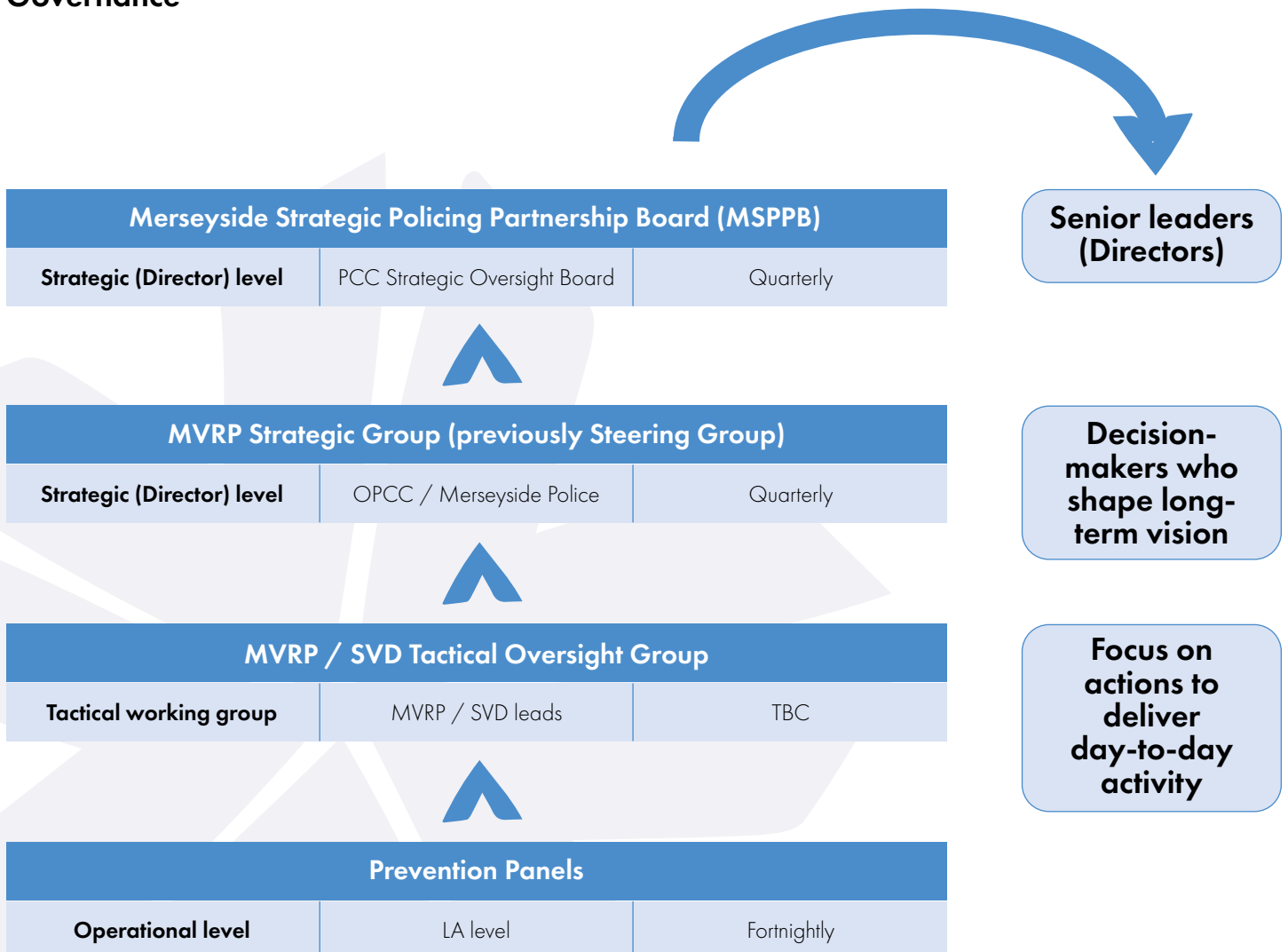
Appendix 3

Useful links

- Merseyside Violence Reduction Partnership Website - [Merseyside Violence Reduction Partnership \(merseysidevrp.com\)](https://merseysidevrp.com)
- Education resources from MVRP - [Education Resources - Merseyside Violence Reduction Partnership \(merseysidevrp.com\)](https://merseysidevrp.com/education-resources)
- Evaluation reports for MVRP programmes & Whole Systems Evaluation - [Evaluation Reports - Merseyside Violence Reduction Partnership \(merseysidevrp.com\)](https://merseysidevrp.com/evaluation-reports)
- Trauma Informed Practice Resources - [Trauma Informed Practice - Merseyside Violence Reduction Partnership \(merseysidevrp.com\)](https://merseysidevrp.com/trauma-informed-practice)
- National VRU evaluation (year ending March 2023) - [Violence Reduction Units 2022 to 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/violence-reduction-units-2022-to-2023)
- Serious Violence Duty - [Serious Violence Duty: Merseyside Police and Crime Commissioner](https://www.merseyside.police.uk/serious-violence-duty)
- Together as one Campaign SVD - [The campaign - Together As One](https://www.merseyside.police.uk/together-as-one)
- Serious violent asset directory - [Serious Violence Asset Directory: Merseyside Police and Crime Commissioner](https://www.merseyside.police.uk/serious-violent-asset-directory)

Appendix 4

Governance



Appendix 5

MVRP strategy and Theory of Change (TOC)

Our Vision

MVRP Strategy 2022-2025

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

Objectives & Priorities

- Ensure a Public Health Approach
- Ensure a Trauma Informed Approach
- Be transparent
- Ensure that community is at the heart of everything we do
- Taking an evidence-based approach
- Facilitating multi-agency working



Merseyside Violence Reduction Partnership

Vision: We believe that all communities have the right to be free from violence

OUR OBJECTIVES

- 1) Ensure a public health approach drives & underpins all that MVRP do;
- 2) Ensure that the community is at the heart of everything that we do;
- 3) Ensure a trauma informed approach underpins all services;
- 4) Take an evidence-based approach to identifying root causes of serious violence in order to prevent & tackle serious violence;

OUR PRIORITIES

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

INPUTS

Funding: Home Office, MVRP partners & other sources

Local partner commitment, expertise, data & resources: police, health, public health, local authorities, education, third sector, Community Safety Partnerships, probation, fire & rescue service, youth offending service, Department of Work & Pensions, CYP & community members, & intervention delivery partners

Wider partner support: Home Office, VRUs, Youth Endowment Fund; College of Policing; WHO Collaborating Centre for Violence Prevention (JJMU); national evaluation team

ACTIVITIES

Strategic leadership, governance, accountability & delivery:

Core MVRP multi-agency co-located delivery team; MVRP multi-agency steering group (& priority area sub-groups); Oversight from Merseyside Police & Crime Commissioner via Merseyside Strategic Policing & Partnership Board

Development of partnerships committed to implementing a whole system public health approach to violence prevention

Development of evidence based practice supported by the MVRP Evidence Hub (research/data/intelligence, monitoring evaluation; online Data hub via TIIG)

Creation of policy/practice guidance to support system change & intervention delivery

Development & implementation of community led approaches (supported by community engagement, consultation & research)

Capacity building to prevent violence including developing understanding of & expertise on a public health approach to violence prevention, neurodiversity, & adverse childhood experiences (ACEs) & implementing trauma-informed practices (TIPs)

Funding of primary, secondary and/tertiary interventions to prevent violence focused on the MVRP five priority areas – implemented at regionally & place-based

Targeted & tailored communications across the community & partners

On-going review/enhancement of the MVRP (e.g. MVRP strategy & implementation & monitoring/evaluation plans; intervention delivery; expertise & data)

Partnership Logic Model (2022 Onwards)

Violence in order to provide the best life chances for all across Merseyside

OBJECTIVES

- 5) Facilitate multi-agency working at both an operational & strategic level;
- 6) Implement transparent & coordinated allocation of resources to tackle county wide & local causes of serious violence;
- 7) Implement & support sustainable practices;
- 8) Ensuring poverty, inequality & deprivation will be a continuous thread throughout the work of the MVRP

PRIORITIES

