

Inputs

Financial

- £1,058,313 Home Office funding 23/24
- £1,047,170 indicative Home Office funding 24/25
- £566,992 Grip funding 23/24

VRP model

Serious Violence Reduction Partnership: nine specified or relevant authorities
Violence Reduction Unit and co-located GRIP personnel
Governance – Serious Violence Reduction Partnership (SVRP)
Delivery structure - Centralised VRU

Resources

- Multi-agency working:
- Existing multi-agency partnerships
 - Specified and relevant authorities
 - Third sector and community organisations
 - Serious Violence Duty

Data sharing/analysis

- Existing SNAs
- Networks with local authority analysts
- Existing data sharing agreements and arrangements
- Thames Valley partnership to establish Hampshire and Isle of Wight Together (HIT)

Young people and communities:

- Existing forums including OPCC Youth Commission
- Partners working with young people

Interventions

- VRU and local authority Commissioned interventions
- National evidence of effective interventions including YEF Toolkit

Support

- Guidance from the Home Office
- VRU themed networks
- VRU peer working
- CREST advisory response strategy support
- VRU Basecamp

Ministerial priorities

- Multiagency systems leadership
- Use of evidence and evaluation
- The effective sharing of data between partners

Activities

1. Multiagency and Systems Change

- Engage executive level leaders in the Serious Violence Reduction Partnership (SVRP) to drive and support multiagency local delivery which is sustainable, trauma informed and builds on existing structures & resources.
- Coproduce and actively support delivery of a response strategy to reduce harm and meet the SV Duty in response to the Strategic Needs Assessment.
- Tactical Violence Reduction Partnership (TVRP) will promote the development of multiagency systems to produce effective problem solving to support at-risk individuals, communities and geographical hotspots
- Seek to embed automated, data-led system responses

2. Data & Analysis

- Specified and relevant authorities attend and collaborate at Data and Analysis Working Group (DAWG)
- Collaborate and coproduce Strategic Needs Assessment (SNA) which meets the needs of specified authorities and CSPs.
- Develop a partnership data tracker to increase understanding of partnership data relevant to SV and its drivers
- Work with Information Governance to break down barriers to data sharing and where necessary formalise arrangements
- Develop Outcomes Based Performance Framework in partnership to monitor progress
- Develop Hampshire and Isle of Wight Together (HIOWT) common data platform and share using automation
- Use partnership data to identify individuals, communities and geographic locations at increased risk of SV

3. Engagement

- Specified and relevant authorities attend and collaborate at Engagement and Comms working groups
- Map and carry out gap analysis of existing partnership engagement with communities and young people
- Work in partnership to ensure that the community voice is consistently captured and informs activity
- Ensure community voice captures cohorts most impacted by violence

Communications

- Create VRP brand and website to communicate with partners and public
- Celebrate and highlight work of communities and the VRP working together
- Develop a strengths based counter-narrative

4. Interventions, Evaluation & Opportunities

- Conduct gap analysis of existing provision within communities
- Use the academic evidence base to inform commissioning decisions
- Develop interventions with and for communities
- Carry out joint commissioning for efficient and effective delivery
- Submit joint bids that promote broad provision by a consortium of providers
- Champion a public health approach which evaluates interventions to understand 'what works'
- Incorporate learning from performance data and evaluations into the VRP strategy

Outputs

Multiagency & Systems Change

- Specified and relevant authorities' attendance at SVRP meetings
- Response strategy to drive VRP activity
- Partners' attendance at TVRP meetings
- Multiagency activities in response to at-risk individuals, communities and geographical hotspots
- Specified and relevant authorities accessing and sharing data via Hampshire and Isle of Wight Together

Data & Analysis

- Specified and relevant authorities' attendance at DAWG meetings
- Strategic Needs Assessment to understand the local picture of violence and inform priorities within the response strategy
- Partnership data tracker to monitor data sharing, barriers and actions
- Outcomes Based Performance Framework to monitor progress against the VRP strategic objectives
- Hampshire and Isle of Wight Together shared data platform
- List of at-risk people, communities and locations

Engagement

- Specified and relevant authorities' attendance at Engagement and Comms working groups
- Report capturing existing partnership engagement
- Survey for use across HIPS
- Young people, including most impacted cohorts, contributing their views across HIPS

Communications

- Website and products using VRP branding
- Regular communications between VRU and partners via website

Interventions, Evaluation & Opportunities

- Report capturing existing provision within communities
- Evidence based interventions commissioned and delivered with and for communities
- Jointly commissioned interventions
- Joint bids produced in partnership
- Young people, families and professionals reached through interventions
- Robust evaluation reports and lower level monitoring returns of interventions

Outcomes (Medium-term)

Multiagency & Systems Change

- Ownership and accountability to deliver the public health response to SV is shared across the partnership and specified and relevant authorities understand their role
- Violence reduction efforts are sustained in the longer term
- Multiagency working is strengthened and duplication is reduced
- Effectiveness of public health response to violence increases
- Reduced risk to public
- Increased protective factors and decreased offending in at-risk individuals
- Culture of streamlined and rapid data access to inform decisions

Data & Analysis

- Specified and relevant authorities maintain a comprehensive and ongoing understanding of the nature and drivers of SV, and the cohorts and locations impacted
- Access to data is efficient and not resource intensive via HIT
- VRP performance against outcomes is improved
- Partnership response strategy is focussed on priority issues, locations and cohorts

Engagement & Communications

- Partners have a shared responsibility and clear roles in Engagement and Comms using a consistent counter-narrative
- Positive working relationships and collaboration built between partners
- Partners maintain a shared and ongoing understanding of the views and needs of diverse YP and communities which is reflected in the partnership response to violence
- Trust is built between partners and public
- Partners and public are better informed about SV and the partnership response

Interventions, Evaluation & Opportunities

- Decreased risk factors and increased protective factors for young people and communities through evidence based interventions
- Commissioning and bidding processes are strengthened through collaboration
- Evaluation evidence informs the national evidence base for violence reduction
- Developments in the response to violence, including future interventions commissioned, are informed by evidence of the impact of current activities

Impacts (Long-term)

- Partnership response to violence is embedded and sustained through the whole-systems, public health approach
- Effective multi-agency working processes embedded

- Reduction in hospital admissions for assaults with a knife or sharp object
- Reduction in police recorded knife-enabled serious violence
- Reduction in all non-domestic homicides (Home Office Index)
- Reduction in locally defined serious violence
- Reduction in risk factors
- Increase in protective factors

- Increase in public trust in the VRU and partners
- Increase in YP's willingness to engage in support
- Increase in feelings of safety

Rationale

- Increases in serious violence; Hampshire within 20 areas nationally with highest rates
- Recognition of multiple partners responding to SV but not always working together
- Recognition of lack of robust shared data sharing arrangements
- Complex and varied drivers for SV, associated with vulnerability to other poor life outcomes
- Evidence supporting a whole-systems, public health approach to respond to SV

Assumptions

- Partners regularly and meaningfully engage with the VRP
- Partners share data with the partnership
- Communities are willing to engage to share their views
- Communities engaged are representative of the area and/or those most affected by violence
- Young people identified as at-risk are willing and able to engage with interventions
- There is sufficient capacity across the partnership to deliver the response to SV
- The response to SV is continued in any future absence of VRU funding

Risks

- Competing priorities cause a lack of partner engagement
- Alternate data sharing arrangements are prioritised by partners
- Insufficient data sharing provides the partnership with an incomplete understanding of local violence and risk factors
- Insufficient public engagement limits the partnership's understanding of public sentiment and so the strategy is not accurately informed by this
- Varied obstacles prevent interventions from delivering as planned
- An end to VRU funding leaves a gap in the facilitation of violence reduction activity

Contextual factors

- Complex geographical landscape; localities experience different problems relating to SV
- Complex web of partners with multiple local authorities within VRP
- Data required is often sensitive and lack of continuity with key gatekeepers impedes Information Governance development and continual sharing
- Risk factors amplified/complicated by Covid-19 and cost of living crisis

Other contributing factors

- Wider policy/activity affecting the drivers of SV (e.g. county lines and theft) alongside VRP-driven activity
- Co-interventions such as statutory support e.g. social care, received by young people engaging the VRP commissioned interventions