

## **Reducing Public Space Violence across the East Midlands: Mapping the Interventions**

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### **Introduction**

The purpose of this briefing paper is to gauge the response to the government's flagship Serious Violence Strategy (HM Government, 2018) across the East Midlands region three years after its publication. Despite the long-term fall in public space violence, forms of violence that generate serious harms have remained a focus of policy attention (Ganpat *et al.*, 2020). The Serious Violence Strategy (HM Government, 2018) notes that as crime continues to fall, many forms of serious violence – homicide, knife crime, gun crime and robbery have risen since 2014. The Strategy sets out the drivers for these forms of violence (such as drugs/profit, individual propensity to offend, alcohol and opportunity) and individual risk factors (individual, family, school, community and peer group). Against this, not only are potential areas of intervention outlined (such as early interventions, community responses and law enforcement), but significantly an opportunity is presented to rethink about how violence is tackled. This emphasises the need for further partnership working and public health approaches to tackle violence (HM Government, 2018, p. 9).

The Serious Violence Strategy was backed by a commitment to fund interventions and partnerships. The Serious Violence Fund paved the way for the development of Violence Reduction Units (VRUs) in the 18 police areas worst affected by violence. The expectation was that the VRUs would tackle 'the root causes' of serious violence through inter-agency working and public health focused

interventions. While the funding for VRUs was no doubt welcomed across the 18 VRU areas, so was the desire to treat violence as a public health issue. As Grimshaw & Ford (2018, p. 15) identify, the risk factors for violence are "cross-cutting" and "any comprehensive approach to violence reduction" needs to address a variety of individual, relationship, community and societal factors.

The data presented in this paper were collected from each of the five police force areas across the East Midlands – Derbyshire, Leicestershire, Lincolnshire, Northamptonshire and Nottinghamshire - of which two (Leicestershire and Nottinghamshire) are VRU funded areas. Requests for data were made in late 2020 to individuals in each area with overall responsibility for overseeing violence reduction interventions. In the following pages, analysis is presented relating to:

- The types of interventions being implemented;
- Theory of change and 'how' interventions are intended to work;
- Evaluation and impact.

### **Types of interventions being implemented**

In total, the five forces selected 47 interventions which were aimed to impact on public space violence across the region. Table 1 presents an overview of the target group of the interventions, the key places of delivery and examples of the types of intervention. The interventions are broadly arranged into the

target groups used by MacLeod *et al.* (2020) in the Violence Reduction Unit Impact Evaluation Feasibility study, including:

1. People already known to be involved in crime/violence;
2. People who are a known risk or known to services;
3. People who are potentially high risk due to proximity to hotspot areas or people they associate with;
4. Those not known to be at risk but who may live in an area with high levels of crime or socio-economic deprivation; and
5. 'Others' which refer to interventions that do not directly involve the four above groups.

**Table 1: Types of interventions across the East Midlands VRIN area**

Target Group	Key places of Delivery	Typical examples of interventions
<b>People currently involved in crime/violence (38%: n=18)</b>	Hospital A&E (n=3)	A&E admissions programmes with victims/survivors of knife crime
	Custody/police (n=4)	Mentoring and support in custody settings and aftercare for known offenders
	Robbery/knife crime hotspots (n=3)	Hotspot policing in communities with high rates of violence
	Via range of other agencies (n=8)	Supporting positive behaviours/addressing problems through mentoring and coaching; careers advice/employment support; sports interventions/working within IOM.
<b>People who are a known risk/ known to services (11%: n=5)<sup>1</sup></b>	Custody/police (n=1)	Mentoring and support at point of arrest
	Via range of other agencies (n=4)	Supporting positive behaviours/addressing problems through trauma therapy/a range of interventions building protective factors (see above)
<b>People who are potentially at high risk due to location/proximity to offenders (30%: n=14)</b>	Schools (n=2)	Targeted mentoring and support programmes delivered in schools
	Recording studios (n=2)	Supporting positive behaviours through music based interventions
	Via range of other agencies (n=10)	Supporting positive behaviours/addressing problems through mentoring and coaching; careers advice/employment support/sports interventions/building emotional resilience
<b>Universal delivery to those with no known involvement (15%: n=7)</b>	Schools (n=4)	Educational programmes in schools and safeguarding
	Social media (n=1)	Focused messaging on risks of knife crime/violence
	Police (n=1)	Police cadet programmes to give young people insights into policing
	Other agencies (n=1)	Educational anti-knife crime workshops
<b>Other interventions (7%: n=3)</b>	Retail (n=1)	Purchase testing for restricted products such as knives
	Licensed Premise (n=1)	License revocation for 'high incident' premises
	Other agencies (n=1)	Family/carers/parenting programmes

<sup>1</sup> Many interventions crossover between 'known risk' and 'potential risk' groups. Only where respondents said that interventions were solely focused on 'known risk' groups were they then categorised into that group.

As can be observed above, a wide variety of interventions are being implemented with the majority focused on people currently involved in crime (38%: n=18) or those thought to be at high risk of future involvement (30%: n=14). The data do however, point to some slight differences between VRU and non-VRU areas. While the majority of the recorded interventions (63%: n=29) are in the two VRU areas, these areas are also implementing a greater number of interventions that move away from a focus on known offenders to more *at risk* and *universal* groups. A total of 27% of interventions in VRU areas focused on known offenders (as compared to 53% in non-VRU areas). However, over two-thirds of interventions in VRUs focused on at-risk or universal groups (compared to 35% in non-VRU areas). This may be a result of there being more funding available to support such long-term approaches in these locations.

### **How interventions are intended to work: Theory of change**

It goes without saying that the reason for implementing any intervention is to affect change of some sort. In the recent VRU impact evaluation feasibility study, MacLeod *et al.* (2020) outline a programme-level theory of change that considers how *inputs* and *activities* can produce *outputs* that should then lay the foundations for positive *outcomes* and *impacts*. However, others note how intervention level theory of change is also required to begin to tease out 'why' and 'how'

interventions are thought to result in change (Quigg *et al.*, 2020, p. 10) Our analysis considers *intervention-level* theory of change across the region. In Table 2 an overview of 'theory of change' relating to the 47 identified interventions is outlined by considering (1) the intervention point (place or point in the target recipient's life when the intervention is implemented) and (2) how the interventions are intended to generate change.

What can be observed is that there are a number of theories of change associated with the interventions. These range from theories based on reactive forms of policing (such as using traditional policing methods to arrest offenders) to those that are more proactive and aim to facilitate change in people and their risk/protective factors (such as educational and parenting programmes). In line with the public health model (Christmas & Srivastava, 2019; Grimshaw & Ford, 2018), many of the observed interventions aim to facilitate change in individuals or their circumstances through addressing risk/protective factors at different points in their lives. For example, a range of primary preventative interventions (i.e. pre-offending early school interventions) are observed; secondary preventative interventions (interventions building support/protective factors when young people are at risk of offending) and tertiary measures (such as 'through the gate' programmes to promote desistance).

**Table 2: Intervention points, interventions and theory of change**

Intervention point	Theory/mechanism of change
In school	<ul style="list-style-type: none"> <li>• <b>Cultural change:</b> Approaches that challenge social norms/cultures that accept violent behaviours and attitudes of young people to make them less likely to engage in violence in future through carefully targeted mentoring.</li> <li>• <b>Educational:</b> Approaches that educate about the dangers and risks and weapons carrying/use and forms of violent crime. Such approaches highlight the physical risks and the dangerous of gang/criminal lifestyle.</li> </ul>
In early life/ stage of onset of offending	<ul style="list-style-type: none"> <li>• <b>Addressing problems/building supportive protective factors:</b> Interventions that build supportive protective factors (education, behaviour, employment and life skills) to increase likelihood of future educational and job prospects.</li> <li>• <b>Parenting:</b> Programmes that enable parents to recognise risk signs of youngsters becoming involved in gangs/knife crime/gang lines. Parents can then help to support and put a check on such activities.</li> <li>• <b>Educational:</b> Social Media campaigns that highlight the risks of weapons carrying and gang violence to a wide audience.</li> </ul>
Point of weapons purchase	<ul style="list-style-type: none"> <li>• <b>Reduce opportunity to obtain weapons:</b> Test purchasing in retailers to ensure that retailers are not selling restricted products to under 18's.</li> </ul>
Point of violent altercation/ injury	<ul style="list-style-type: none"> <li>• <b>Reachable moments:</b> support to those accessing A&amp;E with knife wounds as this is a 'reachable' and 'teachable' moment that might act as a turning point in their lives.</li> </ul>
Public spaces of violence	<ul style="list-style-type: none"> <li>• <b>Reduce hotspots:</b> police operations at hotspot locations to reduce numbers of weapons/take violent offenders out of circulation</li> <li>• <b>Reduce settings for violence:</b> licensing controls/provocation for places that are common venues for violence.</li> </ul>
After offending	<ul style="list-style-type: none"> <li>• <b>Support desistance process:</b> Support for offenders through aftercare and through the gate programme to promote likelihood of desistance.</li> </ul>

## Evaluation and Impact of measures

Identifying which interventions 'work' in relation to their intended outcomes is essential to crime reduction activity. The early evidence suggests a plethora of indicators have been identified and a range of measures are being used nationally to test efficacy across VRU areas (Youansamouth *et al.*, 2020). In the East Midlands, out of the 47 reported interventions, 42 had clear indicators associated with them. Of course, the main long-term outcome for most of the interventions was to reduce

various forms of violence, though many also had a set of shorter or more intermediate outcome measures. Examples of the indicators are outlined in Table 3. The first column presents an overview of the 'outcome' focus of the interventions (i.e. what they intended to change) and the second column presents some examples of specific indicators<sup>2</sup>. As might be expected, the indicators are logically aligned to the types of desired outcomes

<sup>2</sup> It should be noted that a range of measures might often be used to test intervention efficacy. For example, reductions in offending might be

measured though recorded crime, numbers of arrests, charges for serious violence etc.

**Table 3: Indicators of change**

Outcome focus of intervention	Key examples of indicators
<b>Offence based/geographical area focused crime reduction</b>	-Reductions in serious violence offending -Reductions in youth violence -Improved feelings of community reassurance
<b>Changes in behaviours of school pupils (school-based interventions)</b>	-Increased numbers meeting specific OFSTED Personal, Health, Social and Economic Education (PHSE) targets -Improvements in school attainment/achievement -Improvements in behaviour/attendance -Reductions in bullying -Reductions in school exclusion
<b>Young person’s achievements/Young person’s behaviour change</b>	-Increase in a range of skills related to protective factors (education/employment/life skills) -Increase in positive behaviours -Increase in positive attitudes
<b>Job prospects/ employment specific</b>	-Increase in knowledge and skills -Securing employment
<b>Suspect identification/prosecution/ weapons seizure</b>	-Increase in number of suspects identified -Increase in knife seizures
<b>Others (weapons control; media campaigns; premises licensing etc.)</b>	-Reduction in premises that are venues for violence (through licencing changes/closures) -Reduction in stores breaking weapons sales restrictions -Reach of social media campaigns -Numbers of cadets recruited to police cadets programmes

Although many interventions are still at a relatively early stage of implementation, across both VRU and non-VRU areas there were lots of early reports of successful implementation and impact. Several areas reported that their focus on violence reduction had helped to develop increased provisions in support for those in need; build links to employers [thus building positive futures for young people] and improve inter-agency working. Indeed, the range of agencies involved in these provisions is probably not surprising considering the long-standing focus on inter-agency working initially set out in the Crime and Disorder Act of 1998 (See Berry *et al.*, 2009), the emphases on public health approaches set out in the Serious Violence Strategy (HM Government, 2018) and the

forthcoming public duty on agencies to tackle serious violence (Home Office, 2019)<sup>3</sup>. That said, the range of inter-agency work is impressive and appears to be generating several positive early indicators of success including:

- The growing number of referrals to interventions;
- Observed improvements in the mental health and well-being of young people;
- Positive feedback on employment success;
- Changes/reductions in crime levels;
- Reductions in weapons offences;
- Independent evaluations that have suggested successful outcomes.

<sup>3</sup> Such as police, local councils, local health bodies such as NHS Trusts, education representatives and youth offending services.

This is in line with Craston *et al.* (2020) who also reported on the positive development of inter-agency approaches in VRU areas and some (perceived) early signs of success in the roll out of public health approaches. Of course, areas reported challenges with the development and continued operation of interventions. Typical challenges included:

- Restrictions presented by Covid and subsequent changes in working practices;
- The need for more resources/staff;
- Uncertainty over lack of longer term funding;
- Uncertainty over the success of interventions due to the requirement for long term monitoring and evaluation;
- Problems encountered with obtaining data in relation to the measurement of outputs and outcomes.

### Summary and key implications

It is evident that a wide range of interventions are being implemented to tackle public space violence across the East Midlands. As might be expected, when public health approaches are rolled out, these interventions involve a deal of inter-agency working and attempt to facilitate change through a variety of mechanisms. The agencies that implement interventions also recognise that developing an understanding of 'what works' is essential in relation to their work. This is evidenced by the range of outcome indicators in place. Some were also able to cite examples of 'hard' measures of outcome success and softer more 'anecdotal' information about how certain interventions appear to be working.

Although all areas cite challenges, the evidence suggests the signs are positive for the region. However, in order to develop the knowledge base, it is suggested there should be five main areas of focus going forward:

1. **Efficiency of interventions:** it is clear that all interventions need to be

carefully evaluated to ascertain impact. This will add to the wider 'what works' knowledge base. Consideration might also be given to using more creative methodologies to develop robust evaluations of interventions where long-term outcome measures would be useful (for example longitudinal studies of young people's life trajectories).

2. **Teasing out the impact of 'whole programmes' versus the impact individual 'interventions':** as so many interventions are being implemented, a challenge for areas will be in understanding whether outcomes are generated as a result of whole programmes (i.e. system change and a multiple range of interventions) or by one or two particularly effective interventions only.
3. **Partnership development and working practices:** with emphasis on partnership working, it would be beneficial for the region to understand how partnerships are being developed, what types of partnership models exist and which are most successful at delivering effective interventions.
4. **Understanding the differences between VRU and non VRU areas:** with two areas in region being VRU funded, there is a good opportunity to explore how this funding can generate new approaches to violence reduction and deliver effective outcomes.
5. **Long term sustainability:** the current public health focus is built on the notion of developing long-term approaches. Monitoring how sustainable current partnership arrangements are and what long-term good practice is fostered would also be useful in building knowledge of 'what works' in relation to public health approaches to violence reduction.

## Acknowledgements

We would like to thank all our stakeholders in our partner forces for compiling the information used to inform this discussion paper. Special thanks are due to: Nicole Plummer and Ric Ellis (Northamptonshire Police); Natalie Baker-Swift (Nottinghamshire Police); Lee Pache (Lincolnshire Police); Stevie-Jade Hardy (Leicestershire Police); and Richard Keene (Derbyshire Police) who pulled together the force reports and all their in-force colleagues who helped to supply the data.

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