



RESPONSE STRATEGY 2023-2025

Our Strategy for Preventing Serious Violence



NOVEMBER 2023

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1. INTRODUCTION

The Humber VPP

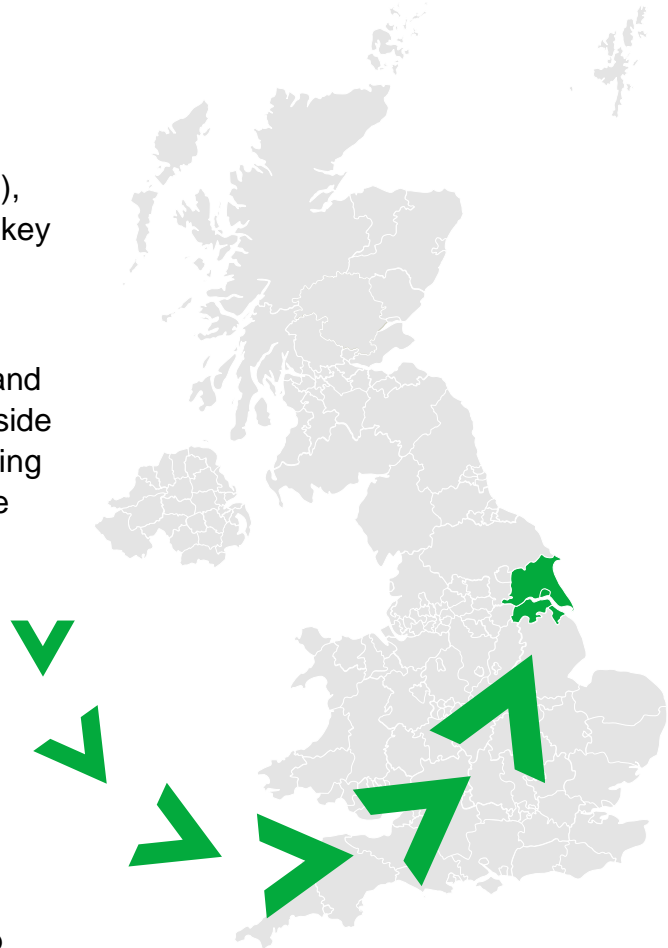
The Humber Violence Prevention Partnership (VPP) is a Home Office-funded Violence Reduction Unit (VRU), made up of local organisations with a key role to play in preventing and tackling serious violence.

Our membership includes the Police and Crime Commissioner (PCC), Humberside Police, local authorities, Youth Offending Teams, the Humber & North Yorkshire Integrated Care Board, the Probation Service, HMP Hull, HMP Humber, Humberside Fire and Rescue Service and representatives of the education and voluntary sectors.

We work closely with the four statutory Community Safety Partnerships (CSPs) covering the Humber area through a hub-and-spoke approach, to create a joined-up response to violence across the system.

Our core purpose is:

To lead and co-ordinate the local response to preventing and reducing Serious Violence through a public health approach.



The Serious Violence Duty

The Serious Violence Duty¹ commenced on 31 January 2023, requiring specified authorities² (all of which are members of the VRU) to work together to share information, collaborate and plan to prevent and reduce serious violence within their local communities.

As part of this, serious violence was made an explicit priority for CSPs, which must have a strategy in place to tackle serious violence by January 2024.

About this strategy

This strategy outlines the multiagency response to preventing serious violence in the Humber area. It sets out, based on our work to date:

- What we know so far about serious violence in the Humber area
- What we have decided to focus on and why
- How we will work through a public health approach
- The strategic aims, outcomes and objectives that shape our response

The strategy has been developed following engagement with partners, communities and young people during 2023. Where available, it also draws on the evidence base of “what works” to prevent serious violence.

More details on the actions we are taking and how they are being measured are contained in our annual delivery plans:

- The Humber Delivery Plan, which covers Humber-wide actions governed and coordinated through the Humber VPP.
- Local delivery plans for East Riding of Yorkshire, Hull, North East Lincolnshire and North Lincolnshire. These are being developed and will be governed through the four respective CSPs.

This strategy covers the period 2023-2026 and will be reviewed annually. The latest version will be available at humbervpp.org, along with links to the delivery plans.

¹ <https://www.gov.uk/government/publications/serious-violence-duty>

² Local authorities, the police, Fire and Rescue Authorities, the Probation Service, Youth Offending Teams, and Integrated Care Boards

2. WHAT WE KNOW ABOUT SERIOUS VIOLENCE

What is violence?

We have adopted the World Health Organisation's (WHO's) definition of violence as:

“The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.”³

There is no single definition of serious violence. The scope of the Government's Serious Violence Strategy is:

“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. It also includes emerging crime threats faced in some areas of the country such as the use of corrosive substances as a weapon.”⁴

The Government's primary success measures for VRUs are related to reducing homicide and violence involving knives and sharp objects. For the purposes of the Serious Violence Duty, in addition to homicide and violence against the person (which may include knife and gun crime), violence is defined as including “domestic abuse, sexual offences, violence against property and threats of violence”, but not terrorism.

Both VRUs, like the Humber VPP, and specified authorities for the Serious Violence Duty are required to set their own local definitions of serious violence. These must include as a minimum the scope of the Serious Violence Strategy, including a focus on youth violence in public spaces, and take account of the local impact and prevalence of other types of violence such as those outlined above.

³ WHO, World report on violence and health (2002)

⁴ HM Government, Serious Violence Strategy (2018)

<https://www.gov.uk/government/publications/serious-violence-strategy>

The VPP and CSPs have agreed a shared definition to meet both requirements – helping to develop a joined-up approach across our area.

Violence in the Humber area

In 2022/23 we carried out our first Strategic Needs Assessment (SNA), which drew on a range of data sources to analyse the extent and nature of violence in the Humber area. The SNA found that:

- All four local authority areas are really different.
- More than half of Hull's population live in areas that are classified as within the 20% most deprived nationally; in East Riding it's less than a tenth.
- "Violence against the person" accounts for about 40% of recorded crimes in Humberside, while violence with injury offences account for approximately 11-12% of recorded crimes.
- About a quarter of suspects in violent crimes in Humberside are female and three quarters are male.
- Most suspects for violent crimes in Humberside are aged 13-36.
- A slightly higher proportion of victims are aged under 25 than suspects.
- 41% of Humberside's violent crime occurs in Hull; 22% in the East Riding of Yorkshire; 21% in North East Lincolnshire, and 16% in North Lincolnshire. The proportions are similar for the home addresses of suspects, and for hospital admissions for assault.
- Just under 70% of Humberside adults admitted to hospital after being assaulted are also recorded as having mental ill health as a factor in their admission.

Based on the SNA and discussions across our partnership, we have defined serious violence in the Humber area as violence which consists of the following headline crime types:

- Homicide
- Violence against the person (public space)
- Robbery
- Possession of a weapon
- Domestic abuse
- Sexual offences
- Violence against women and girls (VAWG)
- Child exploitation and county lines

- > Modern slavery
- > Organised crime groups

Because the extent and nature of serious violence varies across our area, each CSP will tailor its focus accordingly.

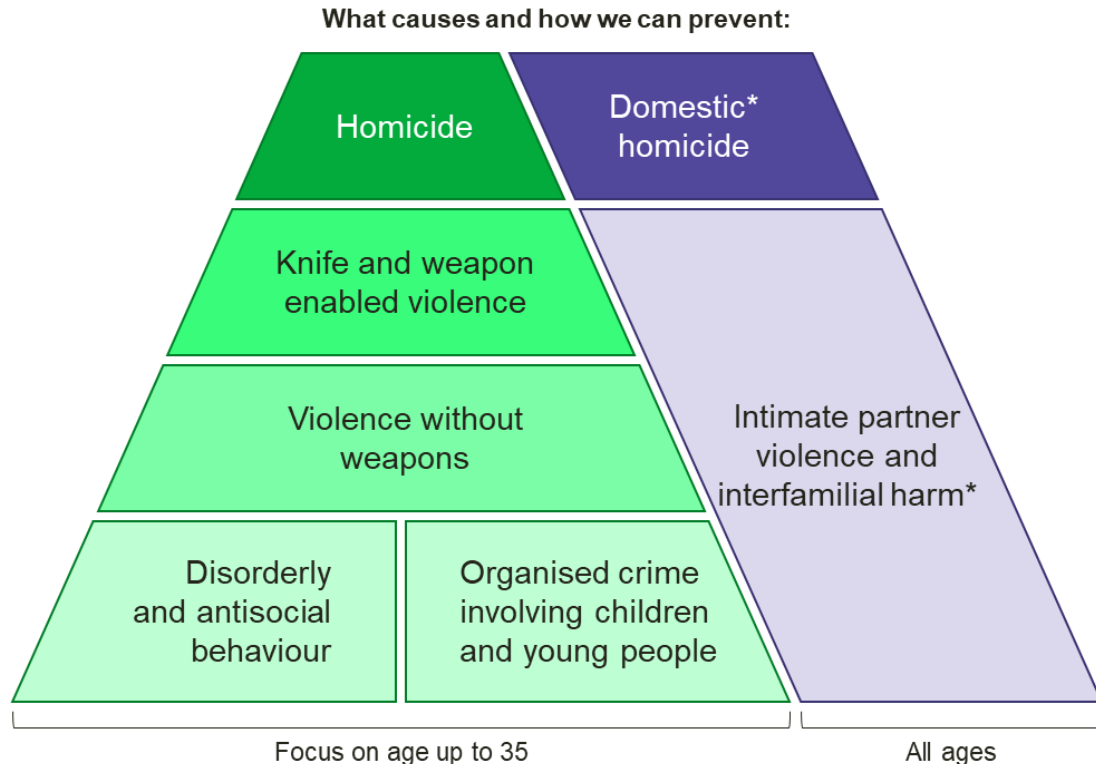
Our scope

Our partnership believes that all violence matters and is preventable.

Many organisations have a role to play in tackling violence, in the public, private and voluntary sectors, as do communities and individuals across our area. We want to recognise that a great deal of work is already happening to prevent violence in the Humber area, and there are many established partnerships and plans that are already under way.

In developing our scope, we have considered the prevalence of, and harm caused by, different types of violence across the Humber area as a whole and within different parts of our area. We have also considered what existing work is underway, and where we believe we could have the greatest impact by implementing a public health approach across the system.

Our scope for the Humber VPP is:



*The existing multi-agency Public Health Approach to Domestic Abuse work led by the OPCC now reports in to the Humber VPP Board to ensure this work is joined up.

These areas are explored in more detail below. Following consultation, we will develop a set of outcome measures for tracking progress against our scope.

Our proposed scope will complement and connect with work being led through established partnerships, including (but not limited to):

- Community Safety Partnerships
- Youth Justice Partnerships
- Combatting Drugs Partnerships
- Safeguarding Children Partnerships
- Safeguarding Adults Boards
- Health and Wellbeing Boards
- Domestic Abuse Partnership Boards
- The Local Criminal Justice Board
- The VAWG Partnership
- ICS place-based partnerships
- Humber Modern Slavery Partnership

Violence with or without the use of knives, sharp objects, or other weapons

Reducing violence involving a knife or sharp object recorded by the police and through hospital admissions are two of the Home Office's three primary success measures for VRUs and the Serious Violence Duty. For VRUs, there is an emphasis on victims aged under 25 and in non-domestic settings.

In the Humber area, the data suggests that there is a significant cohort of offenders who are older (26-35) than the national under 25 focus. The area also has a very high level of reported Violence with Injury offences, accounting for between 11% and 12% of offences; compared with other police force areas, Humberside has consistently had one of the four highest rates per 1,000 population from 2016/17 to 2021/22.

However, while knife and weapon enabled violence is occurring, it is occurring at a similar rate to other areas (based on recorded possession of weapon offences and hospital admissions for injury with a sharp object). Focusing only on this would fail to recognise the disproportionate harm being caused by violence without the use of a knife or sharp object.

We have therefore expanded this focus to include violence with and without the use of weapons, up to the age of 35.

Intimate partner violence and interfamilial harm

Domestic abuse is recognised as violence for the purposes of the Serious Violence Duty, but it is left to local areas to decide whether or not to include it in their definitions of serious violence. It is not a required focus for VRUs but witnessing intimate partner violence (IPV) is recognised as a risk factor for children's future involvement in violence.

Humberside is amongst the police force areas with the highest rates of domestic abuse per 1,000 of population⁵, with 70% being violence between intimate partners and 29% being interfamilial (e.g. parent to child or child to parent) violence.⁶ Approximately 24% of crimes with a domestic abuse flag would be in the crime list used in the serious violence definition, meaning that there is significant "crossover cohort".

Because of this level of harm, the Humber has an established multi-agency group co-ordinated by the OPCC that is implementing a public health approach to domestic abuse (PHADA), with crossover in the interventions being implemented and other work being undertaken. This complements the work being undertaken through statutory Domestic Abuse Partnership Boards to support victims and perpetrators. Connecting PHADA's work with the VPP by bringing it into the VPP governance structure would create some synergies and avoid duplication.

We have therefore incorporated domestic abuse in the scope of the VPP, but under a broader heading that also covers relationship violence amongst under-16s and interfamilial harm, including child-to-parent violence. Work on this area will continue to be led through the PHADA group, reporting to the VPP Board.

Homicide

Reducing the number of homicides recorded by the police is one of the Home Office's three primary success measures for VRUs and the Serious Violence Duty. For VRUs, there is a particular focus on victims aged under 25 and in non-domestic settings.

Homicide is rare so data on annual trends should be treated with caution. In the Humber area, ONS data shows that 25% of recorded homicides with a victim aged over 16 between 2019 and 2021 were classified as domestic homicide.

⁵ ONS, Domestic abuse in England and Wales

⁶ PHADA Prevalence Profile

We have included domestic homicide at any age in our scope, to be co-ordinated through PHADA. For consistency we have also expanded the focus on homicide in non-domestic settings to include up to the age of 35.

Disorderly and antisocial behaviour

This is a broad heading that includes a range of behaviours that cause harm and distress to individuals and communities, such as intimidation and harassment, verbal abuse, bullying of children, vandalism and antisocial behaviour linked to alcohol and drugs misuse (including in the night-time economy). For our purposes it does not include environmental antisocial behaviour or animal nuisance.

Although these are not primary success measures for VRUs or the Serious Violence Duty, and we have not included them in our definition of serious violence, we have included them in our scope because:

- i) Exposure to behaviours such as these is a known risk factor for young people – in effect they are a gateway to more severe crimes and violence. We also know that situations involving some of these behaviours can escalate into violence.
- ii) Some of the things we will do to prevent serious violence are likely to also have an impact on reducing antisocial behaviour. We want to ensure these outcomes are understood and recognise that they may provide the first signals that an intervention will be effective at reducing violence.

Organised crime involving children and young people

The risk of serious violence is inherent in many types of organised crime. Criminal gangs have been increasingly recruiting children and young people to do their bidding, sometimes using the threat of violence against them or their families. This traps them in a cycle of crime that may increase in severity and cause lasting damage to a young person's life chances.

Organised crime as a whole is not the focus of our work, but we recognise under this heading the impact it has on children and young people and the (further) violence that it can result in.

As with antisocial behaviour, some of the things we will do to prevent serious violence may also reduce children and young people's risk of being involved in organised crime, and we want to ensure these outcomes are understood. We will also collaborate with the Not In Our Community campaign, which seeks to raise awareness of this issue amongst children and parents, to share knowledge and ensure engagement with schools on crime and safety issues is co-ordinated.

3. TAKING A PUBLIC HEALTH APPROACH

What is a public health approach?

A public health approach is a way of understanding and addressing need holistically, with a focus on prevention and reducing inequality between groups. Key elements are:

- Starting with an understanding of needs at a **population** level – asking questions like who, what, where, why and how.
- Addressing the **causes of the causes** – what lies behind presenting behaviours and situations. Sometimes this is referred to as social determinants, and there is strong evidence for the impact of Adverse Childhood Experiences and Adverse Community Environments.
- **Prevention** is better than cure. Prevention can be categorised as primary prevention (stopping something happening in the first place), secondary prevention (early intervention, or stopping an emerging problem getting worse) and tertiary prevention (managing an ongoing problem to prevent crises and reduce harm).
- Wherever possible being **evidence-based** (and evaluating well where there isn't clear evidence of effectiveness for an intervention) and using and sharing good quality **data**.
- Working in **partnership** across systems and with communities, because bringing together our varied expertise and experience and skill enables us to achieve better outcomes.

Taking a public health approach is not a replacement for response policing or healthcare or individually tailored support, it works alongside those.

The '5Cs' model describes some principles for partnerships working together to prevent and reduce violence:

- **Collaboration** – the causes of violence are multifactorial and linked to social determinants, so joined up work between different agencies and organisations is needed
- **Co-production** – working jointly with communities to understand need and develop shared solutions

- **Co-operation** in data and intelligence sharing – this is often really hard to do, but effectively bringing together different datasets improves understanding of need and our impact
- **Counter narrative** – actively creating alternatives to cultures of violence and disrespect
- **Community Consensus approach** – working with and for communities

Our approach

Building on the Home Office's guidance⁷ on implementing a public health approach to serious violence, our approach is:

➤ **Focused on a defined population**

Our work is across the Humberside Police area, which covers the four unitary authorities of East Riding of Yorkshire, Hull, North East Lincolnshire, and North Lincolnshire – a combined population of 935,875 (Census 2021).

Some of what we do will be universal, meaning everyone (or everyone with particular characteristics, such as certain age groups) may access it or benefit from it. Some of what we do will be more targeted, for example with the cohorts of people we have identified as being most at risk of being drawn into violence. Our Strategic Needs Assessment and other research and analysis we carry out will explore this in more detail. We will explain for each of our interventions and activities who and where it is for and why.

We will share our evidence base and analysis across the Humber area, but each local authority area (through their CSP) will also set its own complementary set of priorities to respond to local needs and issues.

➤ **Working with and for communities**

Our work will be informed and co-produced by people with lived experience of violence and its causes, and communities across our area. We recognise that we do not have all the answers, and a successful approach to preventing violence depends on people and communities getting behind it as much as statutory organisations. This includes working with charities, social enterprises, and elected representatives.

In doing this, we will take a **strengths-based approach** – one that avoids labelling, blaming, stigmatising, or judging, and seeks to help people and

⁷ Home Office, Serious Violence Duty Statutory Guidance (Jan 2023)
<https://www.gov.uk/government/publications/serious-violence-duty>

communities to build on their strengths rather than focus on their perceived deficits.

We will also be **trauma-aware** in what we do and how we communicate about it – recognising that trauma can have lasting adverse effects on people and communities, and we have a responsibility to prevent re-traumatisation. Our longer-term aim is to be fully trauma-informed across the system.

➤ **Not constrained by organisational or professional boundaries**

We are taking a “whole-system” approach, recognising that a great number of organisations – and teams within organisations – can contribute to preventing violence, but none of them can solve the problem on their own. How well the relationships and interactions between different parts of the system work is as important as how well each part works individually.

Building on existing collaborations and forging new ones will put a fresh drive behind efforts to prevent violence. The foundation for our work will be need (which starts with communities) rather than demand (which starts with organisations).

➤ **Focused on generating long term as well as short term solutions**

Our work is inherently long term. Working on the root causes and determinants of violence means we may not see some of the outcomes for several years, but by drawing on the evidence base and developing a clear theory of change we can be confident of the value of primary prevention.

However, we also know that there are things we can do now with people who may be on the cusp of violence to prevent them being drawn in – which in turn may prevent others being drawn in later. We will therefore seek to balance our work across the long term and short term.

➤ **Based on data and intelligence**

We will pool data across organisations to create new insights and a more complete understanding of the drivers of serious violence in our area. Where appropriate, we will use data and intelligence to focus our attention and investment on the cohorts of people with the greatest need.

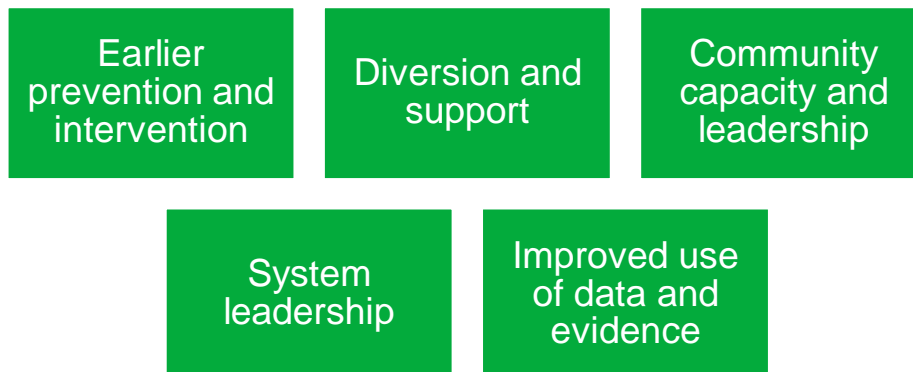
➤ **Informed by, and will contribute to, evidence of “what works”**

There is a growing body of evidence about what works to prevent serious violence. Drawing on this will enable us to focus our resources on the things that are most likely to work, and to learn from the experiences of others. However, we will not solely do things that have been tried before; we will welcome new ideas, try our own local approaches, and wherever possible

evaluate them to find out whether they work. By doing this, we will contribute to the collective understanding of how to prevent violence, as well as learn from it.

4. OUR STRATEGIC PILLARS

We have identified five key areas of work, or pillars, that will make up our response:



Each pillar of the strategy has an **aim** and a set of population- or system-level **outcomes** that describe the medium/long-term “big picture” of what we are seeking to achieve to prevent serious violence. Each outcome then has one or more **objectives** that will contribute towards it in the short/medium term. These are summarised in the following five sections.

The annual delivery plans accompanying this strategy (at Humber and CSP level) list the specific **actions** that will be taken to meet the objectives, who is responsible for them and how they will be measured. These can be viewed via the Humber VPP website, humbervpp.org.

It is important to recognise the huge amount of work taking place daily across the Humber area to prevent violence – encompassing many established partnerships and organisations, and emerging initiatives. This strategy seeks to add value to their work by focussing on the areas where a collaborative public health approach has the greatest potential to be effective. It does not seek to do everything or repeat or replace the many actions that are already under way.

PILLAR 1: EARLIER PREVENTION AND INTERVENTION

Aim: To improve awareness and understanding of serious violence and how it can be prevented. To intervene at the earliest opportunity to address the risk of future violence.

Our first pillar covers primary (also known as universal) and secondary (or targeted) prevention of violence – measures designed for the general population at different stages in their lives, from childhood to adulthood; and measures designed for people identified as being at increased risk of being drawn in to violence.

We will continue public health messaging campaigns on violence, such as the campaign led by the PCC on domestic abuse, and draw on research and expertise to constantly improve their effectiveness. This includes challenging social norms (for example on violence against women and girls) to establish a counter-narrative and raising awareness of how bystanders can intervene safely to de-escalate situations.

We will work collaboratively to ensure high quality resources for violence prevention and signposting to support are available to every school and in other key points of access, such as healthcare settings.

We will follow the principle of “proportionate universalism”⁸, meaning we will provide for all but do more with people who have greater needs.

Much is known about the “risk factors” that increase from an early age the risk of an individual becoming involved in violence. At the individual level these include exposure to crime in childhood, poor school attendance and involvement in antisocial behaviour, but family and community-level factors are also significant.⁹ Whilst recognising that they are not deterministic – not every child that experiences them will become involved in violence, and vice versa – we will explore how they could be used to target additional support at an earlier stage to prevent greater harm in future.

⁸ Michael Marmot, Fair Society, Healthy Lives. The Marmot Review (2010)

⁹ Youth Endowment Fund, What works: Preventing children and young people from becoming involved in violence (October 2020)

Outcome	Objective
1.1 Children, young people, and their parents/guardians have awareness and understanding of issues related to serious violence. They can easily access further information, advice and support if required.	High quality age-appropriate resources to support teaching of issues relating to serious violence are available to and used in educational settings (including alternative provision, special schools and home education) from primary school up.
	Educational settings are supported with visits and presentations by partner agencies, which will be informed by evidence of what works. Where necessary, these will be prioritised by need.
	Universal core provision in education is supplemented with targeted programmes that respond to need. These will be evidence-based and evaluated.
	Parents/guardians receive targeted communications on serious violence issues and how to access support.
1.2 Public understanding of issues related to serious violence is improved and myths are countered.	Public awareness campaign(s) are developed and delivered to establish a counternarrative.
1.3 Professionals and volunteers working with children, young people and their families are able to identify signs that could be a precursor to future involvement in violence (as a victim and/or perpetrator). They are aware of and can facilitate access to appropriate support.	Appropriate guidance and training is available to professionals and volunteers.
	Information on services is consolidated and widely disseminated. Referrals and signposting are supported, encouraged and measured.
1.4 Families are offered advice and support from an early stage, based on an analysis of risk factors.	Risk factors are understood and the data behind them are analysed to proactively offer support and advice at an early stage.
1.5 Places with the greatest prevalence of serious violence are supported to prevent new incidents occurring.	Serious violence hotspots are identified and supported with a multiagency response.
	Commissioning decisions are informed by need.

PILLAR 2: DIVERSION AND SUPPORT

Aim: To divert and support people away from serious violence and to prevent it reoccurring.

Our second pillar covers secondary and tertiary measures to prevent violence. This includes diversionary activities and support programmes for people who have, or are around people who have, begun to commit crime or antisocial behaviour, and may therefore be at increased risk of being drawn into more serious violence. It also includes work with people who have committed or threatened violence to change their behaviour to avoid future reoffending.

Key to this approach will be intervening at “reachable moments”, potential turning points in people’s lives where they may be most open to behavioural change – for example in custody, or in hospital after being injured through violence.

Outcome	Objective
2.1 Where appropriate, people are able to intervene safely to deescalate situations before they lead to violence.	Information and training are available and accessed to support safe bystander interventions by members of the public.
2.2 Reachable moments are used to stop escalation, ensuring people access interventions that will help them desist offending behaviours when they are most likely to benefit from them.	Reachable moments are understood and utilised as part of our multi-agency response.
2.3 Appropriate and effective referral options are available and used for identified needs.	Information on referral options is shared appropriately. Referrals are encouraged and measured.
2.4 Proven interventions are available that prevent behaviours from escalating into serious violence, and reduce the likelihood of reoffending.	Established service provision is supplemented with tailored interventions that are piloted and evaluated for mainstream adoption.

PILLAR 3: COMMUNITY CAPACITY AND LEADERSHIP

Aim: To encourage meaningful co-production and strengthen community capacity to respond to serious violence.

Through this pillar we will work with communities to understand and respond to their concerns and ideas. We will take a strengths-based approach, recognising that despite the social determinants that may be contributing to violence, there are tangible and intangible assets that can be built on – and existing community plans and organisations whose work could be amplified by the wider system coming together. This is designed to encourage longer-term sustainability and improvement, rather than a focus on “quick wins” that soon lose their impact.

We will develop an Engagement Plan for working with partner organisations, communities, and young people, and seek to widen the conversation around violence prevention to include organisations that have not historically been closely involved, such as in the business community. By doing this we aim to build a broad alliance of organisations contributing to violence prevention.

We will hold some large-scale consultations and events to galvanise support, but most of our community engagement will be through existing structures, such as those co-ordinated by local authorities, Humberside Police and the NHS, to avoid duplication. The Violence Prevention Officer hosted by each CSP will lead local engagement for the VPP and help to join up the system at the community level. We will also explore how we can incorporate lived experience and community voices in our governance.

As part of this work, we will support interventions that build leadership skills and encourage volunteering – increasing the number of people who are equipped and willing to contribute to preventing violence into the future.

Outcome	Objective
3.1 Communities, young people and people with lived experience are involved in developing and delivering solutions.	Participation is actively sought by the VPP, where possible through existing local structures and organisations with trusted relationships.
	Piloting of community-led problem-solving through a strengths-based approach.
3.2 The voluntary and community sector has the knowledge, skills and capacity to maximise its contribution to preventing serious violence.	VCSE partners have access to appropriate information, advice and training from the public sector, and have opportunities to share knowledge and learning, to support their work.
	Places and communities that may need additional support to build organisational delivery capacity are identified, and where possible partners will come together to provide this.
3.3 More people volunteer their time to support initiatives that prevent violence.	The value of volunteering is understood and recognised. Volunteering is encouraged and links are made to appropriate opportunities.

PILLAR 4: SYSTEM LEADERSHIP

Aim: For organisations to collaborate effectively to prevent serious violence.

System leadership and co-ordination is the core function of VRUs. Our hub-and-spoke model is designed to respond to the fact that the system around violence prevention is complex – with many statutory organisations with individual and collective responsibilities, as well as many non-statutory organisations with their own remits, operating across various geographical areas with various cohorts of people. No single organisation is in charge, but many have roles to play and how they come together as a system is key to overall success. The VPP can help to bring the whole system together across the Humber area.

The VPP Board of senior organisational leaders and sector representatives facilitates system leadership at the Humber level, while the four CSP Boards facilitate this at local authority level. Through these boards we will seek to join up decision-making and avoid siloed responses, including co-commissioning and exploring opportunities for greater collaboration.

However, individuals and organisations need to come together at all levels for the system to be effective. The VPP will encourage this by developing a local community of practice for violence prevention – sharing knowledge and seeking to build formal and informal collaborations. We will encourage leaders and staff delivering services to be trauma-informed, supporting the roll-out of training across the area. We will also coordinate a programme of professional development related to violence prevention, and foster a greater understanding of each organisation's work.

At the local authority level, CSPs will develop local strategies for preventing serious violence, informed by the shared Humber priorities and analysis of its drivers. They will use tasking structures to co-ordinate multi-agency operational responses to violence where it occurs, and partners will use proven problem-solving methodologies to respond to specific issues.

VPP and CSP members recognise that they have a shared responsibility to provide mutual challenge and support, and that this will be integral to driving improvement across the system. This includes seeking and listening to community and service user voices, and being open to change as a result.

Outcome	Objective
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4.1 Clear governance structure and strategy to drive effective multi-agency collaboration to prevent serious violence.	VPP's hub and spoke model continues to be developed and strengthened.
	Joined-up strategy to prevent serious violence across the Humber area.
	Shared mechanism to consider ethical issues and overcome barriers to data sharing.
4.2 Long-term cultural sustainability of the public health approach.	Understanding and adoption of the public health approach across the system.
4.3 Organisations, services and the system as a whole work in a trauma-informed way.	Improved understanding of trauma at all levels of organisations, leading to organisational change.
	Planning and facilitation of system change.
4.4 Leaders and practitioners have opportunities to come together across organisational boundaries to develop understanding and collaboration.	Development of communities of practice around violence prevention.

PILLAR 5: IMPROVED USE OF DATA AND EVIDENCE

Aim: To improve the use of data and evidence to inform the response to serious violence across the system.

No single dataset, or organisation's data, tells us everything we need to know about serious violence. Using data can lead to better decisions, but using partial data risks us reaching the wrong conclusions. It is therefore critical to join up data across the system to give us a more complete understanding of the drivers and trends of serious violence, so we can adapt our response accordingly. Individual-level data sharing between agencies is essential for safeguarding children and adults, including spotting the early warning signs of increasing risk.

Improving the sharing and use of data is one of Ministers' three priorities for VRUs. We initiated a scoping exercise in March 2023 to give us a clear baseline for data sharing in the Humber area and help us to determine the next steps. We will also be bringing analysts together across the system to facilitate mutual understanding of the data they work with and provide support through their peer network.

Recording and analysing data is also key to informing the focus of the VPP's interventions and monitoring their delivery and outcomes. This will be an important source of information for evaluating how effective they are, whether they represent good value for money, and what we can learn for the future. We will develop a common outcomes and performance framework to support consistent recording and analysis.

We will recognise as part of this the importance of good qualitative data, including feedback from service users and the voices of communities and people with lived experience, and ensure this is considered in our analysis.

The VPP is expected to draw on the rich evidence base of research into the risk and protective factors for serious violence, including past evaluations and evidence reviews of different types of intervention. Whilst this cannot give us all the answers, it can guide us towards the interventions that are most likely to work, and the lessons learned from delivering them previously. We will use this to inform our decision-making and seek to contribute to it through the evaluations of our work.

The VPP's evaluation partner is the University of Hull. The University has committed a multi-disciplinary team to support the VPP, which acts as a strategic adviser and

critical friend as well as evaluator, ensuring we can benefit from academic expertise throughout our work.

We will champion the use of evidence and evaluation across the system, encouraging knowledge dissemination and where needed providing support to delivery partners to develop their confidence in accessing the evidence base and designing-in good evaluation from the start.

Outcome	Objective
5.1 The most promising interventions are commissioned for the most appropriate places, cohorts and situations.	Data and evaluation evidence are used to help us select and target interventions for the greatest impact.
	Innovative projects and delivery methods are used where appropriate and when supported by high quality evaluation plans.
	Knowledge of “what works” in violence prevention is shared and drawn upon when designing plans and interventions.
5.2 Data is shared systematically, routinely and in a timely way across the system.	Organisations and individuals understand their obligations and ability to share data and are confident to do so.
	Adoption of a technology platform that enables automatic secure data sharing between organisations.
5.3 A culture of measurement and evaluation across the system, with access to appropriate tools and support.	Improved understanding of the importance of evaluation and evaluation techniques. Tools and guidance are available and disseminated.
5.4 The delivery and impact of interventions and actions are measured, understood and compared.	Outcomes and performance measures are clearly defined and standardised to support accurate measurement and comparison.
	Intervention data is systematically captured and analysed to understand performance and impact.
5.5 Partnership and organisational responses are informed by analysis of data from across the system.	Analysts collaborate across organisational boundaries and share analytical products and learning.
	Proactive sharing of appropriate data and analytical products with the voluntary sector and schools to inform and influence their responses.