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Evaluation of the Wales Violence Surveillance and Analysis System

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About this Report

South Wales is one of the 18 areas allocated funding by the UK Government to establish a Violence Reduction Unit. Supported by additional commitments from Welsh partners, in 2019 the Wales Violence Prevention Unit (VPU) was established. To inform the continued development of the Wales VPU, in January 2020 (and September 2020), the Public Health Institute, LJMU, were commissioned to support the development of the Wales VPU evaluation framework, and evaluate the VPU as a whole, and selected work programmes. This report forms one of a suite of outputs from this evaluation work programme, and specifically presents an evaluation of the Wales Violence Surveillance and Analysis System. All evaluation outputs are available on the VPU website: https://www.violencepreventionwales.co.uk/

Acknowledgements

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[1] https://www.ljmu.ac.uk/research/centres-and-institutes/public-health-institute

Summary

Across the United Kingdom (UK) and beyond, violence is increasingly recognised as a major public health issue that can be prevented and its impacts mitigated, through the adoption of a public health approach. This approach acknowledges that a multitude of often interrelating factors at an individual, relationship, community and societal level can increase risks of violence across populations, or protect people from harm. A critical element of a public health approach is the sharing and use of multi-agency data to understand the nature and extent of violence, and risk and protective factors, to inform the development and targeting of interventions, and to monitor and evaluate prevention activity.

Established in 2014, with an initial focus on South Wales, the Wales Violence Surveillance and Analysis System (WVSAS) aims to support violence prevention through the development of a surveillance system that collates, analyses and shares data on violence from multiple sources across Wales (including police, accident and emergency and ambulance data). The key objectives are to:

- Promote a multi-agency public health approach to violence prevention, assisting partners to understand the extent and nature of the problem, and risk and protective factors;
- Use multi-agency data to target interventions based on local needs; and,
- Use multi-agency data to monitor and evaluate the impact of interventions.

In 2019, the WVSAS was incorporated into the Wales Violence Prevention Unit (VPU) work programme, with the aim of expanding the system to cover the whole of Wales. To ensure the best use of the WVSAS and the most recent VPU Violence Monitoring Reports, and support its expansion across Wales (including through the development of a VPU Hub; see Box i), the VPU commissioned an evaluation of the system. The aim of this study was to evaluate the development, implementation and impacts of the WVSAS. The key objectives of the evaluation are to:

- Understand and describe the purpose, development, components and attributes of the WVSAS;
- Identify the value of the available data and analyses generated via the WVSAS in informing violence prevention activity across Wales, and outcomes and impacts of the use of the data; and,
- Explore the data needs of partners to inform a public health approach to violence prevention, potential areas for transformation of the WVSAS, and barriers and facilitators.

The evaluation used a range of methods to gather evidence, including:

A survey (n=50) and interviews (n=7) with VPU partners who receive information from the WVSAS exploring their views on the WVSAS, and if and how they use the WVSAS for violence prevention.

Review of documents (n=10) relevant to the WVSAS since its inception (2014), the VPU Violence Monitoring Reports (n=17) and VPU communications (e.g. emails/newsletters).

Overview of key evaluation findings

Over the past few decades, Wales has been at the forefront of developing multi-agency approaches to preventing violence. The Cardiff Model, original South Wales WVSAS model, and national and local efforts to share data and work collaboratively, including via the Wales VPU, provide a strong foundation for an All-Wales violence surveillance system. The incorporation of the WVSAS into the

> Since April 2019, the number of partners contributing data to the Violence Monitoring Reports has increased from five to 22 services.

VPU work programme is enabling the continuation of Welsh partner priorities to support violence prevention through the development of a violence surveillance system that collates, analyses and shares data on violence from multiple sources across Wales. Critically, the VPU approach is developing beyond existing models, to provide an All-Wales model that aims to address the root causes of violence. The collaborative approach to sharing individualised data (enabling data linkage) between police and health data in South Wales has been noted as enhancing understanding of violence. Critically, the unique ability to link police and health data sources has enabled identification of violent incidents across services, and better identification of hidden harms (which has changed existing known profiles of violence), allowing services to develop and more precisely target prevention activities. Continued multi-agency partnership work, at both national and local levels, are required however to ensure that the system can be fully expanded across Wales, provide a more holistic picture, and be embedded across the whole system, following a place-based approach.

> **Box i: Overview of the WVSAS, Violence Monitoring Reports and VIP Hub**
>
> **Wales Violence Surveillance and Analysis System (WVSAS):** The system that collates, links and analyses data on violence from police and health data sources (and more recently includes aggregated data from other data sources).
>
> **Violence Monitoring Reports:** Reports produced by the VPU since April 2020 as part of the VPU response to COVID-19. Reports include data from the WVSAS, and other data sources provided to the VPU to support these reports and the WVSAS.
>
> **Violence Intelligence for Prevention Hub (VIP Hub):** A bespoke data hub that will warehouse multi-agency data, providing a digital platform to allow for aggregation and presentation of different data sources on violence using a variety of mediums across local areas and the national footprint.

The VPU have started to expand the WVSAS model to All-Wales, with the inclusion of police and ambulance service data covering the whole of Wales, and third sector data, amongst other

> 90% of survey participants agreed that the VPU is facilitating multi-agency data sharing for the purposes of violence prevention across Wales.

information sources. The development and production of the Violence Monitoring Reports have provided partners with an opportunity to share their data into the system, and raised awareness of data sources available, and, how such data sources can further develop understanding of violence and inform prevention activity. Ensuring data represent the whole of Wales, and are of high quality was identified as vital for enhancing violence prevention. The inclusion of data from all health boards and other data sources focusing on risks and protective factors are currently being explored for inclusion in the Violence Intelligence for Prevention (VIP) Hub. The development of the VIP Hub aims to embed the WVSAS across Wales, helping to resolve barriers to data sharing, enhance partner's access to multi-agency data to meet their local needs, and continue to build the evidence base on violence.

> The majority of survey respondents who had read a Violence Monitoring Report (n=42) stated that they were useful for:
>
> - Understanding the nature/type of violence (97.6%);
> - Quantifying the extent of violence (including trends) (92.9%);
> - Identifying and describing populations most at risk of violence (83.3%);
> - Identifying and describing the areas (e.g. towns) most at risk of violence (73.8%);
> - Identifying and describing the risk (and protective) factors for violence (81.1%);
> - Assisting with research and analysis (81.0%); and,
> - Merging with other data not contained in the reports (66.7%).

This evaluation demonstrates how WVSAS outputs, including the VPU Violence Monitoring Reports, are promoting a multi-agency public health approach to violence prevention, assisting partners to understand the extent and nature of the problem, and risk and protective factors. Between April 2020 and February 2021, 17 Violence Monitoring Reports have been produced, which were distributed via email to a growing list of stakeholders, currently at 463 across Wales and beyond (e.g. England).

The Violence Monitoring Reports have been well received by VPU partners and have been used to inform strategic approaches to violence prevention, and are providing a more accurate understanding of violence across Wales. Critically, the reports

"These reports have a good balance of data and narrative, this is analysed very well."

have helped identify hidden at-risk groups for violence, assisting VPU partners to develop and target interventions based on evidence. Further, they have ensured violence prevention remains a key priority throughout the COVID-19 pandemic.

The Violence Monitoring Reports have been used to inform strategic responses and violence prevention activities including:

Supporting strategic and operational responses e.g. Promoting (via the VPU Violence Prevention Team) 'ASK and ACT' amongst A&E staff to increase disclosures of violence against women, domestic abuse and sexual violence (implemented due to low levels of reported police incidents of domestic abuse and an increase in demand to helplines). This has led to an increase in numbers of disclosures within A&E.

Informing the development, focus and targeting of communication campaigns e.g. violence against women, domestic abuse and sexual violence campaigns such as 'Home shouldn't be a place of fear', and a knife crime campaign (radio/social media), promoting support for children and young people.

Developing research priorities and informing national research e.g. A Health Needs Assessment of the impact of COVID-19 on children and young people who experience violence and adverse childhood experiences.

Further development of WVSAS outputs is required however to ensure that it can inform prevention activity within local communities, and meet the varying needs of VPU partners. Evidencing the use and impact of the WVSAS is vital to its future development and sustainability. Evidence suggests that it is not always clear who is accessing the WVSAS outputs, or if and how they are using the data/outputs.

The majority of survey respondents supported the development (97.5%) and continuation (97.4%) of the Violence Monitoring Reports[1].

Partnership working is critical to the future success of the WVSAS, and the VPU provides a platform from which to continue to enhance the utility of the violence surveillance system in prevention activity across Wales. The Violence Monitoring Reports and wider work of the VPU have helped raise awareness of organisations working towards violence prevention across Wales, and the critical role they have in violence surveillance. VPU partners, particularly at a regional and local level, have a vital role in ensuring the system can meet the community's needs and that the system can and is being used to inform local action. Building analytical capacity at regional and local levels is vital to the expansion of the system across Wales.

Recommendations for transformation

- Development of the WVSAS should remain a key priority for the VPU and its partners, including expansion to an All-Wales system grounded in a place-based and place-led approach.
- Identify and raise awareness of how the WVSAS aims and objectives align with national and local government and partner organisation priorities, to galvanise support for an All-Wales system.
- Enhance the development of an All-Wales violence surveillance system through coordinated actions delivered via the National Community Safety Programme.
- Prioritise the inclusion of health board data covering the whole of Wales in the VIP Hub.
- Continue to liaise with VPU partners across Wales to identify data sources that may enhance violence surveillance, including understanding risk and protective factors, and establish data sharing processes (including into the VIP Hub and other local data sharing processes).
- Link data sources/indicators to the VPU logic model (short, medium and long-term outcomes).
- Regularly review data quality across data providers, and work with partners to enhance data collection ensuring information can support violence prevention across the whole system. This may include collecting data beyond organisational requirements to identify at-risk groups or to aide understanding of the context of violence.
- Expand on the 2014 data linkage/capture-recapture project implemented across South Wales (that links police, A&E and ambulance data sources) to the whole of Wales (enabling a greater understanding of the extent and nature of violence, and at-risk groups and communities).
- Continue to develop the VIP Hub to support VPU partners in accessing and interrogating multi-agency data based on their local needs.
- Ensure data analyses are presented at a national and local (e.g. regional, CSP) level, so that data can inform local community approaches to violence prevention.
- Expand WVSAS outputs to inform national and local strategies and prevention activities, for example, through the production of themed reports on emerging issues. Ensure outputs include a summary of the key findings and recommendations for action, at local and national level.
- Continue to raise awareness of how the WVSAS can support violence prevention activity across Wales.
- Raise awareness of the role of all VPU partners in maintaining and developing the system, through contributing data, enhancing data quality and ensuring the use of data in local and national violence prevention activity, and sharing learning on data use and impacts.
- Work with partners to ensure local areas (e.g. regional, CSP) and organisations have a designated champion and/or violence prevention group who can support the aim and objectives of the WVSAS (and the broader remit of the VPU).
- Advocate for strengthening regional and local capacity to enable locally driven data analyses and interpretation of data, and evidenced based prevention activity.
- Consider developing a strategy for the future development of the WVSAS that includes a tiered approach to delivery, comprising the:
  - VPU core team, e.g. whole system development and maintenance of the VIP Hub; themed reports; and monitoring and surveillance of violence across Wales.
  - Local violence prevention groups e.g. enhancing a place-led and place based approach; analyses and interrogation of data to inform and drive local strategies and prevention activity; and, support improvements in data quality, sharing and use.
- Regularly review output dissemination, ensuring partners can access the outputs/data and develop understanding of the use of the outputs in violence prevention.
- Expand the WVSAS operating model to include a review of data quality and use in violence prevention, and the sharing of such information between partners, including local partners routinely sharing examples of their use of data in prevention activity.
- Continue to monitor and evaluate the processes of developing the WVSAS across Wales, and outcomes and impacts.

Contents

1. Introduction

1.1 A public health approach to violence prevention

Across the United Kingdom (UK) and beyond, violence is increasingly recognised as a major public health issue that can be prevented and its impacts mitigated, through the adoption of a public health approach (Home Office, 2018, 2019; Krug et al, 2002; WHO, 2014). This approach acknowledges that a multitude of often interrelating factors at an individual, relationship, community and societal level can increase risks of violence across populations, or protect people from harm. Promoted by the World Health Organization (WHO), this socio-ecological approach includes four key steps as a framework for preventing violence (Figure 1; Krug et al, 2002):

1. Understand the size and nature of the problem through research and systematic data collection.
2. Identify factors that increase or decrease the risks associated with violence.
3. Develop and evaluate interventions to address the risks and promote protective factors.
4. Expand effective interventions and evaluate their impact and cost-effectiveness, and share best practice.

Figure 1: A public health approach to violence prevention
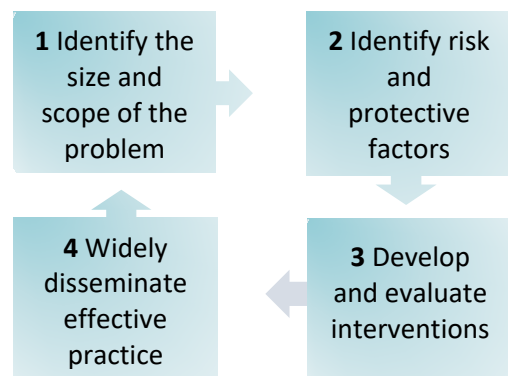
The public health approach necessitates a continuous cycle of multi-agency partnerships assessing, understanding and responding to violence within a population, ensuring prevention approaches respond to community needs, and are designed and delivered with and for communities.

In 2018, the UK Government published its Serious Violence Strategy, encouraging a multi-agency, whole system public health approach to violence prevention (Home Office, 2018). To support local areas to adopt this approach, various measures were implemented, including provision of funding to Police and Crime Commissioners (PCC) in 18 areas to set up a multi-agency violence reduction unit (VRU) bringing together police, local government, health, public health, community leaders and other key stakeholders. South Wales is one of the 18 areas allocated funding to establish a VRU. Supported by additional commitments from Welsh partners, in 2019 the Wales Violence Prevention Unit (VPU) was established. The Wales VPU aims to prevent all forms of violence across Wales through the implementation of a public health approach, identifying the root causes of violence and providing a coordinated evidence-led approach to prevention. Building on a history of partnership working, the VPU includes key partners representing the police, health, prisons and probation, youth justice, local authorities, public health, and the community and voluntary sector. The VPU operating model is based upon a whole system framework for prevention, focusing on four key areas, 'Aware, Advocate, Assist and Adopt' to ensure a comprehensive approach to the delivery of interventions (Figure 2).

1.2 Multi-agency data sharing for violence prevention

A critical element of a public health approach is the sharing and use of multi-agency data to understand the nature and extent of violence, and risk and protective factors, to inform the development and targeting of interventions, and to monitor and evaluate prevention activity (Krug et al, 2002). Over the past two decades, various countries, often at a local or regional level, have made

significant developments in accessing and utilising multi-agency data for violence prevention (Ahmed et al, 2020; Droste et al, 2014; Florence et al, 2011, 2014; Mercer Kollar et al, 2019; Quigg et al, 2012, 2016, 2017). However, for many communities, the use of multi-agency data for violence prevention remains in its infancy, and thus the true burden of violence is often not fully understood. In the WHO Global Plan of Action, published in 2016, a strategic objective was set for Member States to use health information to improve the surveillance of violence (WHO, 2016).

For many countries, data on violence most often derives from police-recorded crime data. Whilst this can provide vital intelligence to inform violence prevention, various studies illustrate that a large proportion of violence is not reported to the police (Faergemann et al, 2007; Gray et al, 2017; Quigg et al, 2012). In 2018/19, data from the Crime Survey for England and Wales (CSEW) suggests that only 38% of violent incidents (1.2 million) amongst adults (aged 16+) were reported to the police (Elkin, 2019). However many incidents of violence result in injury (47% of incidents amongst adults in England and Wales, 2017/18 [Elkin, 2019]) and thus victims may access health services for treatment of injuries, and are subsequently recorded within health service datasets. Thus, health data, including hospital admissions, accident and emergency department (A&E) attendances, and ambulance call-outs, are an important source of intelligence to aide understanding of violence at a local, and where available, national level (Droste et al, 2014; Taylor et al, 2015; WHO, 2016). For example, health data can be used to assess trends in violence (Sivarajasingam et al, 2016), and identify hotspots (e.g. streets or licensed premises) and/or at-risk groups and communities, informing the development of interventions and targeting of resources (Ariel et al, 2013; Bellis et al, 2012; Benger and Carter, 2008; Forgan, 2014; Florence et al, 2011; Sutherland et al, 2002). A systematic literature review of A&E data sharing to reduce alcohol-related violence suggests that such data sharing systems can be implemented with relative ease, and may help support reductions in violence at a community level

Figure 2: Operational structure of the Wales VPU
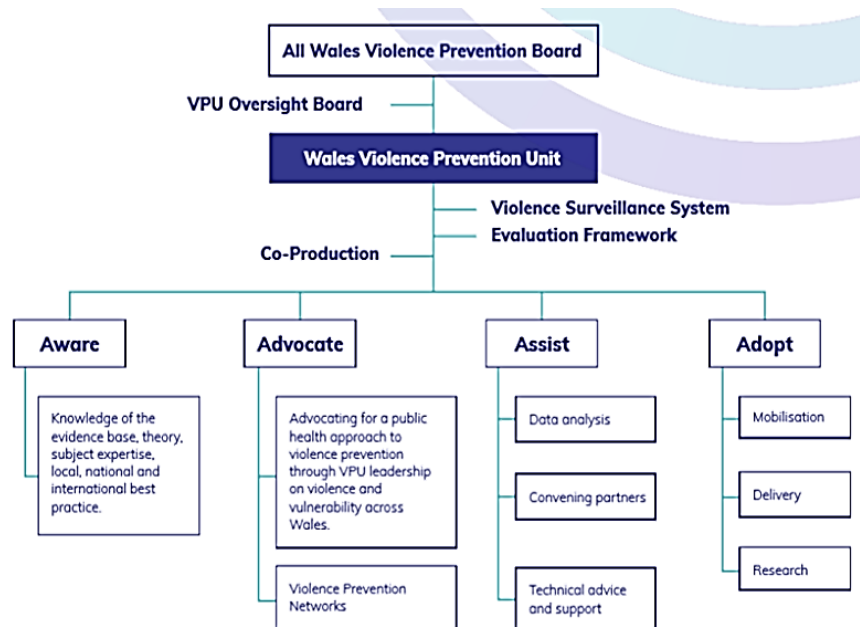
(Droste et al, 2014). Evaluation of this approach in Cardiff, Wales (i.e. the Cardiff Model; see Box 1) suggests that it is associated with reductions in hospital admissions for violence, and cost savings to health and criminal justice services (Florence et al, 2011; 2014).

To enable a greater understanding of violence, since 2008 the UK Government has promoted the sharing and use of A&E attendance data, through various strategies and work programmes (HM Government, 2010; Home Office, 2018; Quigg et al, 2016; Teff, 2012). In 2010, following recommendations for the collection and sharing of assault data from the College of Emergency Medicine (based on the Cardiff Model; The Royal College of Emergency Medicine, 2017), the Government pledged that they would "*make hospitals share non-confidential information with the police so they know where gun and knife crime is happening and can target stop-and-search in gun and knife crime hotspots*" (HM Government, 2010, p.13). In 2014, the Information Sharing to Tackle Violence (ISTV) programme was established to enable consistent and systematic data collection and sharing across A&Es in England (Teff, 2012). The programme mandated all Type 1 A&Es[2] to collect key data items from patients presenting due to an assault, including the: time and date of the assault; time and date of attendance at the A&E department; specific location of the assault (free text, e.g. street name); and, primary means of assault (i.e. weapon or body part used).

Local Community Safety Partnerships were considered responsible for processing, analysing and sharing the ISTV data with relevant partners, although some areas established other arrangements to complement existing local multi-agency data sharing systems (e.g. TIIG / WMISS, see Box 1). Whilst significant improvements have been made across England (and Wales) concerning ISTV, issues with the collection, sharing and use of high quality violence data persist across many areas (Ahmed et al, 2020; Barton et al, 2016; SCLGCPDAC, 2015). Some areas have however enhanced A&E sharing systems beyond the ISTV dataset, sharing existing (or additional) A&E data items to aide understanding of violence, including for example the sharing of patient demographics (e.g. age, sex, area of residence). Such systems demonstrate the wider utility of health data in violence prevention (beyond the ISTV/Cardiff Model), through identifying at-risk groups and targeting interventions towards those most in need.

Combining and triangulating A&E data with other emergency service data sources is increasingly being recognised as vital to help inform violence prevention initiatives (Droste et al, 2014), predominantly as data on violence from one source alone may not accurately represent the nature and extent of violence, particularly amongst at-risk groups and communities (Gray et al, 2017). Typically, anonymised data are shared across partnerships, with data overlaid and triangulated to obtain a greater understanding of violence. A study across South Wales however sought to link health (A&E attendances and ambulance call-outs) and criminal justice (police-recorded crimes) data sources, to enable a more accurate understanding of violence, and assess the value of each data source. The study found 59% of A&E assault attendances were not recorded within the police dataset (Gray et al, 2017). Critically, violence amongst key groups, such as young males, was more likely to go unreported to police, along with incidents occurring between strangers in public settings (e.g. streets or licensed premises). Further, linking of datasets enabled unknown and often hidden forms of violence to be identified, such as domestic and elder abuse (Gray et al, 2017).

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[2] Type 1 A&Es are a consultant led 24-hour service with full resuscitation facilities and designated accommodation for the reception of A&E patients. Implementation of the ISTV dataset was optional for all other A&E types.

Box 1: Examples of Violence Surveillance Systems across England and Wales

The Cardiff Model (Cardiff, Wales): The Cardiff Model involves a multi-agency (e.g. police, health and community safety) approach to violence prevention utilising data from health and police services to inform policing and community violence prevention initiatives. In operation since 1999, the model involves A&E staff collecting detailed information from assault patients on the circumstances of the assault (e.g. assault location, time and date, and means of assault [e.g. weapon]), with data anonymously and regularly shared with local multi-agency groups to inform violence prevention. Evaluation of the Cardiff Model suggests that it is associated with reductions in hospital admissions for violence, and cost savings to health and criminal justice services (Florence et al, 2011; 2014; PHE, 2019).

MOPAC ISTV programme (London, England): The MOPAC ISTV programme supports violence reduction through the collection of anonymised data on violent incidents reported to London's 28 Type 1 A&Es. Data are shared with authorised analysts working to reduce violence through the Greater London Authority's secure Safestats crime data portal. The programme includes liaising with hospitals and analysts to improve data governance and increase use of the ISTV data in regular decision-making (Greater London Authority, 2020).

The National Violence Surveillance Network (NVSN): The NVSN (based within Cardiff University) is an extension of the Cardiff Model, involving over 100 A&Es, minor injury units and walk-in centres in England and Wales, collecting the Cardiff Model data items to provide a national picture of violence based on health data (Sivarajasingham et al, 2015). Data are used to supplement information collected nationally via the Crime Survey for England and Wales and police-recorded crimes (Elkin et al, 2019).

The Trauma and Injury Intelligence Group (TIIG; North West England): The TIIG (based within LJMU) was established in 2001 to develop an injury surveillance system to enable systematic data collection and sharing. TIIG collect and report upon all injury information from A&Es in North West England (including ISTV data) and the North West Ambulance Service, including data to identify trends, at-risk communities and groups, and hotspot locations for violence. The TIIG liaise with health partners to enhance data quality, develop data sharing processes and outputs as relevant to each county (e.g. reports; web-based multi-agency data sharing systems), and promote the use of health (and other partner) data in prevention activity through training and multi-agency events (https://tiig.ljmu.ac.uk).

Serious Violence Dashboard (Thames Valley VRU, England): The Serious Violence Dashboard was established by Thames Valley VRU to support local partners to tackle serious violence. The interactive dashboard visualises police data and allows partners to understand where serious violence is happening to support targeted interventions. Since April 2020, data have been used to target police operations (via Operation RASURE). The VRU are currently expanding the dashboard to include additional data sources to provide a holistic view of violence (e.g. ambulance call-outs, A&E attendances, stop and search data) (Thames Valley VRU, 2021a/b).

The West Midlands Injury Surveillance System (WMISS; West Midlands, England): The WMISS was established in 2016 and is operated by Public Health England West Midlands (on behalf of West Midlands partners). It aims to enable information sharing between health organisations, community safety partnerships and wider partners to better understand the pattern and nature of violence occurring across the West Midlands. The WMISS collects and shares data on violence-related A&Es attendances (including ISTV data), hospital admissions, ambulance call-outs and police recorded assaults with injury across the West Midlands (Ahmed et al, 2020).

1.3 The Wales Violence Surveillance and Analyses System (WVSAS)

Established in 2014, with an initial focus on South Wales, the WVSAS aims to support violence prevention through the development of a surveillance system that collates, links and analyses data on violence from multiple data sources. In 2019, the WVSAS was incorporated into the Wales VPU work programme, with an aim of enhancing the system to cover the whole of Wales. Through delivery of the system, the objectives are to promote a multi-agency public health approach to violence prevention, assisting partners to understand the extent and nature of the problem, risk and protective factors, and to use the data to target interventions based on local needs. Further, such data can be used to monitor and evaluate the impact of interventions, and advocate for prevention approaches. The WVSAS supports the VPU whole system approach for violence prevention and aims to support all four key areas of their operating model (Aware, Advocate, Assist and Adopt; Figure 2).

1.4 Evaluation rationale, approach and methods

To ensure the best use of the WVSAS, and support its expansion across Wales, the VPU commissioned an evaluation of the system. This will enable VPU partners to understand the benefits and limitations of the WVSAS in preventing violence across Wales. Further, it will help inform future developments to enhance the quality and efficiency of the system, considering the needs of the local population, the strategic focus of VPU partners, available resources, and data sharing and access capabilities. The overarching aim of this study is to evaluate the development, implementation and impacts of the WVSAS. The key objectives include:

- To understand and describe the purpose, development, components and attributes of the WVSAS;
- To identify the value of the available data and analyses generated via the WVSAS to violence prevention activity across Wales, and outcomes and impacts of the use of the data; and,
- To explore the data needs of partners to inform a public health approach to violence prevention, potential areas for transformation of the WVSAS, and barriers and facilitators.

The evaluation used a range of methods to gather evidence (see Appendix 1 for full details), including:

A survey (n=50) and interviews (n=7) with VPU partners who receive information from the WVSAS exploring their views on the WVSAS, and if and how they use the WVSAS for violence prevention.

Review of documents (n=10) relevant to the WVSAS since its inception (2014), and the Violence Monitoring Reports (n=17) and VPU communications (e.g. emails) regarding the reports.

1.5 Presentation of evaluation findings

Findings from the evaluation are presented with reference to guidance from the Centres for Disease Control and WHO on evaluation of surveillance systems and cover the:

- Purpose and operation of the WVSAS (Section 2);
- Attributes of the WVSAS (Section 3);
- Usefulness of the WVSAS, including examples of the use of the WVSAS in Wales (Section 4); and,
- Key facilitators and barriers to using the WVSAS and areas for transformation (Section 5).

Evidence for each section is drawn from all data collection methods implemented, with findings triangulated to explore the aspect under investigation. Section 6 provides a summary of key recommendations for transforming the WVSAS.

2. The Purpose and Operation of the WVSAS

2.1 Aim and objectives

Aim: To support violence prevention through the development of a violence surveillance system that collates, analyses and shares data on violence from multiple sources across Wales.

The aim of the WVSAS is "to create that understanding across Wales…to enable localised solutions and to provide a platform for multi-agencies to measure impact of interventions." Interviewee 1 (I1)

Objectives:

- To promote a multi-agency public health approach to violence prevention, assisting partners to understand the extent and nature of the problem, and risk and protective factors.
- To use multi-agency data to target interventions based on local needs.
- To use multi-agency data to monitor and evaluate the impact of interventions.

In 2019, the Wales VPU incorporated the operation of the WVSAS into their work programme, as part of a whole system public health approach to preventing violence across Wales. Prior to this, Public Health Wales (PHW) managed the WVSAS (which focused on South Wales only) as part of a multi-agency partnership established in April 2014 with South Wales Police (SWP), South Wales Health Boards[3] (SWHB) and the Welsh Ambulance Service Trust (WAST). Box 2 provides an overview of the operation of the WVSAS prior to the VPU.

Box 2: History of the WVSAS prior to the Wales VPU

In April 2014, PHW, SWHBs, SWP and the WAST collaborated to develop a routine surveillance and analysis system for the early intervention and prevention of violence in South Wales (i.e. the WVSAS). The project formed part of the South Wales Police and Crime Commissioner's (PCC) Crime Reduction Plan 2013-2017, which included strategic aims to tackle violence through understanding violence holistically; preventing violence using evidence-based approaches; and, intervening in an efficient and effective way. As part of the project, the multi-agency partnership embarked on a new approach to sharing routinely collected data on violence, and aimed to collate and link multi-agency data sources across South Wales (i.e. police, A&Es and the ambulance service). The primary aim of this novel approach was to examine underreporting of violence and to improve prevention through better identification of at-risk areas for violence, and at-risk groups and communities, to target prevention activity (Gray et al, 2017). Underpinned by data sharing agreements, PHW collated, analysed and presented the data in local violence surveillance reports produced every two months for each Police Basic Command Unit in South Wales and shared with Multi-agency Violence Prevention Groups. In addition to presenting the data, reports also included data driven recommendations to inform prevention activity (formulated by PHW, SWP and PCC staff). Stakeholders across the partnership, particularly staff from the PCC's office, actively encouraged the use of the reports in violence prevention efforts, and fed back to data providers concerning data use and quality (Barton et al, 2016). Data were used to inform a range of prevention activity across South Wales (see Box 5 for examples).

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[3] Swansea Bay University Health Board (previously Abertawe Bro Morgannwg University Health Board [ABMUHB]), Cardiff and Vale University Health Board (C&VUHB) and Cwm Taf Morgannwg University Health Board (previously Cwm Taf University Health Board [CTUHB]).

2.2 Target population and case definition

Whilst the WVSAS was originally established for South Wales, since 2019 the VPU have been working to extend the WVSAS to cover the whole of Wales (approximately 3.1 million people in 2019 [StatsWales, 2021]).

From its inception, the WVSAS has followed in a public health approach to violence prevention (as defined by WHO), and adopted the WHO definition of violence:

"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" (Krug et al, 2002).

The continued development of the WVSAS means that it now focuses on all forms of interpersonal violence including child abuse and exploitation, youth violence, intimate partner violence/domestic abuse, sexual violence and elder abuse. The WVSAS includes data from a range of partners and similar to other multi-agency violence surveillance systems (e.g. see Box 1) it includes indicators for interpersonal violence using various measures from these data sources. Since its inception, the WVSAS has collected data from three core sources:

1. Police data: current indicators include violence against the person, sexual abuse, knife crime, drugs, domestic abuse, honour based violence, hate crime, anti-social behaviour (currently covering all police forces across Wales).
2. Health data: A&E assault attendance data including ISTV (currently covering all A&Es across SWHBs only).
3. Health data: Ambulance service call-outs for violence related injury (currently covering all of Wales).

The WVSAS A&E dataset expands upon ISTV data requirements, and includes a broader dataset that includes individualised data to enable cross-referencing and further aggregation of datasets, and the ability to identify at-risk groups and communities (see 3.5; Gray et al, 2017).

As part of the VPU response to COVID-19 (VPU, 2020a), since April 2020, routine Violence Monitoring Reports have been produced as an output of the WVSAS. These reports include a range of additional data and intelligence accessed via VPU partners and other sources, in addition to the data collected from the three core sources. This includes information on service/intervention demand and uptake (e.g. contacts to helplines; referrals to services) and intelligence to understand the nature of violence, and risk and protective factors (e.g. anonymous information received from Crimestoppers; reports of community activities, events or issues; evidence from research reports). Appendix 8.2 provides full details of the data sources routinely included in the WVSAS, and the additional data sources accessed since April 2019 as part of the VPU response to COVID-19.

2.3 The resources used to operate the system

A range of partners support the WVSAS through:

- Advocating for a public health approach to violence prevention that is data and evidence led;
- Collecting data, setting up data sharing processes between partners, and sharing data;
- Managing, cleaning, analysing, interpreting and disseminating data; and,

- Promoting the use of outputs, and the WVSAS for violence prevention (e.g. through communications and multi-agency steering group meetings).

Partners contributing data to the WVSAS currently include: SWP; SWHBs; WAST; and, wider statutory, and community and voluntary services (as part of the COVID-19 response, see Appendix 8.2). For the majority of data providers, data are already collected as part of their existing procedures, with data sharing for the purposes of the WVSAS embedded into organisational work programmes (with any additional costs absorbed by the data provider). Box 3 provides an example of how SWHBs expanded their data collection system to inform violence prevention.

Through the VPU and additional staff resources committed to the VPU from partner agencies, analysts and other staff are provided to maintain, promote and develop the WVSAS.

To date, IT software for the WVSAS is provided by PHW. As part of the VPU's ambition to further develop the WVSAS and expand it to cover all of Wales, an external provider has been commissioned to develop a Violence Intelligence for Prevention Hub (VIP HUB; see Section 5).

Box 3: Developing A&E data collection across South Wales

With increasing recognition of the value and impact of A&E data in violence prevention (e.g. via the Cardiff Model and other well-established violence surveillance systems; Box 1), during the early development of the WVSAS, PHW worked with SWHBs to incorporate a core and consistent violence dataset (see Appendix 8.2) into their existing data collection system (Symphony). Data collection was piloted at ABMUHB A&Es from November 2016, before being rolled out to all A&Es across SWHBs (Barton et al, 2016). In addition, SWHBs developed their data systems to promote a more standardised data collection system within and across A&Es. For example, systems were developed to ensure free text assault location data were coded in a uniform way (for example The Three Horseshoes Pub; Three Horseshoes, 3 Horseshoes would transfer to the same entry in this field). Once data are shared into the WVSAS, processes have been established to allow assault location and victim residence data to be mapped using location postcodes and easting and northing geographical coordinates for a point on a map (Barton et al, 2016).

To support these processes, local Violence Reduction Relationships Coordinators (VRRC; employed by South Wales PCC) engaged with A&E staff to demonstrate the value of the new violence dataset and critically the importance of good quality data. Subsequently, violence data collection and quality across A&Es improved, and monitoring of data quality (on a six-monthly basis) became a key agenda item in local violence prevention groups whilst VRRCs met with A&E staff on an ongoing basis to encourage and maintain good data quality.

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3. The Attributes of the WVSAS

3.1 Simplicity

3.1.1 An overview of the WVSAS operating model

The WVSAS is delivered via four core components:

1. **Data collection and sharing:** For the three core data sources, data providers collect data on violence and record this on their organisations IT systems, with data extracts sent electronically via a secure data sharing system to PHW for inclusion in the WVSAS. For these data sources, relevant data protection information-sharing agreements were established prior to data sharing commencing as they provide individualised data. Data sharing agreements are currently being updated to reflect the developments of the WVSAS, including incorporation into the VPU and expansion across the whole of Wales. Additional data sources included in the Violence Monitoring Reports (e.g. from community and voluntary services) are currently shared directly with the VPU, via an online survey[4] or to VPU team members. These data are anonymised and/or aggregated, and do not require a data protection information-sharing agreement, however a memorandum of understanding for data sharing is being drawn up for partners to sign.

2. **Data management, cleaning and analyses:** The VPU collate, clean and store all partner data on a secure IT system hosted by PHW. Data are analysed and presented as relevant to VPU partners reporting requirements, and within the parameters of the objectives of the WVSAS.

3. **Data dissemination:** The VPU produce outputs as relevant to VPU partner needs, with outputs disseminated and discussed within various partner meetings.

4. **Use of data in violence prevention:** The VPU team and partners receiving outputs use the data to enhance understanding of violence to promote a public health approach to violence prevention, inform the development and targeting of interventions, and monitor and evaluate their impact (see Section 4).

The current Violence Monitoring Reports are distributed via email (as an embedded link) to over 450 individual partners including the police, PCCs, health/public health, local and national government, prisons, probation, youth justice, immigration, education, fire service, community safety, and community and voluntary services. Around 16% of those receiving the reports are based outside of Wales (e.g. other VRUs, UK Government departments). Partners request permission to receive and access the reports (see Section 3.6 for further details). Both a main and summary PDF report are shared. The use of the WVSAS and the Violence Monitoring Reports is promoted via local partners and specifically by the VPU in various communications with VPU partners (e.g. monthly newsletter).
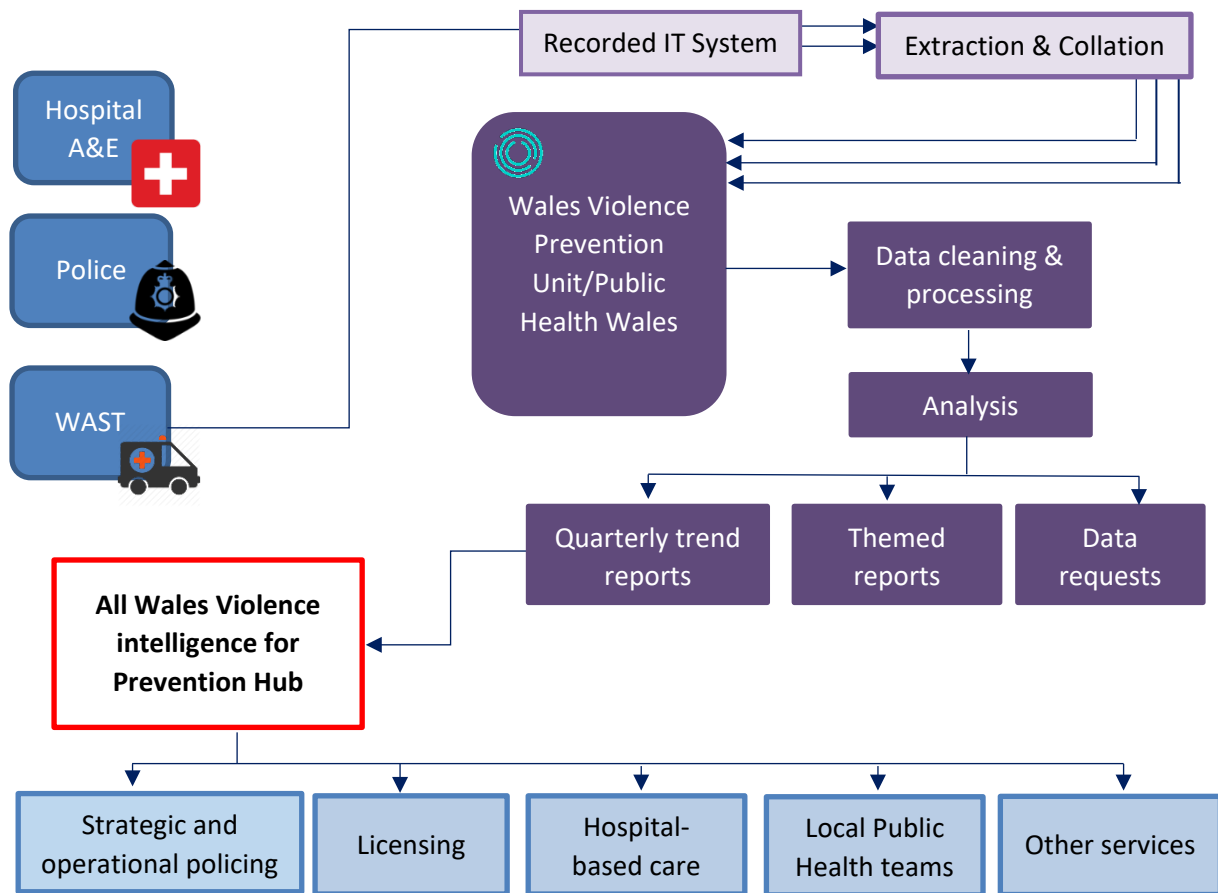
The VPU are currently developing the WVSAS to enable partners to access data via a secure online VIP Hub (see Figure 3 and Section 5).

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[4] Distributed by the VPU to partners via email.

Figure 3: The planned operating model for the All-Wales Violence Intelligence for Prevention Hub

3.1.2 Partner perspectives

Amongst survey respondents who were aware of the Violence Monitoring Reports (96.0%): 37.5% reported that they became aware of them via the Wales VPU team; 37.5% via their organisation; 37.5% via a VPU e-bulletin; 16.7% via the VRU network; 12.5% via a VPU webinar; 8.3% via the VPU website; 6.3% via VPU reports or publications; and, 4.2% via an external partner. The majority (85.4%) stated that they receive the report directly from the VPU.

Amongst those who had received the Violence Monitoring Reports (and reported reading at least one report [n=42]), the majority agreed[5] that they found it easy to understand the data presented in

> *"These (Violence Monitoring) reports have a good balance of data and narrative, this is analysed very well."* Survey respondent

tables and graphs (92.9%) and the commentary summarising and interpreting the data presented (92.9%), and that the guidance provided on data quality aides interpretation of the data (76.2%). 60.0% agreed that the reports allow them to access data analysis/information that they or their organisation needs for violence prevention and 75.6% to access data that we would not usually have access to (Figure 4)[6].

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[5] Including strongly agree and agree.

[6] Throughout, percentages presented are of those who provided a response to each question (e.g. here the number completing each question ranges from 39-42 of report readers).

Figure 4: Stakeholder views on the Violence Monitoring Reports – simplicity
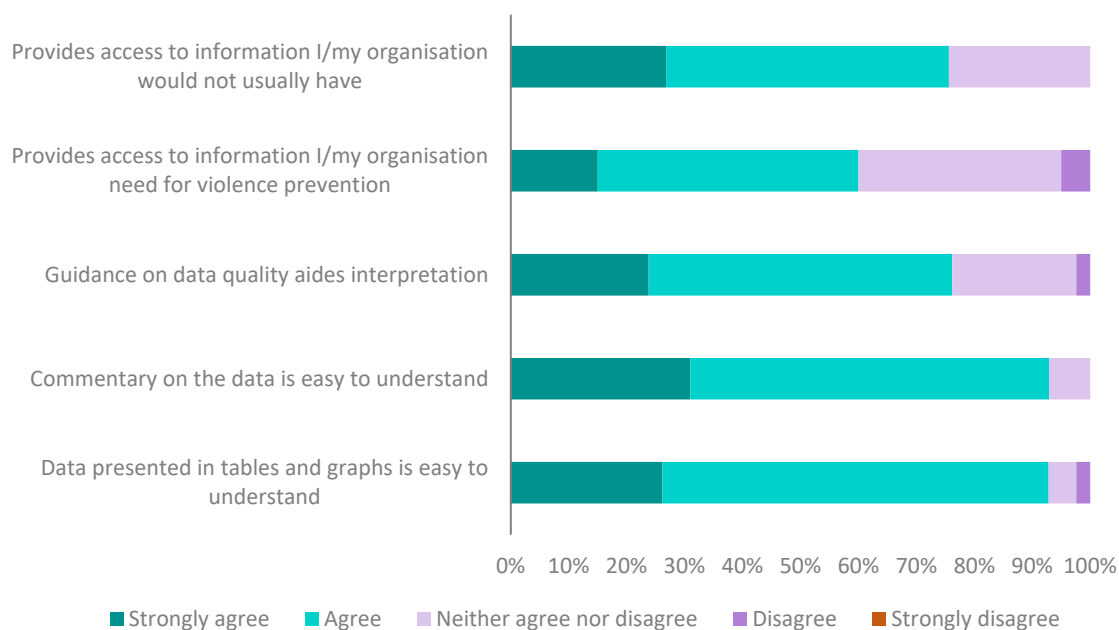
3.2 Flexibility

Since 2014, the WVSAS has adapted in numerous ways to meet changing information needs and operating conditions. The VPU recognises that the WVSAS will need to continually evolve as service delivery and infrastructures change. Examples of key adaptations, along with details of how the WVSAS handled these changes, are highlighted below.

Integration into partner organisations: Between 2014-2016, the four core collaborates PHW, SWHBs, SWP and WAST integrated the WVSAS into their organisations' work programmes and systems (see Box 2). Data collection and sharing, and use in violence prevention activity, was maintained up to 2018/19, and following a gap in funding and resources to maintain the system, was incorporated into the VPU work programme in 2019/20.

Variations in funding and resources: Due to resource and capacity issues, the WVSAS was not fully implemented in the year prior to the VPU being established (June 2019). The establishment of the VPU, and the employment of analysts (based within PHW), who also had prior experience of the WVSAS, enabled the system to be re-established, with data from the WVSAS used to inform the VPU Strategic Needs Assessment (March 2020) and subsequently for the Violence Monitoring Reports (published from April 2020). In addition, the VPU analyst has recommenced the production of reports (focusing of the three core data sources) shared with South Wales partnerships.

Enhancing routine data collection: During the early development of the WVSAS, an assessment of partner (police, A&E and ambulance) data was conducted to explore the relevance, consistency and quality of data collected (amongst other attributes), and recommendations were made to data providers on how their data collection and quality could be improved. An example of changes made is given in Box 3 for A&Es.

Responding to information needs during COVID-19: Since March 2020, as part of a broader response to COVID-19, the VPU adapted its delivery plans to provide knowledge, capacity and capability to partner organisations during the pandemic. A key part of this has been to develop its data analytics

> *"Intelligence gathered to date supports the idea that those already vulnerable are at greater risk of violence and abuse as a result of COVID-19 restrictions."*
> Snowdon et al, 2020

role, and to bring partnership data together through the WVSAS to enable partners to understand and monitor the scale, nature, and impact of violence and identify any trends, patterns and hotspots emerging during and after the outbreak. A number of actions were implemented to support this including:

- Awareness raising activity via VPU communications (e.g. newsletters) about the VPU response to COVID-19, the WVSAS and requests for partners to contribute their data to COVID-19 Violence Monitoring Reports.
- Development of an online form designed to gather insight and intelligence on a weekly basis from operational and strategic professionals on the impact of COVID-19 restrictions on levels of violence for inclusion in Violence Monitoring Reports.
- A dynamic risk assessment (the Violence Monitoring Reports) launched in April 2020, disseminated to partner's weekly (reduced to monthly from September 2020), to enable data-led prevention and response measures and to add to the evidence base for future pandemic responses (VPU, 2020a).

The Violence Monitoring Report has continued to evolve to meet local partner's needs including:

- The addition of new data sources;
- Data analysed and summarised in different ways (including production of a summary report and thematic analysis of how violence is impacted by the changing restrictions); and,
- Reports shared in varying frequencies.

Enhancing data management and access: VPU communications alert partners to the level of resource required to produce the Violence Monitoring Reports, and thus encourage partners to provide feedback on its value and changes they would like to see, demonstrating their willingness to adapt the WVSAS output to meet partner needs. In 2021, the VPU are working toward developing an online (VIP Hub (see Section 5) and planning to upscale the system across Wales, with an initial focus on police, ambulance and A&E datasets. In addition, they are exploring opportunities to include other datasets (e.g. socio-demographics). This will mean that local partners can access the data when required, via the secure online VIP hub. Data will be available in various formats, with partners having the ability to tailor analyses and outputs of analyses to meet their needs.

3.3 Acceptability

3.3.1 Data collection and sharing

Since April 2019, the number of partners contributing data to the WVSAS (specifically for the Violence Monitoring Reports) has increased from five to 22 services. In addition, many survey respondents/interviewees highlighted opportunities to contribute data to the WVSAS, reflecting on the information presented in the Violence Monitoring Reports. For example information on:

- The implementation of violence prevention interventions across Wales, including intervention components, delivery time period and location, e.g. training/engagement sessions on violence

- by VPU partners across primary and secondary schools, and alternative education settings in Wales;
- Community voices and intelligence, collected informally through community engagement or delivery of interventions.

> *"These (Violence Monitoring) reports are only as good as the data that we receive from partners. If you hold data within your organisation that you think would be of value or you would like to find out more about our work, please get in touch."* (VPU Director, VPU partner email correspondence, April 2020-February 2021)

Further, some partners recognised the need to collect data that would help inform other VPU partner activities, and their willingness to explore this with the VPU. For example, collecting information to identify marginalised groups.

3.3.2 Access and use of the WVSAS data

Between April 2020 and February 2021, 17 Violence Monitoring Reports have been produced, which were distributed via email to a growing list of stakeholders, currently at 463 across Wales and beyond (e.g. England). Table 1 provides an overview of partners receiving the reports, including sector type and the proportion of partners from each sector that work in (or for) Wales. During April-September 2020, on average 27% of stakeholders opened the report and 16% clicked through the report (at least once) (VPU, 21). In addition, up to the end of February 2021, the VPU had completed four data requests from partner agencies to support their understanding of trends in violence (VPU, 2021). For example, requests for analyses of data to identify trends and at-risk groups/communities for knife/sharp object facilitated assaults across South Wales.

Amongst survey respondents who received the reports, 61.4% reported that they read each report that they received, and 34.1% only when they need to. Amongst those who had ever read a report, 59.5% reported typically reading sections of the report that were most useful to them/their organisation; 26.2% reported reading the entire

> Partner views on the WVSAS: *"Extremely beneficial resource and it's essential that the work continues."*
> *"Continuing current practice, including research and reference links, is very helpful."*
> *Survey respondents*

report; and, 14.3% the summary only. Report sections read by over a third of 'full report' readers included: introduction/key findings and recommendations (33.3%); violence against women and girls, domestic abuse and sexual violence (45.2%); children and young people (42.9%); and, serious violence, organised crime groups and knife crime (33.3%) (Figure 5). Amongst all survey respondents, the majority supported the development (95.3%) and continuation (95.3%) of the Violence Monitoring Reports[7] (a view supported by all interviewees). The majority of participants (81.8%) reported that they/their organisation planned to use the reports in the future and 18.2% reported that they had embedded the use of the reports into their organisations' processes.

Interviewee reflection and evidence on the WVSAS pre-2019 suggests that access and use of the data, and outputs was embedded into local multi-agency partnerships, with data regularly used to inform police-led interventions across South Wales. Whilst awareness of the use of outputs by other partners/for other intervention types was limited during the pre-2019 period, when the system came to a halt (due to resource limitations), numerous partners requested access to the reports - partners whom the WVSAS team were not aware had been using the reports. This raised the importance of understanding who accesses outputs and how they are using them to inform prevention activity.

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[7] With the remainder, selecting 'don't know'.

In addition to the Violence Monitoring Reports, the VPU analyst produces reports for local multi-agency partnerships across South Wales. The VPU have recently commissioned a review of these data sharing processes, with consideration of the new Violence Monitoring Reports and plans to expand the system further. Following consultation with key strategic leaders across South Wales, the VPU has made recommendations to develop data sharing processes, particularly to ensure relevant partners access and use the data for violence prevention. Implementation of the recommendations will form part of the VPUs work programme in 2021/22 (VPU, 2021).

Table 1: Sector of partners accessing the Violence Monitoring Reports, and proportion that work in/for Wales

Sector	n	% in Wales
Police/PCC	96	76.0
Local authority	61	83.6
Third sector	60	100.0
Health/public health	54	96.3
Justice	49	98.0
Community safety	39	100.0
External VRU	32	0.0
Welsh Government	29	100.0
Wales VPU (core team)	20	100.0
Education - university	9	55.6
Older person and future generations	6	100.0
Home Office	3	100.0
Fire service	2	100.0
Education - external UK nation government	1	0.0
Education - Wales national government	1	100.0
Other	1	100.0
Total	463	83.6

Figure 5: Proportion of 'full report' readers reading each section of the report, stakeholder survey
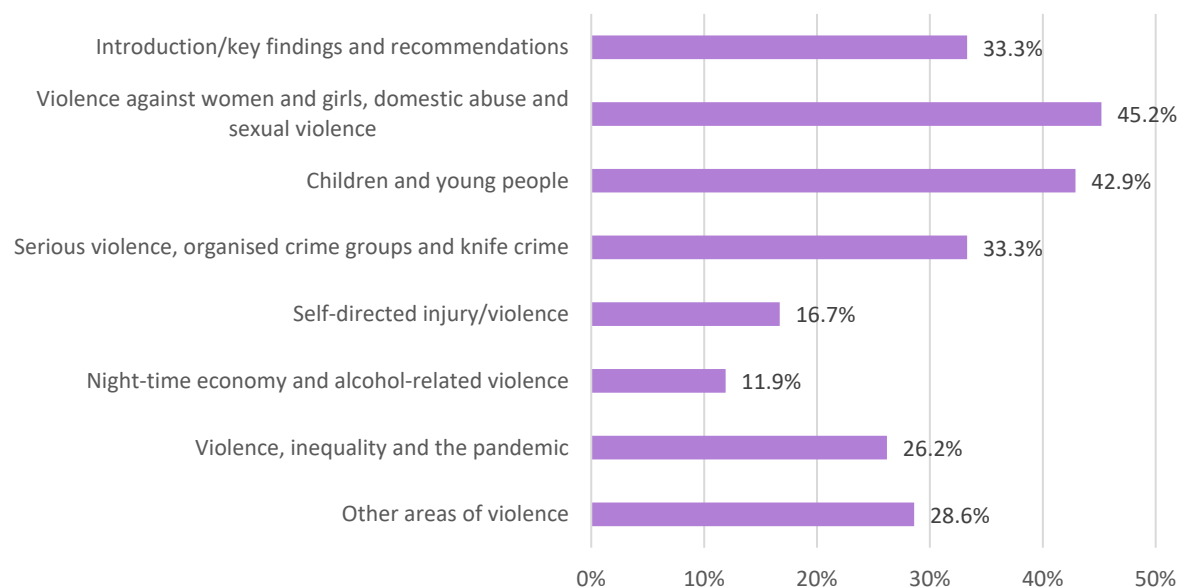
3.3.3 Incorporation into the whole system

In the VPU's Strategic Needs Assessment, it recommends *"that as a priority for future partnership working, the VPU lead on developing a whole-systems approach to data sharing to include, in the first instance, engagement with partners to understand what data is collected and how it can be used."* (VPU, 2020b). The development and production of the Violence Monitoring Reports have provided partners with an opportunity to share their data into the system, and raised awareness of organisations working towards violence prevention across Wales, and the data sources they have access to. The development and commissioning of the VIP Hub aims to further embed the WVSAS across the whole system, helping to resolve barriers to data sharing, and continue to build the evidence base on violence across Wales. Critically however, partners highlighted that further work is needed to ensure the system moves from a 'South Wales' to an 'All Wales' violence surveillance system (see Section 5).

3.4 Data quality and timeliness

Initial evaluation of the WVSAS conducted in 2016 suggested the quality of the data shared by the three core partners had improved since the project commenced. The provision of data quality reports and feeding this back to data providers was noted as a key facilitator to improving data quality (Barton et al, 2016).

In the current evaluation, the majority (85.4%) of survey respondents who had read a Violence Monitoring Report agreed that they have confidence in the quality of data provided. Despite this, the reports provide examples of areas where data quality requires development, or how data recording processes may affect data quality. Some interviewees also reflected issues with the quality of A&E assault data, particular in relation to the circumstances of the assault (e.g. location). A recent audit of South Wales A&E data conducted by the VPU shows that assault location (free text) data had the lowest completion rate, and overall approximately half of assault location data was deemed useable.

Appendix 8.2 provides details of the regularity of data sharing to the WVSAS. All organisations share their data at least on a quarterly basis, with the majority sharing monthly (VPU, 2021). Two-thirds (65.9%) of survey participants felt that the data presented in the Violence Monitoring Reports should be shared with partners on a monthly basis (their current regularity).

3.5 Representativeness and sensitivity

Through the VPU, the WVSAS is expanding from a South Wales to an All-Wales system. Data now include all police forces and the ambulance services across Wales. Through the Violence Monitoring Reports, additional data sources are aiding understanding of violence, particularly in relation to service demand.

> *"We are aware that data is currently incomplete in some areas but due to the dynamic nature of the situation (COVID-19), we are keen to share this resource (Violence Monitoring Report) for partners' use."*
> (VPU partner email correspondence)

The collaborative approach to sharing individualised data (enabling data linkage) between police and health in South Wales has been noted as enhancing understanding of violence. Critically, the unique ability to link multiple data sources has enabled identification of violent incidents across services, and better identification of hidden harms (which has changed existing known profiles of violence), allowing services to develop and more precisely target violence prevention activities (Gray et al, 2017). Data linkage aims to enhance understanding of the proportion of people presenting across multiple

services, and the proportion of people affected by violence who do not come to the attention of the other services. For instance, data from 2014-2016 suggest that 59% of assault patients attending South Wales A&E departments were not known to the police (Gray et al, 2017). A number of VPU partners noted similar points in relation to the Violence Monitoring Reports. For example, during COVID-19, collation of multiple data sources beyond the three core data sources, including third sector data has helped illustrate that communities were still requiring support for certain violence types (e.g. domestic abuse), despite the three core data sources showing reductions in service demand.

The majority of survey respondents who had read a Violence Monitoring Report agreed that the data presented in the reports provides a representative picture of violence occurring across Wales (87.2%), and risk (83.3%) and protective (72.5%) factors. The reports provide details of any known data issues, including representativeness. Continuing to develop the ability of the WVSAS to enhance understanding of violence across Wales is identified as a key

> Partner views on enhancing the data available in the Violence Monitoring Reports: *"Data which include location specific information (Cardiff Model data) are not available across Wales - just in some areas."*
> *"The reports are an invaluable repository of information and data. Including more contributors would benefit us all by giving an up to date broader picture."*
> Survey respondents

priority area for the VPU. Critically, they anticipate that there is a significant level of hidden harm, and recognise that many organisations may need to improve how data is captured to further enhance violence surveillance (VPU, 2021). Some survey respondents and interviewees also acknowledged the need to ensure data collection processes capture information that can support violence prevention activity across the whole system (including beyond organisational data requirements).

Section 5 provides details of ways in which WVSAS data sources could be further developed to enhance the representativeness and sensitivity of the data.

3.6 Stability and security

Whilst the establishment of the VPU has enabled the WVSAS to be re-established, the 12-month gap prior to this illustrates the need for continued resources to maintain the system. The majority (90.0%) of survey participants agreed that the VPU is facilitating multi-agency data sharing for the purposes of violence prevention across Wales. Through the VPU, various activities have been and continue to be implemented to increase the stability of the system including:

- Inclusion of the WVSAS in the VPU model and in strategic documents, and prioritisation to develop and expand the system (including dedicated staff resource).
- Meeting with partners to ensure that data informs strategic and operational decisions, in addition to advocating for a public health approach to prevention, and establishing multi-agency forums to better understand violence, and encourage cross-agency collaboration.
- Establishing/updating data sharing agreements. Agreements are now in place covering all Welsh police forces and the ambulance service. Data sharing agreements (DSAs) with SWHBs are being updated; further agreements need to be established across other health boards.
- Implementing Data Protection Impact Assessments to identify and minimise any data protection risks of sharing and processing personal data.
- The development and finalisation of a Memorandum of Understanding (MoU) between the VPU and its associate members and partners. The purpose of the MoU is to formalise the process of bringing partners together who have the shared goal of tackling, preventing and reducing violence. It will serve as a multi-agency agreement for the systematic sharing of violence data

and information, support an informed understanding of the causes of violence, and identify opportunities for addressing these causes (VPU, 2021).

All data shared are stored on a secure NHS server, accessible only to WVSAS analysts. Whilst identifiable data are shared into the WVSAS for the purposes of data linkage, no identifiable data are shared out of the system. Additional data in the Violence Monitoring Reports are aggregated data, and thus DSAs are not formally required. Through the development of the VIP Hub, the VPU will ensure that all relevant Data Protection Impact Assessments and DSAs are completed before data sharing commences.

The Violence Monitoring Reports are targeted at a professional audience and are not for public viewing. Whilst there is no formal criteria in place to decide who can access the report, the VPU only share it with professionals who are known to the VPU, or who have an official organisational email address (e.g. NHS, police, Welsh Government)[8].

> *"This information (provided in the Violence Monitoring Reports) is classed as official. It is your responsibility to ensure that all information that has been entrusted to you receives the appropriate degree of care and protection."* (VPU partner correspondence)

The report is classed as 'Official', with the responsibility placed on partners to ensure that the data provided is treated with care and protection. The VPU acknowledge that some partners redistribute the reports within their networks, and this was also highlighted by some interviewees and survey participants (6.3% of respondents reported receiving the report from someone else, not directly from the VPU). Some interviewees and survey respondents requested clarity about who can access the reports and if and how they can share them.

> *"Clarity [is needed] about sharing the data across partnerships, is this OK to do, or is it only to be shared with the organisation I am representing?"* Survey respondent

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[8] If an individual signs up who does not have an organisational email address (e.g. someone with a Hotmail account), the VPU communications lead will follow-up with them to determine the reasons for wanting access to the data, and to ensure they are not a member of the public.

4. Utility of the WVSAS

4.1 Enhancing understanding of service demand and violence

Data from the WVSAS has been analysed and shared to enhance understanding of service demand and violence via bi-monthly reports (for South Wales partners), the Violence Monitoring Reports, the VPU Strategic Needs Assessment and other publications (e.g. Gray et al, 2017; Snowdon et al, 2020).

A study by Gray et al (2017) aimed to investigate whether the sharing and linking of routinely collected violence data can provide a more comprehensive understanding of violence, establish patterns of under-reporting and better inform the development, implementation and evaluation of violence prevention initiatives. The study found that the majority of A&E assault attendances (59.0%) were unknown to police, with violence amongst young males and strangers most likely to be underreported.

Localised data presented in bi-monthly reports for South Wales have been used to understand the nature, extent and risk factors for violence across communities, enabling localised solutions. Data (police recorded crime, ambulance call-outs and A&E attendances) was used to inform the VPU Strategic Needs Assessment. Analysis of data from January 2017-January 2020 was used to provide an understanding of the current levels of violence in South Wales, and how this has compared to previous years (VPU, 2021). Viewing the data from a socio-ecological perspective has been reported as providing a unique insight into the factors that may be influencing the levels of violence in Wales, allowing the VPU to draw links between known risk factors for violence for individuals and communities in South Wales (VPU, 2021). The Violence Monitoring Reports build on the Strategic Needs Assessment, enabling the continued monitoring of violent trends, causes and consequences. The majority of survey respondents who had read a report stated that they were useful for[9]:

- Understanding the nature/type of violence (97.6%);
- Quantifying the extent of violence (including trends) (92.9%);
- Identifying and describing populations most at risk of violence (83.3%);
- Identifying and describing the areas (e.g. towns) most at risk of violence (73.8%);
- Identifying and describing the risk (and protective) factors for violence (81.1%);
- Assisting with research and analysis (81.0%); and,
- Merging with other data not contained in the reports (66.7%).

Interviewees also reported using the Violence Monitoring Reports to add context and aide understanding about the communities in which they work. The data presented have aided understanding of the impacts of COVID-19 and associated public health measures on service demand, building the evidence base for current and future emergency responses. The VPU has shared data and learning from their reports with international partners, via written briefings for WHO Europe and other partners and an academic peer-reviewed article (Snowdon et al, 2020).

> The Violence Monitoring Reports have helped to *"understand the context of violence in Wales linked to key policing and WG (Welsh Government) policy areas such as ACEs and the Early Action Together Programme."* Survey respondent

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[9] Options selected from a predetermined list.

Further, the real-time surveillance enables the VPU to have an up-to-date picture of violence in Wales, and to identify emerging trends across multiple data sources. For example, the most recent report (February 2021) illustrates an increase in the number of young people (aged 18-24 and under 18 years) attending A&Es in South Wales as a result of own home/partner or ex-partners assaults (a trend not reflected in police or support helpline data). Some interviewees highlighted the value of the reports in understanding the national picture of violence and identifying 'hidden' groups who are experiencing violence (e.g. migrants and asylum seekers; older people) and displaying myths of violence. For example, data suggest that domestic abuse is experienced amongst older people, and migrants and asylum seekers are an at-risk group for violence; groups often not recognised as key at-risk groups. The ability to identify hidden harm and violence not reported to statutory services was noted by interviewees as invaluable, particularly during COVID-19 lockdown periods.

"At a national level it (WVSAS) helps us avoid making those sweeping statements (about the nature and extent of violence) that are not necessarily true." ID4

4.2 Advocating for violence prevention and a public health approach

The early development of the WVSAS brought together partners to advance a public health approach, and aide data sharing and use in violence prevention. The development of the system supported a broad range of interventions in South Wales (see Box 5). A key priority for the VPU is to engage partners to promote a public health approach to violence prevention, including through development, use and promotion of the WVSAS. Interviewees noted how the Violence Monitoring Reports, produced by the VPU, had helped raise awareness of the valuable role of data in a public health approach to violence prevention, with partners increasingly exploring the contribution that their data can make to the system, including identifying at-risk groups, who may not present in existing core datasets.

In 2020, the VPU used data from the WVSAS to estimate the costs of violence to the healthcare system, demonstrating the burden violence places on health services, as well as the value of investing in prevention activity (Jones et al, 2020). Such evidence is being used by the VPU to develop collaborations with the health sector and other partners, and to advocate for early intervention and violence prevention activities (see Box 4).

The development of the Violence Monitoring Reports are supporting VPU partners to advocate for violence prevention. The majority of survey respondents reported that the reports were useful for evidencing the need for interventions (85.7%) and funding (64.3%). Interviewees highlighted how the reports helped them advocate for a continued focus on violence during the COVID-19 pandemic, and increased partner buy-in for data sharing to inform violence prevention. The majority (88.1%) of respondents reported that the reports were useful for improving multi-agency working. Further, many survey respondents noted that they shared the reports with others, including their internal and external colleagues, in multi-agency meetings and briefings with Ministers or local councillors.

"So then the general monitoring reports, what we've realised is that they've really enhanced our, I guess, our professional relationship with agencies and organisations around data and the needs and desire for other organisations to want to share that data in order to, I guess, create that bigger picture, that bigger understanding of violence." I1

The VPU has used evidence from the reports to inform media features on violence in prisons, young people and gangs, and bystander approaches related to violence against women, domestic abuse and sexual violence (VAWDASV). Information is also shared in various groups to advocate for a public health approach to violence prevention, such as the VRU expert steering group (Home Office) and PHE Violence Prevention Network, and across UK-wide webinars, workshops and conferences (attended by [inter]national audiences).

Box 4: Estimating the costs and consequences of violence to the healthcare system in Wales

Economic evidence on the scale and impacts of a problem can aide policy makers in prioritising investment in public health issues. In 2020, the VPU used data from the WVSAS to estimate the costs of violence to the healthcare system, demonstrating the burden violence places on health services, as well the value of investing in prevention activity (Jones et al, 2020). The study found that violence imposes a large economic burden on the healthcare system in Wales, with estimated annual costs of £46.6 million spent on addressing the short-term consequences of violence (year ending March 2019). 84% of the short-term costs were associated with addressing the consequences of interpersonal violence. Exposure to ACEs as a proxy measure of the long-term consequences of violence was associated with estimated annual costs of £158.8 million (for the year ending March 2019). The report made a number of key recommendations for making the case for investment in violence prevention, and evidence has been used to develop collaborations with the health sector. This has helped strengthen health services/boards' commitment to sharing data into the VIP hub, and supporting its development; enabled the VPU to share their work across safeguarding networks; and, provided context to other research and evaluation projects.

4.3 Informing strategic responses and violence prevention activities

WVSAS data underpins the VPU Strategic Needs Assessment, strategy and work programme. The *"real time"* violence surveillance aims to enable VPU partners to initiate data-led prevention measures (Snowdon et al, 2020). The VPU use the data within the Violence Monitoring Reports to align their work programmes with the most up-to-date evidence for Wales, and ensure emerging issues are explored and prevention activity implemented. The reports are used by the VPU to:

Support strategic and operational responses e.g.:

- Briefing Welsh Government and the PHW executive board on violence (e.g. effect of COVID-19).
- Informing input in multi-agency partnership meetings (e.g. South Wales PCC Portfolio meetings; Serious Violence Tactical Board; Gold Knife Crime Group), and supporting partners to respond to emerging issues such as recent knife incidents in Cardiff and COVID-19 recovery planning (including the return of the night-time economy once COVID-19 restrictions are lifted).
- Supporting implementation of a VAWDASV strategy, using data to raise awareness of VAWDASV, and identify areas and populations to target prevention activity.
- Promoting (via the VPU Violence Prevention Team) 'ASK and ACT' amongst A&E staff to increase disclosures of VAWDASV (due to low levels of reported police incidents of domestic abuse and an increase in demand to helplines). This has led to an increase in numbers of disclosures within A&E (relevant information is shared with partners to highlight emerging trends).
- A webinar to police school beat officers across Wales on the impact of COVID-19 on children and young people, and a resource pack on services to engage with if they have concerns.
- Identifying gaps in service provision and considering solutions with local partners (e.g. Community Safety Partnerships and VPU service providers); and to distribute additional funding (e.g. Winter Contingency funding).

> *"Is this about ploughing money into [domestic abuse] helplines? Or is it about what is the complexity of the calls that are coming in, are they taking longer, is there something else going on? And that's where we got to actually. It [Violence Monitoring Reports] did help as well, in that space to clearly tell there was a drop in police reporting and that was something that was helpful for us to say 'this is not happening [reporting], what do we need to worry about here'. And then that informs everybody going out saying 'we need to up the anti on the comms [communications], we need to make sure that people know that the police are still able to come in to your house, COVID doesn't stop that'. And that was really important I think at the time, and this work has really helped to underpin that, on top of all the other data that was being used, people got a real sense of how valuable this could be."* I4

Inform the development, focus and targeting of communication campaigns, e.g.:
- VAWDASV campaigns: 'Home shouldn't be a place of fear'[10], 16 days of action.
- The development of an Older Persons' Commissioner information pack.
- A knife crime campaign (radio/social media), promoting support for children/young people.
- VPU resources hosted on the VPU website on emerging topics (e.g. online harm).

Develop research priorities, bid for research funding and inform national research, e.g.:
- Reopening nightlife whilst containing COVID-19 and preventing violence (VPU funded; Janssen et al, 2020).
- Accessing funding to deliver research with the University of Exeter on the experiences of bystanders to domestic abuse during the COVID-19 pandemic (PHW population health funding).
- A systematic review of what works for VAWDASV (Welsh Government funding).
- A Strategic Needs Assessment of the impact of COVID on children and young people who experience violence and ACEs (PHW population health funding) (Newbury et al, 2020).
- Modelling the impact of COVID on future violence levels (in collaboration with PHW).
- Research by Plan UK on the state of girls' rights in Wales.
- Exploring recent trends in A&E attendances amongst young people because of own home/partner or ex-partners assaults (a trend not observed in other data sources), to understand what this means (e.g. are more young people experiencing harm but not reporting it) and ensure VPU partners implement measures to prevent further violence.

The majority of survey respondents reported that the reports were useful for:
- Supporting the design and/or targeting of violence prevention approaches (71.4%);
- Developing a problem profile and/or to inform a strategic policy document (71.4%); and,
- Informing engagement, communication and/or promotional materials (71.4%).

A few survey/interview respondents provided examples of their use of the reports including:
- Guiding the development of education resources delivered across schools in Wales (relating to substance use, personal safety and safeguarding, and social behaviour and community).
- Informing training implementation across a Health Board.

Further, interviewees highlighted how data have enabled partners to have a more holistic view of violence, identifying violence that is often unreported to police (e.g. domestic abuse), and identifying

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[10] https://gov.wales/minister-launches-home-shouldnt-be-a-place-of-fear-campaign

'hidden' groups (e.g. older people) that require targeted intervention, particularly importance during the COVID-19 pandemic.

> *"We saw a report [a South Wales report], and it landed and they were like, there's 88% of the data here, in the hospitals, in the emergency department, that police aren't aware of and that was massive for communities. So we were able to put interventions in place in those particular hotspot areas where there was a massive underreporting of domestic violence. And suddenly, you know, people were starting to talk and different police areas were talking to each other and going oh what's this data, how can we use it? So we, we kind of built back that reputation of the data being able to drive really successful intervention, but more importantly, I think it enabled police and partners in those areas to safeguard more people."* [4]

4.4 Monitoring and evaluating violence prevention approaches and activities

The majority of survey respondents reported that the Violence Monitoring Reports were useful for:

- Monitoring/evaluating the impact of violence prevention approaches (73.8%); and,
- Monitoring the impacts of COVID-19 on levels of violence (90.5%) and prevention (76.2%).

One respondent detailed how their organisation intended on integrating evidence from the reports in to its work to explore the effectiveness of safeguarding arrangements across Wales. Box 5 provides examples of the use of the WVSAS core data sources identified in the initial evaluation of the WVSAS.

> **Box 5: Examples of use of WVSAS data and bi-monthly reports across South Wales (2014-16)**
>
> Evidence from an initial evaluation of the WVSAS highlights examples of how local multi-agency partners used the WVSAS outputs to inform prevention activity (Barton et al, 2016). For instance:
>
> - Evidence was used to secure an increase in St John Ambulance provision throughout a health board area during night-time economy peak times to reduce the burden on A&Es.
> - Peaks in nightlife violence were identified in areas unknown to police, resulting in implementation of taxi marshal schemes to reduce the amount of individuals on the streets.
> - Geolocation data mapping supported police in managing high-risk areas and premises. Evidence was used to support police and licensing reviews in making changes to licences, including reduced opening hours, capacity reviews, suspended or revoked licences. As a result, a number of premises brought in new management and re-visited staff training.
> - Data was used to monitor and evaluate violence prevention activity (e.g. effectiveness of the Help Point in Swansea, with data showing a reduction in ambulance call-outs diverted to Swansea City Centre during peak night-time economy hours).

4.5 Wider outcomes and impacts

A few interviewees highlighted that the Violence Monitoring Reports had helped their organisations, and other partners to have a greater awareness of violence prevention services. For some, this was reported as increasing potential referral and intervention pathways for community members that they come in contact with and/or support. Further, the reports gave some partners greater understanding of the data available and how it could inform a public health approach to prevention. A number of partners noted how seeing other partner's data helped them and their organisation reflect on the data they hold and how this could further enhance the reports. Through the production of academic outputs and briefings/presentations on the WVSAS, the WVSAS has the potential to support global advocacy for the development of data collection methods and violence prevention programmes (Gray et al, 2017; Kendall, 2020; Snowdon et al, 2020).

5. Transforming the WVSAS to Support Violence Prevention in Wales

5.1 Key facilitators

Existing violence surveillance systems and multi-agency approaches: The Cardiff Model, originally funded via a Home Office project funding grant (Tackling Alcohol-related Street Crime [TASC]; Maguire and Nettleton, 2003), provided a foundation for data sharing between a Health Board (A&E) and local multi-agency partners in Cardiff. Evaluation of the model (Florence et al, 2011, 2014), and developments of other violence surveillance systems across England (see Box 1) has raised awareness of the ability to share anonymised data between health and other partners, and the utility of health (and multi-agency) data to inform a public health approach to violence prevention.

Furthermore, a history of multi-agency approaches to address vulnerability and the root causes of crime nationally across Wales (e.g. Early Action Together Programme; ACEs hub) offer a strong foundation from which to build an All-Wales VIP Hub.

Allocated resources: Partners highlighted how various Home Office funding opportunities had helped to support the development, continuation and expansion of the WVSAS. Namely, the TASC project resulting in the development of the Cardiff Model (2000), Innovation Funding supporting the development of the South Wales WVSAS (2014-2016), and VRU funding and additional Welsh partner contributions (2019 to date), supporting the continuation of the model and expansion across Wales.

Legislation: The Welsh Government Future Generations Act (Welsh Government, 2015) provides a strong foundation for the development of an All-Wales VIP Hub. The Act focused on improving the social, economic, environmental and cultural well-being of Wales, by ensuring public bodies take a long-term perspective, work more effectively with communities and other services, and deliver a more joined-up approach to preventing problems. Whilst the Crime and Disorder Act 1998 was noted as providing a gateway for multi-agency working and data sharing, it was felt that data sharing remained an issue in some areas of Wales. However, the proposed Serious Violence Bill was noted as a key tool to supporting the expansion of the model and data sharing across Wales, particularly as it will place a duty on public sector bodies to ensure they work together to address serious violence, and for CSPs to have a serious violence prevention strategy (UK Parliament, 2019). GDPR was noted as often causing barriers to data sharing, despite existing legal requirements and guidance allowing and promoting data sharing for violence prevention. However, partners also noted that such barriers were appearing to diminish as a result of the pandemic, where partners are actively seeking to share information to protect vulnerable people and meet their needs, particularly at a community level. The Policing Vision 2025[11] advocates for evidence and data-led policing at a community/localised level, which was noted as having the potential to support the development of an All-Wales VIP Hub.

Incorporation of the WVSAS into the VPU: The incorporation of the WVSAS into the VPU has facilitated its development in numerous ways. Through embedding the WVSAS across the VPU operating model, and work programmes, VPU partners are able to promote the system and its aims and objectives, and support partners in sharing and accessing intelligence, and using it for violence

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[11] https://www.npcc.police.uk/documents/Policing%20Vision.pdf

prevention. This in turn, supports the sustainability of the system. The secondment of staff within the VPU with previous experience of the WVSAS has aided its reestablishment and development. The Violence Monitoring Reports were highlighted as being a key tool to illustrate that partners can share data, and that such data sharing can add value by identifying issues that partners were not aware of, and help to raise further questions about local and national levels of understanding of the 'true picture of violence'.

"Most people don't know what they would find most useful until they have it, there's been a bit of talk for a long time about violence and surveillance." ID4

Developing relationships and facilitating understanding of the quality and practical use of the data:
Developing relationships with and between VPU partners was seen as vital to developing the WVSAS. This has helped facilitate data sharing and partners' understanding of the data available and how it can be used in violence prevention, along with the limitations of the data. Ensuring partners receive information on data quality and use was noted as critical to maintaining a high quality surveillance system of this nature.

"Demonstrate what we are going to use the data for, and I think that's sometimes with a lot of organisations, there's, they can kind of see why you want the data, but there needs to be a kind of practically use of it, for them to have that light bulb moment." I4

5.2 Areas for expansion

5.2.1 Data collection and sharing into the WVSAS

Access Health Board data across all Wales: Currently Health Board data are only available for South Wales, meaning that data do not provide an All-Wales picture. Feedback from survey and interview respondents highlighted the importance of accessing and using A&E data for all Wales, and where feasible other health data sources (e.g. GP data).

"ED (A&E) data are not available from some EDs in Wales. They should be routinely collected in every ED. The patchy nature of these data means that the public health approach to violence prevention cannot be implemented universally."

"Health data is something my BCU has been seeking for some time and this is starting to be seen now which is very useful to inform the fuller picture."
Survey respondents

Enhance service level data quality/comparability: Initial evaluation of the WVSAS (Barton et al, 2016) and current findings highlight the importance of promoting high quality consistent and comparable data collection and recording within individual services (e.g. A&E, police). The Violence Monitoring Reports provide examples of areas where data quality requires development, or how data recording processes may affect data quality. For example, there are variations in access to data across police forces and the recording of alcohol as a factor in a crime is not routine, but rather is reliant on police officers/staff highlighting alcohol as a factor within crime recording. The reports acknowledge where the VPU cannot confirm the level of consistency in data due to known gaps in the datasets provided, and thus some data are only provided as a guide. Various interviewees noted the importance of reviewing data quality and sharing this information with data providers and users.

Explore the potential contribution of VPU partner data: A number of survey respondents and interviewees highlighted the value of exploring partner's existing datasets to see if they can add value

to the WVSAS, with many respondents also expressing a willingness to share data. Interviewees noted that it might be feasible to expand partner's existing data collection beyond their organisational requirements, to support violence prevention activity across Wales. For example, ensuring partners collect data to aid identification of at-risk groups/communities, or to add context (e.g. collecting data on alcohol and substance use), to provide a more complete picture of violence. Data sources describing the community (e.g. licensing data, deprivation, socio-demographics, housing, social care, education) were noted as having the potential to inform intervention delivery.

> *"It wasn't because people weren't willing; it's getting past from a very basic level, the information governance, the data sharing hurdles that we have between agencies."* I1i

5.2.2 Data analyses and outputs

Produce analyses at local (and national) level: During the initial development of the WVSAS, it was recognised that policing is a locally delivered service; therefore a system of bi-monthly local violence surveillance reports was developed and presented at local Multi-agency Violence Prevention Groups (Barton et al, 2016). The VPUs Strategic Needs Assessment (SNA) recommends using data from the WVSAS to develop detailed community profiles for serious youth violence hotspot areas (VPU, 2020b). Feedback from survey and interview respondents highlighted the importance of presenting WVSAS data at national and local (e.g. regional/CSP/basic command unit) level. Ensuring data were available at a local level was seen as vital to ensuring activities could be implemented to meet the community's needs.

> *"The feedback that I was getting fairly consistently from (CSPs/police about) the violence surveillance product was that it, it was interesting, but they couldn't see the relevance locally, they couldn't see how they could use that document to inform local action."* ID1

> *"Identifying trends in specific areas of towns, cities could allow for specific targeted interventions to provide public services in communities."*
> *"If violence is identified in a specific area, the age range is identified, then multi-agency/support organisations can initiate action. This could be through schools, job centres, aid work, community services, religious groups, areas of heavy footfall/attendance to provide an outreach approach."*
> Survey respondents

Produce various outputs to meet the broad range of partner needs: Overwhelmingly, the Violence Monitoring Reports were well received by VPU partners (see Sections 3.1 and 3.3). However, many partners also suggested that the current reports were too overwhelming and big, with *"too much information per slide"* and equally not detailed enough to enable partners to use the information to drive local prevention activity.

> *"And the problem that you've got is that the surveillance report is trying to be all things to all people. And so it becomes, it becomes too big for everybody, really, and it becomes something that's not actually that valuable. I guess if you were somebody who was setting strategic policy direction for Wales, you might consider it a useful document. But in terms of where it's going to have most effect, which is in sort of local, regional problem solving, but also local and regional commissioning of services or service planning, those sorts of things. It is far too broad. And the data that it uses is still focused on symptoms rather than causes."* ID1

Whilst the majority of survey respondents suggested that the reports should be produced on a monthly basis, a few interviewees highlighted that in their current format monthly reports are not necessary for local partners. Many survey respondents and interviewees suggested that the format of the reports could be amended to meet the broad range of partner needs. Examples of suggested formats for WVSAS outputs included:

- A 7-minute briefing, providing rapid access to key messages (acknowledging the time limitations of partners to digest and meaningfully consider the implications of the reports).
- Quarterly (rather than monthly) reports demonstrating trends and at-risk groups and communities and protective factors (at national and local level, and comparing areas across Wales), with key messages and recommendations for action at national and local level.
- Themed reports on key topics emerging from the data (with data and recommendations presented at national and local level).
- Local problem profiles, utilising various data sources (including qualitative data highlighting lived experiences), focused on causal factors and potential solutions. Partners noted that it is not necessarily the role of the VPU team to produce such reports, but rather local/regional analysts. However, the limited availability of local analytical resources was cited as a barrier, and thus partners welcomed VPU support with such analyses and data interpretation.

> *"I think the data provided could be cross referenced with organisational data and compare and contrast if the themes identified are similar."*
> *"There are currently too many data sources. In my view they should be rationalised just to include prevention-relevant data."*
> *"I think sometimes staff want the key messages, themes and how that can implicate practice."*
> *"Excellent reports but need to identify how we get the key information within these reports to practitioners on the ground."*
> *Survey respondents*

Increase understanding of data sources and their utility: Survey and interview respondents suggested that further information was needed on how to interpret each of the different data source types, and the reliability of each data source.

> *"Because the reports include a host of different types of data and there's no indication of which data represent a reliable measure, interpretation is difficult. For example, numbers of calls to helplines are given but no indication of the reliability of such data as a measure of violence."*
> *Survey respondent*

The development of different outputs was suggested as a potential way to enable partners to identify data analyses and output needs, recognising the difficulty partners may have in understanding what data are available and how they can be analysed to inform prevention activity.

> *"People need to see the information and the narrative."* I4
> *"So it's about…winning hearts and minds really, demonstrating the value of good analysis?"* ID1

Regularly review partner access to WMVAS outputs and use: Evidence from the initial evaluation (Barton et al, 2016) and findings here suggests that it is not always clear who is accessing the WVSAS outputs, or if and how they are using the data/outputs. During the initial roll out of the Violence Monitoring Reports (April-September), the reports were distributed via a mailing system, which

provided analytics on the reach and use of reports; however that was not accessible to all partners (with reports blocked by IT system firewalls, particularly police IT systems). Further, the mailing system could not be used with NHS email, and thus the VPU team had to establish a Gmail email address to allow them to distribute the reports via this mailing system, which caused some concerns for VPU partners. Thus the VPU reverted back to distributing the report from a VPU/public health email, with links embedded to access to reports. However, this approach does not provide the analytics to allow the Unit to routinely monitor the reach and accessibility of the reports, and use that data to inform future delivery of the Violence Monitoring Reports.

5.2.3 Transforming the whole system to enhance the use of data in violence prevention

Advocate for an All-Wales system and align priorities across areas/work programmes: Interviewees highlighted that the VPU and its partners need to continue to advocate for an All-Wales WVSAS. Identifying and raising awareness of how the VPU and WVSAS aims and objectives align with national and local government, and partner organisation priorities, was identified as a key step to

> *"The vast majority of the funding that they (VPU) get comes from the Home Office and it's very specifically targeted at Cardiff and Swansea…But to establish the case for Wales wide, the VPU, means they really do have to work hard at engaging, you know, the North, the West, the middle."* D1

galvanising partner support for an All-Wales system, and ensuring it is embedded across the whole system. A key role identified for the VPU was to ensure that they could demonstrate the value of the WVSAS for different VPU partners, at both national and local level, and support partners to align priorities, or extend priorities were relevant and feasible. One survey respondent representing a national partnership highlighted how the partnership was currently developing an All-Wales Safeguarding Performance Framework, and that they anticipated that this would incorporate indicators from the WVSAS, and vice versa.

Developing a Serious Violence Strategy for Wales and for each local area (supported by the proposed Serious Violence Bill) was highlighted as key to supporting an All-Wales WVSAS. Interviewees noted examples of whole system developments that could support the expansion of the WVSAS, such as the development of a new Digital Strategy[12], plans to develop a common 'emergency calls dataset' across bluelight services, and the SAIL (Secure Anonymised Information Linkage) system[13].

Promote awareness of the remit of the WVSAS, and VPU core team and partner roles: Overall, interviewees and survey respondents could recognise the core aim and objectives of the WVSAS. Some interviewees noted the importance of continuing to raise awareness of the model, illustrating its whole system public health approach to addressing the root causes of violence. One partner noted the importance of raising awareness of the benefit of the model beyond earlier developments in data sharing for violence prevention (e.g. Cardiff Model). Wider VPU partners (beyond the core team) were acknowledged as critical to the development, embedding and sustainability of an All-Wales WVSAS. Whilst various VPU partners are actively supporting the WVSAS, further developments across the whole system (see above) and an increase in partner capacity to support the achievement of the remit of the WVSAS (see below) was highlighted as vital to the success of the WVSAS.

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[12] https://gov.wales/digital-wales
[13]http://www.wales.nhs.uk/sites3/Documents/952/Maximising%20Use%20of%20Routine%20Data%20for%20Research%202012%2012%2003%20SAIL%20GP%20Sign%20Up%20pack-%20FINAL%20VERSION.pdf

Build capacity across partnerships: Interviewees highlighted the need to build capacity across partners, particularly community safety partnerships (CSPs) to enable the successful implementation of violence prevention activity at a local/regional level. Critically,

> *"We've gone and developed something (Violence Monitoring Reports) at a time where people haven't really been mobilised to respond to it (violence)"* I4

resource is required to enable local partnerships to receive, analyse, interpret and act upon multi-agency data in a *"valid and reliable"* way. Equally, local partners have a vital role in enhancing data sharing and quality across services, and aiding interpretation of data based on local knowledge. The reduction in capacity across CSPs over the past decade was acknowledged as resulting in a gap in analytical capacity. This, along with many partners currently being diverted to COVID-19-related activities, meant that the Violence Monitoring Reports were produced at a time when partners do not have capacity to fully respond, at a local or even national level, despite partners being invested in the approach.

> *"I don't think it's moved on significantly from those days (i.e. The Cardiff Model). And that comes down to, so there's a number of factors there. But first and foremost, is obviously public sector austerity. So from 2010 onwards, stripped a lot of analysts out of the system, you know, policing, I think, you know, South Wales is just one example. But roughly a third of the analysts that they once had have now left, and most of those analysts are taken up with sort of casework analysis, rather than sort of strategic analysis and, and thinking in terms of problem solving. Local government, almost all analysts I know disappeared, and so you still have performance analysts, so for instance, in education departments, those sorts of things, but you know, problem solving analysis, again, is not something that is resourced effectively in local government. And, you know, in health, it's a fairly mixed picture. So kind of, we are further behind now than we were in 2010/2011."* D1

The establishment of the VPU and reestablishment of the WVSAS was seen as pivotal for developing an All-Wales system. Equally, the Safer Communities Programme for Wales (see Box 6), developed following a review of community safety across Wales (Welsh Government, 2017) was identified as having the potential to fulfil the much-needed capacity developments detailed above, and to support the implementation of the All-Wales WVSAS. Critically, through investing in analytical capacity (e.g. police force/BCU/CSP), and mobilising CSPs to consider how they can use data to inform local activities, and ensure local partners are *"in a position to use the data"*. In 2020/21, the VPU has started to work closely with the Safer Communities Programme, and this will continue into 2021/22, through board membership and continued liaison with CSPs, to develop collaborative proposals to enable an All-Wales WVSAS, that supports national and local partner and community needs. Such work aims to develop understanding of the data available and how it can inform violence prevention (and the areas it cannot support). Further, it aims to identify the data and analyses needs of local partners, and the governance and partnerships structures that are required to aide local level implementation, acknowledging that *"not everyone is in a position to accept and use the data"* at present. The current impacts of COVID-19 on partner capacity was noted as delaying the expansion of the WVSAS across Wales.

> *"So it's just it's just a mammoth task of pulling all this together. And it just feels that COVID has slowed us down a little bit, because it's really difficult, because so many people are involved in other things."* I4

Local violence prevention board/groups: Partners were consistent in the belief that data analyses were required at a local level to enable partners to use the data in targeted prevention activity. However, closely linked to building capacity, a number of interviewees raised the importance of having local analysts and multi-agency groups who could access, interpret and action upon the data. This could be through the

> *"If you have nobody on the ground to kind of drive that work forward, it (violence surveillance data) will go to the meetings, land in the meetings, and then it will be lost so we need those people on the ground who are bought in, who are real champions for violence (prevention)."* I4

development of new multi-agency violence prevention boards/groups or through building on existing partnerships working on similar approaches (e.g. contextual safeguarding) and thus are already starting to work collectively to holistically understand local issues, and sharing and using partner data.

Enabling systematic access to data, at local and national level: In 2020/21, the VPU commissioned the development of an online VIP hub, to complement the existing system. The VIP hub is being developed as a bespoke data hub that will warehouse multi-agency data, providing a digital platform to allow for aggregation and presentation of different data sources on violence using a variety of mediums including graphs, charts, tables, reports, and interactive maps across local areas and the national footprint. The VIP hub will enable users to customise how the data is presented and will be accessible to relevant organisations for informing violence prevention. The VIP hub will include the three core data sources currently included in the WVSAS: police data; A&E assault attendance data; and ambulance service violence related call-out data. The VRU are also exploring inclusion of additional datasets, e.g.

- Welsh National Database for Substance Misuse;
- Youth Justice Board Serious Youth Violence Dashboard;
- Sexual Assault Referral Centre data;
- IRISi – gender based violence data;
- School exclusion data;
- Wider health data (GP data; Emergency Care Data Set [ECDS]);
- Safeguarding data;
- HMPPS data;
- Hospital admissions data;
- Third sector helpline data; and,
- Data presenting the population and the wider determinants of violence (e.g. age, gender, ethnicity and deprivation).

Where feasible, the hub will include information on local violence prevention activity and signpost users to external sources (e.g. information on the evidence of violence prevention interventions; government and other partner strategies).

> *"We're in the process of upscaling that of working on a dashboard…to get that to a place where other organisations and agencies could roll down the information. The indicators that they're looking specifically at an anonymised level to inform their strategic and operational policy, without (the VPU) having to send out weekly or monthly reports with, you know, 16 different data sets, which is not really doable."* I1

Box 6: The Safer Communities Programme for Wales

The shared vision for community safety in Wales is one in which (Welsh Government, 2017):

1. Every community is strong, safe and confident in a manner that provides equality of opportunity and social justice, resilience and sustainability for all.
2. The shared responsibility of government, public and third sector agencies is to work together with the communities they serve and the private sector to address activity or behaviour that is unlawful, anti-social, harmful to individuals and society and to the environment.
3. Sharing knowledge and ensuring early intervention with prompt, positive action tackles local issues and addresses vulnerabilities.

This vision will be achieved through collaborative and integrated multi-agency activity that is evidence-based and intelligence-led; supported by appropriate skills and knowledge; sustainably resourced and locally appropriate; engaging and involving citizens; preventative and intervening as early as possible; and, focused on long-term improvements and benefits.

6. Conclusion and Recommendations for Transformation

Over the past few decades, Wales has been at the forefront of developing multi-agency approaches to preventing violence and crime. The Cardiff Model, (South Wales) WVSAS model and national and local efforts to share data and work collaboratively provide a strong foundation for the violence surveillance system. The incorporation of the WVSAS into the VPU work programme is enabling the continuation of Welsh partner priorities to support violence prevention through the development of a violence surveillance system that collates, analyses and shares data on violence from multiple sources across Wales. Critically, the VPU approach is developing beyond existing models, to provide an All-Wales model that aims to address the root causes of violence. Continued multi-agency partnership work, at both national and local levels, are required however to ensure that the system can be fully expanded across Wales, provide a more holistic picture, and be embedded across the whole system, following a place-based and place-led approach[14]. Raising awareness of how the VPU and WVSAS aims and objectives can support national and local government, and partner organisation priorities, was identified as a key step to galvanising partner support for an All-Wales system.

> **Recommendations:**
> - Development of the WVSAS should remain a key priority for the VPU and its partners, including expansion to an All-Wales system grounded in a place-based and place-led approach.
> - Identify and raise awareness of how the WVSAS aims and objectives align with national and local government and partner organisation priorities, to galvanise support for an All-Wales system.
> - Enhance the development of an All-Wales violence surveillance system through coordinated actions delivered via the National Community Safety Programme.

The VPU have started to expand the South Wales WVSAS model to All-Wales, with the inclusion of police and ambulance service data covering all Wales, and community and voluntary service data, amongst other information sources. The development and production of the Violence Monitoring Reports have provided partners with an opportunity to share their data into the system, and raised awareness of data sources available and how they can develop understanding of violence and inform prevention activity. Ensuring data represent all Wales, and are of high quality was identified as vital for enhancing violence prevention. The inclusion of data from all health boards and other data sources focusing on risks and protective factors are currently being explored for inclusion in the VIP hub. The development of the VIP Hub aims to embed the WVSAS across Wales, helping to resolve barriers to data sharing, and continue to build the evidence base on violence.

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[14] I.e. delivered by local partners based on local community needs and partnerships processes.

Recommendations:

- Prioritise the inclusion of health board data covering all Wales in the VIP Hub.
- Continue to liaise with VPU partners across Wales to identify data sources that may enhance violence surveillance, including understanding risk and protective factors, and establish data sharing processes (including into the VIP Hub and other local data sharing processes).
- Link data sources/indicators to the VPU logic model (short, medium and long-term outcomes).
- Regularly review data quality across data providers, and work with partners to enhance data collection to ensure information can support violence prevention across the whole system. This may include collecting data beyond organisational requirements to identify at-risk groups or to aide understanding of the context of violence.
- Expand on the 2014 data linkage/capture-recapture project implemented across South Wales (that linked police, A&E and ambulance data sources) to the whole of Wales (enabling a greater understanding of the extent and nature of violence, and at-risk groups and communities).
- Continue to develop the VIP Hub to support VPU partners in accessing and interrogating multi-agency data based on their local needs.

This evaluation demonstrates how outputs of the WVSAS, including the recent Violence Monitoring Reports, are promoting a multi-agency public health approach to violence prevention, assisting partners to understand the extent and nature of the problem, and risk and protective factors. The Violence Monitoring Reports are well received by VPU partners and have been used to inform strategic approaches to violence prevention, and are providing a more accurate understanding of violence across Wales. Critically, the reports have helped to identify hidden at-risk groups of violence, assisting VPU partners to develop and target interventions based on evidence. Further, they have ensured violence prevention remains a key priority throughout the COVID-19 pandemic. Further development of the WVSAS outputs is required however to ensure that it can inform prevention activity within local communities, and meet the varying needs of VPU partners.

Recommendations:

- Ensure data analyses are presented at a national and local (e.g. regional, CSP) level, so that data can inform local community approaches to violence prevention.
- Expand WVSAS outputs to inform national and local strategies and prevention activities, for example, through the production of themed reports on emerging issues.
- Ensure outputs include a summary of the key findings and recommendations for action, at local and national level.

Partnership working is critical to the future success of the WVSAS, and the VPU provides a platform from which to continue to enhance the utility of the violence surveillance system in prevention activity across Wales. The Violence Monitoring Reports and wider work of the VPU have helped raise awareness of organisations working towards violence prevention across Wales, and the critical role they have in violence surveillance. VPU partners, particularly at a regional and local level, have a vital role in ensuring the system can meet their community's needs, and that the system can and is being used to inform local action. Building analytical capacity at regional and local level is vital.

Recommendations:

- Continue to raise awareness of how the WVSAS is and can support violence prevention activity across Wales.
- Raise awareness of the role of all VPU partners in maintaining and developing the system, through contributing data, enhancing data quality and ensuring the use of data in local and national violence prevention activity, and sharing learning on data use and impacts.
- Work with partners to ensure local areas (e.g. regional, CSP) and organisations have a designated champion and/or violence prevention group who can support the aim and objectives of the WVSAS (and the broader remit of the VPU).
- Advocate for strengthening regional and local capacity to enable locally driven data analyses and interpretation of data, and evidenced based prevention activity.
- Consider developing a strategy for the future development of the WVSAS that includes a tiered approach to delivery:
  - VPU core team, e.g. whole system development and maintenance of the VIP Hub; themed reports; and monitoring and surveillance of violence across Wales.
  - Local violence prevention groups e.g. enhancing a place-led and place-based approach; analyses and interrogation of data to inform and drive local strategies and prevention activity; and, support improvements in data quality, sharing and use.

Evidencing the use and impact of the WVSAS is vital to its future development and sustainability. Evidence from the initial evaluation (Barton et al, 2016) and findings here suggests that it is not always clear who is accessing the WVSAS outputs, or if and how they are using the data/outputs.

Recommendations:

- Regularly review output dissemination, ensuring partners can access the outputs/data and develop understanding of the use of the outputs in violence prevention.
- Expand the WVSAS operating model to include review of data quality and use in violence prevention, and the sharing of such information between partners, including local partners routinely sharing examples of their use of data in prevention activity.
- Continue to monitor and evaluate the processes of developing the WVSAS across Wales, and outcomes and impacts.

Figure 6: Logic model: Wales WVSAS

Inputs	Activities	Outputs	Outcomes / Impact
Staff (Inc. partners)	Meet with key partners from police, health and other agencies	Established multi-agency steering group	Ongoing monitoring of violence trends (S)
• Data collection	Consultation on violence data	Established data disclosure agreements (DDAs) between Public Health Wales and all data providing agencies	Increase in evidence-based violence interventions, planning and evaluation (S)
• Data cleaning / management	Online survey enabling partners to contribute data/intelligence		
• IT support			
• Steering group	Agreement of minimum datasets to be provided by partners	Local Violence Surveillance Reports	Increase in violence prevention and intervention programmes targeting at-risk communities at local level (M)
• Partner representation			
Data sources	Establish secure data transfer systems	Established Local Violence Reduction Groups	
• Police violent crime data			Increase in A&E assault attendees reporting to the police (M)
• A&E assault data	Establish information governance, ethics and research approvals (if/where required)	Multi-agency violence data fully integrated into WVSAS	Reduction in violence with injury crimes (L)
• Ambulance violent related call-out data			
• Other data sources	Develop capacity of existing data management system (SQL)	Stakeholder meeting presentations of reports	Reduction in burden on and cost to public services across Wales (L)
Other	Data audits	Reduced barriers to data sharing	Safer communities across Wales (L)
• Funding			
• IT software (such as Mosaic)	**Data analysis**	Interactive online VIP data hub	
• Support from partners	• Descriptive statistics		
	• Geolocation mapping	Partners are more informed about VPU activities and outcomes	
	• Data linking		
	• Profiling communities at-risk		
	Develop and write reports		
	Develop and maintain VIP data hub		
	Develop strategies for sustaining surveillance system		

(S) short term; (M) medium term; (L) long term

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7. References

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8. Appendices

8.1 Evaluation methods

An online survey exploring VPU partner's awareness, perceptions and use of the WVSAS, including the data available and analyses/outputs produced, with a specific focus on the Violence Monitoring Reports. A link to the online survey and accompanying participant information sheet was distributed by the VPU (acting as a gatekeeper to the study) via email and social media to VPU partners and groups who currently access the Violence Monitoring Reports. Partners who had used the WVSAS were asked if they could be contacted for further details, and/or if they would like to take part in an interview. 50 VPU partners complete the survey (see Table a, below). Data were analyses in SPSS.

Semi-structured telephone interviews were conducted with VPU team members (n=2) and partners (n=5) exploring their views on the WVSAS, and if and how they have used the WVSAS for violence prevention. A selection of VPU partners who had provided their consent to take part in an interview (via the survey) were recruited to interview, to add context to survey responses.

Review of documents (n=10) relevant to the WVSAS since its inception (2014) including project proposals, outputs and progress reports, and the Violence Monitoring Reports (n=17) and VPU communications regarding the reports (e.g. emails; newsletters).

Table a: Sample characteristics, partner survey

|		n	%
Sector	Academia	2	4.0
	Community Safety Partnership	1	2.0
	Health Board / Hospital	5	10.0
	HMPPS – Probation	5	10.0
	Local Government	5	10.0
	Other	9	18.0
	Police / PCC	14	28.0
	Third Sector Organisation	4	8.0
	Welsh Government	3	6.0
	Youth Offending Service	2	4.0
Local authority area (LAA)	All Wales LAAs	17	34.0
	Cardiff	13	26.0
	Vale of Glamorgan	7	14.0
	Bridgend	9	18.0
	Swansea	7	14.0
	Merthyr Tydfil	9	18.0
	Neath Port Talbot	8	16.0
	Rhondda Cynon Taf	10	20.0
	Newport	5	10.0
	Torfean	5	10.0
	Blaenau Gwent	5	10.0
	Caerphilly	5	10.0
	Monmouthshire	5	10.0
	Other Welsh LAAs: Camarthenshire, Ceridigion, Pembrokeshire, Powys, Conwy, Denbighshire, Flintshire, Gwynedd, Isle of Anglesey, Wrexham	<5	4-6
	Outside of Wales	4	8.0

Table 1: Overview of data included in the Wales VPU WVSAS – core data sources

Data provider	Violence type(s)*															Population	Data sharing frequency	Data fields	Data format	Data quality
	VAP	DV	SV	S&H	OV	HBV	CANE	ASB	ACEs &VG	OC/DS &SV	MS	HC	NTE &ARV	EA	VAEW					
Four Welsh Police Forces [Dyfed Powys, Gwent, North Wales, South Wales]	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓		✓	Local (All Wales)	📅31	Date; time; location; victim demographics and address; perpetrator demographics and address; victim perpetrator relationship; offence; weapon	👤	Not available for evaluation
South Wales' Health Board data (A&E)	✓	✓								✓			✓			Local (South Wales)	📅31	Date; time; location; assault type; patient demographics; weapon; number of perpetrators; victim-perpetrator relationship; alcohol/drugs involved; injury type; outcome; arrival mode; police notified	👤	Data variables collected vary by LHB. N=75 of all data variables across all LHB >90% complete; n=8 variables 80-89.99% complete; n=11 variables <80% complete[15]. Assault location (text) data had the lowest completion rate. Across LHBs approx. half of assault location text data was deemed useable.
Wales Ambulance Service Trust	✓															Local (All Wales)	📅31	Date; time; location; patient demographics	👤	Not available for evaluation

Note. *VAP = violence against a person; DV = domestic violence; SV = sexual violence; S&H = stalking and harassment; OV = online violence; HBV = honour-based violence; CANE = child abuse, neglect and exploitation; ASB =anti-social behaviour; ACEs & VG = adverse childhood experiences and vulnerable groups; OC/DS&SV = organised crime/drug supply and serious violence; MS =modern slavery; HC = hate crime; NTE&ARV = night-time economy and alcohol-related violence; EA = elder abuse; VAEW = violence against emergency workers. LHB = local health board.

Legend key:

Frequency of data sharing: 📅7=weekly; 📅31=monthly; 📅60=bi-monthly

Data format: 👤 =individual level data; 👥 =collated data

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[15] Based on most recent data audits for each local health board (Sept-Dec 2016 or Sept-Dec 2020).

Table 2: Overview of data included in the Wales VPU WVSAS – additional data sources

Data provider	VAP	DV	SV	S&H	OV	HBV	CANE	ASB	ACEs &VG	OC/DS &SV	MS	HC	NTE &ARV	EA	VAEW	Population	Data sharing frequency	Data format
Tarian ROCU (Regional Organised Crime Unit)							✓			✓						All Wales	60 (bi-monthly)	collated
Wales Extremism and Counter Terrorism Unit (WECTU)										✓						All Wales	1/4ly	collated
NHS violence prevention team	✓															Local (South Wales)	31 (monthly)	individual
Welsh Women's Aid [Live Fear Free helpline]		✓														All Wales	31 (monthly)	collated
Crimestoppers										✓						All Wales	60 (bi-monthly)	collated
Report Harmful Content Helpline					✓											UK	31 (monthly)	collated
UK Revenge Porn Helpline					✓											UK	60 (bi-monthly)	collated
Professionals online safety Helpline					✓											UK	31 (monthly)	collated
Childline (adult and professionals helpline)							✓									UK	31 (monthly)	collated
NSPCC (adult concerns)							✓									UK	31 (monthly)	collated
Hourglass Cymru (UK national charity)														✓		UK	31 (monthly)	collated
Papyrus	✓**															All Wales	1/4ly	collated
Victim Support												✓				Local (All Wales)	1/4ly	collated
Karma Nirvana						✓										Wales	1/4ly	collated
NHS Digital England						✓										England	31 (monthly)	collated
Ministry of Justice						✓										UK	1/4ly	collated

Note. *VAP = violence against a person/**self directed violence; DV = domestic violence; SV = sexual violence; S&H = stalking and harassment; OV = online violence; HBV = honour-based violence; CANE = child abuse, neglect and exploitation; ASB =anti-social behaviour; ACEs & VG = adverse childhood experiences and vulnerable groups; OC/DS&SV = organised crime/drug supply and serious violence; MS =modern slavery; HC = hate crime; NTE&ARV = night-time economy and alcohol-related violence; EA = elder abuse; VAEW = violence against emergency workers.

Legend key:

Frequency of data sharing: [7]=weekly; [31]=monthly; [60]=bi-monthly

Data format: =individual level data; =collated data