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# Wales Violence Prevention Unit Evaluation

## A Whole Systems Case Study: Swansea

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Liverpool John Moores University (LJMU), Public Health Institute - *World Health Organization Collaborating Centre for Violence Prevention*

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### About this report

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South Wales is one of the 20 areas allocated funding by the UK Government to establish a Violence Reduction Unit (VRU). 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, the Public Health Institute, LJMU, were commissioned as an evaluation partner. This report forms one of a suite of outputs from this evaluation work programme, and presents an evaluation of the whole system approach and case study approach for Swansea. The report sits alongside an accompanying in-depth case studies report. The suite of evaluation reports are available on the VPU website (<https://www.violencepreventionwales.co.uk/>) and include:

- Year 1 – The development of the Wales VPU evaluation framework and whole systems report
- Year 2 – Evaluation of selected work programmes
- Year 3 – Swansea whole systems case study evaluation
- Year 4 – Cardiff whole systems case study evaluation

### Acknowledgments

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We would like to thank the following people and organisations for supporting the Wales VPU evaluation:

- The evaluation funders, Wales VPU
- Members of the Wales VPU team, wider partners and programme implementers who supported evaluation implementation
- Gatekeepers to the research who supported data collection and recruitment
- All study participants who took part in interviews and focus groups
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### Terminology

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#### **Use of the term ‘serious violence’**

The Wales VPU encourages partnerships to refrain from using the term ‘serious’ when defining violence. Through a public health lens, it is important to understand that interventions (especially those in early childhood) can prevent violence in the long term, and improve educational outcomes,

employment prospects and the health and wellbeing of individuals and communities. These interventions also have wider positive implications for the economy and society. As such, we will refer to 'violence' throughout this report unless directly quoting or referencing a source which uses the term 'serious violence'.

### **Use of the term 'youth violence'**

The children, young people and professionals who contributed to the Wales Without Violence Framework, co-produced by the Wales VPU and Peer Action Collective Cymru were clear that the term 'youth violence' was a term that has become outdated. It was felt that the term can contribute to labelling and stereotyping of children and young people as a group. As such, throughout this report we will refer to 'violence among children and young people' unless directly quoting or referencing a source which uses the term 'youth violence'.

## Executive Summary

### Introduction

In 2019, the Home Office funded the establishment of Violence Reduction Units across 18 police forces in England and Wales, subsequently increasing to 20 in 2022. The Units were set up to reduce levels of violence using a 'public health' approach to violence prevention. The Wales Violence Prevention Unit (VPU) was set up with the ambition to prevent all forms of violence. South Wales Police, the South Wales Police and Crime Commissioners Office and Public Health Wales are part of the multiagency team. The VPU operating model takes a four-pronged approach (Aware, Advocate, Assist and Adopt) and ensures a public health approach is embedded across the wider system to allow for sustainable violence prevention activity that further works to ensure that a public health approach is translated into operational practice to influence sustainable system-level change.

In Swansea, a violence hotspot in Wales, the VPU and partners are delivering a range of interventions and multiagency arrangements to reduce and prevent violence, and to take a holistic child-centred approach to children and young people involved/at risk of involvement in violence. The VPU has funded a host of interventions at a primary, secondary, and tertiary level, which includes interventions that target the root causes of violence and offer support at what is considered a 'teachable moment'. These interventions sit within a system that has established a range of approaches to target violence, and include:

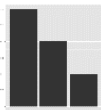
Sector	Intervention/programme/approach	Nature	Age
Local Authority	Contextual Safeguarding and CMET panel	Targeted approach	≥18
	Early Intervention and Prevention Coordinator	Early interventions	11-25
Criminal Justice	Teachable Moments Police Custody intervention	Tertiary intervention	10-18
	GRIP programme/ Operation Sceptre	Desistence	All ages
	Wales Police Schools' Programme (WPSP)	Universal prevention	4-18
Health	NHS Violence Prevention Team	Early intervention	All ages
Community	St Giles Trust	Targeted, secondary intervention	11-18
	Fearless, Crimestoppers	Universal primary intervention	11-16 professionals
	Braver Choices, Media Academy Cymru	Therapeutic intervention	10-17

### Evaluation methods

The Wales VPU commissioned the Public Health Institute (PHI), Liverpool John Moores University (LJMU) to carry out an independent evaluation of the VPU whole systems approach to violence prevention, focusing on Swansea. The evaluation explores how the interventions and approaches across Swansea operate to identify individuals at risk of/involved in violence, and the measures implemented to mitigate risk and prevent further involvement in violence and crime. Evaluation activities included:



A rapid literature review to provide context to the research and aide the interpretation of research findings and development of recommendations.



Key programme evidence, policies and operational documentation was collated, reviewed and where possible, analysed to explore the development, implementation, delivery and impact of the VPU interventions.



Interviews with key stakeholders (n=23) involved in the implementation and delivery of the VPU-funded interventions across Swansea. A stakeholder workshop (n=20) was undertaken to collaboratively develop recommendations.



Interviews with service users (n=5) engaging with the VPU-funded interventions across Swansea to explore the needs of individuals, barriers to accessing support, journey experiences and impact of support. Case studies (n=7) were developed for interventions.

## Key findings

The VPU was described as bringing services and colleagues together to develop networks and build relationships to work in partnership. There was a clear, shared vision amongst partners for using a coordinated public health approach to violence prevention.

*“All children and young people in Wales are given the time and opportunities to lead meaningful lives... giving them skills. We believe that education is the cornerstone for any young person being able to move positively through life” (Stakeholder)*

The VPU membership was seen to include a good range of partners. Partners reported having good awareness of the function of the VPU, describing it as more than a funding element. This meant that their services were endorsed which provided support and credibility for the roll out of any future interventions. Relationships and communication between the VPU and intervention

*“VPU are very dynamic in terms of risks and in terms of operating environment changing, and in terms of flexing what the service could be depending on the needs, they’re very forward thinking in that way” (Stakeholder)*

providers was described as positive, with the VPU described as having a flexible approach when it comes to understanding the needs and support services. Recommendations were made for ensuring feedback from the VPU was fed down and directed to frontline staff to ensure they understand how their work fits into the wider violence prevention agenda, and to celebrate their work. Partners also agreed that the VPU could support in mobilising school engagement with interventions.

The multiagency working and buy-in from partners was seen as key to this united approach. Examples were provided for co-location and development of referral pathways which had promoted joint

working, awareness of services and awareness of barriers faced by young people and individuals with complex needs. Partners reported having good awareness of the VPU-funded violence prevention activities, as well as wider support services across Swansea. However, findings did suggest that there can still be a wider lack of understanding of what services are provided, and that the partnership would benefit from a stronger input from education and mental health providers.

*“The only way we will ever deal properly with any sort of crime is by a joined-up approach and that is everybody working together”  
(Stakeholder)*

The role of the Contextual, Missing, Exploited and Trafficked Team (CMET) was seen as key to effective multiagency working across Swansea, providing an opportunity to bring key operational and strategic partners together to share information and make joint decisions for an immediate and coordinated response. The CMET team were seen as pivotal in supporting collaborative working, engaging the voluntary sector, and breaking down barriers to prevent the criminalisation of young people.

Barriers to delivery for intervention providers included recruitment delays which impacted the implementation of interventions, the short-term nature of funding which created job insecurity for staff, working with limited resources and capacity in an environment that deals with increasing and complex needs of young people, as well as the increasing demands on the support system in general. The impact of the Covid-19 pandemic was seen to have increased these complexities and service demand, with gaps in mental health provision, both for early intervention and at crisis point. Stakeholders highlighted the importance of understanding the level of work and resource required to effectively support communities. Examples were also provided for communication and information sharing barriers, and the commitment required to reduce duplication, silo working and to promote the awareness and benefits of interventions.

*“It’s challenging. You’re trying to promote this new collaborative work and then people, organisations and individuals do fall into wanting to go back into silos and it’s really hard to make that sort of culture change”  
(Stakeholder)*

Findings highlighted the importance of utilising a trauma informed approach across the violence prevention activities. Partners described the risk factors and experiences that young people engaged with their services had experienced, including Adverse Childhood Experiences (ACEs), neurodiversity, and poor mental health. They also highlighted that many young people were disengaged from school, highlighting the critical role of education in building protective factors and recognising risk factors. Barriers for families engaging with services were reported due to being overwhelmed by being involved with multiple organisations and previous negative experiences of support which had resulted in mistrust and lack of parental engagement. This highlights the necessity of services working together to provide accessible, wraparound, whole family support. Having experienced and skilled staff was seen as key to this, ensuring that they could look beyond the presenting behaviour/incident to build trust, advocate for the young people, and make every contact count.

*“People maybe not understand the impact of the trauma that can be experienced from things like, you know, being involved in in a gang or experiencing somebody being stabbed, hurt. I think people underestimate trauma and how it can impact on your mental health”  
(Stakeholder)*

*“Keep me from danger and taught me what’s right and what’s wrong” (YP)*

Evaluation findings provide evidence for the individual outcomes for young people engaging in the VPU-funded violence prevention activities and support. This includes creating awareness of support available and how to access it, breaking down barriers and reducing stigma, enabling access to support, and building safe and trusted relationships to enable engagement with services. Feedback from service providers and the young people who participated in the evaluation included young people having increased knowledge and awareness of risks, making informed choices, developing alternative coping strategies and improved health and wellbeing, including increased resilience and improved self-esteem and confidence. Engaging with intervention activities also provided young people with structure and routine, giving them the opportunity to develop skills to help them move forward with their lives. There were also reports of wider impact in terms of the young peoples' improved relationships with friends and family and reduced incidents of violence. For example, one young person reported that they felt safer following engagement with knife crime prevention activities. Indeed, stakeholders hoped that support from the interventions would lead to further reduced incidences of violence, with young people feeling part of, and safer in, their communities.

*"I talk to MAC, but I talk to other people as well now, I talk to my friends and my family" (YP)*

*"We are able to identify criminal networks and exploitation networks. We are identifying much more effectively than we've ever done" (Stakeholder)*

The evaluation findings also provide evidence of the impact of the VRU funded activities across the wider system. The funding from the VPU increased capacity within services meaning they had a wider reach to engage with more professionals and young people. Examples were provided for improvements in professional knowledge and understanding, including increased trauma informed practice. Findings also indicate improved partnership working, increased reach and more appropriate use of pathways with the development and awareness of accessible pathways to support. There were also reports of improved information sharing and reporting which meant that resources and responses could be better targeted.

*"I think we need reporting mechanisms looking at our impact and performance and coming up with success measures and outcomes. I don't think we're measuring the impact as robustly as we could" (Stakeholder)*

Barriers were highlighted in terms of ensuring data is captured effectively and partners recognise the importance in collecting data, including data quality, to evidence impact and support the sustainability of interventions. There was a recognised need for additional support, potentially from the VPU, to develop a centralised system to bring all information and intelligence together. The Home Office performance indicators reports for VRU-funded activities were limited in reflecting the true nature of the interventions and could be further adapted and tailored for the VPU-funded interventions.

The evaluation findings indicate that the model of commissioning and delivery contributes to the wider overarching aims of reducing violence and harm among children and young people and creating safer communities across Wales. Whilst the service providers existed before working with the VPU, evaluation findings demonstrate that without the VPU funding and support to establish and maintain pathways of support, these outcomes across the system would not have been achieved. Considering the sustainability of the service offer, partners highlighted that without continued and long-term funding, providers would not have the same reach to support young people and their families. This was flagged as a concern given the rising complexities experienced by communities and the increased demand on the system. Evaluation findings highlight that effective partnership working supports a



sustainable approach for violence prevention across Swansea. Examples of best practice from the Swansea case study provide important lessons for other areas across Wales. It was also agreed that the model provides the opportunity to work closely with the Office for the Police and Crime Commissioner (OPCC), Local Authority Contextual Safeguarding and the Community Safety Partnership, to further develop and align strategies in order to increase community cohesion and safety. This was seen as particularly important in relation to the introduction of the Serious Violence Duty.

### Recommendations for partnership working across the system

- The VPU could work with the Universal Prevention providers to ensure an improved buy-in from education and schools across Swansea. This may need government support to mobilise engagement.
- Good practice examples highlight partnership working between statutory and voluntary services within the VPU-funded activities. This should be expanded wider across the voluntary sector to better engage communities. Learning from the Contextual Safeguarding team could be used here.
- The Swansea interventions provide good examples of partnership working to build capacity across the system in terms of trauma informed working. This could be linked in to wider ACE and trauma informed approach training across the workforce.
- The interventions all include input at a strategic and operational level which is important for effective delivery, with frontline operational work informing strategic decisions. The VPU should consider how they can engage more informally with frontline staff for a two-way feedback process.
- Findings highlight a gap in delivery for mental health support provision (at both early intervention and crisis point) and representation at a partnership level. If not already, mental health colleagues from the wider health and social care system should be invited to the CMET panel and the VPU should explore building a mental health support pathway into future VPU-funded interventions.
- Key partners and the VPU could work together to develop a youth friendly communications strategy. Stakeholders suggested the focus could move away from knife carrying and focus on using shared language and good news stories.
- Where possible longer-term funding would allow for less disruption to service delivery for the workforce and service users. It also allows for longer-term evaluation to truly understand the impact of interventions. Violence prevention services should work alongside the VPU to develop a business case and sustainable model beyond VPU funding.
- Partnership buy-in is key for collaborative working. Interventions involving different organisations need to include all key partners involved from the beginning to inform the planning and implementation. This will contribute to shared ownership and responsibility. The multiagency membership of the VPU can mobilise services to share responsibilities.
- The CMET panel membership includes key stakeholders involved in VPU and wider violence prevention activity across Swansea. This should continue to run, with regular review of membership to ensure all partners and sectors are involved. If not already, public health should be invited, and the VPU could work with colleagues from education to identify the best-placed colleague to attend these meetings.
- Intelligence used for CMET could be officially recorded to produce more formalised outputs including intelligence-led recommendations to inform direction of resources across the

system. Additional resource and capacity would be required to support this. The VPU could work alongside Swansea Council to explore the feasibility of this.

- The work carried out by the contextual safeguarding team is unique and supports a trauma informed approach to safeguarding. Swansea could use learning to showcase this work as best practice and learning for other areas across Wales.

## Recommendations for evidencing impact across the system

- In year one of VPU delivery, the VPU and LJMU developed an evaluation toolkit to support the VPU and VPU-funded providers to better evidence the impact of the violence prevention activities across Wales. This toolkit could be used more widely to support consistent evaluations. The VPU partners could work together to further develop a standardised outcomes framework for the Swansea VPU violence prevention model. It is recommended that a core part of this framework is consistent across services to evidence the whole system impact. However, this framework should also allow for autonomy in adaptations across different interventions. This should include softer outcomes and tailored goals based on the individual needs and goals for clients.
- Data mapping and quality assurance exercises may be useful for individual interventions. This would help ensure the appropriate data is collected to reflect the delivery and impact of that delivery.
- Outcomes data for A&E attendances and crime reports, as well as other data, should be presented with narrative to demonstrate short-term impact and avoid misinterpretation.
- Intervention data could be explored alongside broader data sets included within the Wales Violence Prevention Portal to track potential impact across the wider system (for example Trauma and Injury Intelligence Group data). Training for professionals around data intelligence may be helpful for colleagues to understand the broader picture and how outcomes data can influence action.
- Anonymised case studies should continue to be developed across interventions in standard template for use within evaluation (both internally and externally) to evidence impact of services. Consent from service users should be gained before use within the public domain.
- The evaluation highlights a best practice data exercise undertaken by Swansea Council. This data collation exercise could be expanded and incorporated routinely to bring together data across the system. Additional resource and capacity would be needed to support this. The VPU and Swansea Council could work collaboratively to ensure the most appropriate intelligence is gathered from across the wider system.
- The majority of interventions are subject to local and national evaluation. It would be useful for evaluation partners to come together to form an evaluation advisory group to (where allowed) share findings and align recruitment methods to ensure services and service users are not over-researched or too much is asked of them.
- Feedback from young people highlights the importance of the inclusion of service user voice within design, implementation, delivery and evaluation of interventions. Service providers and evaluators should continue to keep service user voice at the heart of intervention design and delivery, where possible incorporating co-production. This should be a key focus for final year evaluations of VPU-funded activities to better understand the legacy of the VPU and in developing a sustainability plan.



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# 1. Introduction

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## 1.1 The Wales Violence Prevention Unit

In 2019, the Home Office funded the establishment of Violence Reduction Units (VRUs) across 18 police forces in England and Wales, subsequently increasing to 20 in 2022. The VRUs were set up to reduce levels of violence through leadership and the strategic coordination of violence prevention activities. The Units were required to embed a 'public health' approach to violence prevention, which utilises data to understand the nature and prevalence of violence and develop interventions which address the root causes of violence victimisation and perpetration. Each VRU has invested in early intervention and diversionary activity aimed at preventing individuals from engaging in violence and wider criminal behaviour and supporting those involved in violence to make positive changes and reduce the risk of further harm. These interventions seek to address the risk factors of violence at an individual, interpersonal, community and/or societal level, whilst also promoting protective factors.

The Wales Violence Prevention Unit (VPU) was set up with the ambition to prevent all forms of violence in Wales through a public health approach. The VPU aims to deliver a whole systems approach to violence prevention. South Wales Police, the South Wales Police and Crime Commissioners Office and Public Health Wales, lead the multiagency VPU team. The VPU has established a large stakeholder network to aid the VPU in establishing and coordinating violence prevention activity nationally.

The VPU utilises a systems approach to tackle public health problems. A whole systems approach is required to tackle complex public health issues, in order to support a coordinated and collaborative approach to bring about long-term change [1, 2]. Interventions that focus on individuals alone will not address the root causes and wider determinants of violence. Identifying and understanding the wider determinants of health that affect a population is essential [3]. Place-based approaches recognise that a one-size fits all approach to tackling violence will not be successful. Through recognition of the social determinants of health across the life course, place-based approaches provide a framework which addresses the needs of specific communities through organisations who work in partnership to improve outcomes for the 'whole place' not just individuals [3, 4].

The VPU recognised the need to influence wider, sustainable change by influencing key agencies and stakeholders to incorporate public health approaches into their work, to improve inter-agency responses and to embed system-level change. The VPU operating model takes a four-pronged approach: Aware, Advocate, Assist and Adopt [5]. This model has been developed to cover VPU activity across each aspect of the public health approach and to ensure a public health approach is embedded across the wider system to allow sustainable violence prevention activity [6, 7, 8].

## 1.2 The role of evaluation

A key element of the public health approach is ensuring an evidence-based approach is taken, by evaluating activities and interventions, and developing evidence to inform the wider roll out of

effective initiatives. As part of the grant agreements, the UK Home Office require all VRUs to demonstrate the impact of the interventions delivered and approaches taken to ensure they are effective in addressing the risk factors of violence and subsequently, in reducing levels of violence.

The VPU has made significant progress in establishing its presence in Wales and is influencing approaches to violence across the public and voluntary sectors. Over the past three years, the Wales VPU has produced evaluations of individual interventions, and has commissioned independent evaluations of the VPU whole systems approach to violence prevention [9, 10]. Evidence demonstrates that successful systems change goes beyond commissioning interventions at different levels of the system (primary/secondary/tertiary); but also depends upon the partnerships involved in adopting a public health approach to violence prevention, and successfully embedding this across policy and practice [10].

Whilst previous evaluations have focused on exploring the implementation and early impact of the VPU, the current evaluation utilises a whole systems<sup>1</sup> case study approach to explore how the VPU is working to deliver violence prevention activities in Swansea. Specifically, the VPU wanted to assess the delivery of these place-based approaches in Swansea collectively to capture how they operate, to identify individuals at risk of/ involved in violence, and to assess the measures implemented to mitigate risk and prevent further involvement in violence and crime.

## 1.3 A Whole Systems VPU Case Study: Swansea

### Local context

Swansea is the second largest city in Wales and the regional commercial centre for South West Wales; with a population of 238,500, it is the second largest unitary authority in Wales [11]. High levels of deprivation and health inequalities are seen throughout Swansea, with 17 of Swansea's 148 Lower Super Output Areas among the most deprived 10 per cent in Wales [12]. Swansea residents have comparably worse health outcomes than the Wales average [13]. Violent crime makes up 35.1% of all crimes reported in Swansea and is the most commonly occurring offence in the area [14], demonstrating the significant demand for violence prevention interventions throughout Swansea. The Covid-19 pandemic [15] and current cost of living crisis have also had an impact on trauma and violence.

### Swansea model approach and interventions

In Swansea, a violence hotspot in Wales, the VPU and partners are delivering a range of interventions and multiagency arrangements to reduce and prevent violence, and to take a holistic child-centred approach to children and young people involved/at risk of involvement in violence. The VPU has funded a host of interventions at a primary, secondary and tertiary level, which include interventions that target the root causes of violence and offer support at what is considered a 'teachable moment'. These interventions<sup>2</sup> sit within a system that has established a range of approaches to target violence, and include:

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<sup>1</sup> For the purposes of this evaluation, the term 'system' refers to the wide range of agencies across Wales who contribute to violence prevention.

<sup>2</sup> Alongside the interventions, there are also a number of wider police approaches including: 1) GRIP programme - 'hotspot' policing, through a forensic focus on the specific streets and neighbourhoods that are most affected. 2) Operation Sceptre - tackling knife crime, and associated issues of 'serious' violence and illegal drugs. Including targeted operations, engagement and education.

Name of intervention	Target age group	Setting	Overview
The Contextual, Missing, Exploited and Trafficked Panel (Swansea Council)	N/A	N/A	The CMET Panel is a multiagency group consisting of partners such as South Wales Police, Community Safety, Youth Justice Services, and third-sector organisations. The CMET panel work within a contextual safeguarding framework to recognise and respond to the individual needs of young people that have been identified by partners.
Teachable Moments (South Wales Police and Media Academy Cymru (MAC))	10-17 years	Custody suites	Teachable Moments aims to intervene and prevent young people from becoming further involved in violence by treating the point a young person comes into custody as a 'teachable moment'. The model employs caseworkers from Media Academy Cymru (MAC) to deliver motivational interviews, involving a needs assessment and exploration of life goals.
Wales Police Schools Programme (WPSP) (South Wales Police)	5-16 years	Schools in Wales	WPSP is a collaborative partnership between the Welsh Government and four Welsh Police Forces. The programme is delivered by School Community Police Officers (SCPOs) to safeguard children and young people, educate them about the harms of substance misuse, promote the principles of positive citizenship, and reduce the levels of crime and disorder within young communities.
St Giles Trust (St Giles Trust)	11-18 years	St Giles offices	St Giles offers a targeted secondary intervention to support young people who are at risk of or involved in violence and exploitation e.g., county lines, criminal activity, child sexual exploitation, trafficking, and exploitation. The service helps young people overcome barriers to allow them to get the support they need to move forward with their lives.
Fearless (Crimestoppers)	11-18 years	Any setting where young people gather	Fearless delivers educational workshops to empower children and young people to make positive, informed decisions about reporting crime. The primary aim of the service is to educate young people about crime issues that may affect them and encourage them to report crimes they have witnessed.
Braver Choices (Media Academy Cymru (MAC))	10-25 years	Community settings	Braver Choices works with children and young people who engage in risky behaviours, such as carrying weapons. They deliver evidence-based programmes around weapons, violence, and sexual exploitation to enable children and young people to make informed decisions, develop coping strategies, and understand the implications of their actions.
NHS Violence Prevention Team (VPT) (NHS and Media Academy Cymru (MAC))	Up to the age of 25 years	Morriston Hospital Accident and Emergency Department	The VPT work to identify and respond to patients with violence-related injuries. The team engage with these patients whilst they are in hospital and deliver advice, support, and guidance to encourage young people away from lifestyles encased in violence by encouraging engagement with services.



## 2. Evaluation methodology

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### 2.1 Whole system evaluation aims

The Wales VPU commissioned the Public Health Institute (PHI), Liverpool John Moores University (LJMU) to carry out an independent evaluation of the VPU whole systems approach to violence prevention, focusing on Swansea. The evaluation aimed to explore the impact of the VPU-funded activities on violence prevention at a community level and to understand how services, organisations and activities operate together to improve outcomes for individuals and their communities. For the purposes of the VPU and this evaluation, the 'system' was defined to include the wider approaches of key agencies (e.g. police and community safety partnerships), but with a specific focus on the Contextual, Missing, Exploited and Trafficked (CMET) panel, a multiagency arrangement to target hotspot areas, while also providing wrap-around support for children and young people at risk.

Swansea's whole systems approach to tackle violence and address vulnerability can be defined as a 'complex intervention' due to its different components, the interactions between them, the range of expertise and skills required to deliver them, and the groups and settings targeted by the intervention. As a result, the new framework for evaluating complex interventions<sup>3</sup> was used to inform the design of this evaluation [16]. The guidance places focus on the implementation and evaluation of complex interventions in a real-world setting and recognises that evaluations should consider how interventions contribute to systems change, rather than focusing on efficacy or effectiveness alone. This increases the understanding of the process and the understanding of individual and system-level outcomes [16]. The guidance recommends that complex intervention research should consider: 1) Effectiveness - to what extent does or could the intervention produce the intended outcomes, 2) Theory - what works in which circumstances, and 3) System - how does the system and intervention adapt to one another [16].

The guidance recommends that qualitative and mixed-methods designs are used to evaluate complex interventions. The guidance framework comprises six core elements (context, programme theory, stakeholder engagement, identifying key uncertainties, refining the intervention, and economic considerations) [16] that have informed the development of the methodology for the case study evaluation (please see appendix).

The evaluation has received full ethical approval from the Liverpool John Moores Research Ethics Committee (approval reference: 21/PHI/023). This required clear planning for safeguarding, data sharing, data storage, risk management and informed consent. Gatekeepers supported data collection through recruitment and facilitation, and access to relevant data sources.

### 2.2 Understanding process and implementation

Establishing evidence about how Swansea have implemented a whole systems approach to violence prevention is essential for rolling this approach out more widely. One-to-one interviews (n=18), a paired interview (n=1) and a focus group (n=1) were carried out with 23 key stakeholders. This included representation from across the system including intervention/service providers and key professionals to understand involvement with, and experiences of, the wider system. Stakeholder engagement enabled the research team to gather insight into whether the Swansea approach produced change, how and why this change may have been achieved, and to explore what worked well, including perceived success and areas that needed improving. This approach explored

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<sup>3</sup> Commissioned by the Medical Research Council and National Institute for Health Research. The 2021 guidance is an update of the Medical Research Council (MRC) guidance published in 2000 and updated in 2006 and has been jointly commissioned by the MRC and National Institute for Health Research (NIHR).

stakeholder's perspectives on the quality of the Swansea intervention in terms of the individual components and system-level impacts and the contextual factors that affect intervention implementation and success.

In addition, programme documentation was reviewed to add further depth of understanding and context to the process evaluation. The interviews and programme documentation have been used to inform a systems analysis and to develop intervention case studies.

## 2.3 Community engagement to understand and explore impact

The research team worked closely with the organisations delivering interventions to identify opportunities to engage with the communities who they work directly with, and to understand the impact on, and experiences of, people directly and indirectly affected by their activity. The voices of five young people were captured through direct interviews, and via interviews led by youth workers. Involving the voice of young people was a key part of evaluation activities and it was anticipated that the evaluation would engage with more young people than was possible. To ensure feedback was reflective for all interventions, internally collected case studies, service user feedback and good news stories were included. Overall, the qualitative engagement with stakeholders and service users explored:

- If, how and where the interventions engaged with communities in Swansea
- How the interventions work in partnership with each other and external agencies to promote/impact on community safety
- Perceptions of the ability of the 'system' to work in a coordinated way to respond efficiently
- How the wider context, in terms of policy, social care and broader influences affect/influence these issues

Secondary data was also included to explore the success measures defined by the VPU and to determine impact. This included routinely collected monitoring data provided to the VPU, and additional data collected within services to evidence impact. The engagement with young people and additional impact data have contributed to the intervention case studies.

## 2.4 Network analysis

A stakeholder workshop was delivered at the end of the evaluation bringing key stakeholders (n=20) from across the Swansea violence prevention system together to share the draft evaluation findings and recommendations. The workshop included mainly representation from the intervention/service providers. This allowed stakeholders to collaboratively discuss the findings across the 'system', explore areas of good practice, understand how and where issues identified are experienced across the network, and consider actions to embed to overcome barriers and challenges. The key findings were also presented to the strategic CMET panel. This included representation from the wider violence prevention system, including stakeholders from local authority, health, education and criminal justice sectors. Such panel provided members with the opportunity to receive feedback and to further shape the recommendations together.

## 2.5 Timescales

Data collection took place between January 2022 and October 2022. Quarterly reporting included April 2021 up to March 2024.



## 3. Findings<sup>4</sup>

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### 3.1 Stakeholders' experiences of multiagency working across the system

#### Collaborative approach

During the evaluation interviews, stakeholders were asked about the aims of their individual interventions and how they thought their work formed part of the broader violence prevention context across Swansea. Stakeholders agreed that there was a clear, shared vision of using a public health approach to violence prevention across the VPU and organisations. Having the right people out there working alongside each other who can engage with young people was seen as essential.

*“We could say our vision statement is all children and young people in Wales are given the time and opportunities to lead meaningful lives. What we mean by that, how that translates is giving them skills. We believe that education is the cornerstone for any young person being able to move positively through life” (S9)*

*“We are all there with this one focus” (S4)*

Stakeholders involved in the delivery of interventions across Swansea agreed that the VPU-funding brought services together to work in partnership. Multiagency working and buy-in from partners across Swansea were seen as key to mobilising a collaborative approach to prevent and tackle violence. Additionally, the VPU was seen as a way of bringing local partners together to develop networks and relationships. This was highlighted as key to developing pathways of support to identify young people at risk, to direct them towards appropriate support and to move them across the support system. Stakeholders agreed that such a collaborative approach is necessary as it facilitates positive change and impact across the wider system more effectively.

#### Working in collaboration with the VPU

Stakeholders believed that the VPU consisted of a good range of key partners, which facilitated access and support for services to establish collaborative working practices. All of the service providers existed before working with the VPU, however, funding from the VPU invested additional resource into the services, allowing them to build on capacity and roll out additional interventions to provide further reach across Swansea. The VPU was seen to support organisations to come together on a more formal basis, through jointly commissioned activities. Two examples included the custody suite Teachable Moments and the hospital Violence Prevention Team (VPT) which now had an established partnership and intervention pathway with Media Academy (MAC). The relationship between services and the VPU was seen as positive in terms of communication and collaboration. Stakeholders reported that the VPU adopts a flexible approach, which allows it to work alongside service providers to understand their needs in order to best support the intervention going forward. One stakeholder described how they viewed the VPU as more than a funding element, and believed it was crucial in encouraging partners to take responsibility. This stakeholder described the VPU as ‘the glue’ for partnership working. Another stakeholder noted that having the VPU endorse their services gives their work credibility, especially in terms of rolling out interventions across other areas in Wales.

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<sup>4</sup> Quotes key: S= Stakeholder, YP= Young Person, Quarterly Reporting= qualitative data from the VPU quarterly monitoring reports

*“What was really refreshing when the VPU came about is they actually asked what was needed...and we work with about six and a half thousand children a year. So being asked what children are saying and what's needed is really rare actually, people particularly local authority tell you what they think that is needed. But the VPU came in with a blank sheet and saying what do you do? Why is that needed? What evidence have you got to that is needed?” (S9)*

*“VPU are very dynamic in terms of risks and in terms of operating environment changing and in terms of flexing what the service could be depending on the needs, they're very forward thinking in that way” (S9)*

Services explained that they had good communication with the VPU and were in regular contact through formal meetings and could also meet and have discussions outside of meetings. The VPU were seen to have an important role within the CMET, providing key insights and intelligence and taking partner feedback and information on board. Whilst strategically services were linked in well with the VPU, it was thought that frontline case workers would benefit from more direct contact, especially in terms of receiving feedback about the work they are undertaking. It was also suggested that the VPU could do more to help mobilise engagement with partners, for example, undertaking work to encourage more buy-in from schools across Swansea.

## Pathways and communication

Partners had a good awareness of other services funded by the VPU and wider support services across Swansea. However, there were some suggestions for improvement, which are detailed in section 3.2. Examples of good practice were provided for the formal pathways that were developed between services, cross-working, and organisations coming together for the Contextual, Missing, Exploited and Trafficked (CMET) panel.

*“We all work really well together. I find working multiagency and multi professional can be challenging at times, but I really believe that that's the most positive way to work because you get everybody's viewpoints, everybody [is] able to challenge or disagree whenever you want to and you come up with the best outcome for all this” (S12)*

Partners mentioned that Media Academy Cymru (MAC) was involved in other VPU-funded interventions, including as lead delivery of the Braver Choices Programme, and as a partner agency for the Teachable Moments Custody Suite intervention and the NHS Violence Prevention Team (VPT) hospital intervention. Working as a partner agency alongside the custody suite and the NHS VPT not only enabled a formal pathway for staff at MAC to engage with young people in different settings, but it also allowed MAC to provide young people with ongoing support available in the community and wider support available at MAC.

*“We wanted to get it to this point of collaborative working, for example, with the custody intervention coming to Swansea now, we are seeing signposting to MAC and Braver Choices and St Giles. So I think that is becoming easier... Definitely been improvements this financial year” (S18)*

Community organisations including MAC, St Giles and Fearless work alongside each other and are linked in with other community partners and the voluntary sector, including Barod's substance use service, to engage with the community. Services based within statutory services, such as the NHS VPT have also begun to forge relationships with community organisations. One stakeholder reported that St Giles could be better linked to ensure that high-risk young people do not fall through any gaps in support provision.

*“So the view was that St. Giles would pick up the gap for young people who have been involved in organised crime and serious violence, those higher risk cases. But reports suggest they are working with very small numbers of young people. I understand it is intensive casework....they have strict criteria and I’ve heard from partners that they don’t always exercise that degree of flexibility... But it’s been hard to evidence the need. It’s about seeing how that fits amongst the other services” (S18)*

Whilst not directly funded by the VPU, the Wales Police Schools Programme (WPSP), provides key education and training for young people and professionals, as does Crimestoppers, through their Fearless programme. MAC and St Giles also provide training as and when needed. Although this was believed to contribute to a strong education offer across Swansea, there were fears of occasional work duplication.

*“I think actually in Swansea from a partnership perspective is probably in a much stronger position than other areas and the link with community services” (S18)*

Whilst the Wales Police Schools Programme (WPSP) and Fearless both work within a school setting to educate, create awareness, debunk myths and support young people to report crimes and incidences of violence, they do not work together. This is due to the fact that Fearless are keen to distance themselves from association with police, to encourage young people (with fears and barriers of reporting to the police) to engage with their Fearless project. Significant barriers were reported for engaging with schools across Swansea, especially during and following the Covid-19 pandemic.

Evidence from the individual intervention case studies, demonstrates that the VPU-funded programmes link in closely with other statutory services across Swansea. Intervention providers also gave examples of how they worked across and alongside other key professionals and sectors. This included education to support young people to remain in education or return to school after a period of disengagement, Child and Adolescent Mental Health Services (CAMHS) for counselling and mental health support, and Youth Justice Services for young people involved in the criminal justice system. Providers also worked alongside teams from across the Local Authority, including safeguarding and early help teams, and Children’s Services.

*“You know telling them about the safe spaces around the area so the young people build trusting relationships, and the staff around the area know what’s happening. The Police and people who are actually trying to, you know, keep the place safe, know that they can call on us to have those conversations with the young people so that there are some sort of benefits that we are seeing. Then referrals into preventative services, and other services” (S3)*

*“I think the local authority Contextual Safeguarding team, the structure they’ve set up has really supported that collaborative working” (S18)*

The contextual safeguarding team were seen as pivotal in supporting collaborative work, especially when it came to engaging the voluntary sector in the process. This was highlighted as an example of best practice and learning for other areas.

*“It is that solution focused approach...I think the local authority have now forged better links with the voluntary sector and other agencies. They see them as a key part of the solution which I think makes such a difference in that approach and that buy-in from partners. That relationship with the voluntary services, because they do wonderful work, but unless it’s joined up, and I know the barriers that come with statutory and voluntary working alongside. We’ve been able to overcome quite a lot of that in Swansea. It*

*definitely seems like they're very much being part of the solution of developing that approach rather than saying this is what we're developing. You need to be a part of it.”*  
(S18)

Stakeholders agreed that South Wales Police were a key partner that were linked across all service provisions through the Teachable Moments Custody Suite intervention, the Wales Police Schools' Programme (WPSP), Operation GRIP, and Operation Sceptre. They also played a key role within the CMET panel and worked with the community-based services, including MAC, St Giles and Fearless, to support young people to report crimes. Other policing teams are also linked in, including the British Transport Police (BTP), particularly when working with county lines and child criminal exploitation, as well as neighbourhood policing teams when it comes to engaging the community and promoting feelings of safety and community cohesion. This was seen as especially important in not criminalising young people and using a multiagency response to prevent and reduce violence among children and young people. It was also reported that relationships with local policing teams had improved since the CMET panel was established (discussed below). Examples were also provided for South Wales Police and Children's Services working together for joint visits to provide safeguarding for children.

*“The only way we will ever deal properly with any sort of crime is by a joined-up approach and that is everybody working together. It's no good the police just going and arresting people and putting them before the courts. You've then got to look at that rehabilitation process of stopping them getting caught up in it again from within the prison. Then you look at before that, the wider team who do preventative work stopping people getting into the system in the first place. It's that joined up approach I think”* (S14)

*“...it is all about working with each other and we couldn't do our jobs without the police, they couldn't do their jobs without us. And it's literally about linking in with everybody to get the best for the patient really. And that's what we want at the end of the day”* (S5)

The stakeholders believed that these links between services promoted joint working and increased signposting and referrals for appropriate support to meet the needs of young people. They agreed that services and professionals had increased awareness of the barriers faced by young people, and the complex issues they may have experienced, and gained a better understanding of what service were available to best support young people. Examples were provided for the NHS VPT, Teachable Moments, and Fearless referring into St Giles for county lines and exploitation support, and MAC for knife crime education and support.

*“We have to do something, that's why we have to have this joined up approach and how otherwise essentially we'll end up with an increasingly violent society”* (S15)

*“I just think it's got to be part of an approach it's much more for sustainable effect than working in silos work. It is a systems approach”* (S18)

One stakeholder suggested that it would be useful to have a space, or hub to co-locate services to further promote joined up working. Other stakeholders also raised the importance of services and the VPU having a shared language and using the same 'comms' approach in order to have consistent messages when it comes to partnership working in the community.

*“...We need to be agreeing on a multiagency basis then the messages we want to be giving out. So quite a lot of this is held by police to deliver on these things and actually we need to be delivering joint comms messages. We need to be delivering the right messages. What is it that we're really trying to say? You know, are we getting that right, because*



*criminalising it and threatening people with crime aspects of things doesn't prevent risk"*  
(S4)

## The role of CMET for multiagency working

The Contextual, Missing, Exploited and Trafficked (CMET) Panel is a multiagency group, meeting on a fortnightly basis, which considers the contexts, themes, and trends for exploitation (rather than individual cases) by partners, (including South Wales Police, Community Safety, Youth Justice Services and third sector organisations). The panel also provides, or facilitates access to, specialist support services in relation to vulnerabilities such as substance misuse, mental health, homelessness and violence. It also focuses on identified hotspot locations across Swansea and among peer groups, providing targeted outreach activity. The CMET panel runs independently of the VPU.

Across all interviews, stakeholders agreed that the development of the CMET panel by Swansea Council was key to the collaborative approach across Swansea. Having the VPU and Office for the Police and Crime Commissioner (OPCC) linked in closely with CMET was also highlighted as best practice in terms of tackling violence and making communities safe.

*"I think historically they may have been a little bit separate, but I think this year there has been more of that alignment of communication across the interventions looking at actually which is best suited to support an individual and that comes to them. So the CMET panel has helped massively with that because each of the intervention providers sit on that CMET panel. So know some of the issues locally, locations, peer groups, schools, etc., and they've taken that collaborative targeted approach to their provision, which maybe hasn't been as much as the case in previous years, this is the point we wanted to get to" (S18)*

Stakeholders agreed that the CMET process brought key operational and strategic partners together. The CMET panel was seen to be well represented with membership consisting of partners across numerous key sectors, including criminal justice, health, education, local authority and social care, and the voluntary sector. Key partners from VPU-funded interventions also attended CMET, including South Wales Police, NHS VPT, MAC, St Giles, and Fearless. Whilst Fearless did report that due to capacity it was not always easy for its youth workers to attend, stakeholders explained that there was good strategic and operational buy-in across the partnership and commitment from sectors. Nonetheless, it was felt that operationally, the education sector could have had more representation at times. One stakeholder also thought that public health could be better linked into the CMET process. Effective partnership working between organisations was seen as important to facilitate conversations and sharing of information outside of meetings, meaning that resources could be directed where needed. Bringing these partners together was seen as an opportunity for proactive discussions, sharing information and intelligence around risk, making joint decisions, and putting strategies in place immediately to reduce risk. It was also seen as a way to come together to map out the best way forward and put the most appropriate support offer in place for a young person's needs. It also enabled learning from gaps and, subsequently for measures to be put in place to address such gaps. Stakeholders agreed that the targeting of violence prevention interventions cannot be done alone, requiring this commitment to develop relationships.

Whilst intelligence was shared at CMET for developing multiagency response, it was acknowledged that the CMET was currently 'not an intelligence gathering service'. CMET does however look at hotspot areas and trends to focus resource, suggesting that it could potentially expand to include an output for intelligence gathering. One stakeholder reported that whilst the CMET's function enables the coordinating and directing of contextual safeguarding work, additional operational support could



mobilise this further. Workshop attendees raised the importance of ongoing work to better understand broader exploitation of children by adults and how that might be addressed.

*“Adults wanting to continue to exploit children. That broader challenge that we’ve got in terms of how we address that, because there’s a lot of responsibility placed on young people to manage themselves...I suppose that’s the bit for me that’s missing really is the responsibility of adults and [the] community around that” (Workshop)*

## 3.2 Barriers to delivering an effective whole systems approach to violence prevention in Swansea

### Funding, resource and capacity

Workforce barriers were reported for recruitment of staff across the VPU-funded interventions. This was highlighted for the NHS VPT and MAC, meaning that at times services were operating at a reduced capacity. The short-term nature of funding, including from the VPU, as well as generally in terms of wider commissioning arrangements, was raised as a significant barrier for services. Fearless reported losing several youth workers due to the lack of stability attached to short-term funding. Others explained that with an annual renewal of funding, it was difficult to recruit and employ staff within the delivery timeframe, and then maintain staff who needed to look for work elsewhere towards the end of their contract whilst waiting to hear if the service would be renewed. This was also seen to disrupt the consistency of support for young people.

*“When you’re having to advertise and it’s the time that it takes, doesn’t it? If you’ve got that funding, but it might actually take a few months to get somebody into post. And then by that point, you’ve only got nine months left” (S10)*

There was also a discussion around supporting services and the sustainability of their intervention beyond the VPU funding. Stakeholders acknowledged that when the VPU no longer has this function, services need to be in a position to continue to operate without them. This was noted in terms of maintaining established partnerships, not relying on VPU funding, and also finding sustainable ways and other sources of funding to support the longer-term delivery of interventions. It was felt that a conversation was needed around how meaningful short-term funding is in order to properly evidence impact.

*“I would much rather see a proper investment over a three to five year period, that seems to be much better cycles for managing things, you have got time to set something up, think about what’s needed. You then have a period to test it and evaluate it before you then say this is the funding that we’re going to need going forward” (S4)*

The Teachable Moments and NHS VPT both experienced capacity issues surrounding working hours. For example, MAC workers being unable to reach young people in custody and NHS VPT nurses being unavailable in A&E outside of the 9am-5pm and 8am-4pm working hours. In both case studies, stakeholders commented that whilst they could make contact with young people in the community once they had left custody and A&E, this was usually less successful, and it was always more impactful to meet with the young person right at the very start of the incident. The NHS VPT had trialled different working hours, including to work later in the day to be available in order for staff to be available after school, and to be available during ward rounds and late evenings following closing time at pubs/clubs. Teachable Moments have also changed their format to make the best use of custody time to ensure the young person was not kept in custody any longer than they needed to be. Originally, the motivational interview with MAC happened after the formal police interview but this was changed so the motivational interview could take place at any point in time. However, this did cause some

additional barriers as it changed MAC's access to the police computer system and increased the risks of disclosures around the crime outside of the investigation.

### Potential duplication of service provision across the system

Stakeholders reported a fear of duplication and replication of activities and support provided by the organisations funded through the VPU. This was specifically raised for MAC and St Giles, who forged a relationship to ensure the young person was referred into the relevant service to best meet their needs. Additionally, having multiple services with a training offer highlighted a potential risk of duplication. There were also reports of the NHS VPT and Teachable Moments needing to be clear about how their roles differed from the hospital safeguarding team and Youth Justice Services.

*"MAC, they've set up an allocation meeting that happens every week, I believe where they look at all the referrals that have come in to make sure that they're fit for the services they've been referred into, which I think is really positive because they deliver so much. They just want to make sure that they're actually the right service, and for that young person and the right support. Which I think is really positive and even considering is this for MAC and whether St Giles or another service might be the best fit, they think outwardly, not just keeping things internally, which is really positive I think" (S18)*

Fear of replication of work was also identified as a barrier in terms of funding, with stakeholders acknowledging that limited short-term funding can put pressure on services, especially the voluntary sector to compete for funding. It was acknowledged that this can potentially cause services to become reluctant about sharing information around their service offer and performance indicators.

*"I think sometimes they become a little bit closed off if you like, because we don't want anybody else coming in and taking what we are doing. Just in case it reduces what we're doing... but the only way we're going to deal with violent crime and any sort of crime stuff like that is by working in conjunction with each other" (S14)*

*"I think sometimes the voluntary sector almost feel in competition for funding, and I think some, not everyone, have an element of wanting to keep things close to your chest because you don't want to risk losing funding" (S18)*

Another barrier around duplication was highlighted by participants in terms of engaging with services such as Youth Justice Services, who feel that they have the expertise in-house and do not need support from external services such as MAC. Stakeholders noted that, as a result, services may sometimes need to 'sell' the benefit of their intervention to show partners how their offer can potentially provide support and increase capacity within services. This was particularly highlighted for Teachable Moments and the NHS VPT when promoting their interventions, to show potential impact for the wider system. Nonetheless, it was reported that additional input to develop these relationships can help demonstrate how the services can work together and complement one another to provide wraparound support.

### Partnership and communication barriers

Stakeholders described working hard to build relationships with other professionals and services across the system, promoting their service offer, developing referral pathways and linking in for partnership working. However, they also reported that there was often still a lack of understanding of what each of the services provided. CMET was seen as offering a potential solution to overcome this, as it can bring wider partners across Swansea together. Whilst the formal pathways between statutory services and the third sector for the VPU-funded interventions (for example, Teachable Moments and NHS VPT working with MAC), improved working between the statutory and voluntary sector, wider

issues with statutory services working internally and not linking in as well as they should with community providers were still felt.

*“Because we’re a voluntary organisation, I don’t know if that becomes a barrier whereas people will automatically go to local authority and think ‘oh right, OK, well, there’s some statutory services there’” (S1)*

*“It’s challenging. You’re trying to promote this new collaborative work and then people, organisations and individuals do fall into wanting to go back into silos and it’s really hard to make that sort of culture change” (S18)*

## Engaging partners in the interventions

A number of stakeholders described the difficulty in engaging professionals with the intervention that they were responsible for delivering. For example, the Teachable Moments intervention struggled to engage custody suite sergeants and officers fully in the intervention. Perceived reasons for this included the custody suite staff not having clear enough information about the purpose of the intervention and how it worked, and also how it differed to the work delivered by the Youth Justice Services. There were also barriers around the custody suite being an unsuitable environment for young people, meaning that at times officers were too busy to offer the intervention opportunity or they needed to move the young person through the custody process quickly. This meant that the motivational interview was not offered as early on as it could have been. Issues with custody suites from which interventions would need to be delivered was recognised as a force-wide issue, which is not just specific to Swansea. Issues with custody suites were improved by providing additional information and resources for custody suite staff. One stakeholder recognised that the custody suite staff need to feel part of the process and made recommendations about including them in the design and implementation of the intervention moving forward.

*“There were a few issues with that, that they were forgetting to ask them or they weren’t asking them” (S8)*

The NHS VPT also faced similar issues, including issues engaging with colleagues working within a busy A&E environment whereby staff are needing to deal with constant emergencies. Similarly to Teachable Moments, A&E staff often felt too busy to consider the NHS VPT intervention. The NHS VPT worked hard to build relationships with A&E staff, to sell the benefit of the intervention and have a presence in the A&E to streamline the process. Other issues were also identified, such as around staff sickness and re-direction of resource during the Covid-19 pandemic and a high use of temporary ‘bank’ staff which made it more difficult to develop these relationships and spread a consistent message. Similar issues were also faced across the school-based education interventions, including in the Wales Police Schools’ Programme (WPSP) and Fearless, where partners felt it was difficult to engage schools across Swansea. This barrier has been identified as a long-standing issue which had increased both during and following the Covid-19 pandemic. The interventions called on the VPU to secure better partnership buy-in from education and increase school participation.

## Data and information sharing between services across the system

Stakeholders felt that the sharing of information between partners was problematic due to it being hindered by information sharing protocols and legislations. This was noted as a long-standing issue, and not location-specific to Swansea. Stakeholders explained how fears around data sharing had increased since the introduction of the General Data Protection Regulation (GDPR), noting how the fears and potential myths that may have led to barriers for effective data sharing need to be addressed and broken down. Access issues due to the use of different IT systems was also noted. Additionally, South Wales Police were also limited in what they could share. It was highlighted that the collaborative

working model provides a good opportunity for all providers to gain a better understanding of the importance around good quality data collection, information sharing and the benefit of this intelligence and how this can further assist the partnership approach.

*“I think they're always for me has to be something in there around information sharing, whatever level that is. Just making the whole process a bit more transparent” (S19)*

*“An opportunity to show the importance of collecting data and what the data can do and what the data can show. If we can establish data like this across all of Wales, this is what you could do in the end” (S19)*

*“I think the real frustration around that is it's the same rhetoric that people have been talking about for years, but it's still there, I remember having conversations before the VPU, before all of this work and actually it doesn't feel like that conversation about people being scared has got any better. I think a lot of it is more around that misunderstanding of what is meant by data sharing” (S19)*

### Gaps in service delivery

Stakeholders raised mental health support as a gap in service delivery in Swansea. They reported long waiting lists for CAMHS. There was also thought to be a lack of buy-in from the health sector in terms of mental health. There were also gaps reported in terms of the early prevention and awareness raising work that was previously carried out by the NSPCC since this was no longer in place.

*“Relatively good buy-in from health in Swansea but maybe again it would be looking [at] mental health specialism in terms of health. I know there are mental health support services and substance use services. I think maybe there could be a bit of a gap there as well” (S18)*

*“NSPCC would do early prevention kind of work with young people who were identified on the periphery that didn't quite meet the St. Giles kind of level but also didn't really necessarily meet the level of anywhere else. And there is still a bit of a gap really about how we manage that rather than a crisis response” (S4)*

*“I share the views around better input and a stronger input from mental health services. I think that that's something that we do recognise is missing, but what I would say is following work we have got a much stronger input from education, those links have developed” (Workshop)*

### 3.3 Trauma informed approach across the system

Evaluation findings highlighted the complex needs of the young people at risk of or experiencing violence who were engaging with the VPU-funded activities. Stakeholders agreed that there are multiple risk factors that can make some young people more likely to become involved in crime. These risk factors consisted of vulnerabilities that can also put children and young people at risk of being criminally exploited. Stakeholders acknowledged that these same risks can be complex and interlinked, with some young people likely to have multiple risk factors that relate, or are brought about by one another. A number of these risk factors were also identified as direct impacts of involvement with crime, with stakeholders highlighting that crime exasperated vulnerabilities and also created new complex issues for young people which could impact them in the long-term and into adulthood.

Many of the young people had experienced Adverse Childhood Experiences (ACEs) and early traumas, including children growing up in a home with a parent with poor mental health, a parent misusing or

being dependent on alcohol or drugs, or witnessing domestic abuse within the home. For some, this meant a lack of boundaries or parental control at home in terms of identifying what is or is not acceptable behaviour, highlighting the importance of whole family support. Examples were also provided for young people experiencing their own challenges with poor mental health, issues with substance misuse, poor mental health and wellbeing, and low self-esteem. A number of stakeholders also acknowledged the intrinsic link between drugs and violence, especially for the young people supported through St Giles who had been criminally exploited and involved in county lines.

*“The amount of trauma that young people face because it comes in various different guises as trauma with young people. If involved with county lines, we don't know what they have witnessed...is it sexual violence? Is it physical violence? Is it mental abuse? This goes back to building that rapport with the child...we build that rapport because one of the last things we want to do is open up any trauma that's there. But once the child or young person warms to you, usually they will talk about their experiences and then you can work with them and support them around that” (S6)*

Neurodiversity was raised as a potential risk factor for vulnerability to exploitation and potential risk for becoming involved in violence and crime. Stakeholders reported working with a high proportion of young people with Special Educational Needs and Disability (SEND) and highlighted how they had witnessed an increase in young people with diagnosis or awaiting a diagnosis for neurodiverse conditions, including Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD). Stakeholders shared concerns around the long wait for diagnosis and the increased risk during this time. This was highlighted as a further barrier for young people involved in the criminal justice system, who may struggle in an interview setting and communicating with professionals.

*“Due to the motivational interviews in custody, it was apparent the number of young people displaying neurodiverse traits. This has led to Operation Erica which is a screening tool now used with every young person in custody to better support them during custody and by helping identify triggers and discuss coping mechanisms to prevent re-offending. This has now generated interest from 16 other police forces” (Workshop)*

Many of the young people engaging in the community projects, including MAC and St Giles, had experienced impacts to their education, either as a risk factor or an impact of involvement in violence. This included young people who were not in education, employment or training (NEET), who had missing episodes from school, poor attendance and attainment, and behavioural issues within their school. This was also raised for the organisations working with schools including the police's schools liaison team, to provide universal preventative education. Disengagement from education was highlighted as both a significant risk factor and sign, or symptom of involvement in crime and/or criminal exploitation. School was not only described as a protective factor that introduces routine and structure to young people, but also a place where children at risk can be identified, and measures put in place to mitigate such risks. Stakeholders noted the importance of not only safeguarding those young people whose issues are already known, or those who can be clearly identified as vulnerable and at risk, but every young person that comes into contact with education, through the use of universal education and early prevention interventions. Social media was also highlighted as a significant risk factor for exploitation, grooming and inciting violence, with stakeholders also acknowledging the filming of violent incidents and sharing such videos amongst young people as an issue.

*“...A lot of the focus of what we've been developing is our response and the non-criminalisation of adolescents. Looking at supportive pathways, looking at early intervention, early support and help. I'm looking at creating safe places and spaces for*



*young people to be in. So how do we do that? How do we work communities? How do we work with that as professionals, how do we work with other sectors to another service areas to deliver on that?" (S4)*

The complex issues and barriers faced by young people meant that the interventions needed to be tailored to the individual needs of young people. Some of these issues included a general mistrust in services, especially among those who have had negative experiences or have felt let down by professionals before. There was also a reported mistrust of police and social care services. Stakeholders acknowledged that some young people were not always interested in the support and services that are offered to them. Stakeholders also recognised that support can be overwhelming for young people, especially if they are already involved with multiple services. Stakeholders recognised the importance of services working together to streamline wraparound support in order to ensure that young people were not having to re-tell their story to different professionals and becoming re-traumatised. Such process was also noted as involving effective information sharing between services. Stakeholders recognised the importance of having skilled and experienced staff delivering interventions as they are in a better position to provide tailored support in a non-judgmental safe space and to build trusting relationships with young people. It was also agreed that services need to be trauma informed and skilled in supporting the wellbeing needs of young people.

Evaluation findings highlighted the importance of building trust with young people to break down barriers and support them to engage with violence prevention interventions. It was acknowledged that this can take a number of sessions over weeks or even months, and that often this work is difficult to evidence and that such evidence may not always be recognised or accepted. Stakeholders acknowledged the need to build trust and provide a safe space when working with individuals who may have experienced trauma. Involving the young person in the process of support and ensuring they feel listened to can empower them and increase their engagement. The prevention interventions focus on breaking down barriers to seeking help and reporting crimes to the police, through education to unpick stigma and reduce the 'snitching culture' associated with speaking to police. The community, including youth clubs, was also seen as a way of further breaking down barriers and improving relationships between community members and the police. A key aim of the interventions was to enable young people to feel safe in their community and part of their community.

The Covid-19 pandemic and lockdown measures exacerbated many of the complex needs for young people, reduced protective factors and increased the vulnerabilities of young people. This included long periods of time out of school, difficulties with home schooling, isolation and limited time spent with peers, increased risk of domestic abuse, poor mental health, substance use within the home, and longer-term impacts on wellbeing and social skills. Stakeholders reported that schools were seeing more violent incidents, especially involving female pupils and there were also reports of young people struggling to regulate their emotions and struggling with social environments. Findings evidence how these impacts are still being felt beyond the pandemic and will continue to be felt in the long-term.

Stakeholders also acknowledged that the pandemic increased vulnerabilities for criminal exploitation and acknowledged the changes in county lines exploitation, with more young females now involved with violence among children and young people and county lines. It was agreed that a flexible approach was needed to meet the needs of the changing dynamic of exploitation and the impact of this in terms of the needs of young people at risk of/or who have experienced exploitation. An example of this was provided by St Giles who had employed additional female case workers to meet the service demand.

Stakeholders agreed that it is important for professionals to look beyond the violence and crime among children and young people and to understand what experiences and traumas a young person

may have experienced and how this may have contributed to that behaviour. Increasing workforce knowledge was seen as particularly important in recognising trauma and warning signs that a young person may be at risk of, or already involved in violence and crime. Having that trauma informed approach and awareness of contextual safeguarding was seen as especially important in professionals being able to see the bigger picture, looking beyond the initial incident and trying to explore and understand what may have led that young person to become involved. Stakeholders also agreed that it was important that professionals adopted this perspective when working with young people who have also been a victim of exploitation.

*“People maybe not understand the impact of the trauma that can be experienced from things like, you know, being involved in a gang or experiencing somebody being stabbed, hurt. I think people underestimate trauma and how it can impact on your mental health”  
(S3)*

*“We've got some vulnerable kids, which it would probably be very helpful for us if we understood more about what's going on behind the scenes” (S16)*

CMET was also seen as a way to join up key expertise and specialisms and share learning. Stakeholders agreed that this promoted the use of a more trauma informed approach. It ensured that professionals the young person may come into contact with are more aware of their situation and more likely to look at the wider picture to understand the risks they face and to safeguard them accordingly. It was felt that developing these relationships and involving more professionals in strategic and operational conversations has helped to improve a more trauma informed approach to violence prevention in Swansea. This included a cultural change in the approach of professionals who were beginning to explore *why* a child is carrying a knife or *what* led them to being exploited. It allowed professionals to come together to share key expertise, to make the best decision for the young person and to provide the most suitable offer to meet their needs. This was particularly important if colleagues specialising in trauma were part of this response, as they could upskill the workforce who benefited from learning from other ways of working adopted by others in roles and sectors different to theirs. The contextual safeguarding work carried out in Swansea was highlighted as best practice in terms of the workforce being more trauma informed and stakeholders agreed that other areas would benefit from learning from Swansea. Nonetheless, stakeholders did acknowledge the difficulty of evidencing trauma informed working.

*“We've got relationships with our area policing teams as well and these have all progressed since we've integrated the CMET panel. To a point where now this year police are coming to us saying, right, we know there's going be issues down the beach starting from next month. What can we do? Can we get together? So it's really developed those relationships” (S3)*

Stakeholders agreed that the collaborative approach and established pathways between key services across Swansea provided statutory services with a better understanding of trauma. Examples were provided for staff within the busy A&E department and custody suite, who may not usually have the time or knowledge to look beyond the presenting issue. Stakeholders explained that the main role in those cases would be to treat an injury, save a life and investigate a crime, and not consider what had happened and why the young person was presenting to the service. Stakeholders agreed that Teachable Moments and NHS VPT provide good examples of intervening at a critical point, by engaging with young people at crisis point where they may be more willing to speak out and where professionals have time they specifically allocated and dedicated to working with the young person, to build their trust and to advocate for them. Stakeholders agreed that professionals need to maximise these moments and make every contact count. Working alongside community organisations such as MAC

and St Giles meant that specialist trauma informed support was then provided within the community. Providing intervention at the point of crisis was recognised as vital in engaging young people with support, minimising damage and breaking the cycle of repeated harm.

*“Working in A&E, I was looking at the problem that was right in front of me. It's a case of that persons got a limb hanging off and that person is in cardiac arrest, I've got to fix that.*

*They don't tend to think about everything else, because you need to- it's an emergency situation and you've got to sort that emergency situation out. So it's getting people to kind of re-programme the way that they're thinking because there's obviously social problems and there's a reason why this person has ended up in the emergency department... and it's about just getting people thinking outside the box a little bit” (S5)*

*“It's about having that voice and then feeling like they're being valued and heard” (S1)*

*“It's a work in progress because when you change practice, it takes a long time to embrace it” (Workshop)*

### 3.4 Impact across the system

#### Individual impact

Across the VPU-funded interventions and programmes in Swansea, a number of outcomes were evidenced for the young people engaging with the interventions. Positive changes were observed with regards to the knowledge and attitudes of children and young people towards issues such as substance use and carrying weapons. These changes were seen to have had a positive impact on their behaviour, enabling them to make informed decisions and keep themselves safe by no longer 'getting into trouble'.

*“I suppose the key is that you change their thinking, which follows with behaviour you know, so that they make better choices. Essentially choices, which keep them safe... and obviously in respect to the law, keeps them out of trouble with breaking laws in the future” (S15)*

*“Keep me from danger and taught me what's right and what's wrong” (YP3)*

*“...they understand that they're not safer carrying knives, and they also understand the law and possible implications which they didn't know before... We hope we've given them the counter-narratives to make better or different choices” (S9)*

*“It's easier for me to say to someone that I am going home or I don't like this I am going to remove myself from the situation. It's easier for me to recognise risks in situations. [Before] I either wouldn't have been able to see the bad situations or I'd probably see it but wouldn't be able to speak up and end up just walking into it” (YP1)*

The young people engaging in community support also reported improved wellbeing, increased resilience, increased confidence, and improved relationships with family, friends, and professionals. The development of trusting relationships between professionals and children/young people was felt to be an important outcome as it was seen to have led to young people reaching out for help and engaging more with support and statutory services (including reporting crimes to the police). A young person from Braver Choices explained that they felt comfortable to have an open and honest conversation, and acknowledged that the relationship they had built with their worker had made a difference to how they had engaged with the service. Through this engagement and provision of spaces and places children and young people can access, it was felt that there has been an increase in



the visibility of children and young people and increased feelings of safety (among children and young people and the wider community).

*“I feel like I can actually talk about how I feel, don’t need to go into detail about everything, I can just say how I feel, as it is, and I actually learn about the things that are going on around me, I’ve found out about stuff that I didn’t know was going on around me” (YP1)*

*“I think also because I know that they are always going to be here on a Thursday at the same time, that helps as well. I like the routine, it gives me something to do and also I know that if I am worried about something that day or even another day beforehand, that I can talk to them about it” (YP1)*

Alongside this, the VPU-funded interventions and programmes were also seen to encourage the development of key skills within young people to increase their resilience and their ability to resist peer pressure. For example, improvements in communication skills was recognised by one young person, who explained that they are now more confident in opening up, speaking about how they are feeling, and that they are more likely to ask for help going forward. This was seen as an important change for them, explaining that in the past they would have not spoken about their worries or feelings, which resulted in situations escalating out of their control. The increased confidence and improved communication skills also meant that this young person had gone on to develop a more positive friendship group.

*“It has helped me speak to not just them, but the people around me as well. I am able to ask for help easier. Usually I would just do everything on my own and without the advice and help it actually got to the point where I felt it was out of my control. But now I ask for help the second that I feel like I can’t do it on my own” (YP1)*

*“I talk to new people better as well, I am able to communicate, make new friends. Like the other week I made a new friendship group and everything and that’s because now I am able to speak more freely about how I feel” (YP1)*

The support provided by the VPU-funded interventions was also seen to have wider impacts on young people, allowing them to engage in various aspects of support provided within the community. This included education, employment, and training. Stakeholders reported an improvement in attendance at school, achievement of qualifications, and increased chances of employment. Additionally, it was highlighted that older young people were provided with support to rent or own their own property. Moreover, stakeholders have also reported a reduction in incidents of violence overall.

*“I talk to MAC, but I talk to other people as well now, I talk to my friends and my family” (YP1)*

*“There was one young person who was booked in and he took up the intervention and now he’s enrolled in college. So you know that there’s like, the MAC workers put them in touch with someone who can help them and guide them to set up a college course. Whereas I think, you know, without that, I don’t think that child probably would have even thought of going to college” (S8)*

Wider support was evidenced for family members of the young people engaging with interventions. This was a systemic impact resulting from outcomes for young people highlighted above with improved wellbeing and communication within the home. Increased safety was also an important outcome for families, with stakeholders acknowledging that parents often needed their own support (as a parent and as an individual), particularly where their children had experienced exploitation

and/or county lines involvement. All of the intervention case studies evidenced the need for a wider support offered for parents, highlighting the importance of having a “whole family” model in place.

*“I read a couple of the case studies and I know that had they not been there, things would be very different for those children, those families as well” (S12)*

## System level impact

The findings evidence impact across the system for a public health approach to violence prevention in Swansea. The funding from the VPU increased capacity within services, which meant wider reach and engagement with professionals and young people. Endorsement from the VPU was also seen to increase credibility of interventions which promoted engagement from partners. Stakeholders agreed that within Swansea, the improvements in collaborative working as a result of the VPU, had led to increased workforce knowledge in terms of knowledge of the overarching aims of violence prevention, the needs of young people and the community, awareness of service provisions and knowledge around support referral pathways and signposting. This had increased workforce confidence in working together to find the most appropriate level of support for individuals, which was seen to encourage communication and referrals between services. However, stakeholders agreed that this could be improved even further.

*“For impact we need to be targeting and informing our planning. Be better informed about what's needed locally rather than just assuming. Understand what's working well and why it's working well means that we can support and invest in the right areas” (S4)*

*“We've got some real good success I think with some of the CMET work that we're doing here, what we're seeing is that actually if we get the right coordination of the work that actually enables all agencies to deliver what they need to do. But it's also about the VPU supporting local operational delivery rather than being the local operational delivery” (S4)*

The CMET panel was identified as an important factor in promoting joint working to reduce risk and increase safety at an individual and community level, which in turn had improved partnerships and communication across the system. It also allowed for a multiagency response within the community to target specific incidents and hotspots for violence. Improving relationships between statutory services and the community also promoted the sharing of intelligence and reporting of crimes. Intelligence allowed South Wales Police to better target resources and operations such as GRIP and Sceptre<sup>5</sup>.

*“Short-term outcomes are to act as a rapid response sort of unit. So if there's instances of violence. For example, a stabbing quite recently in Swansea. The VPU were able to call safety meetings with police in order for partners to come around and see what things are in place to reduce tensions on a community level to make sure that families who may be scared that their children are involved in violence have got somewhere to go. So they are able to support a visible presence in the very short-term” (S9)*

*“We are able to identify networks now much better - criminal networks and exploitation networks. We are identifying much more effectively than we've ever done” (S4)*

Findings from the case studies also evidence wider impacts within the community, through support focusing on community safety and cohesion, such as CMET supporting a coordinated response to

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<sup>5</sup> Operation Sceptre – Police operation tackling knife crime, and associated issues of “serious” violence and illegal drugs. Including targeted operations, engagement and education. GRIP provides visible patrols in hotspot areas experiencing violence

violence. Examples were given in a number of the provider case studies about incidences of violence within the community, specifically around a stabbing of a young person and the Mayhill riot. Following the stabbing, a CMET panel was held immediately to develop an efficient multiagency response; this included a strong presence of support within the community including provision for counselling, and a supportive pathway to report any concerns and intelligence. Following the Mayhill riot, services also came together to meet the demand and need for counselling and trauma support. This united response was seen to send a strong message across communities. Information and awareness raising through education and community events was also seen to break down barriers and to encourage communities to work together. Partnership events in the community with a strong presence from the different providers were also acknowledged as effective.

*“Where communities are working together to be able to be aware of the people who are at risk...I suppose that eventually we would really need a whole culture shift to achieve overall impact. We want to be making it really clear about what's acceptable and unacceptable behaviour in that to be held by community and cultures” (S4)*

*“It's amazing to think about the journey that we've gone through locally and seeing some of that reflected, amazing work from everybody. The power of working together. I think that it is trying to bring that more alive to what it means because we talk about working together. But actually this is giving us some real concrete examples of what that really means in practice” (Workshop)*

*“I think the CMET panel and this approach, if there has been a serious incident, they've been able to call that partnership together within a day of that incident happening and looking at actually which organisations need to be part of the response because they all need to be part of the response” (S18)*

*“We were able to put a lot of support into the community following an incident... That was all in the space of 24 hours that we were able to pull that together, and that's only because of the relationships that we've managed to all of the agencies. And it's not just on us that before those relationships as it's been all of those partners coming together to be able to provide what they could on that day” (S3)*

The VPU interventions that had a collaboration between statutory and community services were seen to make every contact count to provide a prevention and early intervention approach. Stakeholders hoped this would in turn reduce risk and demand on crisis intervention, and statutory services, including the police and health. Working alongside education was also seen to support young people to remain in/or return to education. However, further buy-in from schools was needed to develop this.

*“I think the impact has improved. The impact for the young person, for the local area and the increase in referrals from education, which is massive from schools recognising issues, this hasn't always happened because of a fear of being kind of compared or inspection frameworks not looking favourably upon schools admitting they have a problem with certain issues. But we've really seen that come through, and I think it is because of that whole systems approach” (S18)*

*“...With the VPU behind us we are able to get into more schools, it's more joined up. We're able to work with strategic partners such as St Giles that are also funded by the VPU. So it's just working with the VPU, gives it a bit of gravitas. I'm not necessarily saying the work is different, but the work is definitely more widespread and it has that underpinning of*

*someone like the VPU saying that this is effective work, we endorse it which gives you kudos when you're going into new areas such as Swansea" (S9)*

The improvement in trauma informed working was also seen as improving workforce knowledge and awareness of trauma, which enables professionals to recognise signs and risks. By working alongside VPU-funded interventions colleagues working in health, education and criminal justice sectors were provided with a pathway of appropriate support to utilise, which in turn would reduce demand on these services to provide this support.

*"Hoped outcomes, less violence but also more connections between agencies, so it's much easier to be child centred, child and young person focused. It a whole system approach, so it's far more wraparound. Looking at that whole idea of violence being prevented in the first place, that public health approach of lets go further upstream before people fall in the river kind of approach. This very much links into ACEs and trauma. Those wider connections across agencies, co-production, co-working, having young people involved in the whole process from the beginning and they can almost drive what they want to happen. For those at the further end, understanding that violence isn't a choice often for people, so therefore how can we make it easier for them and support them in their vulnerability" (S19)*

### 3.5 Evidencing system-level impact

The intervention case studies highlight how the organisations collect and monitor programme delivery and outcomes, including wellbeing, family relationships and health. This includes attendance and engagement, changes in attitude and knowledge, and outcomes. The organisations also collect feedback from young people and develop case studies, with some examples presented in this evaluation. The interventions providing longer-term support in the community also have information stored in case files, which are used for internal use and can contribute to internally developed case studies, but not external evaluation reporting. Each of the intervention providers also submit their quarterly reports to the VPU which are used to feedback performance indicators to the Home Office.

*"One of things that we're looking at then is where our hotspot areas are, where those worries are, other things that we use is data to inform us of any other trend. So are there age groups who are particularly vulnerable? Are there areas like school clusters and things like that that are particularly vulnerable for us? Are they demographics of people? The other bit that we're looking at is then how long young people are subject to any protocols that they may be on and what the outcome of those are" (S4)*

It was acknowledged that evaluation is key to evidencing the impact across Swansea, both in terms of sustainability of services, as well as demonstrating best practice and learning across Wales. An example of this was the evidence base for the hospital intervention in Cardiff, which enabled the service to be rolled out and used within a hospital setting in Swansea. A number of the interventions were also subject to separate external evaluations at a Swansea, all of Wales and national level. However, it was also acknowledged that community and local support should be taken into account and should be considered when a formal evidence base is not available, recognising that there is still impact if it is making a difference in the community.

*"There is a need to look at different hotspot issues around domestic abuse and you know even with the A&E data and the police data you could definitely get an idea, and school-based assaults. This can link into strategic health needs assessments. Bringing that public health data in" (S19)*

Separately to the delivered interventions, external data can be used to inform the system impact of the VPU-funded violence prevention activity across Swansea. For example, A&E attendances, police data and Trauma and Injury Intelligence Group (TIIG) data. It is anticipated that these wider data sets, alongside a range of other data from across Swansea, will be incorporated into the VPU intelligence hub to monitor and evidence trends to further understand reach and impact. It was acknowledged that it was difficult to interpret findings from current data due to the impact of the pandemic. This public health intelligence currently sits separately to the intervention data and analyses do not explore the data in relation to one another. Stakeholders noted the importance of understanding data and how it can be used to demonstrate system impact. The potential to use CMET intelligence as a more formal output was also acknowledged.

Stakeholders recognised the importance of evidencing impact and utilising data and intelligence more effectively to support this. It was agreed that understanding data would support Swansea to better evidence wider impact across the system. For example, one stakeholder discussed how data was showing promising impact in terms of the improvement of data quality. This was recognised as a potential by-product of the NHS VPT that credits the VPT nurse's presence within A&E, the awareness raising among the hospital workforce, and the staff querying data recording, potentially impacting on recording. For example, an A&E attendance may not necessarily be recorded as an assault at the triage assessment. However, the NHS VPT carried out an exercise by going through case notes where an injury may have been identified as an assault in further conversations during the A&E attendance. This, combined with the trauma informed approach of asking why the injury occurred, may have led to improved quality in A&E reporting. This could lead to more accurate intelligence which can be fed into the Trauma and Injury Intelligence Group (TIIG) to better reflect violence related injury across Swansea. This was an impact not considered when capturing impact of this intervention.

*“We are seeing changes in A&E data, there is more of an understanding between professionals and those recording the data as to the importance of the data. So it's coming back better, more complete. It's having those connections in Swansea with the hospital intervention. They are really motivated and I think a lot of that is because of the nurses coming into where they are in A&E. So looking at more engagement with professionals on the ground, A&E reception staff etc. and that data coming back more complete. So there's some of that around that education, understanding. So there are other things to look at in the data to see whether the interventions are having an impact” (S19)*

*“We are looking at data and there are areas where we are looking at impact and with changes. So the data might not be showing that violence has reduced, but for example we are seeing more reporting and recordings, it's hard to know what actually came first. It took a while for us to highlight to the Home Office, well you might see an increase if we are doing our job properly and well enough, you might see what looks like an increase in crime to start with rather than a fall” (S19)*

*“Understanding the problem as part of the whole system, it's that understanding where we are at to know where we want to go” (S19)*

Barriers were highlighted in terms of ensuring data is captured effectively and partners recognise the importance in collecting data, including data quality, to evidence impact and support sustainability of interventions. Issues highlighted within the Teachable Moments data have flagged the potential for data to be incorrectly monitored and not truly reflective of the work undertaken. An example was provided for a data gathering exercise carried out by Swansea Council which created change in the system. The stakeholder recognised the importance of having passionate members of staff who understand the importance of data to drive work like this forward, noting how other areas could learn



from this work. A number of stakeholders also recognised the need for additional support, potentially from the VPU, to support a centralised system that brings all information and intelligence together.

*“The staff member was very data-driven, they brought a huge number of partners together in Swansea local authority area. It was really interesting to see how it can happen. It seems to have really got stuck in other areas. They included CMET and the contextual safeguarding, VPU level data and they already had exclusion data, education data, youth offending service data. That was already there and connected. So the idea would be to emulate what they have done and work alongside their data sets. This data is not easy to get hold off, but the staff member knew someone in every area and was able to get that information at a very local Swansea” (S19)*

Stakeholders acknowledged the difficulty in evidencing impact. The work spent building trust, establishing relationships, and breaking down barriers with young people before they formally engage with a service is often not evidenced and difficult to quantify. A considerable amount of time and effort can be invested during this time. Acknowledging that engaging in the first place can be considered an outcome for some. The work carried out during periods of disengagement to support young people to re-engage was also recognised as difficult to formally capture. Engagement with key stakeholders also identified difficulties in measuring changes in weapon carrying, prevention interventions and trauma informed working. Stakeholders recognised the need to have a performance framework in from the beginning of implementation, but how sometimes interventions needed to be running for a specific time period before a true understanding of the outcomes could be seen.

*“It is really, really difficult. It's the only way I can evidence it is about the change in their understanding of like they're the questions, the knowledge they gained and sort of stuff like that” (S14)*

*“It's really tough to measure the impact because it's not like you haven't got your set standards as you would with a young person. And sometimes the things that you think would be showing that there's actual good progress, it would be the opposite. So for example, if there's more calls to the ambulance service or if there's more calls to the police, well actually that just demonstrates that we've raised the awareness in that area” (S3)*

The stakeholders also noted how context is needed when exploring outcomes data, especially in terms of quantitative outcomes. For example, a stakeholder gave an example of the Home Office recognising reduced A&E attendances and reduced violence related injury as a positive outcome. However, the services across Swansea are working towards encouraging individuals to seek help; to go to A&E if injured, to be honest about how the injury occurred, and to report crimes to the police. This would cause reporting to increase in the first instance before it decreases. This was also highlighted for children's services involvement. This highlights how crucial it is to not view increased A&E attendances as a negative outcome.

*“Home Office saw an increase in involvement of statutory services as a negative, but that could be seen as a positive because you're getting referrals being made to statutory services. It's also supportive. They may see children's services involvement as negative, but actually sometimes it's for the better and they don't seem to understand that context around it, it's really important rather than just numbers” (S18)*

*“Different professionals interpret data differently, e.g., police had interpreted something as negative, but it was positive looking at it through a public health lens. For example, they want to see a decrease in youth violence, but if you've got more officers out on the beat in the area, in the hotspot areas, you're also likely to get more reporting, which is what we've*

*seen. So it's trying to interpret the data in a way that 1) makes sense. 2) doesn't scare too many people or too many agencies away from knowing if this is a good or a bad thing"*  
(S19)

The quarterly VPU forms had been adapted to include further information beyond the Home Office performance indicators, collecting qualitative information and taking case studies into account in order to evidence distance travelled and to showcase the narratives and stories of young people. It was generally agreed that despite the adaptations, these forms do not always reflect the true nature of the interventions and that they could benefit from being adapted even further to include tailored indicators for VPU-funded interventions whilst still consistently collecting data across all of the system. It was agreed that the VPU could better capture and utilise outcomes data to evidence impact by including and incorporating an outcomes framework at the very beginning stages of commissioning an intervention as well as consistently in later stages, such as throughout the intervention's delivery. Capturing feelings of safety was also thought to be an important measure to include in such forms. Similarly, intervention providers were also keen to have forms collect evidence on softer outcomes, specifically around outcomes that are meaningful for the individuals that they work with. Providers have also stressed the importance of including case studies in such forms in order to enable better reflections on a young person's journey.

*"I think we need reporting mechanisms looking at our impact and performance and coming up with success measures and outcomes. I don't think we're measuring the impact as robustly as we could"* (S18)

### 3.6 Future planning and sustainability for violence prevention in Swansea

The stakeholders participating in the evaluation discussed sustainability in terms of outcomes, intervention delivery, and the public health violence prevention approach across Swansea. It was seen as important that interventions were able to function without ongoing VPU funding in the long-term, and it was important for partners to take responsibility moving forward. Stakeholders discussed the benefit of services that are already established, meaning that the VPU funding provided added value. This allowed them to expand to create additional resource and capacity which in turn has increased their reach to engage with more professionals, young people, families and communities.

*"MAC - With the way they work and as you say, what they've got, all that sort of added value because of the wider service and everything that they offer, but they seem a lot more ingrained in the other interventions. And that they know if they kind of raise this is an issue or a concern that there's kind of a partnership there to help them respond to that and took who best fits as part of that response"* (S18)

The good communication and partnership working that had been developed from the VPU funding that had brought services together, created referral pathways and had allowed for ongoing partnership working. One stakeholder believed that discussions around the impact and outcomes framework would open up conversations about what is expected from partners from a commissioning point of view. It was also agreed that the model provides the opportunity to work closely with the Office for the Police and Crime Commissioner (OPCC), Local Authority Contextual Safeguarding and the potential for work with the Community Safety Partnership, to further develop and align strategies to increase community cohesion and safety. This was seen as particularly important in relation to the introduction of the Serious Violence Duty.

All intervention providers believe that they would not be in a position to continue the current full intervention delivery without the VPU funding. This was seen as an especially difficult challenge for charity organisations. One stakeholder felt that without the funding from the VPU, there would be increased harm and risk to young people. Stakeholders also raised concerns about the ongoing recovery from the Covid-19 pandemic and the current cost of living crisis. As a result, the VPU and its allocated funds were seen as playing an important role in helping partners across Swansea navigate the current economic climate.

*“As we are a charity, if the funding was to stop then the work would stop” (S10)*

To ensure sustainability for the overarching model, stakeholders identified that partnerships require continuous effort and development in order to keep up with evolving crime techniques. For example, changes in crime techniques have been observed since the Covid-19 pandemic. The service providers made a number of recommendations around longer-term funding, VPU feedback for frontline staff, VPU support for evidencing impact and VPU support (with national backing) to engage other sectors and continue delivery in the long-term. One stakeholder highlighted how longer-term funding is pivotal in ensuring that long-term societal change can be achieved.

*“What I do think is problematic is short-term funding for this work. So actually this isn't a problem that's going to be fixed by just throwing money at it. Actually, this is a societal change... There's something more than just being able to put a bit of money into a project that lasts for 12 months, something that isn't really meaningful. What we want is generational impact, isn't it, really? But Home Office money in short periods of time is not that helpful. It needs an actual proper long-term strategic investment” (S4)*

Ongoing membership at CMET was also seen as essential in bringing partners together for a united approach beyond funding from the VRU. It was recommended that learning from Swansea should be used and applied in other areas of Wales. Examples were given around the best practice of the contextual safeguarding team and CMET panel, in developing a true collaborative approach. Stakeholders agreed that having the support of the Welsh Government would support the implementation in other areas.

*“Swansea Council and CMET has been a massive support, now we're thinking how we shape those services locally and how they should be embedded in that partnership structure” (S18)*

*“You see in meetings with partners where they're bringing people from Swansea to share that learning which is fantastic because it means that they're ahead of the game and have that learning. The CMET model and the contextual safeguarding approaches, is a no brainer. It's fantastic. It's brought so many people together, so the more we can learn from things like this the better” (Workshop)*

*“The reflection on the positive work completed is outstanding. Partners working together has shown how it has impacted the young people and the community. It has been insightful to see the data together and it shows how it has been working. Even with facing barriers, partners are continuing to overcome and adapt for a better outcome. It shows that services are adapting to suit the need of the area” (Workshop)*





## 4. Understanding the outcomes of an effective violence prevention system in Swansea

To further understand the role of the violence prevention system in Swansea, the findings from the evaluation have been used to develop a logic model. Developing a programme theory is key to evaluating complex interventions (Skivington et al, 2021) and this logic model provides an understanding about how and why we expect the Swansea VPU violence prevention activities to lead to these short, medium and longer-term outcomes. This logic model also includes information about the broader context in which the interventions are delivered, the mechanisms of the change, and the enabling and external factors.

### 4.1 Swansea Logic Model

Key stakeholders	Key Programmes/ Approaches and Activities	Outputs	Outcomes		
			Short-term	Medium-term	Long-term
Communities (e.g., young people, families, the public, survivors of violence)  Police  Academic partners  Health Boards  Youth Justice Services  Crimestoppers  Public Service Boards  The media	<p><b>Contextual Safeguarding (including CMET [Contextual, Missing, Exploited and Trafficked] and VPU-funded Early Intervention and Prevention Coordinator)</b> - multiagency response to recognising and responding to the individual needs of young people. Providing, or facilitating access to specialist support services in relation to vulnerabilities such as substance misuse, mental health, homelessness, and violence. It also focuses on identified hotspot locations across Swansea and peer groups, providing targeted detached and outreach activity.</p> <p><b>Criminal Justice approaches</b> - Police Custody intervention - Media Academy Cymru caseworkers deliver motivational interviewing to children and young people in police custody and provide follow-up support.</p>	<p><i>Case studies/local assessments</i> of impact - collected by individual programmes/approaches</p> <p><i>Quarterly data returns to VRU (via proforma)</i> that collect and look at project activity and outcomes and risks and learning.</p> <p>- a summary of activity undertaken by the service incl. activity delivered during the quarter and multiagency work that has taken place</p> <p>- the main types of needs of individuals engaging with the service</p> <p>- number of referrals received and referral source (including a breakdown of referrals accepted, referrals</p>	<p><b>INDIVIDUAL/COMMUNITY</b></p> <p>Increased feelings of safety</p> <p>Increased awareness and understanding (through education) of the risks and consequences of violence perpetration</p> <p>A positive change in the thinking and attitudes of children and young people (through increased knowledge and awareness)</p> <p>Increased feelings of empowerment to prevent violence through community-based programmes</p> <p>Increased support for survivors of violence</p> <p>Improved attendance at school</p>	<p><b>INDIVIDUAL/COMMUNITY</b></p> <p>Building safer environments for communities</p> <p>People at risk of violence receive early intervention (e.g., families, children, siblings)</p> <p>Improved/enhanced family and interpersonal relationships</p> <p>Improved mental health and wellbeing</p> <p>Increased confidence to speak up about violence</p> <p>Reduced drug use/ dependency upon drugs</p> <p>Reduced presentation at A&amp;E</p> <p>Bystanders are empowered to safely intervene</p>	<p><b>INDIVIDUAL/COMMUNITY</b></p> <p>Successful rehabilitation</p> <p>Reduction in the generational cycles of violence</p> <p>Reduction in re-offending</p> <p>Reduction in violence-related injuries</p> <p>Improved criminal justice outcomes</p> <p>Improved health outcomes associated with wider determinants</p> <p>Reduced stigma around families affected by someone</p>

Police and Crime Commissioners	<p>- <i>GRIP programme</i> - funded to enable roll-out of ‘hotspot’ policing, with an emphasis on taking control of violence through a forensic focus on the specific streets and neighbourhoods that are most affected.</p> <p>- <i>Operation Sceptre</i> – tackling knife crime, and associated issues of violence and illegal drugs. Including targeted operations and engagement and education to reassure young people they are safer not carrying knives.</p> <p><b>Wales Police Schools Programme (WPSP)</b> - schools have a dedicated school community police officer (SCPO) who delivers a series of lessons, crime prevention inputs and supportive school policing initiatives, as well as addressing any policing issues within the school.</p> <p><b>St Giles Trust</b> – early intervention and prevention work with young people at a ‘teachable moment’. Working with young people identified as ‘at-risk’ of violence involvement, to engage them in intensive, tailored support.</p> <p><b>Fearless, Crimestoppers</b> - dedicated caseworkers target identified violence hotspot areas in Swansea. Sessions are delivered to young people within education and community settings. Training for professionals to equip them in</p>	<p>declined and reasons why)</p> <p>- number of referrals made to specialist support services, including details of support provided in relation to accommodation/finances /education/employment/ health/drug and alcohol use/criminal justice information</p> <p>- number of individuals supported who are 24 years and under and 25 and over</p> <p>- changes (outcomes) that have been delivered to the people who have used it - evidenced through short case study narratives</p> <p>- risks or issues identified in relation to this service</p> <p>- summary of key learning during the quarter</p>	<p>Improved peer relationships</p> <p>Developing confidence in and relationships of trust with professionals</p> <p>Children and young people are empowered to make informed decisions and feel positive about the future</p> <p>Increased awareness of how to identify those who are or may be at risk</p> <p>Increased awareness of how to support these individuals in a safe way</p> <p>Increased sense of community</p> <p>Improved wellbeing</p> <p>Increased reporting of violent crime (e.g., knife crime, domestic violence)</p> <p>Increased visibility of children and young people</p>	<p>Improved education outcomes – attainment</p> <p>Children and young people understand and know where to get help if they are involved in criminal activity and violence</p> <p>Increased awareness within communities about where to access help/support and how to safeguard young people</p> <p>Increased early identification of vulnerable children and young people so they can receive support to prevent involvement in violence or drug-related crime</p>	<p>involved with the criminal justice system</p> <p>Reduction in ACEs experienced by children and young people</p>
Public Health Wales					
Home Office					
Her Majesty’s Prison and Probation Service					
Welsh Government					
Third sector organisations					
Local Authorities, including Community Safety Partnerships, Education, and Social Care Services					

	<p>identifying and responding to signs and disclosures.</p> <p><b>Braver Choices, Media Academy Cymru</b> – community knife crime project to ensure children in Swansea who are using or on the periphery of using knives and wider weapons are fast tracked to bespoke, strengths-based interventions and support.</p> <p><b>NHS Violence Prevention Team</b> - working within a hospital accident and emergency department to identify and respond to patients with violence-related injuries and to provide intensive community-based support from a caseworker in order to divert them away from violence.</p>		<p>greater understanding of the needs of their communities</p> <p>Increased understanding of service delivery across organisations</p> <p>A move to improve alignment and consistency of communication across services/organisations</p> <p>Improved awareness and understanding of trauma informed approaches to violence prevention</p> <p>An improved understanding of the data</p> <p>Increased analytical capabilities within services/organisations</p> <p>Increased ability to provide both early intervention and prevention support as well as reactive responses to situations that are occurring within local communities</p> <p>A reduction in the number of people carrying knives</p> <p>Increase in safeguarding</p> <p>Increased engagement with the most vulnerable people in communities</p>	<p>Increased ability to respond to the underlying causes of violence rather than the behaviour/crime</p> <p>An improved understanding of the level of all forms of violence including 'hidden harm'</p> <p>Reduction in hidden harm</p> <p>Reduction in the vulnerabilities which increase the risk of involvement with violence</p> <p>Overall increased access to support for vulnerable, at risk groups</p> <p>Reduction in peaks of violent crimes</p> <p>Reduction in number of first-time offenders entering the criminal justice system</p> <p>Schools have a greater confidence to respond to violence and knife crime in school</p>	<p>Reduced financial cost of violence across services</p> <p>Reduction in all forms of violence</p> <p>Reduced health inequalities/closing the gap in health inequalities</p> <p>Increase in economic productivity</p> <p>Service delivery is informed by service user voice (children and young people)</p> <p>Preventing harm</p>
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The framework for evaluating complex interventions has been applied to the findings from this study in order to understand how the VPU is contributing to systems change across Swansea.

### *To what extent does or could the intervention produce the intended outcomes?*

Evaluation findings evidence the extent that VRU-funded violence prevention activities lead to intended outcomes. The VRU enabled invested resource to develop pathways, facilitate professional relationships, and partnerships. This has led to improved partnership working, improved information sharing, and increased workforce knowledge and trauma informed practice across the violence prevention system. This enabled the development of pathways of support to identify at-risk young people and move them into appropriate support across the system.

The Swansea VPU model to violence prevention and the funded interventions and approaches aim to reduce the risk of involvement in violence and the associated harms of violence among children and young people. The interventions all focus on supporting young people through either preventing them from becoming involved in violence, either as a victim or perpetrator (or both), or to reduce the risk for young people who are vulnerable or those who have already experienced violence and/or violence among children and young people. The interventions aimed to promote resilience and positive wellbeing and promote citizenship and community cohesion.

This is being achieved through enabling young people to understand the implications of their actions, to make informed choices, to know how and where to report crimes and to ask for help or seek support. The interventions help young people to break down barriers and reduce stigma, to enable access to support, and to build safe and trusted relationships that enable engagement with services. Feedback from service providers and the young people who participated in the evaluation included young people having increased knowledge and awareness of risks, developing alternative coping strategies and improved health and wellbeing. This included increased resilience and improved self-esteem and confidence. Engaging with intervention activities also provided a structure and routine, and an opportunity for young people to develop skills to help them succeed in flourishing and improving their lives. There were also reports of wider impact in terms of the young peoples' improved relationships with friends and family and reduced incidents of violence. Stakeholders hoped that support from the interventions would lead to further reduced incidences of violence, with young people feeling part of and safer in their communities.

### *What works in which circumstances?*

Findings highlighted the importance of utilising a trauma informed approach across violence prevention activities. Partners described the risk factors and experiences that young people engaged with their services had experienced, including Adverse Childhood Experiences (ACEs), neurodiversity, and poor mental health. They also highlighted that many young people were disengaged from school, highlighting the critical role of education in building protective factors and recognising risk factors. Barriers for families engaging with services were reported due to being overwhelmed by being involved with multiple organisations and previous negative experiences of support which had resulted in mistrust and lack of parental engagement. This highlights the necessity of services working together to provide accessible, wraparound, whole family support. Having experienced and skilled staff was seen as key to this, ensuring that they could look beyond the presenting behaviour/incident to build trust, advocate for young people and make every contact count.

Barriers to delivery for intervention providers included recruitment delays which impacted on implementation of interventions, the short-term nature of funding which created job insecurity for staff, and working with limited resources and capacity in an environment with increasing and complex needs of young people and increasing demands on the support system. The impact of the Covid-19

pandemic was seen to have increased these complexities and service demand, with gaps in mental health provision, both at an early intervention level and at crisis point. Stakeholders highlighted the importance of understanding the level of work and resource required to effectively support communities. Examples were also provided for communication and information sharing barriers, and the commitment required to reduce duplication, silo working and to promote the awareness and benefits of interventions.

Barriers were highlighted in terms of ensuring data is captured effectively and partners recognise the importance in collecting data, including data quality, to evidence impact and support the sustainability of interventions. There was a recognised the need for additional support, potentially from the VPU to support a centralised system to bring all information and intelligence together. The Home Office performance indicators reports for VRU-funded activities were limited in reflecting the true nature of the interventions and they would benefit from being adapted further and tailored for the VPU-funded interventions.

### *How does the system and intervention adapt to one another?*

A study explored published evidence on using public health whole system approaches and concluded that programmes that adopt the ten key 'whole system' features are more likely to be successful than programmes that do not [2]. These features include 1) identifying a system, 2) capacity building, 3) creativity and innovation, 4) relationships, 5) engagement, 6) communication, 7) embedded action and policies, 8) robust and sustainable, 9) facilitative leadership, and 10) monitoring and evaluation [1].

Findings from the Swansea case study support these whole system principles and evidence how the VPU ensured supportive leadership to develop relationships, engage stakeholders, and build relationships and trust with communities. The model of commissioning and delivery contributes to the wider overarching aims of reducing violence and associated harms among children and young people in order to create safer communities across Wales.

Funding from the VPU invested additional resource into violence prevention services across Swansea, allowing them to build on capacity and roll out additional interventions to provide further reach across Swansea. The VPU was seen to support organisations to come together on a more formal basis, through jointly commissioned activities. The VPU was described as bringing services and colleagues together to develop networks and build relationships to work in partnership. There was a clear, shared vision amongst partners for using a coordinated public health approach to violence prevention. The multiagency working and buy-in from partners was seen as key to this united approach. Examples were provided for co-location and development of referral pathways which had promoted joint working, awareness of services and awareness of barriers faced by young people and individuals with complex needs. Partners reported having good awareness of the VPU-funded violence prevention activities, as well as wider support services across Swansea. However, findings did suggest that there could still be a wider lack of understanding of what services are provided, and that the partnership would benefit from stronger input from both education and mental health providers.

The role of the Contextual, Missing, Exploited and Trafficked Team (CMET) was seen as key to effective multiagency working across Swansea, providing an opportunity to bring key operational and strategic partners together to share information and make joint decisions for an immediate and coordinated response. The CMET team were seen as pivotal in supporting collaborative working, engaging the voluntary sector and breaking down barriers to prevent the criminalisation of young people.

The funding from the VPU increased capacity within services meaning they had a wider reach to engage with more professionals and young people. Examples were provided for improvements in

professional knowledge and understanding, including increased trauma informed practice. Improved partnership working and pathways further increased reach with the development and awareness of accessible pathways to support (including more appropriate use of pathways). There were also reports of improved information sharing and reporting which meant that resources and responses could be better targeted.

Whilst the service providers existed before working with the VPU, evaluation findings demonstrate that without the VPU's funding and support to establish and maintain pathways of support, these outcomes across the system would not have been achieved. Considering sustainability of the service offer, partners highlighted that without continued and long-term funding, providers would not have had the same reach to support young people and their families. This was flagged as a concern given the rising complexities experienced by communities and the increased demand on the system. Evaluation findings highlight that effective partnership working supports a sustainable approach for violence prevention across Swansea. Examples of best practice from the Swansea case study provide important learning for other areas across Wales. It was also agreed that the model provides the opportunity to work closely with the Office for the Police and Crime Commissioner (OPCC), Local Authority Contextual Safeguarding and the Community Safety Partnership, to further develop and align strategies to increase community cohesion and safety. This was seen as particularly important in relation to the introduction of the Serious Violence Duty.

## 4.2 Recommendations for partnership working across the system

- The VPU could work with the Universal Prevention providers to ensure an improved buy-in from education and schools across Swansea. This may need government support to mobilise engagement.
- Good practice examples highlight partnership working between statutory and voluntary services within the VPU-funded activities. This should be expanded wider across the voluntary sector to better engage communities. Learning from the Contextual Safeguarding team could be used here.
- The Swansea interventions provide good examples of partnership working to build capacity across the system in terms of trauma informed working. This could be linked in to wider ACE and trauma informed approach training across the workforce.
- The interventions all include input at a strategic and operational level which is important for effective delivery, with frontline operational work informing strategic decisions. The VPU should consider how they can engage more informally with frontline staff for a two-way feedback process.
- Findings highlight a gap in delivery for mental health support provision (at both early intervention and crisis point) and representation at a partnership level. If not already, mental health colleagues from the wider health and social care system should be invited to the CMET panel and the VPU could explore building a mental health support pathway into a future VPU-funded intervention.
- Key partners and the VPU could work together to develop a youth friendly communications strategy. Stakeholders suggested the focus could move away from knife carrying and focus on using shared language and good news stories.
- Where possible, longer-term funding would allow for less disruption to service delivery for the workforce and service users, it also allows for longer-term evaluation to truly understand the impact of interventions. Violence prevention services should work alongside the VPU to develop a business case and sustainable model beyond VPU funding.



- Partnership buy-in is key for collaborative working. Interventions involving different organisations need to include all key partners involved from the beginning to inform the planning and implementation. This will contribute to shared ownership and responsibility. The multiagency membership of the VPU can mobilise services to share responsibilities.
- The CMET panel membership includes key stakeholders involved in the VPU and wider violence prevention activity across Swansea. This should continue to run, with regular review of membership to ensure all partners and sectors are involved. If not already, public health should be invited, and the VPU could work with colleagues from education to identify the best-placed colleague to attend these meetings.
- Intelligence used for CMET could be officially recorded to produce more formalised outputs including intelligence-led recommendations to inform direction of resources across the system. Additional resource and capacity would be required to support this. The VPU could work alongside Swansea Council to explore the feasibility of this.
- The work carried out by the contextual safeguarding team is unique and supports a trauma informed approach to safeguarding. Swansea could use learning to showcase this work as best practice and learning for other areas across Wales.

### 4.3 Recommendations for evidencing impact across the system

- In year one of VPU delivery, the VPU and LJMU developed an evaluation toolkit to support the VPU and VPU-funded providers to better evidence the impact of the violence prevention activities across Wales. The toolkit could be used more widely to support consistent evaluation. The VPU partners could work together to further develop a standardised outcomes framework for the Swansea VPU violence prevention model. It is recommended that a core part of this framework is consistent across services to evidence the whole system impact. However, this framework should also allow for autonomy for adaptations for different interventions. This should include softer outcomes and tailored goals based on the individual needs and goals for clients.
- Data mapping and quality assurance exercises may be useful for individual interventions. This would help ensure that the appropriate data is collected to reflect the delivery and impact of that delivery.
- Outcomes data for A&E attendances and crime reports etc. should be presented with narrative to demonstrate short-term impact and avoid misinterpretation.
- Intervention data could be explored alongside broader data sets included within the Wales Violence Prevention Portal to track potential impact across the wider system (for example TIIG data). Training for professionals around data intelligence may be helpful for colleagues to understand the broader picture and how outcomes data can influence action.
- Anonymised case studies should continue to be developed across interventions in standard template for use within evaluation (both internally and externally) to evidence impact of services. Consent from service users should be gained before use within the public domain.
- The evaluation highlights a best practice data exercise undertaken by Swansea Council. This data collation exercise could be expanded and incorporated routinely to bring together data across the system, however, additional resource and capacity would be needed to support this. The VPU and Swansea Council could work collaboratively to ensure the most appropriate intelligence is gathered from across the wider system.
- The majority of interventions are subject to local and national evaluation. It would be useful for evaluation partners to come together to form an evaluation advisory group to (where

allowed) share findings and align recruitment methods to ensure services and service users are not over researched or that too much is asked of them.

- Feedback from young people highlights the importance of the inclusion of service user voice within design, implementation, delivery, and evaluation of interventions. Service providers and evaluators should continue to keep service user voice at the heart of intervention design and delivery, where possible incorporating co-production. This should be a key focus for final year evaluations of VPU-funded activities to better understand the legacy of the VPU and in developing a sustainability plan.

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## 5. Appendices

**Table 1: Mapping of the framework for evaluating complex interventions [16]**

<b>Research framework element</b>	<b>Details</b>	<b>How this element has been addressed within the current evaluation</b>
<b>Context</b>	Understanding the wider contextual factors that may influence the evaluation in relation to influences on either the ‘intervention’ or the ‘study processes’. Contextual factors that could influence the intervention include the adoption, reach and maintenance of the intervention, along with key factors that may determine whether or not evaluation findings could be replicated if implemented across different settings.	Collected as part of the process evaluation.
<b>Programme theory</b>	Considering whether the programme theory has changed from the development phase and if so, what aspects of the wider system have influenced the desired outcomes. This element also recommends exploring the key functions and components of the intervention that need to be preserved to maximise impact.	Including measurement/ consideration of the outcomes from the wider VPU logic model within this evaluation and using the evaluation findings to refine the programme theory.
<b>Stakeholder engagement</b>	Involving those people targeted by the intervention, involved in the development or delivery, or who have a professional interest in the intervention. This includes services users, members of the public and anyone linked in a professional capacity. Areas to explore through this engagement include stakeholder perspectives on how hotspot areas are identified and targeted for intervention.	Via qualitative evaluation methods as part of both the process and impact evaluation.
<b>Identifying key uncertainties</b>	Identifying the gaps that exist given what is already known and what the programme theory, stakeholders and research team identify as being a priority for evaluation. This informs the framing of the research questions.	Informed by the evaluation priorities set out by the VPU and further developed through qualitative research.
<b>Refining the intervention</b>	Making recommendations to change the intervention in line with the evaluation findings. Here, the ability, feasibility and acceptability of making changes must be considered throughout the process of the intervention, to ensure that any recommendations to fine tune delivery are appropriate.	Recommendations, based on evaluation findings, will be developed collaboratively with the VPU Evaluation Steering Group.
<b>Economic considerations</b>	Considering the resources required to deliver the intervention with reference to the resources required. Whilst a full economic evaluation may not always be possible, this could include consideration of the consequence of the intervention for people and organisations affected and whether the outcomes justify the inputs.	Whilst an economic assessment of the VPU is beyond the scope of the current evaluation, stakeholder engagement will explore service provider capacity, resource inputs and demand.

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