# A Public Health Approach to Violence Reduction in Lincolnshire: A Strategic Needs Assessment

**Executive Summary** 

April 2022







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# **Foreword**

I have delivered £3m of funding which will transform the way we tackle violence and associated crimes in Lincolnshire. By working with policing, health, local government, organisations, and community groups, my office is leading on preventing and tackling violence and harm in our communities.

This needs assessment sets the foundation for a Violence Reduction Programme for Lincolnshire, in the mould of Violence Reduction Units and Networks across the country, and in anticipation of the Serious Violence Duty expected from the Government in the coming year.

The Violence Reduction Programme will provide strategic leadership to multi-agency collaboration, develop a programme of prevention and early intervention to address the key drivers of violence in our communities, and improve data sharing and the use of intelligence for better use of resources and better outcomes.

I am pleased to present this needs assessment to continue this essential work.

Marc Jones, Police and Crime Commissioner, Lincolnshire



Lincolnshire County Council and Public Health are fully supportive of the PCC and Police commitment to a public health population prevention approach to preventing and reducing violence in our communities.

We are pleased to contribute to the needs assessment, which begins to look at the profile of the problem of violence as it affects our communities and present the evidence of what works best to address it.

We know that exposure to violence, especially as a child, makes individuals more likely to be involved in violence in later life.

Taking a place-based view across the life course means that children and their families will be supported against involvement in and victimisation from serious violence

A whole-system, multi-agency approach across our county is essential to success in preventing and reducing violence. We hope all partners will find this needs assessment a valuable tool for this purpose.

Derek Ward, Director of Public Health & Visiting Professor of Public Health



# **Overview**

- There were 2209 serious violence offences in Lincolnshire in 2021. This is up 13% over the previous 12 months (January to December 2020). Lincolnshire is ranked 25th in the country in terms of the lowest number of violence against the person (VATP) offences per 1000 residents. Lincolnshire residents have a 3% chance of being a victim of violent crime.
- Violence has long-lasting, damaging impacts on physical and emotional health. Exposure to violence, especially as a child, makes individuals more likely to be involved in violence in later life.
- Violence shows one of the strongest inequalities gradients, with emergency hospital admission rates for violence being around five times higher in the most deprived communities than in the most affluent.
- Violence prevention is a critical element in tackling other public health issues. Violence impacts on mental wellbeing and quality of life, prevents people using outdoor space and public transport, and undermines community cohesion.
- Taking a multi-agency partnership approach across the county can prevent and reduce violence.

- Building on community partnership structures, with multi-agency input into them, is essential for successful violence prevention.
- Targeting appropriate interventions throughout the life course can reduce individuals' likelihood of being involved in violence, lower the chances of repeat violence, and ensure that those affected by violence get effective support.
- A wide range of evidence-based interventions are available. Programmes that support parents and families, develop life and emotional management skills in children, work with high-risk youth, and reduce the availability and misuse of alcohol are some proven effective interventions for reducing violence.
- Data on violence have become increasingly available from health services, police, other routine sources, and a variety of surveys, but improvements in data sharing are needed. Data identify individual and community level risk and protective factors. This data can be used to target interventions at those most at risk, as well as monitor progress. Better use of data sharing agreements means more effective, targeted use of resources.

# A public health approach to violence

The Police and Crime Commissioner has set out a priority to establish a Violence Reduction Programme, with a £3m commitment. It will include:

- Working with policing, health, local government, organisations and community groups to develop a public health, place-based programme of early intervention and prevention to address violent crime and the drivers of criminality and vulnerability
- Providing strategic leadership and co-ordination of multi-agency collaboration locally and regionally
- Sharing anonymised, aggregated data and intelligence to inform a Strategic Needs Assessment, identifying the drivers of serious violence and the cohorts of people most affected
- Commissioning interventions based on the findings of the Needs Assessment and learning from nationally funded Violence Reduction Units about 'what works'.

A public health, place-based, whole system approach for violence prevention involves:

- **Defining the problem:** Using local data that shows the types of violence that are most prevalent and impactful in Lincolnshire, who commits and is a victim of it, and where it occurs, a violence reduction partnership must agree the definition and scope of violence for the purposes of a Violence Reduction Programme for Lincolnshire.
- Reviewing risk and protective factors: The goal of violence prevention is to decrease risk factors and increase protective factors.
- Developing and evaluating a strategy: A needs assessment based on data and an evidence review of what works will inform a strategy with evaluation built in from the start.
- **Disseminating and implementing the strategy:** As the strategy and its interventions demonstrate their effectiveness, this supports commissioning and implementation efforts to broaden its reach.

# What is a public health approach to violence?

Examining the data is essential to be able to build a violence reduction programme that is targeted, effective, and efficient by answering the following questions:

- Who does violence effect?
- What types of violence effect which people most?
- When and where does violence happen?
- Is this different for different kinds of violence?
- How and why does violence happen?
- What leads to violence?

A programme for violence reduction can be developed based on a review of the evidence of what works to tackle the priorities identified by the data, a description of possible interventions to address issues that require further investment, and taking stock of activity currently being delivered in the county.

Interventions can address primary, secondary, or tertiary prevention in line with what the data indicate should be priorities for the county.

### 1. Primary prevention

Primary prevention works to stop violence before it starts. It is often the hardest to show that it has worked, because we can't measure what hasn't happened. It is also the hardest get funding for, for the same reason.

### 2. Secondary prevention

Secondary prevention is the same thing as early intervention. It aims to provide support when violent behaviour or some of the causes of it first becomes evident, in order to stop it from becoming established.

### 3. Tertiary prevention

Tertiary prevention provides ways out for people already involved in violent crime.

### 4. Criminal justice and enforcement

The system holds people account for their actions.

### 5. Attitudinal

Programmes aim to shift cultural and societal norms around violence.

# 5 elements to a public health approach to reducing violence

### 1. Population

 Understand the characteristics and needs of the whole population

### 2. Prevention

- Universal interventions target the whole population
- Targeted interventions are specific to groups or areas based on what data tells us about needs
- Includes investment in communities, young people, services, families, and support systems.

### 3. Partnership

 Effective prevention and early interventions require agencies working together across the system and across the county.

### 4. Causes of causes

- Social determinants of violence are the same as those of health
- Includes housing, education, employment, social connections, poverty
- Adverse Childhood Experiences and trauma in childhood can impact development and have lasting consequences around violence into adulthood.

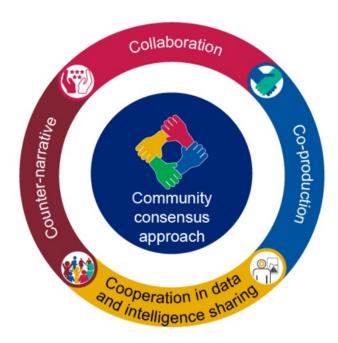
### 5. Data and evidence

- Evidence needed at relationship, community, and societal level
- Data sharing, using continuous, consistent processes is required in order to target resources effectively

# The 5 Cs for multi-agency working to prevent violence

The Home Office has provided a call to action to adopting a whole system multi-agency public health approach to tackling and preventing serious violence at a local level. Public Health England (PHE) has provided a resource for system leaders outlining a practical way forward for this:

- **Collaboration** with partners and the community means building on existing good practice and ensuring a whole systems approach to reducing violence.
- Co-production of work programmes fosters buy-in and commitment to achieving shared aims for a safe community for everyone. This can include a broad range of activities encompassing public protection, identifying and supporting vulnerable people, building personal and community resilience, and achieving joint aims of a healthy, peaceful community.
- Co-operation in data and intelligence sharing ensuring there is an evidence-based approach to designing prevention programmes and interventions for more effective, efficient practice.
- Counter-narratives for individuals at risk provides an attractive alternative to becoming involved in violence, knife crime, gangs, and county lines. Partnerships should help to support positive aspirations and promote positive role-models.
- Community consensus is central to the approach and ensures that the voice of the community is heard and reflected in programmes of work to address violence.



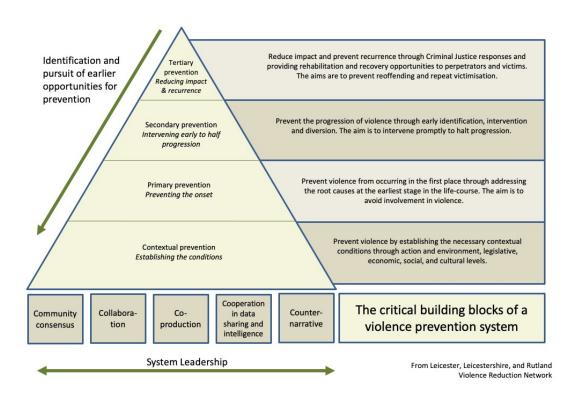
The 5 Cs: A place-based multi-agency response to serious violence prevention

### A place-based, whole system framework for violence prevention

This figure shows how the 5 Cs provide a foundation for **system leadership** to build a violence prevention system for the county.

It describes actions at each of the levels of prevention that maximise the earliest identification of opportunities to halt progression through the life course.

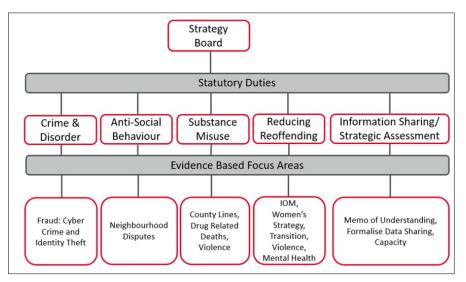
This creates programmes that are effective in the long term by considering critical stages such as life course transitions, as well as settings that provide the context to manage risk factors and strengthen protective factors.

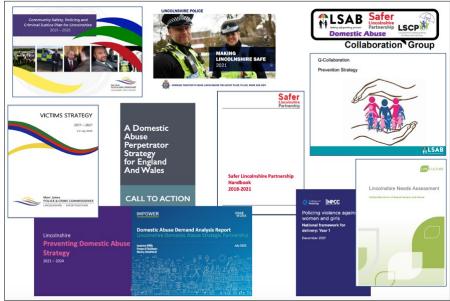


# Addressing violence through existing partnerships

Currently violence as a priority is part of two of the evidence based focus areas in the Safer Lincolnshire Partnership (SLP). Its structure provides a focus for system leadership, a place for collaboration and cooperation, and a framework to address risk factors for violence.

The county's existing partnership structures, services, and programmes are also in a strong position to continue to tackle the most impactful types of violence as identified in the problem profile for Lincolnshire. The Domestic Abuse Partnership, the Sexual Violence core priority group, and the Q Collab all have evidence-based programmes of work in train to support individuals in these key areas. For instance, the Domestic Abuse Strategy and Substance Misuse Strategy are addressing these specific urgent priorities for the county, and alignment of a violence reduction programme to support these ongoing efforts is essential.





# Population profile of Lincolnshire

The Office of the Police and Crime Commissioner's Community Safety, Policing and Criminal Justice Plan for Lincolnshire (2021 – 2025) describes the county and its characteristics that underpin some of the key violence issues faced by the population.

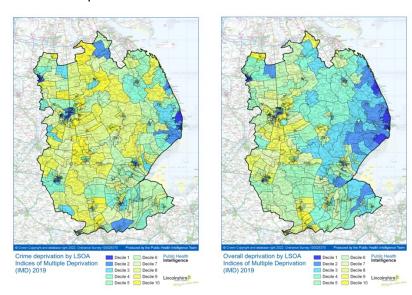
- Lincolnshire is a large, sparsely populated, and predominately rural county, covering an area of 5,921 sq. km. with a population of just over 750,000 people. It is predicted to grow by 10% by 2041, with 30% of the population expected to be over 65.
- There are no motorways, little mileage of dual carriageway and 80km of North Sea coastline. Coastal communities mean there is a seasonal influx of visitors in the summer months, while the university in the city of Lincoln brings fluctuations in student population during term time.
- The diversity of the population in the county has increased in recent years as a result of new and emerging communities. The 4% of the population identifying as White Other is primarily made up of Eastern European communities, which are highly represented in the agricultural, hospitality, and tourist industries.
- The BAME population made up 2.4% of the total population in 2011 compared to 1.4% in 2001. Despite this increase the proportions remain small in comparison to the national BAME population of 14%.

There are significant social and economic disparities between rural, coastal, and urban areas of Lincolnshire. Lincolnshire's coastal neighbourhoods are classed as being in the most deprived 10 percent of neighbourhoods nationally.

There are relatively higher levels of multiple measures of deprivation in communities in the county's major towns. Rural areas of the county are comparatively less deprived, though the often hidden nature of deprivation in rural areas shouldn't be overlooked.

Understanding these population dynamics is important because they provide unique challenges to planning and providing services to communities. It also helps identify trends and patterns in incidents of violence.

The geographic similarity between areas of highest deprivation and crime deprivation can be seen here.



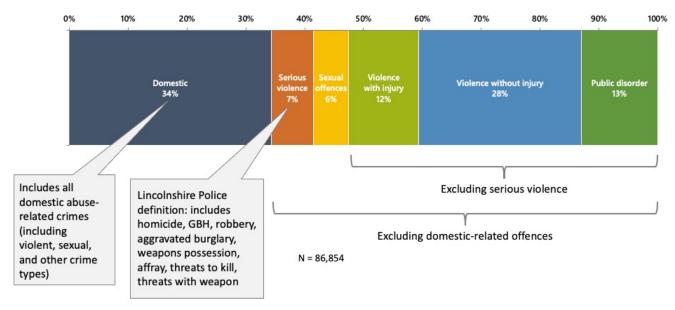
Crime deprivation and overall deprivation by Lower Layer Super Output Areas (LSOA) Indices of Multiple Deprivation (2019)

### **Extent and nature of violence in Lincolnshire**

There were 2209 serious violence offences in Lincolnshire in 2021. This is up 13% over the previous 12 months (January to December 2020).

Lincolnshire is ranked 25th in the country in terms of the lowest number of violence against the person (VATP) offences per 1000 residents. Lincolnshire residents have a 3% chance of being a victim of violent crime. The graphic below shows that in Lincolnshire, domestic abuse, violence without injury, and public disorder, rather than serious violent crime are the prevalent forms of violence.

It also shows that there are variations in how violence, or serious violence, can be defined across partners and purposes. Home Office guidance for Violence Reduction Units and the Serious Violence Duty both suggest each Police area define violence themselves, in a way that is most meaningful for their community based on current structures and what the data indicates should be a priority.

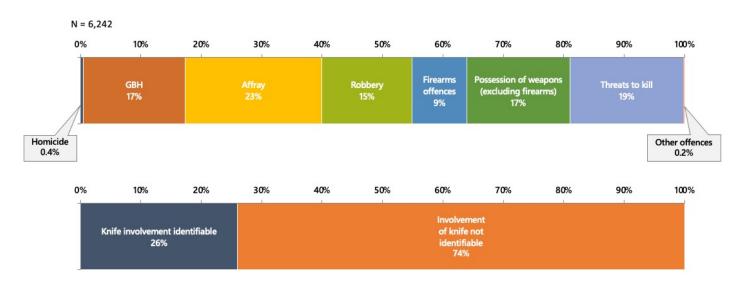


### **Extent and nature of violence in Lincolnshire**

Using Lincolnshire Police's definition of serious violence, the graphic below breaks down the types of offences recorded in the three-year period ending in June 2021.

26% of serious violence offences involved the use of a knife.

For most serious violent crimes, including violence with and without injury, possession of weapons, and violence against the person, Lincolnshire is significantly or very significantly better than the England average. For homicide Lincolnshire is not significantly different from the England average, but is significantly worse against the regional average.



Serious Violence in Lincolnshire (knife involvement identified using keyword search of crime modus operandi, Lincolnshire Police definition and data, 3-year period ending June 2021.

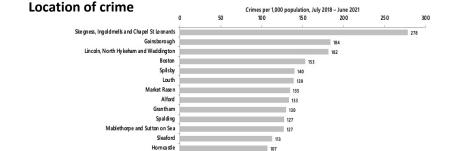
### **Geography of serious violence**

The towns of Skegness, Lincoln, and Gainsborough have the highest rates of violent crimes in the county. The rate of 278 per 1,000 in Skegness reflects the seasonal fluctuation in the population due to its popularity as a tourist destination. Seasonal changes present special challenges to policing and prevention services to manage resources to meet the changing needs effectively yet efficiently, in a responsive manner.

Top knife offence locations by volume in 2021 were Lincoln Centre (332), followed by Coast (260) and Lincoln North (260). Locations around Lincoln City Centre, Skegness, Boston, and Gainsborough have higher concentrations of incidents. Possession offences hotspots include Lincoln, Boston, Grantham, Spalding, Gainsborough and Skegness.

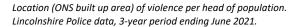
Using home address data helps reduce the effect that the influx of tourist numbers might have on the data. This also means that the violence suffered by the victim may not have occurred in their town of residence. All data is violent crime committed in Lincolnshire. Towns with higher figures have a disproportionately high number of victimisation episodes per head of population.

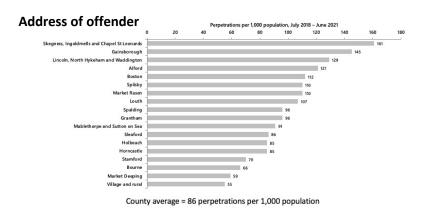
This is important for targeting the design and commissioning of programmes and services to those who need them most, and using resources most effectively.



County average = 114 crimes per 1,000 population

Village and rural





Home address of offenders, Lincolnshire Police data, threeyear period ending June 2021

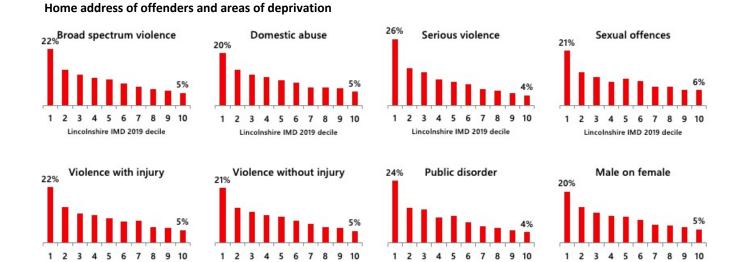
Skegness, Gainsborough and Lincoln Built Up Areas (BUAs) have the highest levels of broad spectrum violence, the highest rates of resident victims, and the highest rates of resident perpetrators. These towns are the most disproportionately highly impacted by violence.

They are also the most deprived areas of the county. The graphs below show the distribution of violent offenders across areas of the county from most to least deprived. The areas of greatest deprivation include the most violent offenders by residence.

Lincolnshire IMD 2019 decile

We can show graphs that look almost identical to these if we input almost any poor health or life outcome. The effect of poverty and deprivation across the life course is powerful and unequivocable. It is important when committing resources and particularly in thinking about long term investment to realise the power of population-level community and policy changes that positively impact all aspects of people's lives. This can foster a range of protective factors and reduce or eliminate risk factors that can lead to involvement in violence.

Lincolnshire IMD 2019 decile



Distribution of violent offenders by deprived areas of residence; Lincolnshire Police data, 3-year period ending June 2021.

Lincolnshire IMD 2019 decile

Lincolnshire IMD 2019 decile

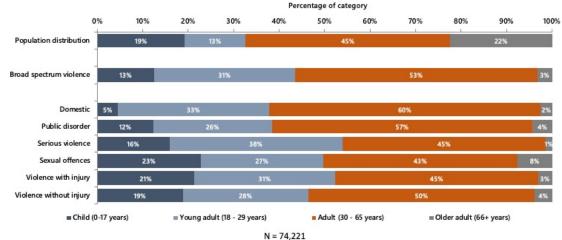
Serious violence is a relatively small part of violence overall in the county. But all violence is subject to risk and protective factors in victims and perpetrators, and must be addressed at a whole population level in order to reduce and prevent any and all forms of violence in communities.

Serious violence has clear links to substance misuse in violent crimes, men are much more likely to be the victims, and young adults, especially in transition years of 16, 17, and 18, are more likely to be the offenders.

85% of perpetrators of serious violence are males; 15% are females. For violence with injury (VWI), 70% of perpetrators are male and 30% are female. For violence without injury (VWOI), the figures are 66% male and 34% female. Male perpetrations peak at 24 to 31 years of age.

The data below helps us understand who is committing what types of violence at what age. This is essential for designing and implementing targeted interventions to appropriate settings throughout the life course such as school, community, social, workplace, home- meeting people where they are.

### Perpetration of violence type by life course

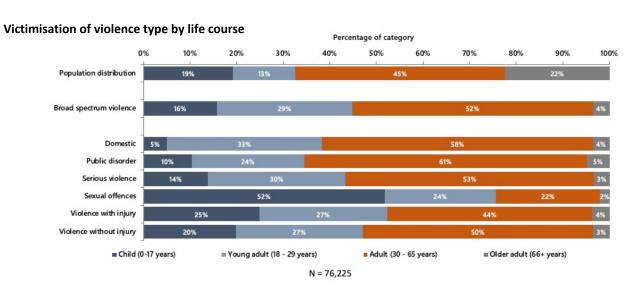


Violence type by life course (perpetration), Lincolnshire Police data, three-year period ending June 2021

72% of victims of serious violence are male and 28% are female. For VWI, 64% are male and 36% are female. The figures are 50% male and 50% female for VWOI. Female victimisations peak at 17 to 35 years.

The data below helps us understand who is experiencing what types of violence at what age.

This is essential for designing and implementing targeted interventions as previously stated. Children aged 0-17 are most at risk of sexual offences, while adults aged 30-65 are more likely to be victims of domestic, public space, and serious violence incidents.



Violence type by life course (victimisation), Lincolnshire Police data, three-year period ending June 2021

Serious violence is mainly male on male, with almost 79% of crimes in this category being perpetrated by males against other males. This is partly due to the fact that domestic violence is listed separately, and violence against women and girls occurs mostly in the home.

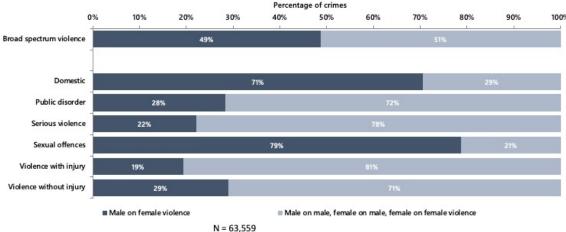
21% of all violence with injury offences are incidents of domestic abuse occurring in the home.

There are nearly 5 times more domestic offences in Lincolnshire than serious violent offences.

24% of all violence against the person (VATP) offences are night time economy related. 34% of all violence with injury offences were NTE related. The majority of NTE violent offences take place at weekends between 1:00am and 03:00am. In 44% of offences alcohol was an impact factor and in 7% drugs was an impact factor.

This data can inform the design and delivery of gender-based targeted interventions for both risk and protective factors, and for services to support victims and prevent reoffending by perpetrators.

### Male on female violence by type



Male on female violence, Lincolnshire Police data, three-year period ending June 2021

# Risk factors and protective factors

Risk factors increase the likelihood of a person becoming a victim or perpetrator of violence. Addressing risk factors can improve a wide range of health and wellbeing outcomes, not just in relation to violence. Risk factors occur at individual, relationship/family, and community/social levels. Having more risk factors indicates greater likelihood that an individual might become involved in violence.

Risk factors rarely occur in isolation and they overlap and interact with each other. Therefore effective preventative interventions should have benefits across crime types.

Protective factors reduce the likelihood that a person will become involved in violence. These include a range of skills, conditions, and circumstances that foster good health and wellbeing, including resiliency.

Protective factors act to mitigate risk factors. This may explain why not all people who face risk factors go on to commit violent behaviour or otherwise become known to the criminal justice system. They are also part of an individual, family, or community approach but include school and peer group opportunities as well.

The importance of a public health approach to violence becomes especially apparent when the relationship between risk and protective factors is seen across circumstances and settings.

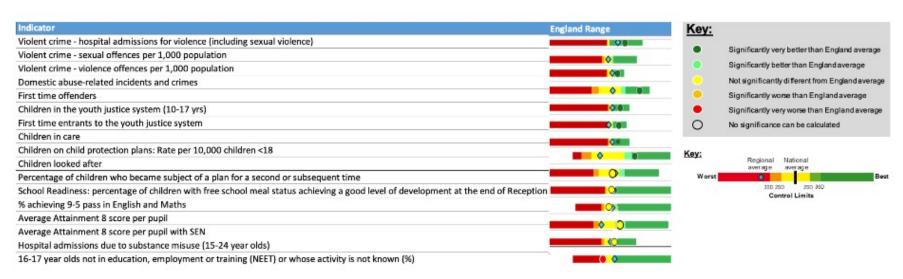
Risk Factors							
Childhood abuse and neglect Behavioural and learning difficulties Low self-esteem Alcohol or substance misuse Traumatic brain injury Gender	Low family income Inconsistent discipline Emotional, physical, sexual abuse Emotional or physical neglect Household alcohol or substance misuse, mental illness, offending Family violence Family breakdown	Low school performance Bullying others Truancy and school exclusion Delinquent peers	Unsafe or violent communities Low social integration Poor social mobility Lack of recreation infrastructure and diversionary activities for young people Delinquent peers	Deprived communities High unemployment Homelessness or poor housing Culture of violence, norms, and values which accept, normalise or glorify violence Difficulties in accessing services			
Individual	Family	School	Community	Society			
Protective Factors							
Healthy problem solving and emotional regulation skills School readiness Good communication skills Healthy social relationships	Stable home environments Nurturing and responsible relationships Strong and consistent parenting Frequent shared activities with parents Financial security and economic opportunities	Safe school environment Programmes teaching kindness, empathy, and emotional control Intolerance for bullying	Sense of belonging and connectedness Safe community environments Community cohesion/social integration Opportunities for sports and activities	Good housing High standards of living Opportunities for valued social roles			

# Risk factors and protective factors

Addressing risk and protective factors requires whole system multi-agency collaboration to provide services that support many of these. It takes that same collaboration to build communities that innately create the conditions in which these factors become standard for individuals and families. A key function of a Violence Reduction Strategy must be to nurture the protective factors in the context of people's lives throughout the life course.

Viewing a range of public health indicators for Lincolnshire against the England average shows that Lincolnshire is at or better than the England average for important risk and protective factors for violence.

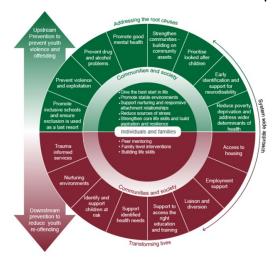
Only for 16-17 year olds not in education, employment, or training (NEET), or where their situation is not known, is Lincolnshire worse. However, it is significantly very worse than the England average and below the regional average.



Violence in Lincolnshire, some risk and protective factors

# Preventing and reducing violence in Lincolnshire

The WHO Violence Prevention Alliance emphasises the need for local vision and input to interpret the evidence base for the local population. This reflects the acknowledgement that communities and the professionals working within them understand the needs of their population and can best use resources available to tailor them accordingly, and in proportion to that identified need and the different drivers in each community. This is where the opportunity lies to work on the unique characteristics of Lincolnshire, and target efforts and resources on the variety of challenges various geographical and socio-economic features present.



PHE's Capricorn Framework for primary and secondary prevention of youth offending

	Actions to prevent offending	Actions to prevent re-offending
At an individual and family level	Support responsive relationships     Strengthen core life skills	Encourage peer mentoring     Promote family-based interventions     Build life skills
At a community level	<ul> <li>Make sure school exclusion is a last resort</li> <li>Prevent violence and exploitation</li> <li>Address substance misuse and mental health needs</li> <li>Strengthen communities</li> <li>Prioritise looked after children</li> <li>Reduce poverty and deprivation</li> </ul>	<ul> <li>Provide trauma informed services</li> <li>Promote nurturing environments</li> <li>Identify children at risk of reoffending</li> <li>Support access to mental health services</li> <li>Work with substance misuse services</li> <li>Link with education, employment and housing</li> </ul>

Understanding the population of Lincolnshire, the extent and nature of violence within it, along with the role and status of risk and protective factors in the population sets the foundation for identifying relevant interventions, programmes, and services that are likely to have the greatest impact on improving community and individual safety.

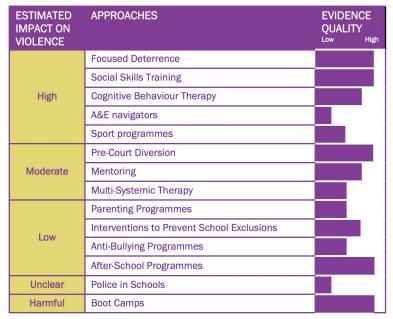
A programme for violence reduction can then be developed based on:

- A review of the evidence of what works to tackle the priorities identified by the data
- A description of possible interventions to address issues that require further investment.
- Taking stock of activity currently being delivered in the county

# Evidence of what works to prevent violence

As well as university and institute-led reviews, both the Home Office in its development of the Serious Violence Strategy and the Local Government Association have conducted extensive and robust evidence reviews of what works to prevent serious violent crime.

The chart below shows the quality of the available evidence against approaches to prevention.



From LLR Violence Reduction Network: The best available research evidence about different approaches

### Interventions with a strong evidence base

### Interventions aimed at supporting parents and families

- The Family Nurse Partnership
- Incredible Years Preschool
- Family Foundations
- Triple P
- Empowering Parents Empowering Communities

### Working with high-risk youth and gangs/community interventions

 Community Initiative to Reduce Violence (CIRV)

### Developing life skills in children and young people

- The Good Behaviour Game
- Incredible Years Child Training (Dinosaur School)
- Incredible Years Teacher Classroom Management
- Promoting Alternative Thinking Strategies (PATHS)
- Let's Play in Tandem

### Identification, care and support

 Identification and referral to improve safety (IRIS)

### **Multi-component interventions**

- Multisystemic therapy
- Sure Start local programmes<sup>1</sup>

Both the Serious Violence Strategy and the Local Government Association evidence review cites as effective the Incredible Years Programme. This programme involves 20 weekly group sessions for parents and their children aged 3 to 6 years that emphasises positive rather than negative interactions. The evaluation of this programme demonstrated that it resulted in a reduction in both the frequency and especially the severity of disruptive behaviour in the children, an indicator of potential future involvement in violence.

# Information sharing and evaluation

To maximise the impact on serious violence, multiagency partnerships must make best use of the range of data, insights and evidence they generate in their activity. This includes:

- Identifying, improving quality of, and analysing multiagency datasets as agreed that are usable and useful as well as practical to collect and analyse into high impact intelligence through effective data sharing agreements.
- Determining the best format and content for a violence intelligence dashboard, such as whether an interactive or static one is appropriate, protocol for its production and upkeep, and ways to ensure it is useful and usable by a wide range of partners.
- Exploring the implementation of a local Injury Surveillance System and determine whether to pursue a system for Lincolnshire
- Increasing the use of data in local problem-solving through undertaking cohort analysis and deep dives as part of a programme of work in a Violence Reduction Programme Board.
- Designing and commencing a process for Case Reviews to ensure continuous learning and to improve prevention activity.

- Conducting a gap analysis in current prevention and early intervention efforts that support a public health approach to violence reduction.
- Supporting commissioning partners to utilise evidence and theory of change in designing and commissioning interventions.
- Setting a standard for embedded monitoring and evaluation in service delivery for continuous improvement and contribution to the evidence base of what works for violence reduction.
- Designing and delivering a programme of engagement for the gathering and analysis of community and young person insights to ensure a diversity of voices influence the violence reduction programme.
- Demonstrating and understanding the violence reduction programme's impact and value for money through investing in the internal and external evaluation of its work, built on a performance and monitoring framework to continuously review impact.

# Information sharing and evaluation

# Monitoring, Evaluation and Learning Framework The evidence-base

- Local datasets
- Performance monitoring
- Insights and feedback
- Internal and external evaluation
- Knowledge exchange

### **Key Outputs**

- Datasets and insights on the nature and extent of serious violence and on risk and protective factors
- Insights on young people's perceptions and experiences of serious violence
- An active dashboard
- Data sharing agreements
- An Injury Surveillance System, if agreed
- A framework for undertaking Case Reviews
- Evidence of impact and value for money
- A performance and monitoring framework

### **Key Outcomes**

- Increased understanding of where violence takes place and who commits it
- Enhanced knowledge of the local prevalence of risk and protective factors
- · Improved accessibility and uptake of data

- Improved cost-efficiency through evidenceinformed targeting of resources
- Advanced knowledge of prevention opportunities based upon learning from Case Reviews
- Improved system-wide knowledge and use of the evidence of effectiveness
- Improved understanding of 'what works' in reducing or preventing violence
- Enhanced understanding of people's views and experiences of serious violence

**Data sources** to understand the nature and extent of violence in the county include but are not limited to:

- Crime data- Lincolnshire Police recorded crime
- Healthcare data- A&E attendances and hospital admissions
- East Midlands Ambulance Service (EMAS) data
- Social care data- Lincolnshire County Council
- Education data- Lincolnshire County Council
- National data- Data from the Department for Education, Public Health Profiles, and the Office for National Statistics
- Community and young person insights- Community Safety Survey; Young People's Safety Survey, any other targeted surveys

# A Violence Reduction Programme for Lincolnshire

# Action to achieve a Violence Reduction Programme locally includes:

- Understanding the full range of services already commissioned locally, identifying:
  - what's missing
  - whether the right services are available in the right locations
  - what should be continued or expanded in the future
  - what should not be continued, creating opportunities for resources to be used elsewhere
- Working toward greater integration across agencies, including more inter-agency communication and data sharing
- Working to plug gaps in existing service provision
- Supporting an active network of leadership champions
- Developing a sustainable financing model
- Designing greater accountability for individual agencies with a responsibility to reduce violence into partnership structures
- Committing to policy reform and system-wide change
- Including primary, secondary, and tertiary interventions
- Engaging with communities and supporting building resilience

### Taking work to the next level in Lincolnshire:

- Bring partners, including members of the community most affected by violence, together to agree a clear strategic level vision, align agendas and work programmes, and agree priorities
- Use the process of agreeing the above to get senior level buy-in and commitment; identify champions to drive change
- Recognise and build on work that is already going on, map local community assets, and understand what data is routinely collected by different organisations
- Bring data, information, and intelligence partners together to determine the robustness and utility of existing data, agree areas of improvement and action to fill any identified gaps, and create a plan for sustainable information sharing that answers the key questions of who the victims and perpetrators of violence are, where violence occurs, and what the consequences and costs are
- Co-produce an action plan/strategy that clearly articulates a broad range of core activities and desired outcomes for the community in relation to violence prevention.

# Recommendations

The following recommendations support the development of a Violence Reduction Strategy based on the needs assessment that can provide a foundation for a Violence Reduction Programme for Lincolnshire.

# Take a multi-agency, place-based, whole system public health approach to violence prevention:

- Agree the scope of violence acknowledging where the most prevalent, impactful types of violence are already being addressed and enhancing that work
- Ensure all partners are sighted and engaged across violence reduction wider programmes of work to avoid duplication, fill gaps, and make most efficient use of resources
- Agree the governance arrangements for strategic and operational violence prevention work and link in with existing statutory boards where possible
- Invest in building the capacity and capability of professionals identifying and addressing the risk factors for violence in the community that enables early intervention
- 5. Invest in evidence-based programmes and services that foster protective factors to prevent violence from occurring
- Map community assets, review current pathways and provision, and build on professionals' and community experts' views to develop and commission interventions.
- Create opportunities for improving dialogue and engagement with frontline staff, local communities, and young people

# Ensure interventions are designed, commissioned, and delivered to be effective, giving value for money through consistent and systematic use of robust data and evaluation:

- 8. Target resources effectively through increased understanding of the population, its risk and protective factors, who is most affected by violence and in what context
- 9. Build effective, sustainable, and robust information sharing agreements that enable and improve information flows between partners, and ensure that they are meaningful and properly maintained.
- 10. Build Public Health Intelligence and crime analysis capacity and capability that supports the work of the programme
- 11. Support partners to be able to utilise the information that is produced so that all activity is evidence-based and evaluated for effectiveness, impact, and value for money.
- 12. Develop an evaluation and review framework to be reported at the strategic level
- 13. Develop a single, shared, set of success measures

### Invest in a monitoring, evaluation, and learning infrastructure:

- 14. Build analytical capacity and capability
- 15. Use high quality data and evaluation protocols
- 16. Conduct cohort analyses, deep dives, and case reviews
- 17. Share new evidence and insights amongst partners
- 18. Provide meaningful opportunities for a diverse range of people to share their experiences to inform the work
- 19. Utilise existing routes to engagement, and design public engagement into a strategy
- 20. Consider and build into a strategy options for longer term sustainability within available funding beyond the initial funded period

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### April 2022

### Acknowledgements

The needs assessment and evidence review was undertaken by Elizabeth Shassere of Applestone Consulting with contributions from Alison Pierce, Peter Laughton, and Phil Huntley of Lincolnshire County Council, and Matthew Gray and Lorna Falkinder of Lincolnshire Police. It also includes perspectives from a range of key stakeholders as identified by Lincolnshire Police and Crime Commissioner's Office and Lincolnshire Police. It was produced with support by a number of key staff across OPCC, Police, Community Safety, and Public Health teams.