Public Health Approach to Violence Reduction in Lincolnshire: A Strategic Needs Assessment April 2022

Lincolnshire
POLICE & CRIME COMMISSIONER
SAFER TOGETHER

Safer Lincolnshire Partnership

Lincolnshire
COUNTY COUNCIL
Working for a better future

April 2022

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.

Foreword

Marc Jones, Police and Crime Commissioner, Lincolnshire Police

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 includes but is not limited to domestic abuse, street violence, sexual crimes, drugs, organised crime, stalking and harassment, violence against women and girls, and hate fuelled violence.

Many of these areas are being addressed in the Safer Lincolnshire Partnership's Core Priority Groups.

This needs assessment aims to set 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:

- Work with a range of partners across our communities to develop a programme of early intervention and prevention to address violent crime and the drivers of criminality and vulnerability.
- Provide strategic leadership and co-ordinate multi-agency collaboration locally and regionally.
- Arrange for the safe sharing of anonymised, aggregated data and intelligence that informs strategic planning and effective action, identifying the drivers of serious violence and the cohorts of people most affected.
- Commission interventions based on the findings of needs assessments and learning from nationally funded Violence Reduction Units about 'what works'.

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

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

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 from their start in life, along with their families, will be supported in ensuring factors that protect against involvement in and victimisation from serious violence will be strengthened. It will also support those agencies to help people at greatest risk from violence, both as victims and those more likely to become involved in 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 in developing a strategic plan for working together to tackle violence for our communities most in need.

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Overview

- There were **2209 serious violence offences** in Lincolnshire in 2021. This is **up 13%** over the previous 12 months (January to December 2020).[1] 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.[2]
- It is clear that violence has long-lasting, damaging impacts on physical and emotional health. It negatively affects individuals' lives, including health, social, and economic outcomes. It can the increase the risk of engaging in poor health behaviours, including further violence. It damages education and employment prospects, as well as social, emotional, and mental wellbeing. Individuals exposed to violence, especially as a child, are 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. The Safer Lincolnshire Partnership and its core priority groups, the Health and Wellbeing Board, and other existing forums along with data sharing agreements, are all part of the opportunity to create and build on multi-agency plans for violence prevention across communities. A strong evidence base underpinning these means public sector, private sector, and community assets all contribute to violence prevention and benefit from less violence.[3]
- 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.
- Building health economic analyses that demonstrate significant cost savings where violence prevention programmes have been established is an important part of a long term, sustainable public health approach to violence prevention.

Introduction

Violence has a devastating impact on victims and their families, and has a range of negative impacts on communities and wider society. The burden of harm is distributed unequally and follows broader patterns of disadvantage across economic, social, and health outcomes.

Preventing violence, for example by reducing underlying risk factors for becoming a victim or perpetrator of violence, is good value for money and improves a wide range of outcomes beyond crime prevention[4].

Partnership working to reduce violence occurs in a complex social and structural landscape that includes activity on domestic abuse, substance misuse, violence against women and girls, work with families, programmes for children and young people, education, health and social care services, child and adult safeguarding and protecting vulnerable people, community safety partnerships, and beyond.

It also sits within a broad policy landscape. From the College of Policing's discussion paper on public health approaches to policing to the Home Office's guidance on developing Violence Reduction Units, reducing violence requires a whole system multi-agency approach at the population level.

This complex and broad system, along with effective action within it is described by Public Health England (PHE) in its guide for local system leaders. As such, any action in this space will made more powerful through linking into existing strategic priorities and integrating with agencies' policy frameworks. This will ensure a joined-up approach to violence reduction that is long-term sustainable, adds value, and avoids duplication.

To that end, the Police and Crime Commissioner has set out a priority to establish a Violence Reduction Programme, with a £3m commitment delivered from central Government. It will include:

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

This Violence Reduction Needs Assessment provides a foundation for a Strategy to deliver on that priority as described. **It includes the outcomes of data analysis, a review of evidence of best practice, and stakeholder interviews.** It aims to describe violence in the county, as well as the activity and structures working to address it.

It concludes with recommendations toward a sustainable, integrated, long term Violence Reduction Strategy. The strategy will describe what a Violence Reduction Programme could look like for Lincolnshire, and the actions necessary to make it happen.

Preventing Violence

Violence can have a major impact on health and wellbeing, making it an important public health issue. Even perceptions of risk and fear of violence can negatively effect health, causing stress and mental health issues, as well as limiting life and health opportunities, by stopping people from going out to enjoy social activities or exercise, for example.

The root causes of violence are the result of a number of risk factors that interact across individuals, families, communities, and the society in which we live. Violence is strongly related to inequalities. In fact, the poorest fifth of people have rates of violence-related hospitalisation 5 times higher than the richest fifth.[5]

Looking at risk and protective factors across the life course enhances the opportunity and impact to reduce risk and increase protection in relation to violence. Addressing the social determinants of health, such as education, access to services, housing, and healthcare, strengthens the protective factors against being a victim of or involved in serious violence.

Committing to a whole system approach can work to create an environment in which violence is less likely to occur. In working across the system, a partnership can address the social determinants, while nurturing protective factors that mitigate against risk factors, reducing likelihood and incidents of victimisation and perpetration of serious violence. [6]

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

A public health approach to violence aims to prevent a problem before it occurs. In order to do this, we must understand where the problem begins. This requires a systematic, data-driven approach across agencies so that we can better understand the problem of violence and effective ways to prevent it. This approach involves four key steps[7]:

- **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.
- **Review risk and protective factors:** The goal of violence prevention is to decrease risk factors and increase protective factors. The evidence review as well as interviews with key stakeholders helps draw a picture of where the vulnerable communities and individuals are, meaning that gaps between need and service provision can be identified and filled. It can help identify opportunities for better cross-agency working, including commissioning for improved service provision with a long term, sustainable view.[8]
- **Developing and evaluating a strategy:** A needs assessment based on data and an evidence review of what works will inform a strategy with the aim of nurturing protective factors and mitigating risk factors. Evaluation built in from the start allows the determination of the effectiveness of the interventions laid out in the strategy and amend the approach as necessary.
- **Disseminating and implementing the strategy:** As the strategy and its interventions demonstrate their effectiveness, this supports commissioning and implementation efforts to broaden its reach. It provides confidence in investment in the commissioning of long term sustainable service provision. Interventions that successfully reduce the risk factors identified and foster protective factors become embedded in communities for generational impact.[9]

There is a requirement for strong strategic leadership that ensures efforts are joined up. Multi-agency buy in is required in order to achieve the necessary local input and understanding based on sharing information. These components are essential in order to identify and address the root causes of violence and to design programmes of support and interventions that truly meet the need. Multi-agency commitment is also key to successful commissioning and implementation, with a long term sustainable action plan underpinning them.

The Home Office provided a call to action to adopting this whole system multi-agency public health approach to tackling and preventing serious violence at a local level. PHE has provided a resource for system leaders for this, outlining a proposal for a practical way that partners can come together to understand and respond to serious violence in our community. This place based approach includes 5 public health principles necessary to prevent violence from occurring, called the 5 Cs[10]:

- **Collaboration** with partners and the community means building on existing good practice and ensuring a whole systems approach to reducing violence. Partners should include:
  - emergency services
  - public health
  - NHS
  - local authority
  - education
  - voluntary sector
  - provider organisations
  - academia
- **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.[11]
- **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.[12]

Figure 1: The 5 Cs: A place-based multi-agency response to serious violence prevention[13].

Using these 5 Cs as a framework will enable effective methods for successful delivery of a Violence Reduction Programme, including a focus on long term as well as short term solutions. [14]

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. Looking at levels of prevention in the context of system leadership across the 5 Cs means long term, effective activity can be designed and implemented.

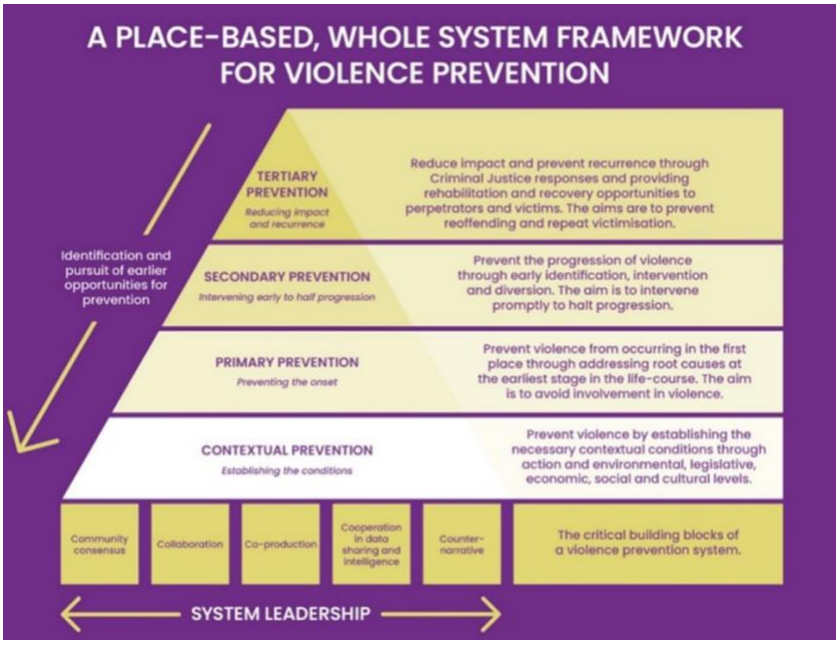


Figure 2: A place-based whole system framework from Leicester, Leicestershire, and Rutland Violence Reduction Network[15]

Preventing children and young people from getting involved in violence is part of primary prevention aims. Evidence shows six main strategies that are effective for this:

1. Promote family environments that support health development: parenting programmes, family nurse partnerships, and therapeutic approaches to trauma
2. Provide quality education in early life: bullying prevention, school-based programmes and classroom management
3. Strengthen young people's skills: universal school programmes (e.g. social skills training) and behavioural/skill building interventions
4. Connect young people to trusted adults and activities: mentoring programmes, after-school programmes and recreational activities
5. Create protective community environments: limiting alcohol and weapon access, data sharing, hotspot and problem-solving policing, environmental design and community norm change
6. Intervene to lessen harms and prevent future risk: therapeutic and cognitive-behavioural approaches for perpetrators, hospital-based interventions and substance misuse programmes[16]

The latest policy and guidance on preventing violence

There is a useful array of government policy and guidance documents that can inform action to build and implement a violence prevention and reduction effort in Lincolnshire. Here are a few that offer a policy context and guidance for local systems working together to address violence in the community.

Public Health England: A whole-system multi-agency approach to serious violence prevention: A resource for local system leaders in England 2019
PHE has been working across Government on the design and delivery of a multiagency approach to serious violence prevention reflecting the commitments in the Serious Violence Strategy. PHE's National Health and Justice Team conducted an extensive evidence review into public health prevention approaches to serious violence and created a resource from which local areas can draw to develop their own bespoke approach. [17]

Public Health approaches to policing 2019
Public health approaches in policing resonate with public health approaches to violence reduction. It also includes working at the whole population rather than individual level, understanding and addressing the drivers of a particular issue or problem, and doing work that prevents the problem from happening in the first place.[18].

As described in a public health approach to violence, a public health approach to policing relies on working in the complex landscape of partnerships and communities, and requires strong system leadership[19]. When that focus from policing is violence, the leadership of the police in prevention within that complex system is evident. It is also based on partnerships across a number of sectors such as education, health, social services, housing, youth services, and victim services[20].

Home Office: Serious Violence Strategy 2018
The Home Office produced the Serious Violence Strategy in April 2018. The strategy supports a balance between prevention and effective law enforcement, and is framed on four key themes: tackling county lines and misuse of drugs, early intervention and prevention, supporting communities and partnerships, and an effective law enforcement and criminal justice response[21]. It provides evidence of the value of focusing on preventative support, built around risk and protective factors. It shows there is a positively disproportionate benefit to preventive interventions, since the majority of serious violence is committed by a relatively small number of individuals.[22]

The strategy also advocates for a multi-agency, multi-strand public health based approach so that all partners can bring their expertise and information to more effectively identify, understand, and address serious violence in their communities.[23]

Serious Violence Duty: strategic needs assessment guidance 2021
The forthcoming Police, Crime, Sentencing and Courts Bill 2021 places a new statutory duty on local authorities and partners to collaborate and plan to prevent and reduce serious violence. The Home Office has issued guidance to support local partnerships in the requirement to complete a strategic needs assessment on violence in their communities that will inform a response strategy as part of its Serious Violence Duty.

It also builds on the principle of a multi-agency approach, in which stakeholders' perspectives inform a strategy based on the needs assessment's recommendations, including activities covering:

- public protection
- identifying and supporting vulnerable people
- building personal and community resilience
- achieving a healthy and peaceful community
- prevention and early intervention.[24]

Home Office: Violence Reduction Unit Interim Guidance 2020
Violence Reduction Units (VRUs) were developed in response to rising levels of violent crime and the perceived drivers of serious violence. The aim was to provide leadership and strategic coordination for all key agencies, and to support a public health prevention approach to tackle the root causes of serious violence.

Home Office guidance for VRUs includes:

- adopting a 'public health approach'
- producing a Problem Profile, or strategic needs assessment
- producing a subsequent strategy.

Problem Profiles are a statement of the level and nature of serious violence most effecting the communities they cover. They also help a multiagency partnership choose areas of focus whether it be on specific violent crimes, such as knife crime, or in particular cohorts of the population such as under 25s, on geographic hotspots, or a combination of these depending on identified need. This ensures a targeted approach for greatest impact with the most efficient use of resources.

These agreed areas of focus form the basis for a subsequent Violence Reduction Strategy that brings organisations together to tackle violence at its root causes. The guidance suggests at least 20% of related funding is spent on interventions, and that delivery is subject to ongoing evaluation. [25]

Policing violence against women and girls, National framework for delivery: Year 1 2021
The Government's Violence Against Women and Girls (VAWG) framework is also part of the legislation and guidance informing the community safety landscape. Year 1 will focus on areas that policing can work to improve in the immediate term and requires local forces to develop action plans. Year 2 and 3 are when the focus on a wider, partnership approach for sustainable change will come in, involving criminal justice partners, victim services, and wider safeguarding partners, for instance. The framework's three overarching objectives resonate across the violence reduction agenda:

- improving trust and confidence in policing
- relentlessly pursuing perpetrators
- creating safer spaces[26]

Targeting high-risk high-harm spaces such as in the night time economy, utilising problem profiles which includes better data sharing across partners, and better offender management also address a number of types of violence that are a part of a violence reduction programme.

Examining the characteristics of the county and its people, what the statistics on violence, risk, and protective factors in the population indicate, and reviewing the evidence for effective interventions with the wider policy and guidance framework can guide the development of a strategy and actions for improvement.

Violence in Lincolnshire

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. [27]

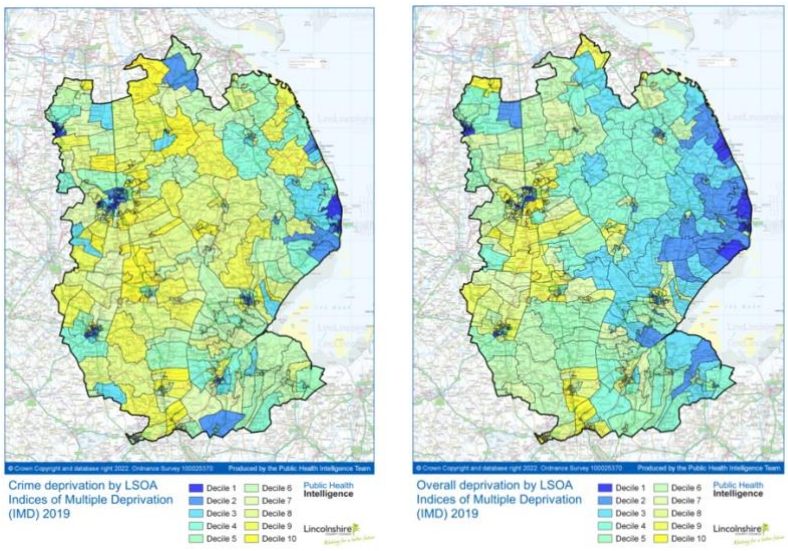
There are no motorways, little mileage of dual carriageway and 80km of North Sea coastline. Coastal communities mean there is a seasonal influx of visitors in the summer months, while the university in the city of Lincoln brings fluctuations in student population during term time.

Though Census data for 2021 have been delayed until later in Summer 2022, we know that the diversity of the population in the county has increased in recent years as a result of new and emerging communities. As of the 2011 Census, around 93% of residents identify themselves as White British with a significant 4% identifying as White Other. This 4% 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%.[28]

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 areas of 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)

Problem profile of violence in Lincolnshire

A public health approach to violence means starting with a 'broad spectrum' definition of violence that can ensure a focus on prevention and early intervention that impacts all types of violent crimes that are of concern in communities in the county, regardless of where or how specific types are being addressed. The graphic below shows that in Lincolnshire the prevalent forms of violence are domestic abuse, violence without injury, and public disorder, rather than serious violent crime, such as grievous bodily harm (GBH) or multiple individuals engaging in violence in a public space (affray).

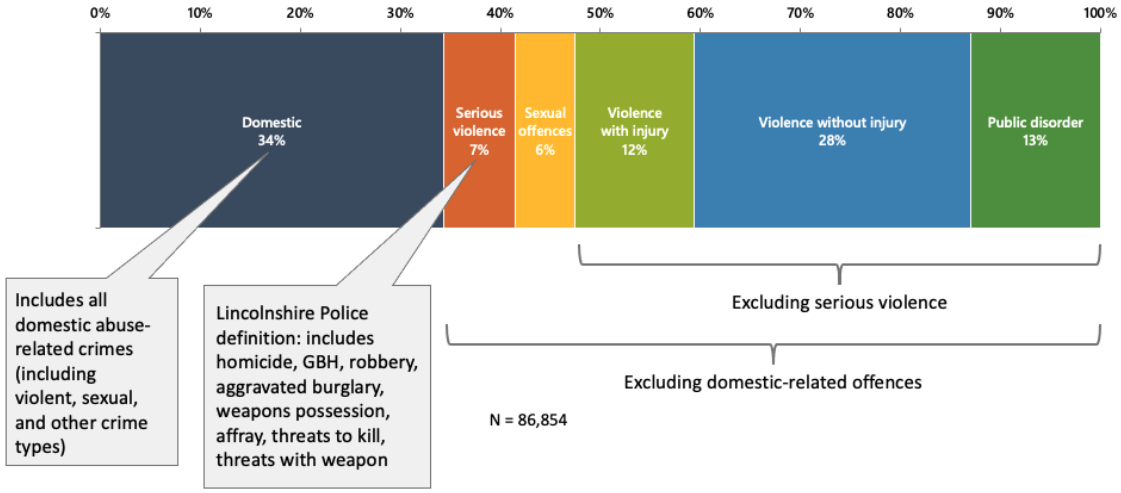


Figure 3: Broad spectrum violence in Lincolnshire, Lincolnshire Police data, three-year period ending June 2021

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.

Serious violence in Lincolnshire

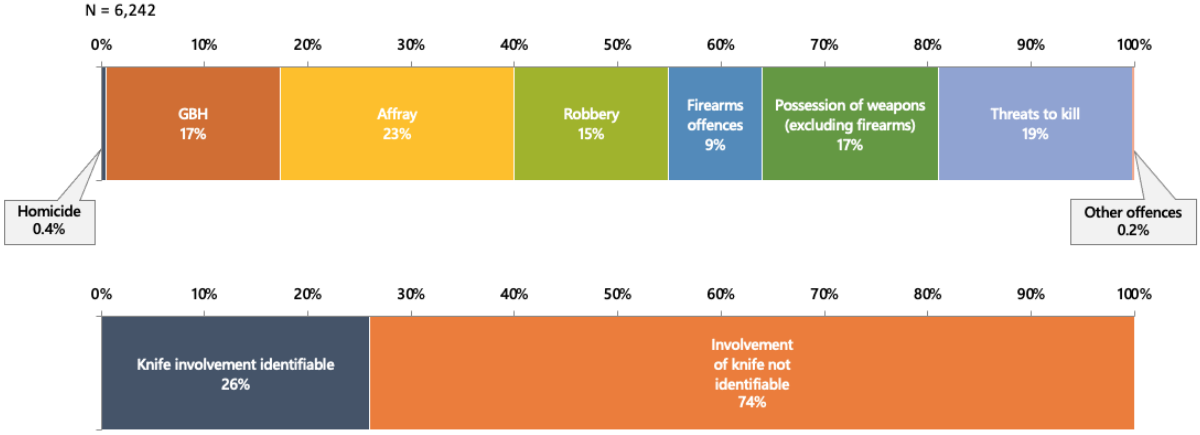


Figure 4: Serious Violence in Lincolnshire (knife involvement identified using keyword search of crime modus operandi, Lincolnshire Police definition and data, 3-year period ending June 2021.

There have been **2209** Serious Violence offences recorded in the 12 months 1 January 2021- 31 December 2021 in Lincolnshire. This is up 13% over the previous 12 months (January to December 2020). [29] 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.[30] It is important to note and consider the impact of the covid pandemic across trends in categories of crime since 2020 when reviewing data.

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.

Figure 5: Police recorded crime by offence group and police force area, England and Wales, number of offences, year ending September 2021

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?

<u>Geography of serious violence</u>

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.

Location of crime

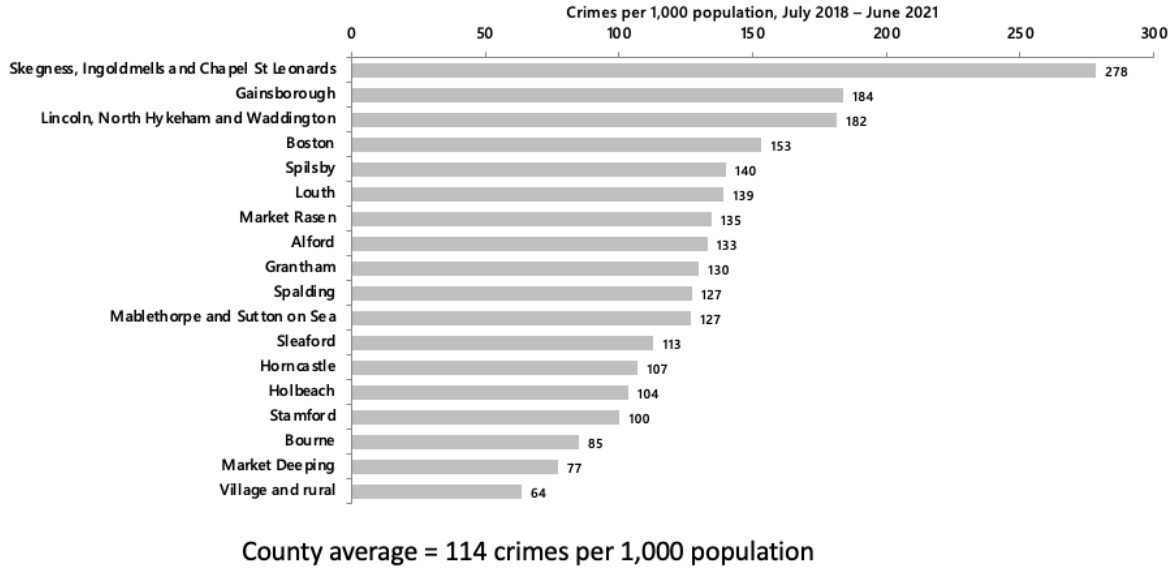


Figure 6: Location (ONS built up area) of violence per head of population. Lincolnshire Police data, 3-year period ending June 2021.

Built up areas and Neighbourhood Policing Areas of Lincolnshire

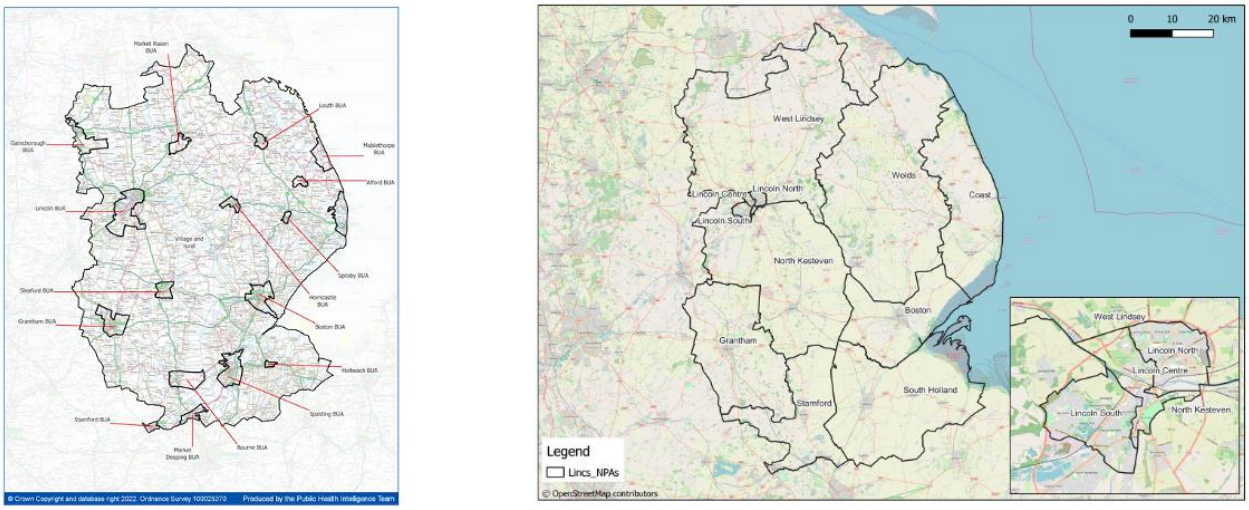


Figure 7: Map left- Lincolnshire Built Up Areas; Map right- Neighbourhood Policing Areas

The figure below shows the number of violent crimes committed per 1,000 residents living in each built up area. It includes repeated crimes against one victim, so the number of crimes and victims are not the same.

Home address of victims

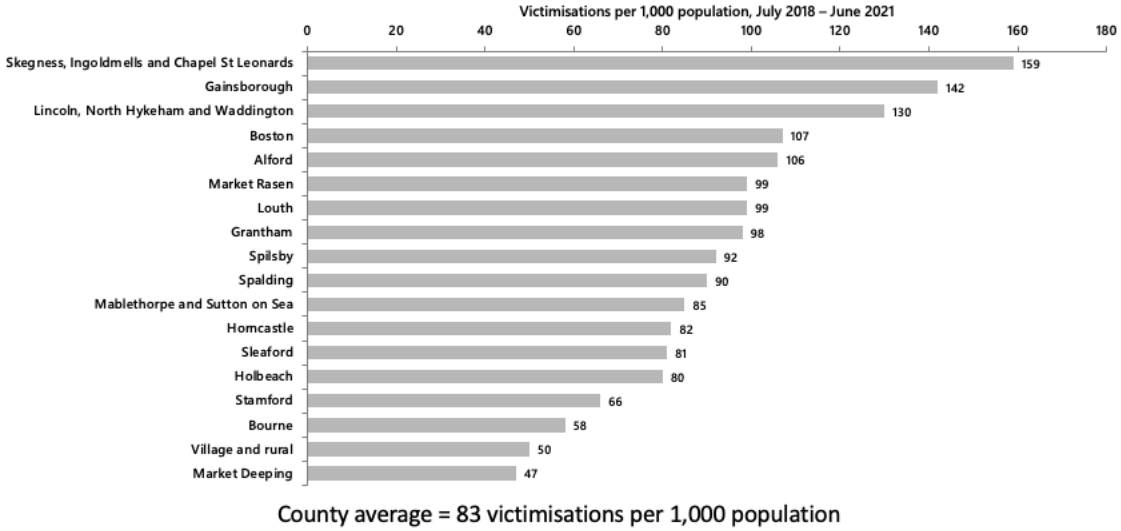


Figure 8: Home address of victims of violence per head of population; Lincolnshire Police data, 3-year period ending June 2021.

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, however, 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.

Home address of offenders

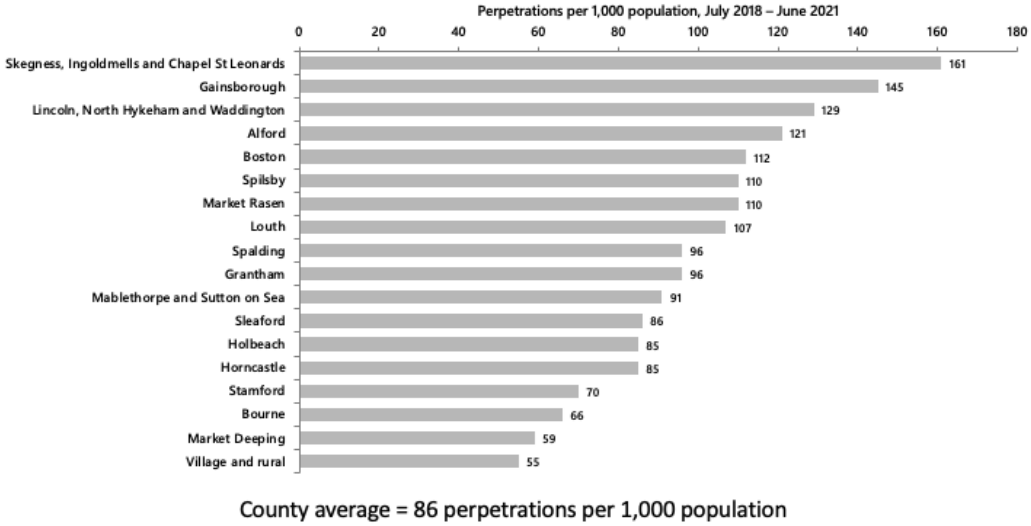


Figure 9: Home address of offenders, Lincolnshire Police data, three-year period ending June 2021

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.

Home address of offenders and areas of deprivation

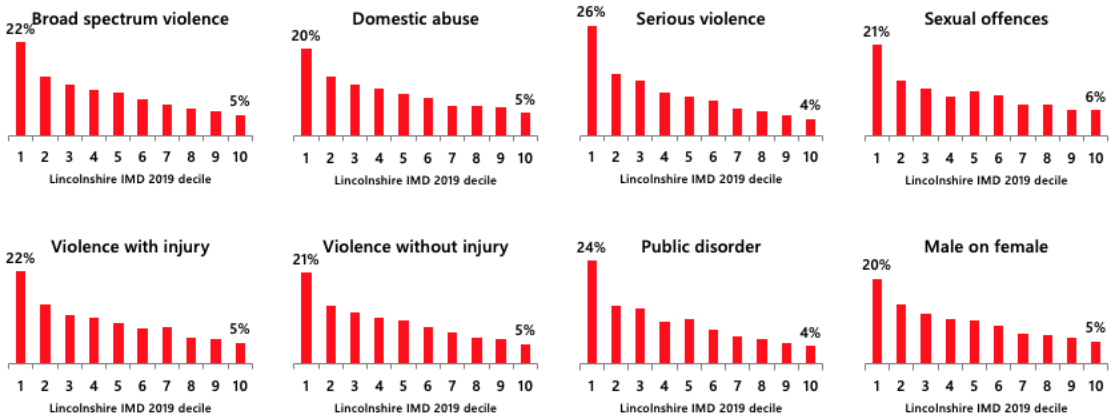


Figure 10: Distribution of violent offenders by deprived areas of residence; Lincolnshire Police data, 3-year period ending June 2021.

We can show graphs that look near-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.

Programmes and services that support people to improve their socio-economic conditions, including improved access to education and good housing, will potentially have an impact on likelihood of being involved in violent crime, either as victims or perpetrators. 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.

<u>Victims and perpetrators of serious violence</u>
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.

Perpetrators
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.

Victimisation and perpetration by age and sex

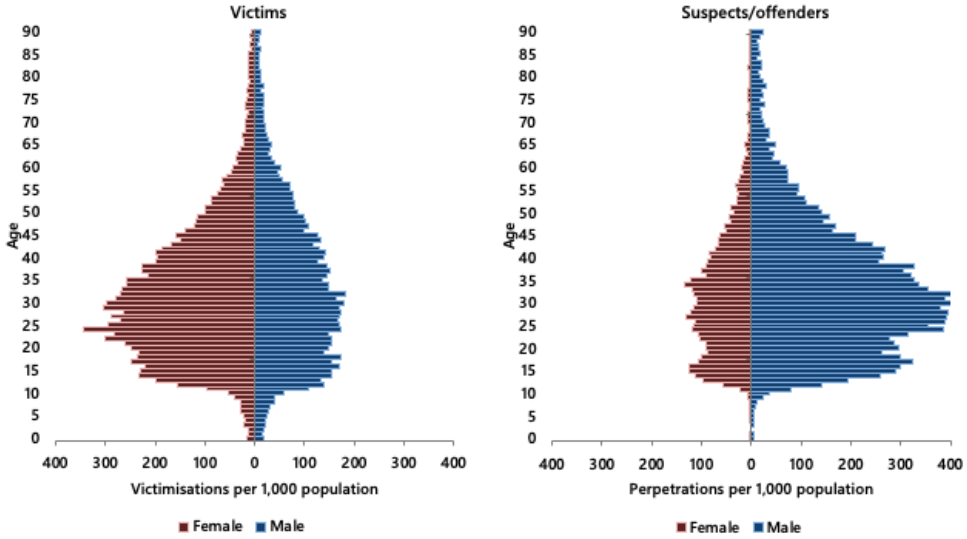


Figure 11: Victimisation and perpetration rates of broad spectrum violence by age and sex, Lincolnshire Police data, three-year period ending June 2021

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, and meeting people where they are.

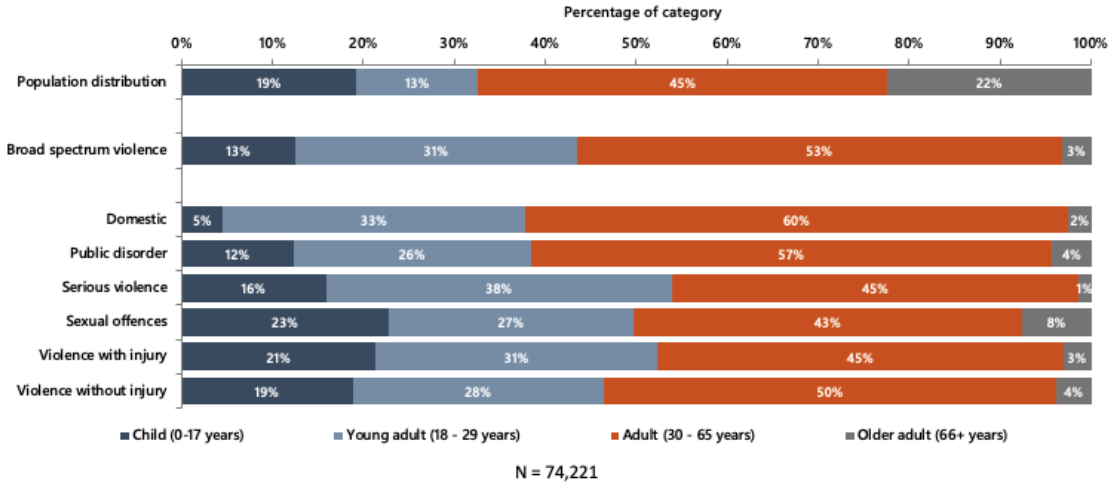


Figure 12: Violence type by life course (perpetration), Lincolnshire Police data, three-year period ending June 2021

A third of broad spectrum violent crimes (where a suspect was identified) involve either an individual involved in drugs offending or were flagged on the police system as alcohol-related offences. This figure rises to half of all crimes in the case of serious violence.

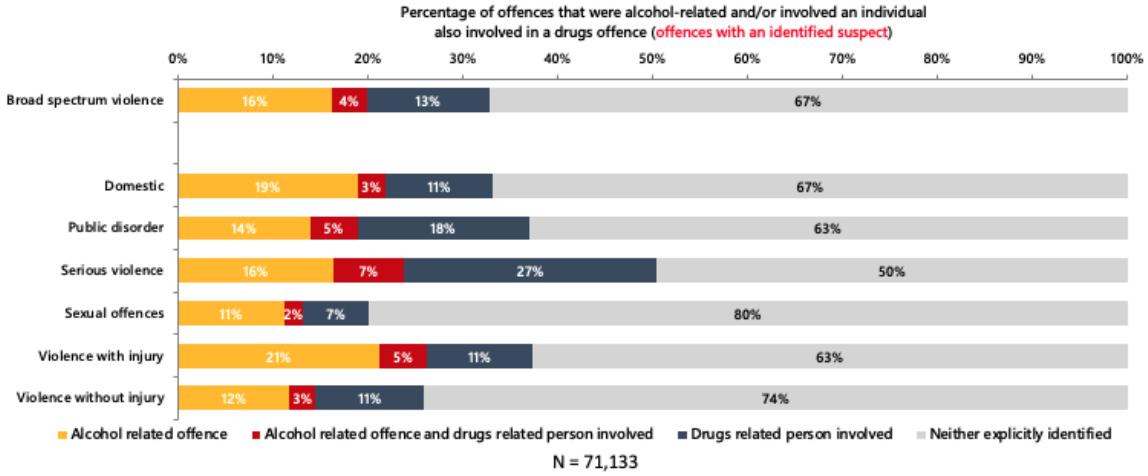


Figure 13: Proportion of violence alcohol-related or involves an individual also involved in a drugs offence, Lincolnshire Police data, three-year period ending June 2021

It is important to consider violent behaviour that is affected by alcohol or drugs use differently to violence related to carrying out drugs offences, as early intervention for each category will require different types of initiatives, in different settings. Examining data on gender and age of people admitted to hospital due to substance misuse and disorder due to alcohol along with victimisation and perpetration of crime can begin to show areas where targeted prevention and early intervention could be most impactful. The association between these admissions and areas of deprivation by residence of patient adds to the information to assist with targeting effective use of prevention resources.

Hospital admissions due to substance misuse

- There are a higher proportion of males (56.5%) than females admitted to hospital due to substance misuse in Lincolnshire.
- Admission rates vary by sex, with male admission rates being highest in the 35-39 year age group (125.2 per 100,000), and female admission rates being highest in the 50-54 year age group (102 per 100,000).
- The highest admission rates by built up area were Skegness (86.6 per 100,000), Horncastle (62.9 per 100,000) and Louth (61.3 per 100,000).

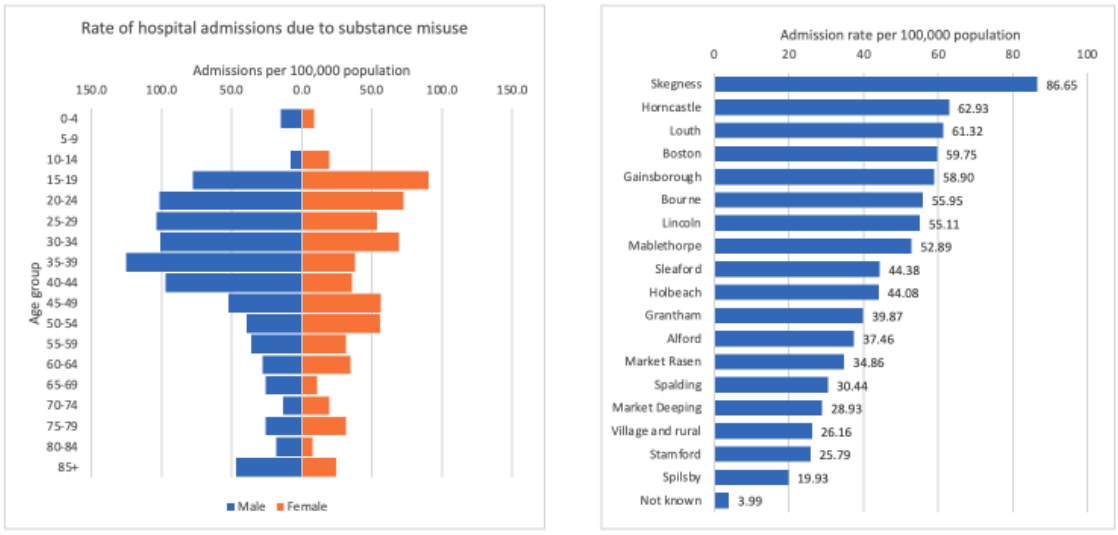


Figure 14: Hospital admissions due to substance misuse by sex and BUA, ONS mid-year population estimates for Lincolnshire have been collected for 2018/19 2019/20, 2020/21

- There is a notable association between substance misuse admissions and areas of deprivation, with admission rates being 5.6 times higher in the most deprived decile (99.5 per 100,000) compared to the least deprived decile (17.7 per 100,000).

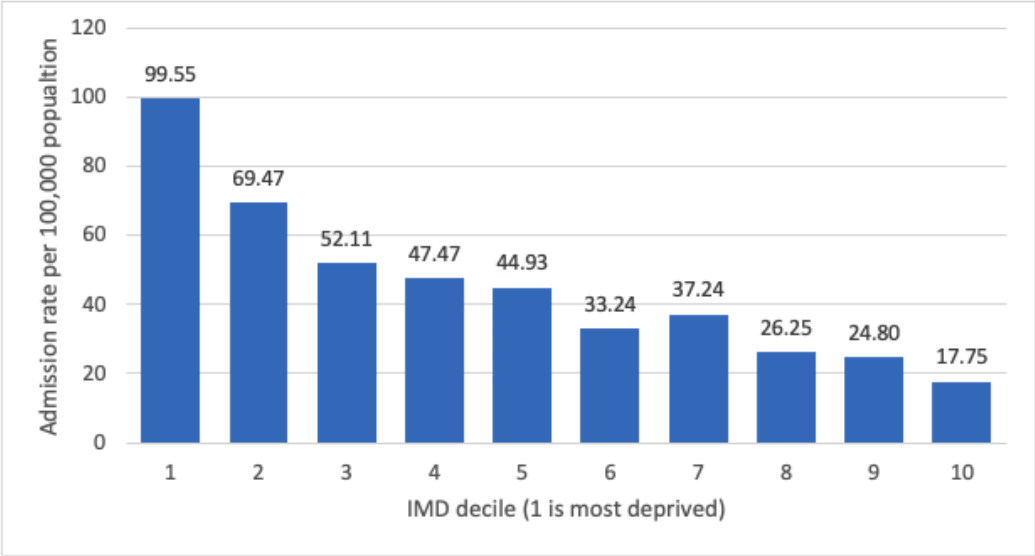


Figure 15: This indicator measures all inpatient admissions where the primary diagnosis was substance misuse (ICD-10 codes F11-F19, T40, T52, T43.6) or where the external cause was undetermined (ICD-10 codes Y12, Y16, Y19

Hospital admissions for mental and behavioural disorders due to the use of alcohol

- There are a much higher proportion of males (69%) admitted to hospital for mental and behavioural disorders due to the use of alcohol in Lincolnshire.
- Admission rates vary by sex, with male admission rates being highest in the 40-44 year age group (377.8 per 100,000), and female admission rates being highest in the 15-19 year age group (90.2 per 100,000).
- The highest admission rates by built up area were Skegness (148.7 per 100,000), Grantham (141.7 per 100,000) and Sleaford (114.4 per 100,000).

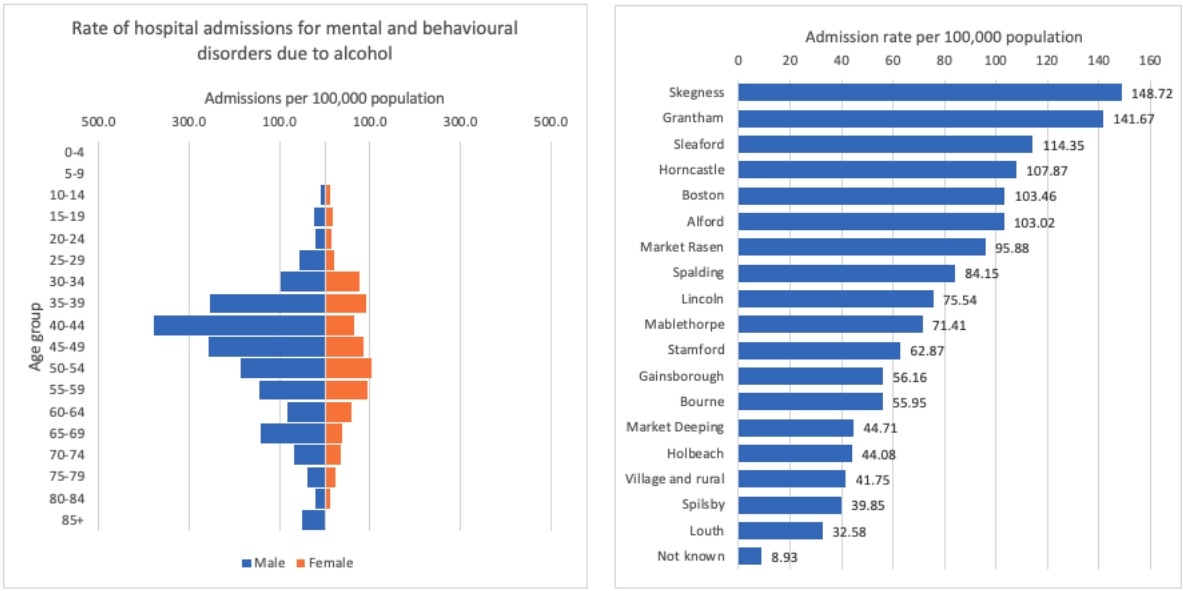


Figure 16: Hospital admissions for mental and behavioural disorders due to alcohol by sex and BUA, ONS mid-year population estimates for Lincolnshire have been collected for 2018/19, 2019/20 and 2020/21

- There is an association between admissions for mental and behavioural disorders due to alcohol and areas of deprivation, with admission rates being 2.6 times higher in the most deprived decile (123.3 per 100,000) compared to the least deprived decile (46.7 per 100,000).

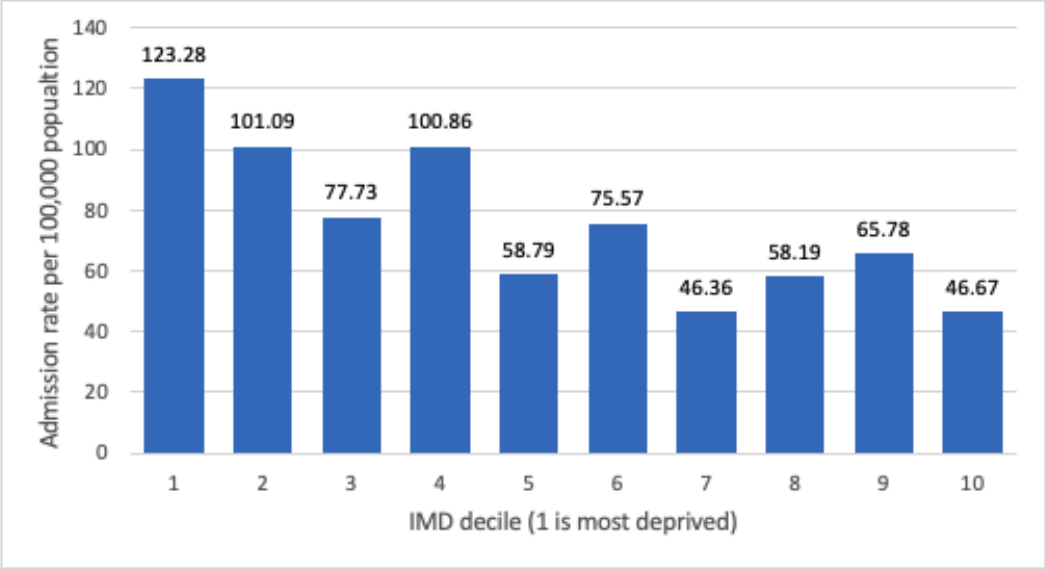


Figure 17: This indicator measures all inpatient admissions where the primary diagnosis was mental and behavioural disorders due to the use of alcohol (ICD-10 code F10).

Victims

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 stated previously. 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.

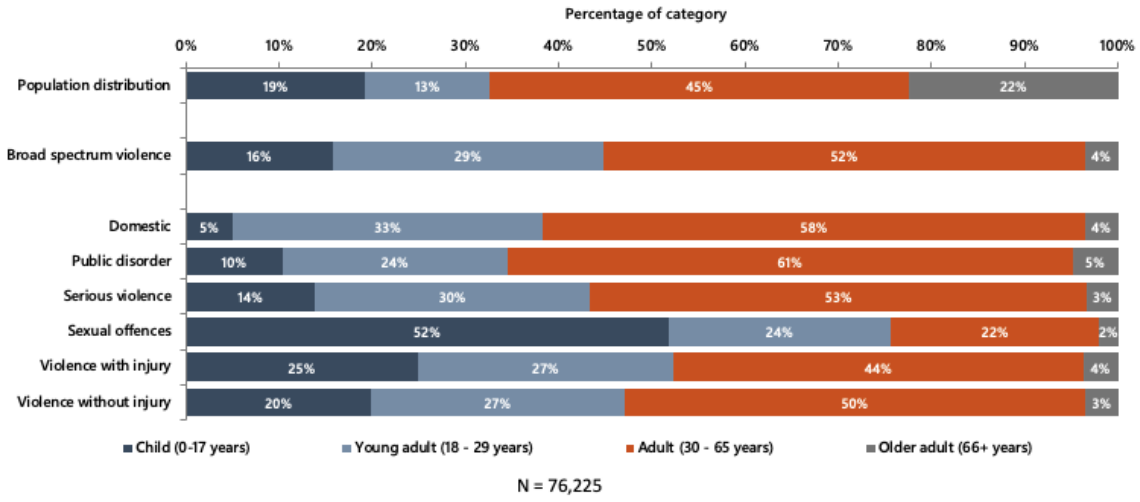


Figure 18: Violence type by life course (victimisation), Lincolnshire Police data, three-year period ending June 2021

The figures below compare the number of crimes with a male offender and a female victim to all violent crimes where both a victim and suspect were identified. By this measure, nearly half of all violent crimes is male on female. However, 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 violence offences.**

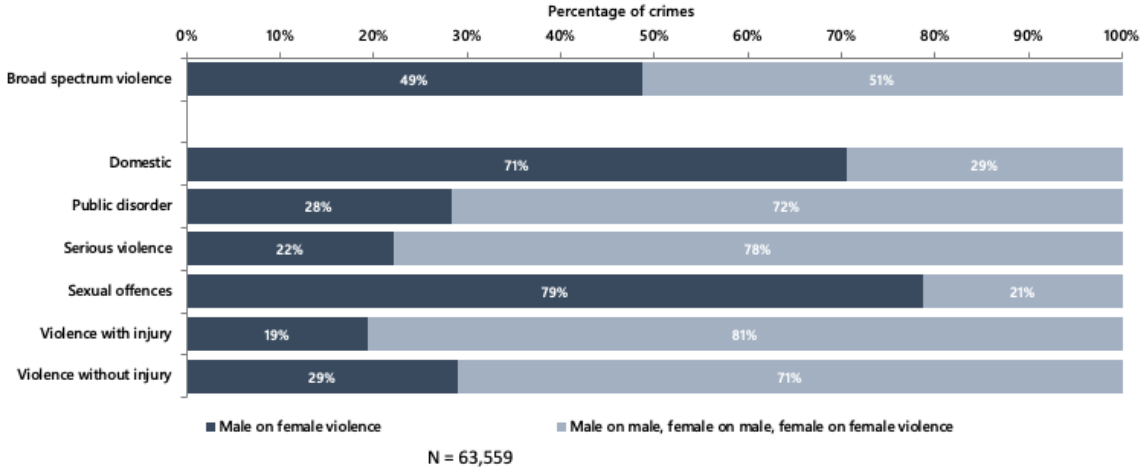


Figure 19: Male on female violence, Lincolnshire Police data, three-year period ending June 2021

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 in perpetrators.

23% of Serious Violence offences recorded in the 12 months January to December 2021 involved the use of a weapon, which shows a downward trend from the previous 12 months. This excludes possession of weapons offences.

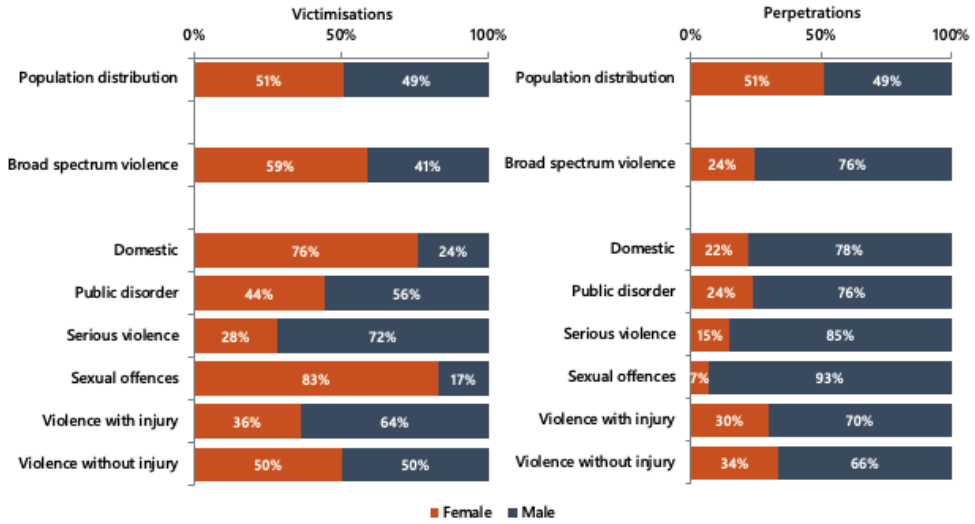


Figure 20: Violence type by sex, victimisations and perpetrations, Lincolnshire Police data, three-year period ending June 2021

Perpetration rates exceed victim rates as many serious violent crimes do not have a person victim, for example weapons possession offences. Understanding the extent to which weapons possession offenders are more likely to be violent offenders is important for the design of early intervention initiatives. The relationship of weapons offences to fear and perceptions of crime in an area is also important to prevention and early intervention efforts.

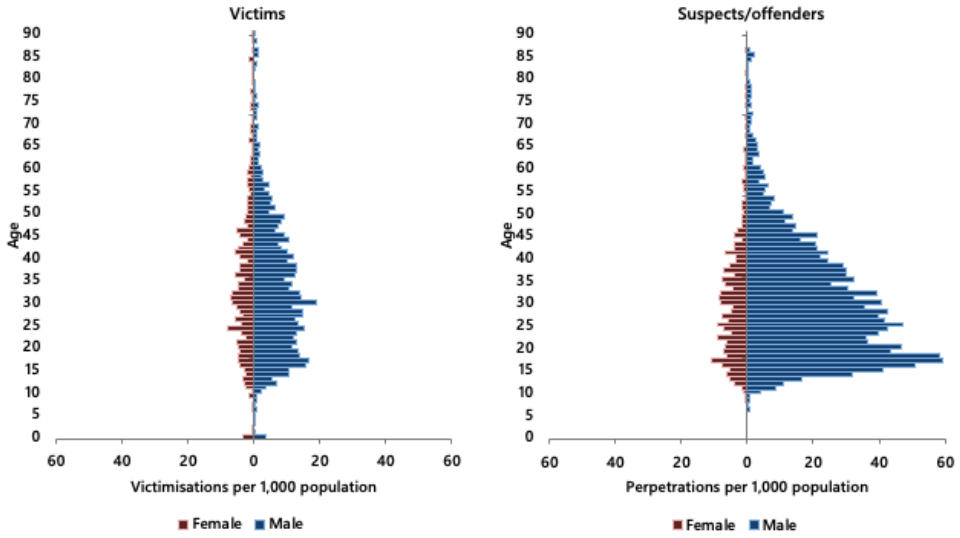


Figure 21: Vicitimisation and perpetration rates of serious violence by age and sex, Lincolnshire Police data, three-year period ending June 2021

Night Time Economy (NTE)

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.[31]

Outcomes of violent offences

Serious violence is much more likely to result in a formal police outcome than other forms of violence. However, 76% of serious violence still goes without formal police action. The figure for other forms of violence is even higher.

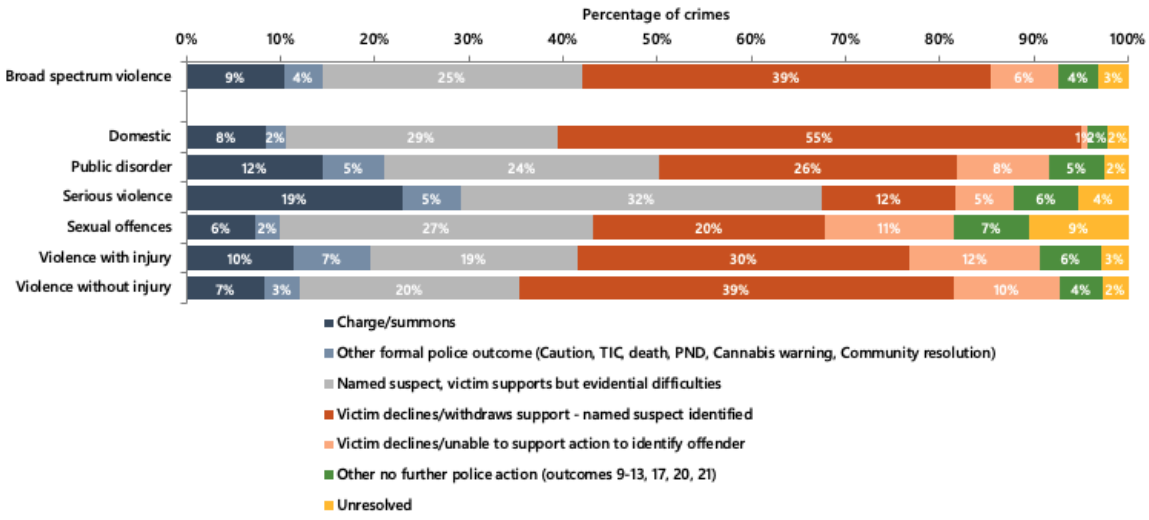


Figure 22: Violence type by police outcome, Lincolnshire Police data, three-year period ending June 2021

Understanding the outcomes when a violent offence comes to the attention of police is important because it indicates the extent to which opportunities to prevent further victimisation and perpetration can be taken. For example, positive outcomes (reaching a resolution of charge, summons, caution, or community resolution) means that offenders can be put into contact with services that can support behaviour change that reduces their risk of further violent offences. It also highlights where victims can be put in touch with victim support programmes, and followed up for better long term safety outcomes.[32]

The crime closure code that details a suspect has been identified by a victim but the victim does not wish for any further action to be taken against them (known as outcome 16) is an important part not only of victim support work but also in violence prevention work. Ensuring an effective process works to safeguard victims and the public as it works to break cycles of offending behaviour by perpetrators of violence.

16% of violence with injury offences in the period July 2019 to June 2020 had a positive outcome. However, in 44% of offences, the victim declined to support pursuance or withdrew that support later.

11% of the violence without injury offences in the period had a positive outcome. 55% of offences concluded with the victim declining or withdrawing support for pursuance. Only 5% of stalking and harassment offences resulted in a charge, summons, caution, or community resolution. 57% of offences concluded with the victim declining or withdrawing support for pursuance. [33]

This highlights the importance of victim support programmes in the violence reduction agenda, so that offenders are put into contact with services that can support behaviour change that reduces their risk of further violent offences.

<u>Fear and perceptions of violence and its affects on individuals and communities</u>
While data may not show a statistically significant level of violent crime in a community, the perceptions individuals may have either through their own proximity to violent behaviours or through exposure to media highlighting rare or random violent events, can affect wellbeing. This fear can limit people from going out at night, using public transport, or going to places they fear violence could happen. This reduces full participation in society and impacts feelings of community cohesion, especially if there are perceptions that certain groups or communities are more violent than others. [34]

The Office of the Police and Crime Commissioner's Lincolnshire Crime and Policing Survey 2020-21 provides a number of important observations from the community on perceptions and fear of different types of violence. This along with ONS data of experiences of violence against reported violence illustrates the challenges to prevention and early intervention programmes:

Domestic abuse:

- Domestic abuse (DA) was seen as a high priority for an emergency 999 response. Only road traffic collisions, vulnerable missing persons and concerns for suicidal persons ranked more highly among respondents than a report of their partner being abusive towards them
- ONS national data suggests that for the year ending March 2020, 5.5% of the adult population had experienced some form of domestic abuse in the last year (7.3% for women and 3.6% for men). This is much higher than the rates reported

locally to the police. DA prevalence varied by individual characteristics, with peaks noted for the following groups:
    - 16-19 year old women (14.0%),
    - separated women (18.6%),
    - disabled women (14.7%),
    - single women with children (21.0%)

Sexual offences:

- Of 8 issues surveyed, being a victim of rape or sexual assault was the least worried about issue.
- ONS national data suggests that for the year ending March 2020, 1.8% of the adult population had experienced some form of sexual assault in the last year (2.9% for women and 0.7% for men). This is much higher than the rates reported locally to the police. Sexual offence prevalence varied by individual characteristics, with peaks noted for the following groups:
    - 16-19 year old women (12.9%),
    - female full-time students (11.6%),
    - LGBT groups (peaking for bisexual women 15.4%)
    - Men and women who visit nightclubs 4+ times a month (9.0% and 19.5% respectively)

Substance misuse:

- People using or dealing drugs was considered to be the second most widespread issue in the local area of survey respondents (behind speeding traffic), 35% seeing it as a very or fairly big problem in their area (rising to 55% in Boston).
- ONS national data suggests that 9.4% of adults aged 16-59 years had taken a drug in the last year, up from 8.6% in 2010
- NHS national data suggests that the proportion of school children taking drugs (excluding psychoactive substances) is rising, from 15% in 2014 to 21% in 2018

Violent crime:

- Public worry about being a victim of violence was relatively low compared to other types of offence:
    - 33% of those surveyed were fairly or very worried about being ‘physically attacked by strangers’.
    - 35% were fairly or very worried about being ‘mugged or robbed’
- Reported prevalence of violent crime was relatively high compared with other offences, and higher than would have been expected based on reporting rates:
    - 13% stated they or someone in their household had been ‘threatened in any way’ in the last year, the joint highest type of crime alongside cyber crime and telephone fraud
    - 3% stated they had been ‘physically attacked by another person’

It can be difficult to compare perceptions of violence based on survey results to crime statistics due to differences in language and the understanding of terminology. What this indicates is the importance of engaging the community in discussions and planning for preventing violence. This ‘community consensus’ is one of the 5 Cs highlighted in the public health approach.

As data collection and sharing evolves under the development of a violence reduction programme, the community can be consulted on issues such as:

- If people feel that that their local area is a place where people from different backgrounds get on well together, that they could ask their neighbour for help, or that people in their local area could be trusted
- If people feel safe at home during the day and at night, or if they feel safe outside in their local area at night
- If they have witnessed people using or dealing drugs, and if they feel drug use and dealing is a big problem within their local area

Specifically asking young people these questions is also important in order to better understand early intervention needs and how perceptions of safety affect young people's wellbeing.

<u>The impact of violence in Lincolnshire</u>

Violence can have both immediate and long-term consequences. Examining hospital episode statistics (HES) and ambulance service data (EMAS- data from East Midlands Ambulance Service) adds to the understanding of where, when, and what type of violence occurs in communities, to whom and under what circumstances:

Hospital admissions where the external cause was assault

- The majority of inpatients admitted due to assault in Lincolnshire are male (80.4%).
- Further detailed analysis revealed that 64.9% of these admissions were assault by bodily force (ICD-10 code Y04).
- Admission rates vary by sex, with male admission rates being highest in the 20-24 year age group (131.6 per 100,000), and female admission rates being highest in the 0-4 year age group (28.4 per 100,000).
- The causes of admissions in 0-4 year olds were 'Assault by bodily force', 'Neglect and abandonment', 'Other maltreatment', 'Assault by unspecified means' and 'Assault by unspecified chemical or noxious substance'.
- The highest admission rates for assault by built up area were Skegness (60.8 per 100,000), Boston (56.8 per 100,000) and Lincoln (45.2 per 100,000).

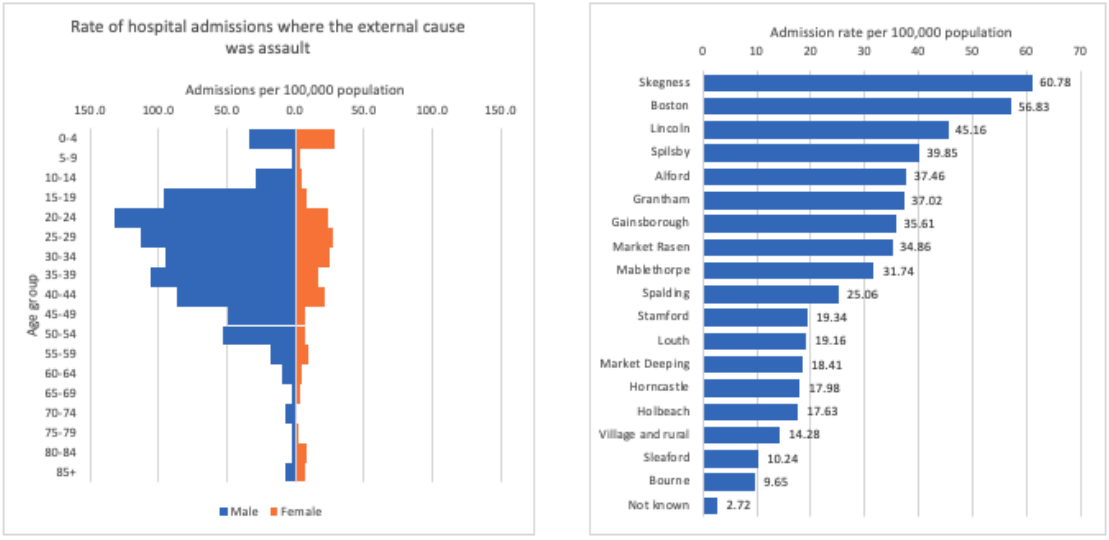


Figure 23: Hospital admissions for assault by sex and BUA, ONS mid-year population estimates for Lincolnshire have been collected for 2018/19, 2019/20 and 2020/21

- There is a notable association between hospital admissions for assault and areas of deprivation, with admission rates being 4.5 times higher in the most deprived decile (79.1 per 100,000) compared to the least deprived decile (17.7 per 100,000).

- For males aged 17-19 years, violence accounts for 20% of the difference between the richest and poorest communities in emergency hospital admissions.

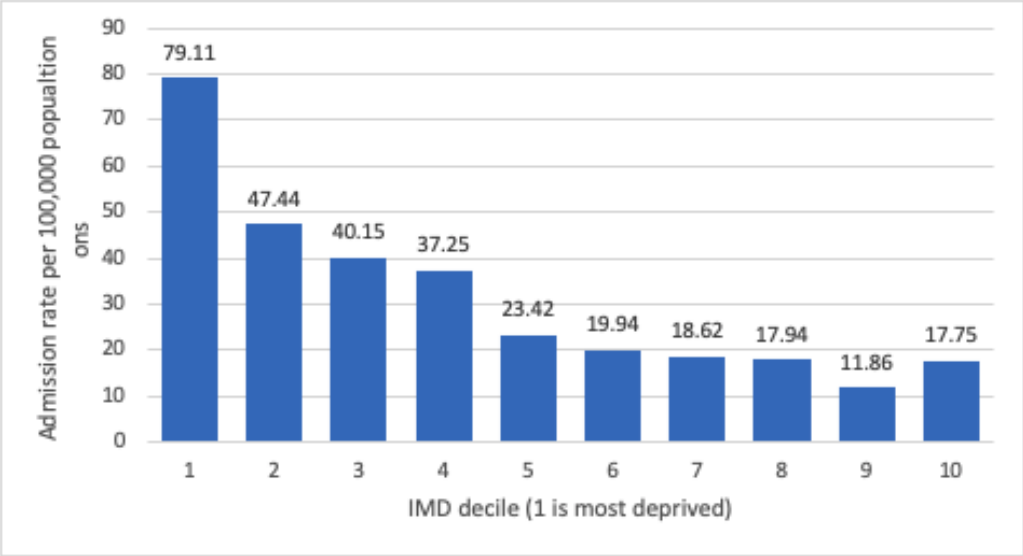


Figure 24: This indicator measures all inpatient admissions where the external cause for admission was assault (ICD-10 codes X92-Y09).

Ambulance callouts due to assault

- The majority of ambulance callouts due to assault were for male patients (70.8%).
- Ambulance callout rates vary by sex, with male rates being highest in the 25-29 year age group (299.4 per 100,000), and female admission rates being highest in the 20-24 year age group (135.7 per 100,000).
- The highest callout rates by built up area were Skegness (333.7 per 100,000), Gainsborough (161.6 per 100,000) and Lincoln (154.6 per 100,000).

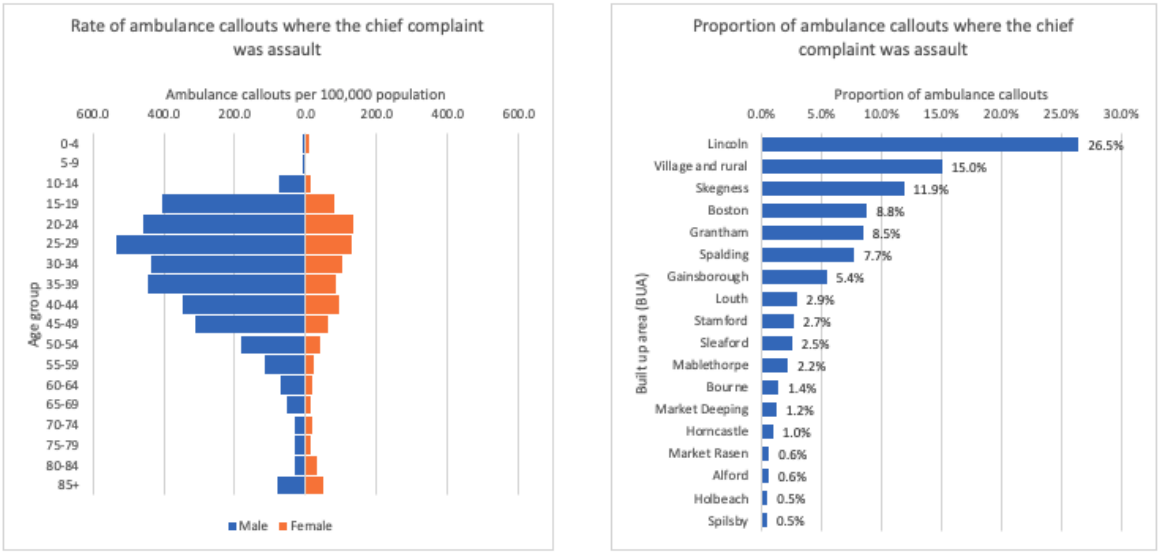


Figure 25: Ambulance callouts for assault by sex and BUA, ONS mid-year population estimates for Lincolnshire have been collected for 2018/19, 2019/20 and 2020/21

- There is a significant association between ambulance callout rates and areas of deprivation, with callout rates being 12.7 times higher in the most deprived decile (332.9 per 100,000) compared to the least deprived decile (26.3 per 100,000).

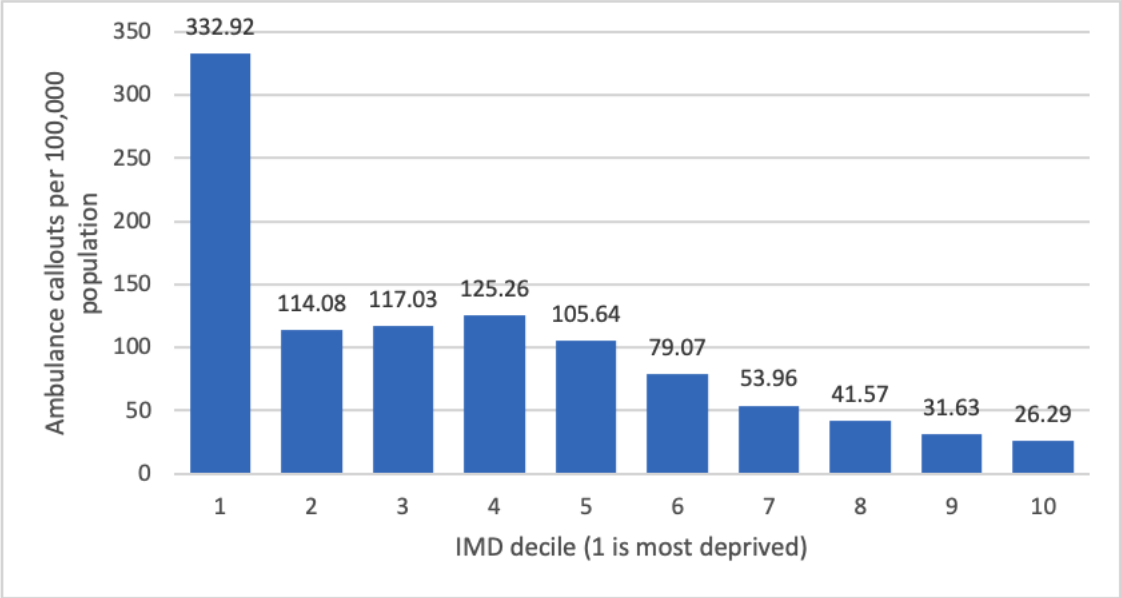


Figure 26: This indicator measures all ambulance callouts in Lincolnshire where the despatch code classifies the Chief Complaint as assault/sexual assault (Code 04) or stab/gunshot/penetrating trauma (Code 27). EMAS data records incidents by the pickup location.

It is clear that violence can have long-lasting, damaging impacts on physical and emotional health. It negatively affects individuals' lives, including health, social, and economic outcomes. It can increase risk of engaging in poor health behaviours, including further violence. It damages education and employment prospects, as well as social, emotional, and mental wellbeing.[35] Reducing these impacts can generate large economic savings to health and other services, as well as improvements to public health and social and economic well-being.[36]

Risk and Protective Factors Associated with Violence

Risk factors

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. Partnership efforts toward violence prevention can be valuable across the population regardless.

Studies conducted in the UK on risk factors are few, but build on the bulk of research conducted in the US. UK research has shown that risk factors for violent offences such as murder and firearms offences include childhood offending, persistent offending, and a chaotic background (experiencing physical or sexual abuse, being taken into care), disrupted family environments, and exclusion from school. [37]

Having more risk factors indicates greater likelihood that an individual might become both a victim of violence and commit violent behaviours. Risk factors rarely occur in isolation and they interact with each other. Because risk factors for violence overlap to some degree, effective preventative interventions should have benefits across crime types.

One study developed a risk score for offending based on six risk factors:

- Having a convicted parent
- High daring
- Low school attainment
- Poor housing
- A disrupted family
- Large family size.[38]

Adverse Childhood Experiences (ACEs)

Research indicates how adverse experiences in childhood can impact on a range of life, health, and wellbeing outcomes. Exposure to violence, especially as a child, makes individuals more likely to be involved in violence in later life. This includes increased risk of committing violence as a young person, and of being a victim and a perpetrator of domestic violence in adulthood. [39]

Some examples of ACEs include:

- Emotional, physical or sexual abuse
- Emotional or physical neglect
- Violence against household members
- Living with household members who were substance abusers, mentally ill, suicidal or imprisoned
- Having one or no parents, or experiencing parental separation or divorce
- Bullying or exposure to community or collective violence[40]

Education and school experience

There is a significant body of research linking poor pupil attainment, absenteeism, special educational needs and deprivation to an increased risk of being excluded from school. There is no evidence that permanent school exclusion directly causes violent behaviour or involvement in crime, but there are strong correlations.

The range of community and social groups of which individuals are a part influence behaviours and outcomes. School, work, neighbourhoods and social settings provide the environment for learned social norms and acceptable standards of behaviour.

It is important to understand risk factors in order to best address them based on evidence, helping to target resources and provide early interventions to people who need them most:

- Under 25s for most impactful prevention and better life outcomes long term
- Males most at risk of serious violence
- Geographical hotspots
- Children and young people who are victims of exploitation, involved in gangs, have low attendance at or are excluded from school, and young people in local authority care
- Groups which are over-represented in the local criminal justice system, or have poorer outcomes within relevant services, for example in relation to young people with language barriers

Effective prevention support can be designed and targeted when risk factors for future violence is understood. Interventions can be low level or more intensive, when that risk is known.

Protective factors

Protective factors include a range of skills, conditions, and circumstances that foster good health and wellbeing, including resiliency. Protective factors have a key role to play in preventing individuals becoming involved in violence. They act to mitigate risk factors. This may explain why some children who face the same cluster of risk factors as other children don't go on to commit violent behaviour or otherwise become known to the criminal justice system.

Protective factors can also be viewed, like risk factors, as being part of an individual, family, or community approach but also include school and peer group opportunities.

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

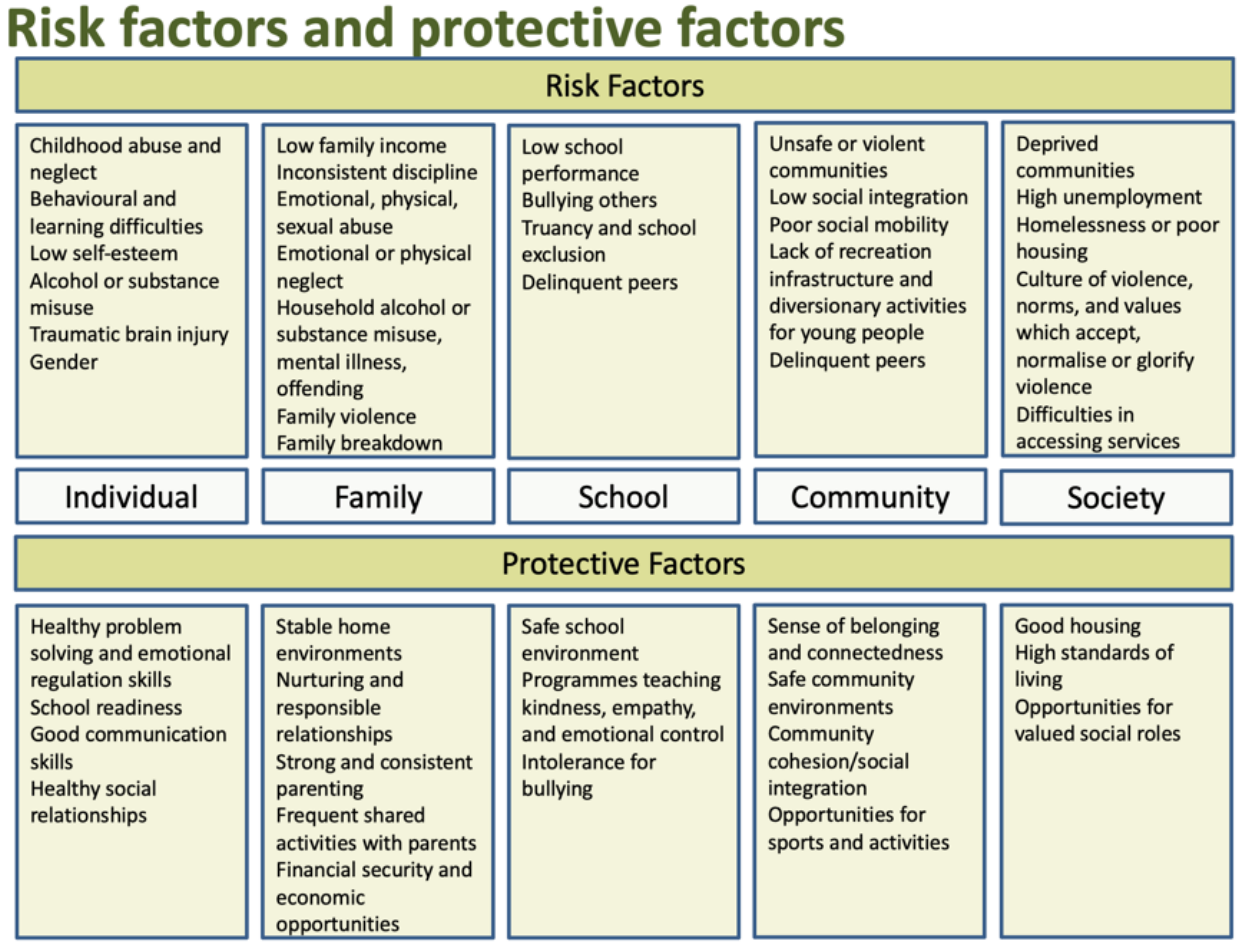


Figure 27: Adapted from Serious Violence Strategy (2018) and Public Health England CAPRICORN (2019)

It requires whole system multi-agency collaboration to provide services that support many of these risk factors. 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, meeting them where they are.

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.

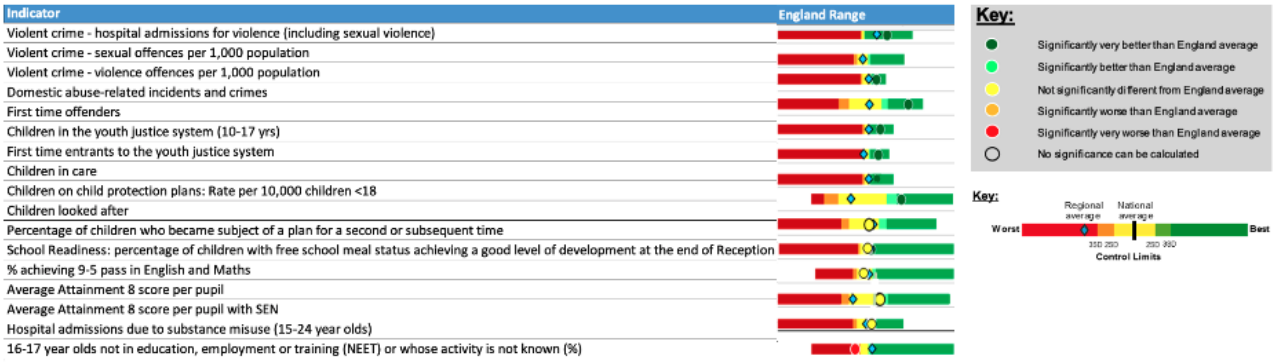


Figure 28: Violence in Lincolnshire, some risk and protective factors

The council has a key role to play in the strength of the protective factors in the community. The commitments by the Council as stated in the **Corporate Plan** reflect this[41]:

Support high aspirations

- Help neighbourhoods flourish
- Help young people achieve
- Offer additional learning options to all
- Establish high-quality jobs, skills and development opportunities
- More people have the skills and attributes for work, enabling them to make a positive contribution to their community
- More people are in higher-paid and skilled jobs
- Increased economic productivity, driven by a flexible well-trained workforce
- More people leave education with better qualifications and skills
- Promote healthy, inclusive and accessible employment and learning opportunities

Enable everyone to enjoy life to the full

- Promote safe and secure homes
- Help those who look after others
- Aspire for all children to have a caring home
- Give children the best possible start
- Provide opportunities for a fulfilling life[42]

Create thriving environments

- Assist everyone to live safely
- Communities have accessible and high-quality public services
- Safer, healthier, connected and resilient communities and businesses work together to improve neighbourhoods
- Provide sufficient, high-quality and inclusive education places locally
- Improve the safety of local communities
- Provide support during key life events

Provide good-value council services

- People's needs are met in a timely, responsive and efficient way
- Communities have a strong voice and are empowered to make a difference
- High-quality public services are delivered in a cost effective way
- Engage, listen and respond to our communities
- Maximise opportunities to work with others and improve service delivery

Success in these areas are key to the prevention of a range of health and social risks, including the risk of being involved in violence either as a victim or perpetrator.

Preventing and Reducing Violence in Lincolnshire

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

Review of the evidence for reducing violence

The Home Office, in the development of its Serious Violence Strategy, conducted an extensive and robust evidence review of what works to prevent serious violent crime.

Characteristics of interventions that are identified as being evidentially important to designing programmes that are effective include:

- A combination of universal approaches and targeted interventions and support for specific groups as indicated by data and intelligence
- Community engagement in the design and implementation of interventions and initiatives, especially for those who have experienced violence and those at greatest risk.[43]
- Input from a range of professionals to maximise effective design, including health, social care, education, justice, and policy makers.[44]
- Prevention initiatives that provide value for money, especially in that they demonstrate a range of benefits across all aspects of life, including health, education, and employment outcomes, improving the overall health and wellbeing of those individuals and their communities.[45].
- The role of community safety partnerships to bring stakeholders together to progress early intervention and prevention efforts [46]
- Population level strategy for the far-reaching impact of contextual prevention-meeting people where they are in the context of their lived experience.
- Focus on specific population groups from the universal to the targeted and specialist as risk of violence increases, for effective and efficient use of resources for greatest impact.[47]

One of the challenges of a public health prevention approach, however, is demonstrating the impact of preventative intervention and of investing for long term outcomes[48]. This can be addressed by:

- Implementing interventions that are well-evidenced
- Ensuring evaluation is built in throughout design and implementation
- Using commissioning mechanisms, monitoring, and performance reporting, key performance indicators (KPIs), and key lines of enquiry (KLOEs).

The Home Office acknowledges the difficulty in ‘proving’ the cause and effect of many of the risk and protective factors, despite the confidence that people who live and work in

communities and with high-risk individuals have that this effect is real. But in the Serious Violence Strategy they emphasise that “It is very important that we encourage, support and learn from frontline professionals who in turn support communities”.[49]

Building a Theory of Change and investing in evaluation are valid measures underpinning the introduction of interventions with limited evidence of impact.[50] A pragmatic approach is needed to commission interventions now based on the combined research evidence and the evidence of experts (both lay and professional) in our communities. [51]
It’s important to note that research has concluded that predictive analysis has considerable limitations. It can assist in the identification of high risk individuals and communities, but it will not identify all serious offenders. Also, identifying those high risk individuals may help target intervention, but the investment in resources is still required to provide that support, including the provision of staff for the necessary human interaction. [52]

The **Local Government Association’s (LGA) evidence review** of public health approaches to violence includes evidence against a set of standards and only includes interventions to reduce violence that were assessed at the highest level.

It acknowledges that determining definitive evidence of what works to reduce violence is difficult, but it is clear that interventions must:

- work to address risk and protective factors
- work at the primary, secondary, and tertiary level and be universal or targeted.[53]

Universal interventions look to support young people to build resilience through making positive choices, improving critical thinking skills, and providing tools for healthy and stable relationships. This may also include support for parents, teachers, and schools. [54]

Targeted interventions also aim to build resilience, including the use of identifying role models especially for those who may have been identified to have risk factors for offending behaviour, or may have already been involved in crime. [55] Examples of targeted initiatives include:

- preventative education through targeted schools interventions
- specialist support for gang-affected young women and girls
- intervention and community support work within A&E services
- wider support for parents and communities in tackling gangs and related violence. [56]

Interventions that focus on emotional development and control, behaviours, values, and norms, seem to be most effective and demonstrate cost benefit. [57]

The initiatives that met the LGA's highest evidence benchmark include:

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)

Identification, care and support

- Identification and referral to improve safety (IRIS)

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

Multi-component interventions

- Multisystemic therapy
- Sure Start local programmes[58]

Incredible Years Programmes

Both the Serious Violence Strategy and the LGA 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, which can be an indicator of potential future involvement in violence.

PHE's **CAPRICORN Framework** provides an overview that helps local authorities identify actions for primary and secondary prevention of youth offending that address risk and protective factors.

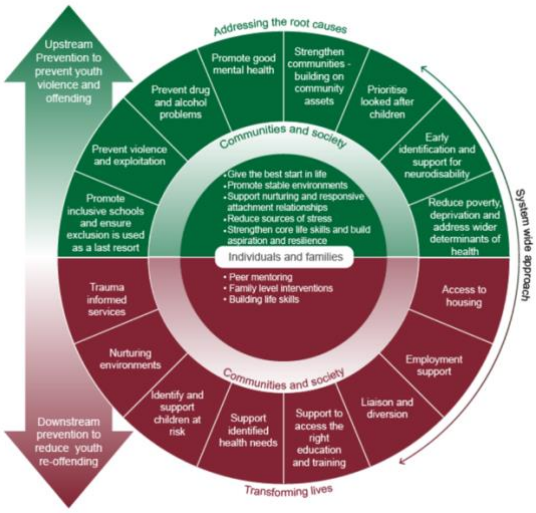


Figure 29: Capricorn Framework

The framework looks to integrate action at the individual and family level across to the community level:

Table 1: PHE's Capricorn Framework for primary and secondary prevention of youth offending[59]

	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	• Make sure school exclusion is a last resort • Prevent violence and exploitation • Address substance misuse and mental health needs • Strengthen communities • Prioritise looked after children • Reduce poverty and deprivation	• Provide trauma informed services • Promote nurturing environments • Identify children at risk of re-offending • Support access to mental health services • Work with substance misuse services • Link with education, employment and housing

Local partnerships can take upstream and downstream actions to prevent youth offending and reoffending, including offending that may lead to violent behaviours. Upstream approaches take a public health prevention approach to begin to tackle the root of violence in our communities. In particular, focused deterrence, social skills training, cognitive behavioural therapy (CBT), A&E navigators and sport programmes are thought to have a high impact on preventing violence.[60]

Case studies from Violence Reduction Units around the country provide a wealth of evidence of types of programmes and interventions that have been implemented and for which evaluation is ongoing:

The Leicester, Leicestershire, and Rutland Violence Reduction Network shares a breadth of information on the range of interventions, projects, campaigns, and commissioning that they do following their strategic needs assessment, which is updated yearly. The LLR VRN also provides the **Mentors in Violence** programme, along with:
The Violence Intervention Project (VIP) provides timely and tailored support to young people attending the Accident & Emergency department.
The Unlocking Potential (UP) Project focuses on improving education, training and employment for 16-25 year olds in contact with the Criminal Justice system and currently/previously involved in violence.
The LLR VRN also leads on a programme to affect leadership and cultural change to shift norms that will prevent violence in the long term.

West Midlands Violence Prevention Alliance
The West Midlands Violence Prevention Alliance is made up of stakeholders from a range of organisations including PHE, the police, the Association of Directors of Public Health, NHS trusts and partners from the voluntary, community and social enterprise sector.

The Alliance has promoted increased awareness of protective and risk factors for experience of violence including adverse childhood experiences and other vulnerabilities. Other Alliance work programmes include:

Mentors in Violence Prevention: a schools-based peer mentoring programme for students based on the Scotland programme
Identification and Referral to Improve Safety: initiative to train GP practice staff to identify patients affected by domestic abuse
Redthreads: providing youth workers in A&E departments to work with patients affected by violence and referring them to local youth services

Scotland's Violence Reduction Unit
The Scottish Violence Reduction Unit (VRU) is a national centre of expertise on violence and sits within Police Scotland. Scotland's public health approach has 3 broad strands incorporating 1) enforcement, 2) attitudinal change and 3) prevention and include multi-agency working to deliver collaborative projects and programmes. Since 2005 an extensive variety of violence prevention initiatives have been pursued through different organisations and partnerships in different localities across Scotland. Prevention projects currently being delivered specifically under the banner of Scotland's VRU include:
Mentors in Violence Prevention: a schools-based programme that focuses on teaching bystander intervention strategies to confront specific forms of violence and abusive behaviour such as rape, dating violence, sexual harassment and bullying.
Street and Arrow: a project that provides mentoring and career support to prior offenders or those deemed at risk of committing crime.
Ask Support Care: a programme training a range of professionals so that they can reach out and offer to support to those they encounter who may be victims of domestic abuse.
Navigator: a hospital and community-based programme that engages with victims of violence and attempts to steer them away from a potential cycle of violence.
Since the establishment of the VRU Scotland has seen a 54% decrease in non-sexual violence recorded by the police and consistent decline in emergency hospital admissions due to assault. Identifying the role and impact of the public health approach and the VRU specifically in this decline is not possible due to the lack of evaluations that have been carried out.[61]

Local interventions and programmes

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. [62]

Stakeholder insights
Interviews conducted with 30 key stakeholders as identified by the PCC have informed the needs assessment. Interviewers were asked about the challenges they view as the most important ones in this agenda, what activity is currently addressing violence in the community, and what they would like to see happen as a result of the needs assessment. The valuable input from those who gave their time is reflected in the assessment of current local activity, as well as in the recommendations for a response to the needs assessment findings.

In designing prevention and early interventions for violence using a public health approach, it is imperative to recognise the challenges facing the organisations that provide essential services that address the social and structural determinants of health for the population. For instance, over eight years the Council's main Government grant has fallen by 90%, from £211m to £20m. [63] This affects the services that mitigate risk factors and foster protective factors that affect the level of violence in our communities.

However, despite this financial challenge, more than 80% of pupils in Lincolnshire are in a 'good' or 'outstanding' school as determined by Ofsted. Lincolnshire also has a higher number of pupils with special educational needs and disabilities (SEND) support, at 12.9% higher than the England average. The county's Children's Services are rated as outstanding and widely regarded as one of the best in the country. [64] These are important strengths on which to build prevention initiatives that foster protective factors for children and young people.

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.

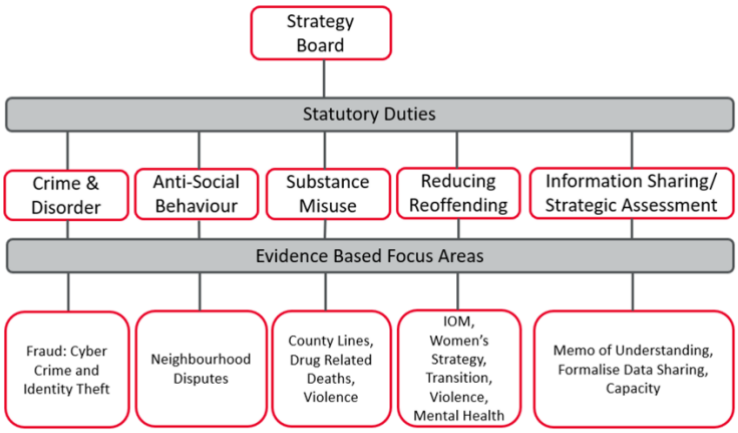


Figure 30: Safer Lincolnshire Partnership structure and priorities 2022-2023

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 Substance Misuse core priority group, and the Q Collab all have evidence-based programmes of work in train to support individuals in these key areas.

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.

Lincolnshire Police includes two strategic objectives that support the public health approach to interventions:

- Develop an early intervention and prevention approach to violent crime where appropriate.
- Engage partners to work together to reduce the harm in our communities.

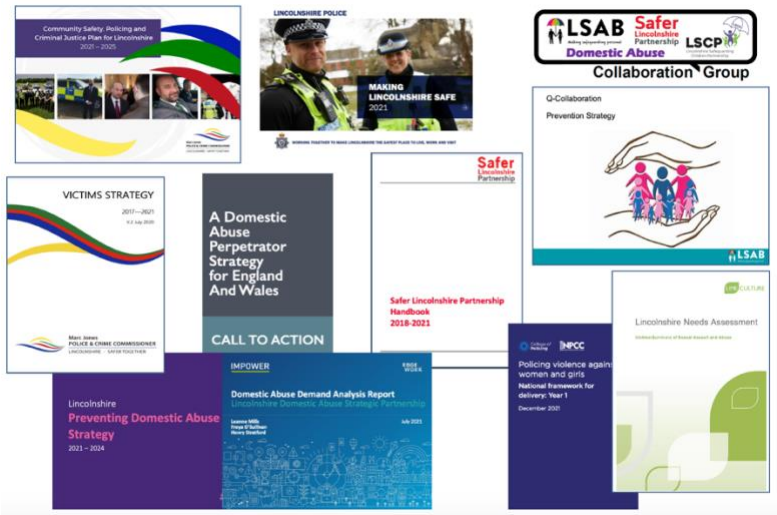


Figure 31: The violence reduction work programme landscape in Lincolnshire

Local targeted interventions and programmes

Domestic Abuse

- The Make a Change programme was extended until March 2023 across the county as part of Lincolnshire Police and the wider partnership response to perpetrators of domestic abuse. This programme ensures an early response to perpetrators, whilst keeping survivors and children central to the intervention. Work is ongoing across partners on a wider perpetrator strategy with the aim of targeting repeat and serial offenders, and improving offender management.
- Operation Encompass supports children experiencing domestic abuse by ensuring effective communication with schools that supports them in safeguarding children. In January 2020 stage one of Operation Encompass was launched. Review of its impact is ongoing and further improvements will be identified for future delivery.

Night Time Economy

- Operation Pro-Active works in Lincoln city centre to bring local officers on foot patrol and licensed premises together. Its NTE Review methodology is being used to inform the Coastal NTE plan and the NTE Force Management Statement.
- There is a set policy for all interventions at licenced premises, where incidents occur. This results in effective resolutions for any problems being experienced. Op California was launched on the East Coast and targets the link between Night Time Economy violence, the use of drugs, and people attending licensed premises.

Drugs and county lines

- Lincolnshire Police are working with Public Health and other key stakeholders to action public health led approaches to reduce the risk of substance misuse.
- Operation Vigilance in Lincoln aims to safeguard children and encourage County Lines reporting. The National Referral Mechanism has now been embedded as part of the Multi Agency Child Exploitation meetings. Every secondary school in the county receives a County Lines input from a Lincolnshire police officer.
- Operations are regularly designed and executed to target hotspots for drugs, antisocial behaviour, and violence. This also includes addressing threats of violence against vulnerable people in local areas by out of county drug dealers under the County Lines approach, resulting in arrests and convictions.

- Operations also work to actively identify and remove weapons in public spaces through intelligence driven activity and includes engagement with schools.
- Lincolnshire Police have a successful arrangement with Accident and Emergency at Lincoln County Hospital to fully capture and understand weapon-related injuries, especially bladed weapons with the aim to develop understanding of offences, such as where they happen and the types of injuries that result.

Work with children and young people

- Think Sharp aims to educate young people around the pressures, risks, consequences and impact of knife crime and offences involving weapons in response to an increase in young people being referred to agencies regarding knife crime.
- Futures4Me works to prevent knife possession and violence by delivering bespoke intervention packages to children who get referred to the police. It involves 6 sessions covering areas such as the law and consequences, case studies, and peer pressure.
- Joint Diversionary Panel were primarily established following detailed analysis of criminal justice disposals for children and young people. It aims to reduce criminalisation of children by seeking restorative alternatives to the referrals into the criminal justice system.
- Mini Police is for children aged 9-11 and covers basic knowledge of gangs and use of objects to cause harm.
- The Stay Safe Partnership brings together organisations and agencies that provide a range of safety programmes that support staff and young people. Its anti-social behaviour workshop is run as part of the Stay Safe Days in secondary schools. This cover gangs, weapons, and knives and raises awareness of the consequences of grooming and being used to carry weapons for criminals. It aims to challenge perceptions around weapons and knife crime.

Victims and perpetrators

- Restorative Justice emphasises the importance of dialogue with perpetrators as an option for victims, while recognising only they can decide if this is an appropriate route for them as part of their recovery. [65]
- The Victims Strategy ensures that those who have been a victim of violence can access support services independently to meet their needs. [66]

This targeted programme of work means a public health approach to violence reduction can focus on the risk and protective factors that will prevent the flow of activity into those priority areas over time.

Developing a Strategy/Response Plan for violence reduction

The Office of the Police and Crime Commissioner has prioritised the development of this needs assessment and a subsequent strategy, for the establishment of a Violence Reduction Programme.

Interviews with stakeholders have highlighted the commitment to a community-centred approach that recognises the strengths and resources locally, building on existing initiatives and programmes and ensuring their long term sustainability.

This fits with Home Office guidance on strategic needs assessments for serious violence reduction and lays the foundation for what a Violence Reduction Programme could look like locally. Action to achieve this priority includes:

1. Understanding the full range of services already commissioned locally, identifying:
   (i) what's missing
   (ii) whether the right services are available in the right locations
   (iii) what should be continued or expanded in the future
   (iv) what should not be continued, creating opportunities for resources to be used elsewhere[67]
2. Working toward greater integration across agencies, including more inter-agency communication and data sharing
3. Working to plug gaps in existing service provision
4. Supporting an active network of leadership champions
5. Developing a sustainable financing model
6. Designing greater accountability for individual agencies with a responsibility to reduce violence into partnership structures
7. Committing to policy reform and system-wide change
8. Including primary, secondary, and tertiary interventions
9. Engaging with communities and support building resilience[68]

The LGA has called on the Government to extend the Violence Reduction Unit model beyond the current 19 police force areas to all police forces in England and Wales. They stress the urgency of securing five-year funding settlements, rather than year-on-year commitments for sustainability and impact.[69]

Adopting the five elements that are common to public health advocated by the College of Policing and PHE also supports this approach to a response plan based on the needs assessment:

1. Deliver interventions at a population level and target resources effectively through increased understanding of the population.
2. Invest in specialist expertise to inform the approach, including public health, behavioural, and communication and engagement specialists. Train professionals in identifying and addressing the causes of the causes, especially ACEs, that enables early intervention and root cause prevention.
3. Agree the principle that prevention is better than cure and where possible identify and employ primary and secondary prevention measures to either stop the problem occurring in the first place or intervene early when the problem starts to emerge.
4. Ensure that interventions are designed, delivered, and tailored to be as effective as possible by consistent and systematic use of robust data, evidence, and outcome measures; review current information sharing protocols and data architecture with a view to enabling and improving the flow of information between partners.
5. Work in partnership across many different disciplines and services, championing community assets, reviewing current pathways and provision, and trusting professionals' and community experts' views to complement gaps in evidence to develop and commission interventions.

Getting started- what a Violence Reduction Programme for Lincolnshire could look like

Building on the structures and activity already in place in Lincolnshire, the following actions can take place-based multi-agency working on serious violence prevention to the next level:

1. 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
2. Use the process of agreeing the above to get senior level buy-in and commitment and identify champions to drive change
3. Recognise and build on work that is already going on, map local community assets, and understand what data is routinely collected by different organisations
4. 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.
5. 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.[70]

Recommendations at the end of this needs assessment suggest key components for a strategy and action plan for violence reduction as a response to the findings.

Information sharing and evaluation

Information sharing to tackle violence

To maximise the impact on serious violence, multi-agency 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, and 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.

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

Lincolnshire Police has a comprehensive and highly capable performance, data and analysis function that provides a timely overview of violent crime statistics in the county. It produces a quarterly infographic report on serious violence statistics. This provides a relevant and timely view of the types of violence occurring in the county, trends around specific violent crimes, who these crimes are affecting and by whom they are committed, as well as tracking outcomes of criminal pursuit of offenders.

This information provides a valuable basis for planning a multi-agency integrated approach to reducing and preventing violence. It is essential to targeting attention, resources, and services for an effective response that protects the population.

The Police also work with the **University of Lincoln** on specific research and statistical projects related to policing, crime, and violence which provides the opportunity to dive deep into specific areas for improvement.

The Home Office, through the Police Transformation Fund, is supporting a number of police led programmes to improve their analytical capabilities such as through Multi-Agency Integrated Services Analytics Hubs which aim to create a model for the controlled collation of multi-agency data and applying analytical techniques to better inform professional decision making.

The National Law Enforcement Data Programme will provide law enforcement and other agencies, on demand and at the point of need, with current and joined up policing information from a new Law Enforcement Data Service facilitating the operational use of police data. It will also facilitate strategic use of data, plugging gaps in the evidence base on victims and offenders, which will allowing faster and more granular local levels of testing. [71]

The community safety team in the Council which supports the **Safer Lincolnshire Partnership** also plays an essential role in gathering, analysing, and making usable data on violence from across the county, as well as supporting a range of partnership forums in doing the work to address problem areas. Its duties include:

- setting up protocols and systems for information sharing
- engaging and consulting with communities and addressing their priorities.

This contains information on community and young people's insights, including how safe people feel, their perceptions of risk in their communities, and what concerns them most.

In addition, a range of **health and social care agencies**, such as Public Health and Health Intelligence, Adult Social Care, and Children's Services in the Council, and the developing Integrated Care System (ICS) of the NHS, collect essential data that shows:

- The health impact of violence in the community, from injuries to deaths to mental health impacts
- Where these occur
- Public health profiles that indicate the presence of risk and protective factors
- Education and social care statistics which are also important indicators of the status of protective factors in the population.

Information Sharing to Tackle Violence (ISTV) is an NHS data standard, comprising anonymised data collected by Accident and Emergency (A&E) departments and shared with community safety partnerships and Violence Reduction Units to support local decision making. The data covers A&E attendances and hospital admissions resulting from violent incidents and includes time and date of incident, time and date of arrival at A&E, use of weapon, and location of incident. ISTV data is valuable in understanding the patterns, trends and demographics of violence in the county. It reveals parallels but also some differences with recorded police data, as evidence shows that a large proportion of assault cases that end up being treated in A&E aren't reported to the police. This impacts changes to service provision, such as reallocating policing patrols, to target areas of high activity that tend to result in violence.

Data linkage projects allow interventions to be tested faster, at less cost and at scale. By linking administrative data systems it becomes possible to innovate and test interventions at far larger scale. [72]

The Home Office's guidance for strategic needs assessments for VRUs stresses the importance of quality control when utilising data for drawing conclusions and making decisions, including considering:

- how, when, and why the data was collected
- if it represents a sample or a population
- if it's sufficient to answer the question
- if the effects of chance been accounted for and if it includes confidence intervals
- if it has been adjusted or standardised to account for confounding factors. [73]

Cleary an important aspect of developing a data sharing function of a violence reduction programme will be to ensure a robust and monitored system, and avoiding the collection and gathering of data without due quality assurance.

Monitoring, Evaluation and Learning Framework which incorporates the following elements:

- 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 locally, 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 the violence reduction programme's 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 evidence-informed 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 young people's views and experiences of serious violence [74]

Case studies in data sharing

London Violence Reduction Unit- Creating a decision support system

This VRU created a data compilation tool to act as a decision-support system that informs a range of VRU strategic and commissioning decisions. The tool brings different data sets together using a simple and flexible scoring system, specific to the needs of the user's project.

This includes a range of crime statistics from:

- the MPS (Metropolitan Police Service) incident records
- perceptions of crime, local areas and the police from the MOPAC Public Attitudes Survey
- public health data from the Office for National Statistics, Public Health England, and a number of Central Government departments to include figures on deprivation, mental health, and issues for 15 children at home and at school.

These data have been formatted to electoral ward where possible and London borough elsewhere.

The main output of this tool is a simple score that ranks areas on need in terms of crime, public perceptions and public health. This scoring system sets a threshold (for example the top 10%) for each measure and then assigns a score by counting the number of measures for which each ward is above that threshold.

Partnership Engagement and Enforcement Programme (PEEP) in Derby

This partnership has developed in a business as usual model with routine daily information sharing and intelligence gathering to address drug-related ambulance call outs. It includes city centre police officers, treatment providers, homeless

outreach workers, homeless charities, city centre rangers, Public Protection Officers, accommodation providers, and the probation service.

The partnership described cultural differences between agencies that presented challenges to begin with. However, these were overcome through

- robust leadership
- development of an operating framework with clear criteria, and
- an information sharing agreement.

This has led to a significant reduction in the visibility of on-street drug taking, aggression, and anti-social behaviour. PEEP has been mainstreamed as part of the drug and alcohol service and is performance monitored as part of local management arrangements.[75]

Performance monitoring and evaluation

Agreeing **monitoring frameworks** for interventions amongst partners is essential to learn about their impact on the participants and service users, and determine their effectiveness and value for money. This will help understand any changes to people's attitudes, behaviours and circumstances, and determine both anticipated outcomes and unintended consequences.

Mechanisms for gathering **insights and feedback** regularly helps shape services and interventions for a wide range of beneficiary groups, including young people, perpetrators, and professionals. Collaborating with organisations to strengthen their community involvement work ensure that diverse voices are heard.

Acknowledging the value of professionals' and community experts insight which are not visible in statistical information means this valuable resource is not overlooked. **Knowledge exchange** brings a richness of intelligence to evidence and learning. This requires forethought and the designing in of facilitated opportunities for groups to share their experiences and ideas, including those of the beneficiaries of programmes. [76]

These elements create the toolkit for built-in and ongoing monitoring and evaluation of the work of a violence reduction programme and its partners, ensuring continuous improvement and high impact decision making.

Conclusion

This needs assessment marks the beginning of a way forward to a Violence Reduction Programme for Lincolnshire. As much as it brings together information, it also highlights gaps and areas for attention that are required to develop a response plan and strategy. This will provide the foundation for activity that brings partners together to tackle the issues that are clearly important for Lincolnshire and the people who live here to feel safe and be safe.

The following recommendations are based on the wide review of VRUs across the country, guidance and policy documents from a range of government agencies from the Home Office, to the College of Policing, to PHE, and the wealth of insight from speaking to key stakeholders from the county.

Recommendations

The public health approach as advocated by the College of Policing and PHE supports the development of a Violence Reduction Strategy based on the needs assessment that can provide a foundation for a Violence Reduction Programme for Lincolnshire. The following recommendations are based on the elements described by them and the principles reflected in the policy, guidance, and evidence reviews:

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

1. Agreeing the scope of violence for the purposes of the Violence Reduction Programme, acknowledging where the most prevalent, impactful types of violence are already being addressed and ensuring this programme enhances that work
2. Ensuring all partners are sighted and engaged across the violence reduction wider programmes of work to avoid duplication, fill gaps, and make most efficient use of time and resources, aligning existing violence infrastructure, including working closely with the community safety partnership, to understand local narratives
3. Collectively agree the governance arrangements for strategic and operational violence prevention work and link in with existing statutory boards where possible such as the Health and Wellbeing Board or Safer Lincolnshire Partnership.
4. Commit to investing in building the capacity and capability of professionals identifying and addressing the cause of the causes of and risk factors for violence in the community that enables early intervention and root cause prevention.
5. Invest in evidence-based programmes and services that foster protective factors to prevent violence from occurring, built on Theory of Change, such as Incredible Years Programmes and Family Nurse Partnership along with the public health, behavioural, and communication and engagement expertise to successfully implement and deliver them.
6. Map community assets, review current pathways and provision, and build on professionals' and community experts' views to complement gaps in evidence to develop and commission interventions.
7. Create opportunities for improving dialogue and engagement with frontline staff, local communities, and young people

Ensuring interventions are designed, commissioned, and delivered to be as effective as possible giving value for money by the consistent and systematic use of robust data, evidence, and outcome measures that provide ongoing process and formative evaluation for continuous improvement:

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 the widest range of 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 [77]

Investing in a monitoring, evaluation and learning infrastructure that is built on:

14. Analytical capacity and capability that works toward real time monitoring and analysis of multiple datasets in a usable and dynamic format
15. Accessible, high quality data and evaluation protocols across the partnership system and embedding evaluation activity in its work to understand and demonstrate impact in the short, medium, and longer term and inform future strategic work
16. Cohort analysis, deep dives, and case reviews that enhance understanding of local risk and protective factors
17. Sharing new evidence and insights between and amongst partners in an accessible and timely way
18. Providing meaningful opportunities for a diverse range of people to share their experiences to inform the work so that solutions are relevant, responsive, and effective
19. Utilise existing routes to engagement that may provide useful input, for example the Lincolnshire Youth Commission, and design public engagement into a strategy throughout the period it covers
20. Consider and build into a strategy options for longer term sustainability, including how to develop self-sustaining activity or continuing work of a Violence Reduction Programme within available funding beyond the initial funded period

Appendices

Indicators and success measures

VRU guidance suggests the following indicators, though it's important to identify those most meaningful to Lincolnshire based on the what the Problem Profile indicates and through the improvement work on information sharing and data collection and analysis:

FIGURES[78]	
Information	**Source**
Trend, Serious Violence	Police
Occurrence time, Serious Violence	Police
Location premises type, Serious Violence	Police
Trend, Possession of Articles with Blade or Point	Police
Occurrence time - recorded Possession of Articles with Blade or Point	Police
Location premises type, Possession of Articles with Blade or Point	Police
Trend, Robbery (Knife Enabled).	Police
Occurrence time - recorded Robbery - Knife Enabled	Police
Location premises type, Robbery (Knife Enabled)	Police
Map – reported crime volume per LSOA, Robbery (Knife Enabled)	Police
Trend, Sexual Violence (Current)	Police
Occurrence time, Sexual Violence (Current)	Police
Location premises type, Sexual Violence (Current)	Police
Trend, Violence Against the Person (NNVRU Scope)	Police
Occurrence time, Violence against the Person (NNVRU Scope)	Police
Location premises type, Violence Against the Person (VAP)	Police
Trend, Homicide and Violence With Injury (excl. ABH and DV)	Police
Occurrence time - Homicide and Violence With Injury (excl. ABH and DV).	Police
Location premises type, Homicide and Violence with Injury (excl. ABH and Domestic Violence)	Police
Alcohol-Related Crime	Police
Alcohol-Related Crime, Violence Against the Person	Police
Recorded Crime Outcomes, Serious Violence	Police
Offender Home Address, Serious Violence	Police
Offender Age, Serious Violence.	Police
Offender Age, Serious Violence	Police
Offender Age (single age, 10 - 44), Serious Violence	Police
Offender Age, Violence Against the Person	Police
Offender gender, Serious Violence.	Police
Offender Ethnicity, Serious Violence	Police
Offender/Population Ethnicity, Serious Violence	Police
Victim Home Address, Serious Violence	Police
Victim Age, Serious Violence	Police
Victim Age, Serious Violence	Police
Victim Age (single age, 10 - 44), Serious Violence	Police

Victim Age, Violence Against the Person	Police
Victim gender, Serious Violence	Police
Victim Ethnicity, Serious Violence	Police
Victim/Population Ethnicity, Serious Violence	Police
Serious Violence offender home address by LSOA/most deprived 10% and 20% of LSOAs nationally	Police; Index of Multiple Deprivation
Age distribution for Accident & Emergency Attendances for Assault	Hospital Episode Statistics (HES).
Accident and Emergency Attendances for Assault- Age Standardised Rates	Hospital Episode Statistics (HES).
Accident and Emergency Attendances for Assault by Local Authority - Age Standardised Rates	Hospital Episode Statistics (HES).
Accident and Emergency Attendances by hour	Hospital Episode Statistics (HES).
Accident and Emergency Attendances by day of week	Hospital Episode Statistics (HES).
Accident and Emergency Attendances by month	Hospital Episode Statistics (HES).
Accident and Emergency Attendance by day of week and time	Hospital Episode Statistics (HES).
Accident and Emergency Attendances by location	Hospital Episode Statistics (HES).
Repeat Attendances at Accident and Emergency by Deprivation Quintile	Hospital Episode Statistics (HES).
People presenting at 's Emergency Departments with assault related injuries by day of week and time of day.	Hospital Trusts
Incidence of assaults presenting at Hospitals, by Ward.	Hospitals, Injury Surveillance
Incidence of assaults presenting at Hospitals by Census 2011 Output Area.	Hospitals, Injury Surveillance
Age distribution by gender	Hospital Episode Statistics (HES).
Hospital Admissions for Violence – Directly age standardised	HES/PHOF
Hospital Admissions for Violence by Local Authority – Directly age standardised rates	Hospital Episode Statistics (HES)
Age specific Admission Rates (male)	Hospital Episode Statistics (HES)
Age specific Admission Rates (female)	Hospital Episode Statistics (HES)
Reasons for Hospital Admissions for Assault	Hospital Episode Statistics (HES)
Reasons for Hospital Admissions for Assault by gender	Hospital Episode Statistics (HES)
Location of Assault by gender	Hospital Episode Statistics (HES)
Overlap between Alcohol, Illicit Drug Use and Mental Health in Hospital Admissions for Assault (number of cases)	

Hospital Admissions with Alcohol Involvement	Hospital Episode Statistics (HES)
Hospital Admissions for Assault where Illicit Drug Use was noted	Hospital Episode Statistics (HES)
Hospital Admissions for Assault with Mental Health Disorder	Hospital Episode Statistics (HES)
Hospital Admissions for Assault with Alcohol and Illicit Drug Use	Hospital Episode Statistics (HES)
Hospital Admissions for Assault with Mental Health Disorders, Alcohol and Illicit Drug Use	Hospital Episode Statistics (HES)
Visualisation of factors that contribute to and prevent violence in	

Success measures
Crime outcomes (all ages and under 25s):
• A reduction in all public place serious violence
• A reduction in non-domestic homicide
• A reduction in personal robberies
• A reduction in knife-enabled serious violence
• A reduction in violence by injury including that associated with the night-time economy
• A reduction in serious violence re-offending
Health outcomes (all ages and under 25s):
• A reduction in hospital attendances for violence related injury
• A reduction in hospital admissions for violence related injury
Risk and Protective factor outcomes:
• A reduction in First Time Entrants into the Youth Justice System
• An increase in school attendance
• A reduction in temporary and permanent exclusions
• A reduction in Not in Education or Employment (NEET)
• A reduction in substance misuse amongst under 25s
• An increase in suitable accommodation status amongst under 25s
• An increase in improved mental well-being amongst under 25s
• A reduction in fear of knife crime and serious violence amongst under 25s

Indicators for risk factors for involvement in violence
• Proportion of children with a learning disability known to the school
• Children in schools in Lincolnshire with Serious and Enduring Mental Health issues (SEM)
• Lincolnshire residents likely to report a low satisfaction score when asked about their wellbeing
• % of under 25s admitted to hospital for an assault-related injury with a mental health flag
• Children living in Lincolnshire below the expected level in child development
• Educational attainment amongst 15 to 16-year olds in Lincolnshire compared to national average
• Lincolnshire rate of school absenteeism
• Rates of permanent exclusions and fixed period suspensions across Lincolnshire against national average

• The most common reason for exclusion or suspension in Lincolnshire
• Proportion of young people who are not in education, employment or training (NEET)
• Geography of residence of the children who had a highest volumes of missing episode
• Levels of first-time offenders, first-time entrants and children in the Youth Justice System in Lincolnshire against the national average
• The number of Habitual Knife Carriers identified, trend
• Levels of Anti-Social Behaviour committed by under 18s, trend
• Geography of the highest number of young people engaging in ASB

Sample information sharing agreements

Lincolnshire Police: Information sharing agreement between Future 4 Me Team, Lincolnshire Children's Services (including the team formerly known as Lincolnshire Youth Offending Service) and Lincolnshire Police
Version 5.0 (revised)

Data Sharing Agreement between NHS Digital, NHS Lincolnshire CCG, and Lincolnshire County Council, and including a range of NHS organisations to use pseudonymised data to provide intelligence to support the commissioning of health services. The data (containing both clinical and financial information) is analysed so that health care provision can be planned to support the needs of the population within the CCG and local authority area. DARS-NIC-454217-D9J5X

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