



STRATEGIC POLICING AND CRIME BOARD

4th April 2017

Performance Report: West Midlands Violence Prevention Alliance

Purpose of report

1. The purpose of the report is to provide an update to members of the Strategic Policing and Crime Board on the work of the West Midlands Violence Prevention Alliance.

West Midlands Violence Prevention Alliance

2. In June 2015 the Office of Police and Crime Commissioner (OPCC) took a bold step in their commitment to prevention and together with West Midlands Police and Public Health England launched the West Midlands Violence Prevention Alliance.
3. The WMVPA sought to bring together partners to work together with the shared understanding that violence and its associated harms are preventable. The Alliance sought to influence, encourage and support partners in playing a part in preventing violence and abuse. By adopting a public health approach of identifying and addressing root causal factors, we can reduce violence and improve health, wellbeing and safety across our population. WMVPA partners do this through implementing evidence based interventions, as well as testing and evaluating new approaches.
4. The WMVPA has continued to go from strength to strength and is now working and influencing at local, regional and national levels.
5. Its work has been formally recognised by the World Health Organisation of which it is now a member.
6. The Alliance agreed to focus for the first 2 years, on the following 4 priorities:

- **Advocacy:** Identifying and supporting partners to become more preventative, using evidence and evaluating work including developing communications to reinforce messaging on shifting social norms and promoting prevention
- **System Leadership:** Developing the Alliance as a network of organisations and professionals who take responsibility for leadership across the wider public service system
- **Understanding Violence:** Development of a surveillance system to collate and analyse data on injury as recorded by partners within the West Midlands
- **Developing Primary Prevention:** Working with others to identify and develop interventions specifically focusing on young people and domestic abuse.

Advocacy and System Leadership

7. This is an area where the WMVPA has excelled. The WMVPA has developed from a one to one conversation to discussion across the wider public service system. Local discussions with Directors of Public Health and Neighbourhood Policing Unit (NPU) Commanders has led to Violence and Health Needs assessments that are starting to influence activity and commissioning across the West Midlands. Regionally the conversation really started to develop when in February 2016 the Alliance hosted an event for invited key leaders from each of the seven local authority areas, 'Creating Safe and Healthy Futures'. The day brought together public service leaders, influencers and shapers to discuss opportunities available across the system around identifying risks, intervening and engaging in preventative work. Each area discussed the issues together and made commitments of actions they would undertake to progress.
8. The day launched 'Craig's Story', as part of the Alliance's narrative, which showed the life course of an individual who had experienced violence and adversity throughout his life and highlighted the influence of early experience (adverse childhood events - ACEs) and their impact on future behaviors' and outcomes.
9. Following the event, each area chose how they could follow up: The WMVPA has supported each area bespoke to their commitment and aspiration. For example in Sandwell it attended a day bringing together members of their four strategic boards (LASB, LSCB, HWBB, CSP) to agree how to embed violence prevention across their work and the borough. Solihull similarly convened local meetings of system leaders to develop their 'system response', as did Coventry. Birmingham have successfully progressed the theme through their Health & Wellbeing Board.
10. The WMVPA are holding their next event in May 2017 that will seek to take forward the activity from last year and further embed health and police partners in the arena of violence prevention.
11. Nationally the WMVPA are integral to discussions and influencing the work of the National Consensus Statement – a national commitment between the Home Office, Public Health England, NHS England and Policing. The WMVPA has been central to discussion with the Public Sector Reform program with the West Midlands Combined Authority helping to articulate the necessity to work across the life course and develop the conversation around the return on investment of early intervention. Most recently the WMPVA was asked by Lord Bradley to speak at the House of Lords together with the Home Office and the Chief Executive of PHE.

Understanding Violence

12. Public Health England has great strength in using and understanding information. The WMVPA have drawn upon this strength knowledge and experience and has supported the development and maintenance of a short-term surveillance system that will collect data on assault-related injuries from hospital emergency departments (ED) in the area in line with the Department of Health guidance on Information Sharing to Tackle Violence (ISTV).
13. In the long term, a more comprehensive injury surveillance system utilising ED, Police and Ambulance dispatch datasets will provide a richer understanding of the epidemiology of violent injuries in the Policing Force area and inform the implementation and evaluation of appropriate interventions by partners.
14. Each month a variety of partners across the West Midlands now receive the West Midlands Injury dataset to allow them to have a better understanding of violence to influence their activity both at a tactical and strategic level.
15. The Department of Health have recently visited the West Midlands and shown an interest in supporting the development of the system as a blue print for a national injury surveillance system.

Developing Primary Prevention

Mentors in Violence Prevention (MVP)

16. MVP is a programme which can be embedded throughout a school, based on engaging and developing young people as leaders and shapers of their environments with the aim of promoting respect and positive relationships and preventing violence and bullying. Using a peer mentor model, the mentors run sessions with groups of pupils utilising a bystander approach, as cited as a good practice approach in the Modern Crime Prevention Strategy and Ending Violence against Women and Girls Strategy 2016-20.
17. Scotland's Violence Reduction Unit has been commissioned to train staff in the West Midlands to run the evidence based 'Mentors in Violence Prevention' (MVP) programme in schools. To understand if the programme was fit for the West Midlands, a small pilot programme was introduced. This has been provided to 6 schools in Birmingham and is being evaluated by Keele University and is showing real value.
18. Locally there is evidence of a change of behaviour within schools, a reduction in issues outside school gates and an increased level of reporting of bullying in the schools that have embedded the mentoring programme. Coventry and Sandwell have committed to implement the programme across their schools and the vision is that within the next 3 years all schools in the WM will have a violence prevention mentoring programme offer.
19. A success story is that of Mohammed a pupil from Somali origin who attends an inner city school in Birmingham. Mohammed had been excluded several times from school for fighting and aggressive behaviour and his attendance and attainment was poor. Mohammed successfully applied to become a mentor on the MVP program (One of 140 applicants in one school). Since becoming a mentor his behaviour has changed. After his first year on the program he has started to become a leader.

20. His involvement in violence has stopped and he has surprised his teachers with his most recent academic achievements. In the words of Mohammed “I applied to MVP as I wanted to be the person I needed when growing up”.
21. Whilst there is yet to be a full evaluation of the MVP programme and the relevant outcomes from its introduction fully understood, it is clear that there are initial tangible outputs that show the significant opportunities that are available if introduced within schools in the region.
22. Bev Mabye, Chief Executive of the Washwood Heath Multi Academy Trust, which has implemented MVP in two of the trust’s schools, is a strong advocate of the programme and states that the implementation of the MVP programme has ‘changed the culture and ethos towards violence within those schools’.
23. Even though the programme is in its early stages in terms of its long term ambition to reduce violence in real terms, she states that ‘as well as there being measurable statistical improvement in terms of reduced rates of exclusions, violent incidents inside and outside the school and increased attendance rates, the significance of the non - measurable outputs is equally as important’.
24. In support of this she states that the programme has brought about a restorative approach to behaviour within the schools that brings young people together to discuss violence and its consequences and has also developed leadership skills in those young people who are mentors, influencing both their own behaviour and those younger students who they are supporting.
25. Overall the impact of MVP cannot be understated and together with committed schools across the region there is the opportunity to help change the culture of young people across the West Midlands. To help build the momentum to bring about that change, the MVP programme will be featured at this years’ VPA conference on May 3rd.

[Navigators Programme: Intervening in acute health settings and work in hospitals](#)

26. Work is in progress to strengthen engagement and violence prevention across Health Services, recognising that they often see individuals experiencing violence that the Police do not. Together with the Rt. Hon Jacqui Smith MP the WMVPA is supporting the Queen Elizabeth and Heart of England Hospitals (HEFT) to develop and implement a role that incorporates Independent Domestic Violence Advisor (IDVA), Youth Worker and Caseworker skills..
27. The programme itself will focus on youth domestic and sexual violence and will seek to provide support to those aged 25 and under with interventions that seek to prevent further harm. The programme is still in the consultation phase, however a recent appointment of a new Business Development Manager in January 2017 has resulted in a more formal approach submitted in mid-March that is under consideration.
28. This piece of work reflects the NICE Domestic Violence and Abuse (2014) recommendation 8. In addition the WM VPA has secured partnership with Liverpool John Moore’s Centre for Public Health for academic evidence development and provision.

IRIS: Responding earlier to domestic abuse in Primary Care

29. IRIS (see <http://www.irisdomesticviolence.org.uk/iris/>) is a national scheme with significant evidence¹ of effectiveness for identifying victims of domestic abuse earlier in primary care settings, before situations have escalated to reach criminal justice / child protection agencies. A DA advocate is linked to a group of GP practices to train all staff in identification and accept direct referrals where DA is suspected / disclosed.
30. The work helps identify hidden victims and intervene earlier in addition to a strong return on investment. This includes repeat and escalated demand across the public sector.
31. In order to develop the learning from existing programmes and identify ways of translating those benefits into primary care setting within the West Midlands, the WMVPA have been in conversation with partners to scope the delivery of the IRIS program locally. In a positive step for the region, following the agreement of joint agency funding, a range of organisations have come together and the programme is about to be rolled out in primary care settings across Walsall.
32. It is anticipated that by the end of the year 50% of GP practices in Walsall will be part of the IRIS program, resulting in much earlier, informed and professional interventions into the lives of those suffering domestic abuse. If the outputs replicate those found in other regions, there will be significant returns on the investment in terms of reduced repeat demand, greater victim confidence and much earlier support provided to those most in need.
33. The conversation and subsequent agreement to implement this programme within primary care, started at the “Creating safe and healthy futures” event in 2016. This continued through to the undertaking of a violence and health needs assessment and subsequent review of the Walsall Safety Partnership, which collectively identified the need for change.
34. Whilst the programme is still in its early stages, its introduction in Walsall shows how the VPA is delivering on its objective to be advocates and systems leaders that influence partners to work together to develop interventions that prevent violence and its associated harms.

Domestic Violence Perpetrator Program

35. In 2016 the OPCC committed to funding a Domestic Violence Perpetrator Programme across the region and asked the Alliance to lead on bringing stakeholders together to agree what was needed, create an options paper and subsequent service specification. Work with perpetrators has been seen as contentious as there is a tension between provision of support and ensuring justice and there is also a strong view that work should focus on victims and ensuring they are supported.
36. Nevertheless all stakeholders engaged, and through 2016, the Alliance led scoping meetings, wrote the options paper, incorporating partner views, and completed the specification in summer 2016. The Perpetrator Programme expanded to a £1million, 2 year contract which will target families experiencing DV where the children are known to Children’s Services, and the work includes a therapeutic intervention for the victims

¹ [Journal of Health Services Research & policy](#); Safe Lives (2012) [A place of greater safety](#) ; The Lancet [article](#)

and their children with a particular aim of preventing the childhood trauma from having lifelong consequences.

37. In April 2017 the programme will begin its implementation stage which will see the provision of a 26 week course being offered to identified perpetrators across Birmingham. Through the creation of a carefully selected referral pathway, managed by social services, the programme will take on a dual role that will seek to change the behaviour of the offender whilst also monitoring and supporting the victim and her children.
38. As identified above, this work is still in its early stages and can be seen as contentious, however it is a bold and innovative move that has the potential to produce significant outputs. Those include reduced re-offending, the raising of awareness that there are opportunities to change before a persistent pattern of offending emerges and ultimately the increased safety of women and children across the region.

Evaluation of the Alliance

39. An independent evaluation of the WMVPA was undertaken between Jan-March 17. Its key findings were as follows:
40. The WMVPA has developed from a 1-1 conversation into a multi-agency strategic group and has great potential to bring real difference to the lives of people in the West Midlands. The level of collaboration should be commended as should the work of David Twyford and Rachel De Kam in sharing the vision of the Alliance, achieving engagement with stakeholders and working to instigate developments.
41. Strong commitment at a senior level and a shared agreement that violence is preventable was clearly evident. There was also clear understanding of the need to be working 'upstream' looking at what has gone before and using this knowledge to bring future change. Setting a focus on children and young people was a consistent response and the work around ACEs, whilst not specifically within the realm of the Alliance has a strong correlation and recognised as important to embed within all of the Alliance's work.
42. It was apparent that, in developing a shared understanding and commitment to prevent violence across the West Midlands, actions have been undertaken; local needs assessments, prioritisation of VP in local area strategic plans, projects such as MVP, IRIS, Injury Surveillance system and DVPP. Many of these projects are still in the early stages of implementation and continue to need support and challenge to see them flourish.
43. Reference was made as to how wide the reach of the Alliance is; does its work and message filter across the whole of the WM area. Could communication be improved to support greater awareness of the Alliance and the benefits of engagement to organisations and the communities they serve?
44. There is clear agreement on the need to prioritise the work of the Alliance moving forward; to focus on exactly what it aims to achieve over the funding period which is always going to be a risk with a complex and cross-cutting issue. In focussing on a distinct number of priorities the Board and wider stakeholders will be better able to align their work/involvement towards supporting them.
45. The priorities need to be clearly developed into actions that are precise and measureable in regard to outcomes, plus for longer-term projects milestones need to

be included to enable regular review of progress. This will facilitate informed decision making particularly if a programme of work is not indicating it will achieve the planned outcomes or has met them more swiftly and additional development or re-scoping is feasible.

WMVPA - Plans for 2017/18

46. The WMVPA, based on the evaluation report, has a clear future mandate:
47. Firstly to review the role and function of the Alliance to ensure that this is collectively understood and all work undertaken is aligned to reflect this.
48. Secondly to develop and approve a strategic action plan with joint outcomes to achieve the identified priorities each of which to be jointly commissioned:
 1. Children and Young People – early prevention through embedding ACEs evidence base within all work activity
 2. Facilitate the development of MVP programme to a wider number of schools across the Combined Authority area
 3. Facilitate the development of IRIS to a wider number of GP practices across the Combined Authority area
 4. Review and scoping of the Navigator Programme to agree potential roll out across other A&E settings
 5. Further development and testing of the Injury Surveillance Programme to ensure comprehensive / consistent data submission and meaningful outputs are produced, that can be used across the Combined Authority area to target work activity
35. Finally, to develop a concise but clear Communication Strategy to ensure Alliance messages are reaching the wider stakeholder community to enable us to share what is working and gain wider engagement.
36. In order to support all of the above activity, the WMVPA will be hosting its annual conference on the 3rd May 2017 at the Botanical Gardens in Birmingham. The event theme is 'Developing Interventions, Building Momentum - Violence is not Inevitable' and will share with partners the great work that has taken place so far and then challenge and encourage them to consider how they can contribute to the development of that work and take it forward in order to prevent violence across the region.
37. The WMVPA look forward to continuing its strong partnership with the OPCC into 2017/2018 and beyond.

Legal Implications

35. There are no legal implications identified at this time

Recommendations

36. The Board is asked to take note of the contents of the report submitted.

