

**VIOLENCE
REDUCTION UNITS AT
A CROSSROADS –
THE POTENTIAL ROAD
AHEAD?**

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About the Author

Professor Niven Rennie was a police officer for over 30 years. In that time, he had a varied career and concluded his police career at the rank of Chief Superintendent in 2016 having served a term as President of the Association of Scottish Police Superintendents.

Following a two-year term as the Chief Executive Officer of a charity that provided support to individuals who became homeless or impoverished, he became Director of the Scottish Violence Reduction Unit in July 2018.

On leaving the Scottish Violence Reduction Unit in December 2022, he became chair of the Hope Collective, a body that aims to support young people by providing a platform for them to comment on issues that affect their lives and development. Membership of the Hope Collective is drawn from numerous youth organisations across the UK, the Violence Reduction Units and related bodies. Thus far the Hope Collective have held in excess of 30 'Hope Hacks' across the United Kingdom in partnership with many of the Violence Reduction Units. These events have enabled over 3000 young people from the length and breadth of the country to express their views on many of the social challenges we face as a society.

In 2022 he was appointed as a Visiting Professor of Policy by the University of East London and has provided advice and guidance to bodies across the UK and beyond on the principles of violence prevention and the public health approach. In addition, he is a consultant attached to Oxon Advisory, an organisation that specialises in public safety, and has undertaken this report in conjunction with Smart Social, an organisation that specialises in social impact.

Methodology

To undertake this report, the author drew upon his own knowledge and experience of the subject matter and, in particular, his period as Director of the Scottish Violence Reduction Unit, the first organisation in the world to apply public health methodology to the issue of inter-personal violence. In addition, he utilised a range of methods to gather additional evidence, including:

- An analysis of documentation relevant to the establishment and operation of Violence Reduction Units in England and Wales alongside a wider literature review. Information about partner organisations and their strategic ambition was also gathered and reviewed.
- Interviews (n=28) with VRU Directors and team members, partners, community leaders and academics which provided insights about the development, implementation and impact of the VRU programme and the potential for it to be developed.
- The author undertook research and gathered documentation relevant to potential funding opportunities which were not solely reliant on public sector grants or procurement.
- Finally, the contributions of over 3000 young people during Hope Collective 'Hope Hacks' provided an essential element to this process.

Summary

BACKGROUND

Nelson Mandela once said that ‘Violence is preventable, not inevitable’. This statement became the slogan of the Scottish Violence Reduction Unit when it was formed in 2005 as it adopted a new approach to tackling the issue of violence that had plagued Scotland, and Glasgow in particular, for generations. This was a ‘public health approach to violence’ that had been advocated by the World Health Organisation a few years before.

Over a significant period of time Scotland saw a gradual reduction in violence that witnessed a decline in the homicide rate from 137 homicides in 2005 to 48 in 2023. This level of success drew attention from many countries across the world where levels of recorded violence continued to rise. With levels of ‘knife crime’ causing significant concern in England and Wales, in 2018, the mayor of London introduced a Violence Reduction Unit and a further 18 were introduced across the country by the Home Office the following year, increasing to 20 in 2022.

THE SERIOUS VIOLENCE DUTY

Whilst each jurisdiction aimed to adopt the ‘public health approach’, the Home Office model differed from the Scottish original at the outset in that it was accompanied by supporting legislation requiring organisations to share information as part of a ‘serious violence duty’. In addition, elected Police and Crime Commissioners were provided with responsibility for oversight and thus different approaches were adopted in each VRU area.

Whilst VRU’s can point to many successful interventions and progress in developing ‘public health’ based partnerships, levels of serious violence remain stubbornly high. With limited public funding available there is a suggestion of a move to a different style of approach, locally based hubs, under the newly installed Labour Government. Whilst VRU’s have been allocated short term funding to continue at present, there is concern that this new approach may indicate that the ‘public health’ model will not be progressed in the longer term.

WHY PUBLIC HEALTH?

The strength of a public health approach is that numerous agencies can identify their role in preventing a disease from spreading. In essence, it is this partnership that a public health approach seeks to engender. It is argued that the serious violence duty and the role of the Police and Crime Commissioner are obstacles to facilitating that level of multi-agency partnership due to the manner of the construction and the dominance of ‘justice’ in the approach. The prevention of violence requires ‘early intervention’, the majority of which is delivered by agencies outside of the justice remit.

In any event, levels of inter-personal violence are one indicator of wider problems in society. Socio-economic factors are key drivers of violence and many of the other problems that we encounter as a society. Whilst Scotland has seen a large reduction in homicide, for example, figures in respect of drug-related deaths have become amongst the worst in Europe. Consequently, to be truly effective, a public health approach should seek to tackle wider issues such as poverty and inequality by supporting and developing young people in our traumatised communities.

FINANCING PROGRESS

This approach is expensive. With limited levels of public funding available different funding models will be required. For many years public sector funding has been provided on a short-term basis or through procurement processes that are restrictive and limited requiring significant expenditure on statistical evidence and monitoring of compliance. This situation prevents long term planning and consistency of approach.

Private/corporate sector investment provides an alternative solution to the perennial funding problem and non-profit social impact projects are one vehicle that can evidence progress in providing social change in many areas of England and Wales. Developing such a model in local areas, in partnership with communities and delivering to their needs, may allow VRU's to build on their success to date. In so doing their remit could be expanded to include other 'social harms' that impact on our young people through innovation and integration.

YOUNG PEOPLE

Since 2020, the Hope Collective has held 35 'hope hacks' across the United Kingdom where the thoughts and aspirations of over 3000 young people have been collated in respect of the problems they face in their community. Their focus is not on 'knife crime', rather they identify issues such as lack of opportunity, mental health support, trusted adults in safe spaces and provision of youth facilities as the issues that concern them. In reacting to their identified needs and developing projects in partnership to address these concerns we may find a means to tackle the social problems with which we have struggled for generations.

1. The challenge

- 1.1 Levels of inter-personal violence are an issue of concern in our society and have been for many years. Too many young people have their lives ruined by violence and the term 'knife crime' has been in common use in news coverage and political debate for a generation if not longer.
- 1.2 The response is a predictable one. We turn to the justice system for answers. The debate revolves around enforcement, use of 'stop and search', prison sentences as a deterrent, 'knife amnesties' – being 'tough on crime and the causes of crime'. Yet, if the solutions lay in that direction the problem would have been resolved many years ago. Years of failure in respect of this policy never produces any real change.
- 1.3 Our prisons have reached capacity and our answer to that problem is to build more. This is neither cheap nor cost-effective but our desire to show that we are addressing the issue necessitates that we continue on that path. The alternative is for those in power is to be accused of being 'soft on crime' by the media and their political opponents. Public opinion is shaped by this discourse and alternative solutions are rarely sought.
- 1.4 In this repeated cycle of despair young people are demonised. They are the ones who are searched and imprisoned, they are the 'victims' of this approach to violence. They find themselves excluded from school and very often their own communities, for many opportunities are extremely limited.
- 1.5 Our young people have much more to offer though. They can provide solutions to these problems and these solutions offer a far more positive and beneficial outcome for us all. When asked, young people talk about the impact of poverty and inequality on their lives. They understand that rising levels of violence are merely one indicator of an ailing society and that investment is required to provide alternative strategies within which they can thrive and flourish – they wish to live in a society where they can build an element of trust and confidence.
- 1.6 The 'public health' approach to violence was seen as adopting a fresh opportunity to do something different. This approach needs time to develop, it cannot bring an immediate improvement. Patience is required whilst agencies share data, analyse this information, identify common themes, integrate and provide effective innovative interventions to violence before the problem reaches the stage where the justice system becomes involved. This approach needs sustained and consistent investment if it is to pay dividend over time. It needs justice to find its role, not lead. By applying it in reverse we set the cart before the horse.
- 1.7 In reality, the desire for an immediate solution dictates that our willingness to persevere with such a long term approach is limited. Shortage of public sector funds dictates that our response is short term in nature and restricted by expenditure. We seek to introduce new solutions at a cheaper cost in the hope that things will change. We seek to measure everything we do and discard those approaches that do not produce the immediate dividend or improvement that we seek. We set ourselves up to fail and we fall back on the tried and tested

enforcement route. In short, we fail to invest in prevention and spend more in reaction.

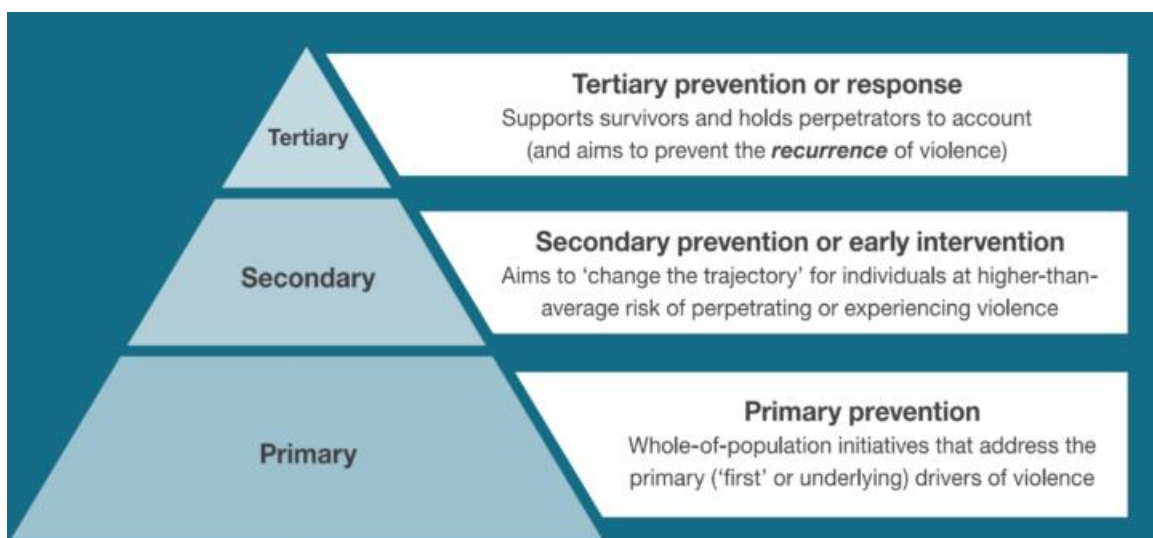
- 1.8 This report is non-political. It assesses where we are in our attempts to address the long-standing problem of violence as it affects young people and offers alternative solutions for consideration. It proposes that a public health approach is the correct route on which to embark but that levels of violence must be considered as merely one symptom of the problems we face as a society and should not be tackled in isolation.
- 1.9 This approach requires commitment over time, willingness to co-produce and investment to succeed. That investment need not be drawn from the public sector and alternative funding streams are available.
- 1.10 Above all it is a plea for a new narrative, one that does not demonise our young people but provides them with hope, aspiration and opportunity by addressing the real issues with which many of our communities contend.

2. What is a public health approach?

- 2.1 The causes of violence are wide-ranging, complex and inter-related. In 2002, the World Health Organisation 'World Report on Violence and Health', proposed that a public health approach should be adopted to combat these causes and enable preventative activity.
- 2.2 A public health approach to violence prevention provides a framework through which we can understand the causes of violence and inform the development and implementation of prevention activity through collective action. It seeks to understand how social determinants and structural factors affect violence and utilises this information to develop effective interventions.
- 2.3 Key to this is collaborative, multi-disciplinary working involving individuals, communities, organisations and systems. Indeed, the development of partnerships across different disciplines enables a wider set of skills and abilities to be utilised in order to effect change and improve the health, safety and wellbeing of society.

A comprehensive response to violence is one that not only protects and supports victims of violence but also promotes non-violence and changes the life chances and circumstances and conditions that give rise to violence in the first place.' (World Health 'World Report on Violence' 2002).

- 2.4 In public health, there are three main levels at which such interventions can be implemented – primary, secondary and tertiary. Each of these interventions plays a different role when addressing a public health problem. **(see FIGURE 1)**

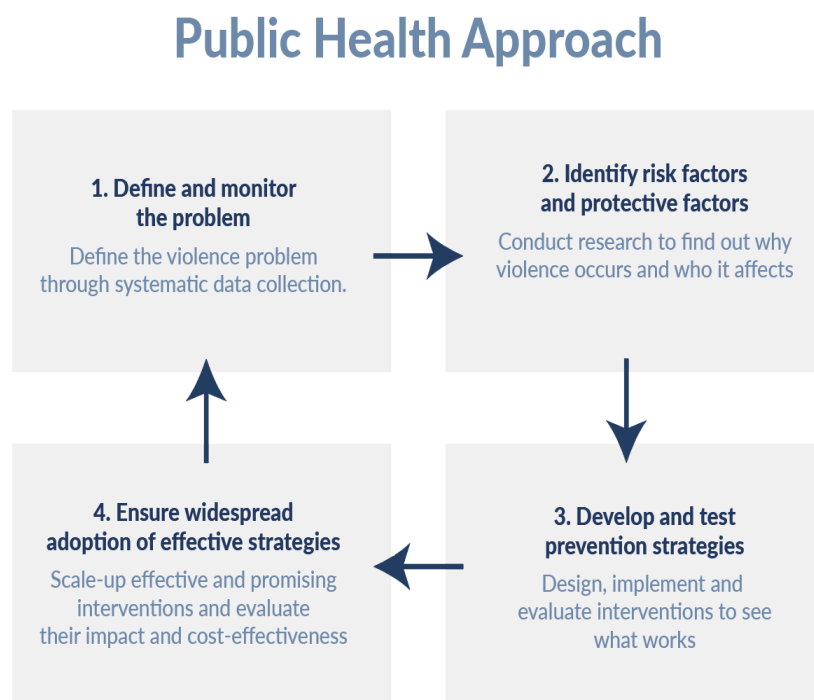


(FIGURE 1)

2.5 In addition, the public health model defines a four-step approach that provides a framework by which we can investigate and respond to a particular issue. In their 2002 report, the World Health Organisation recommended that this be adopted in respect of violence and related activity.

2.6 The first step in the public health model is to define the nature of the problem through research and systematic data collection; the second is to identify the factors that increase or decrease the risk associated with that problem; the third is to develop and evaluate targeted interventions to address the risk and promote protective factors and finally, the impact and cost-effectiveness of these interventions should be evaluated and the interventions expanded.

(see FIGURE 2)



(FIGURE 2)

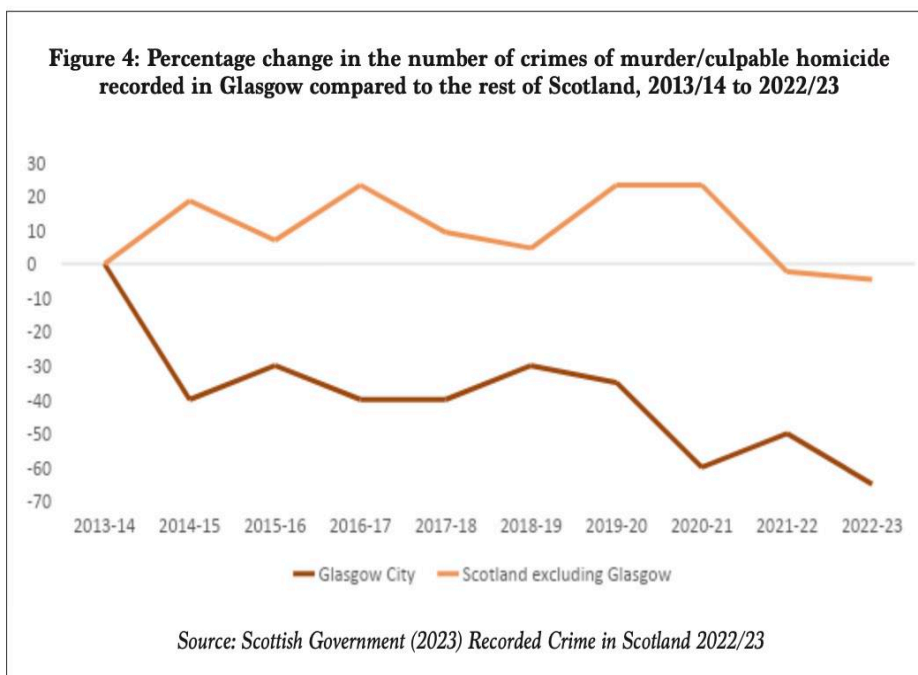
2.7 Therefore, the public health approach is a continuous cycle of assessing, understanding and responding to a public health issue within a population.

2.8 A public health approach will often challenge systems to adapt and improve based on the best available evidence.

'Rather than a silver bullet, the public health approach is a flexible set of principles and a dynamic set of practices that need to be adapted.' ('Safe Space', Fraser, Irwin et al, 2024)

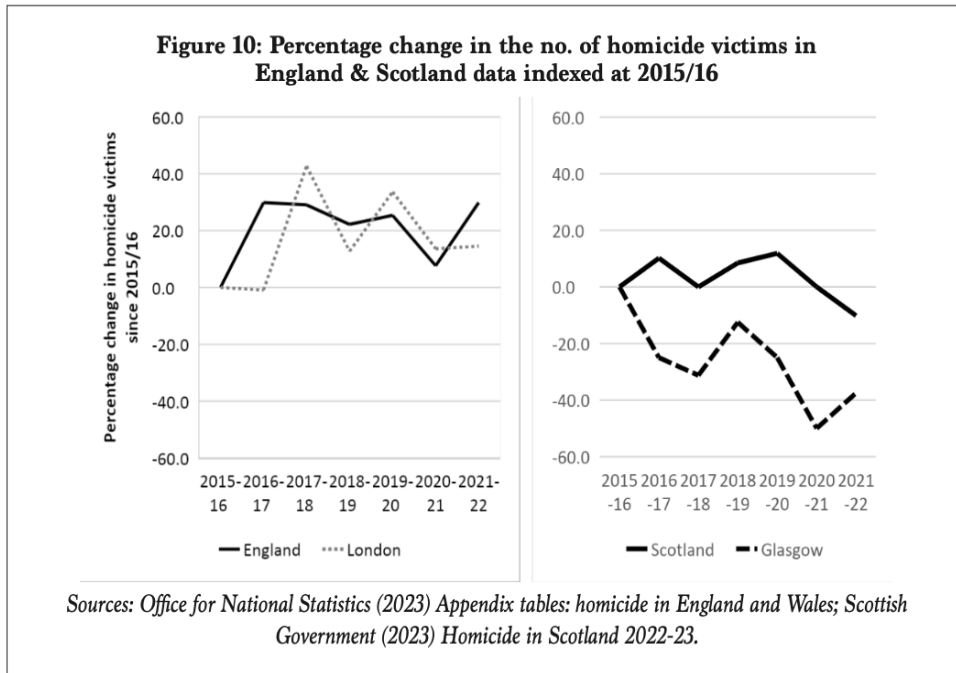
3 The application of public health approach to violence

- 3.1 The first application of a public health approach to violence was the establishment of the Scottish Violence Reduction Unit in Glasgow in 2005.
- 3.2 Glasgow held a reputation as ‘no mean city’ and many fictionalised accounts of the city carried with them resonance and plausibility. This was because they spoke to the deeper truth around the culture of violence that existed there - for generations it had been a city of violence, murder and assault.
- 3.3 At the turn of the 20th century, Glasgow had a murder rate that was the highest in Europe and amongst the highest in the developed world. The prevailing culture of violence affected the citizens of the city either directly or indirectly and had a detrimental impact on the demand for public services across all agencies.
- 3.4 The World Health Organisation report of 2002 was the catalyst for bringing about change in Glasgow. The city adopted a public health approach to violence that enabled new ways of thinking and encouraged new alliances and partnerships. It was acknowledged that the issue of violence was a problem to be addressed by all of society and not just one particular agency.
- 3.5 In 2005, the year in which the Scottish Violence Reduction Unit was launched, there were 137 homicides in Scotland. By 2023, that number had been steadily reduced to 48. (see **FIGURE 3**)



(FIGURE 3)

3.6 Whilst Scotland’s violence statistics have steadily improved over that period, the situation in England and Wales in this respect had been deteriorating. (see **FIGURE 4**).



(FIGURE 4)

3.7 In 2018, in response to these rising levels of ‘knife crime, gun crime and homicide’ allied to public concern and media comment, the Home Office recognised a need for a change in policy direction and published its ‘serious violence strategy’. This document outlined the basis for the adoption of a public health approach to violence and stated that responsibility for addressing these problems would no longer be focussed on law enforcement alone:

“ This will be dependent on partnerships across a number of sectors such as education, health, social services, housing, youth services and victim services” (Home Office Serious Violence Strategy policy Paper, April 2018)

3.8 A few months later in September 2018, the Mayor of London introduced the second Violence Reduction Unit in the UK. The following year the Home Office announced funding for 18 Violence Reduction Units to be established throughout England and Wales. This was increased to 20 in 2022. The stated aim of these VRU’s was to adopt a ‘preventative, whole system public health approach to violence reduction’.

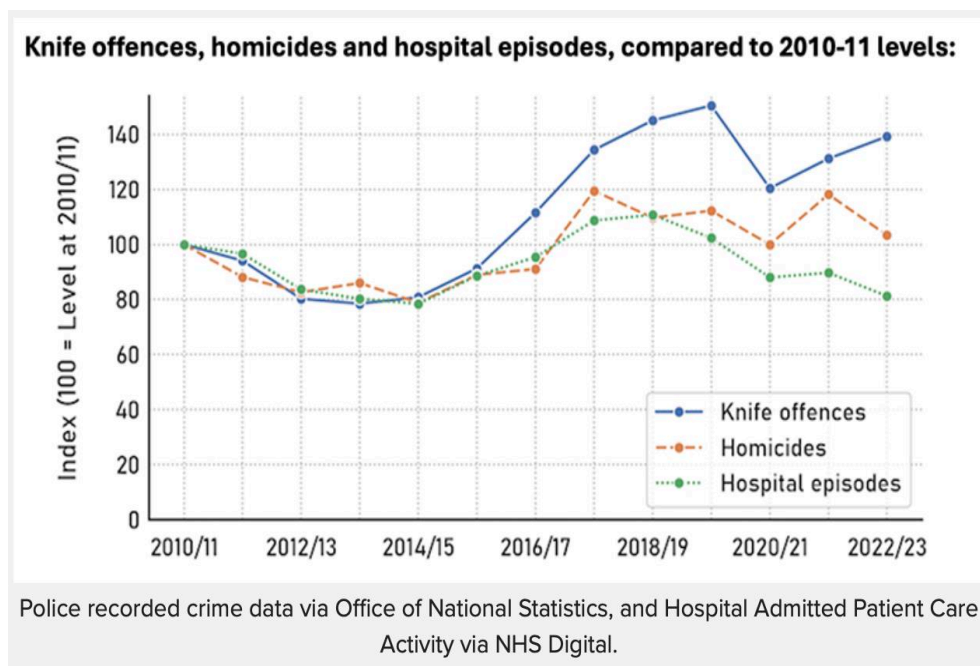
4. The violence reduction model in England and Wales

- 4.1 Whilst many observers believed that the objective in establishing 'VRU's' in England and Wales may have been to follow the 'Glasgow Model', some distinct differences appeared from inception.
- 4.2 Alongside the establishment of VRU's in 2019, the UK Government introduced a 'serious violence duty' which received statutory recognition in the 'Police, Crime, Sentencing and Courts Act, 2022'. It was intended that this 'duty' would ensure that certain services would work together to share information and collaborate on interventions to prevent and reduce serious crimes within their local communities.
- 4.3 It could be argued that this was a significant departure from a purely 'public health approach' in that partners were given a statutory requirement to participate rather than doing so willingly and in collaboration for the societal benefit that may be derived. This is an issue that will be explored further in this report.
- 4.4 Notwithstanding, to support this work, £315m was allocated over a four-year period to a 'Serious Violence Fund' from which the finance was provided for the VRU's to be established (or to build upon existing funding in the case of London). Their stated aim was to 'lead and co-ordinate a preventative, whole systems approach, to violence reduction'.
- 4.5 In reality, this funding was not divided evenly between each VRU and many received on average £1-2m per annum with which to tackle an issue with an associated resultant cost of over £1b in terms of harm to society, management of offenders and victim costs.
- 4.6 The Home Office selection of police force areas (PFA) for VRU funding was based on historical levels of recorded violence and, in particular, hospital admissions resulting from violent injury from a sharp object. In other words, the identification of violence 'hot spots'. It was intended that subsequent funding would be provided on a rolling year to year basis. Notably, the 'Serious Violence Fund' also provided finance for 'GRIP', formerly 'surge', activity which is enforcement focussed.
- 4.7 From 2022 onwards, 'local sources' were instructed to match at least 10% of funding – a requirement that was to increase in subsequent years. Added to this was a further requirement for VRU's to spend at least 20% of their interventions budget on those considered to be 'high impact' interventions by the Youth Endowment Fund (YEF). This fund is a body that was established by the Home Office in 2019 with the aim of preventing children and young people from becoming involved in violence. It was provided with an annual endowment of £200m to support such activity.

- 4.8 In the Spring budget of 2022/23, the UK Government announced a three-year settlement for VRU's in England and Wales moving away from the 'year to year' model thus ensuring their continuation until at least 2024/25. This settlement recognised that year to year funding created difficulties for VRU's in that they were unable to make long-term plans with any certainty.
- 4.9 This new funding was tapered, however, reducing annually over the three-year period. At the time of writing this report, it would appear that a further year of funding has been agreed to maintain VRU's throughout 2025/26. That said, the long term future of the public health VRU model in England and Wales remains uncertain.
- 4.10 From the outset, responsibility for local governance of VRU's was given to the Police and Crime Commissioner of the PFA in which it was established, although centralised oversight and monitoring of progress remained with the Home Office. VRU's were also encouraged to work with the YEF to access additional funding to compliment their core activity. Funding provided by the YEF was to be obtained through an application process with regular returns being required to monitor impact once funding had been provided.
- 4.11 This design had some significant differences from the approach adopted in Scotland, although both had the stated intention of progressing a 'public health approach' to the issue of violence.
- 4.12 The Home Office analysis of the impact of Violence Reduction Units for 2022-2023 highlighted that early evidence pointed to VRU's addressing some elements of violent crime. For example, it noted that, since inception, a 'statistically significant reduction' in more serious forms of violence had been achieved. Both this report and its predecessors listed improved statistics in this respect for VRU areas in comparison with 'non-funded' areas.

'Overall VRU's continued to make progress in 2022/23 against all elements of the whole systems approach albeit with, sometimes wide, variability.' (Home Office VRU Review, 2023)

4.13 Despite this progress and ‘consistent with previous research’, this report also suggested that impact on the most serious forms of violence may take longer to achieve (See Figure 5).



(FIGURE 5)

4.14 In addition, the report also suggested that the ‘significant steps’ taken to encourage partnership working may not bring the short-term success that was envisaged:

‘The introduction of the Serious Violence Duty and the 3-year funding were generally viewed as an opportunity to strengthen partner buy-in, commitment and focus, but there was recognition that it would take time to realise the full impacts of these.’ (Home Office VRU Review, 2023)

4.15 The potential reasons for both the delay in anticipated progress and the variation in approach will be reviewed in the next section of the report.

5. VRU's in practice

- 5.1 The first stage of the public health model is crucial and requires participants to define and monitor the problem through research and systematic data collection. This requires a clear commitment to the gathering of intelligence and information sharing amongst partner agencies allied to investment in analytical expertise to interpret the data.
- 5.2 It was this key activity that the statutory 'Serious Violence Duty' sought to achieve and ensure that information sharing became the cornerstone of VRU activity. As stated in the 2023 Home Office Report on Violence Reduction Unit progress, 'data sharing and analysis became a core element of the whole systems approach to violence prevention'.
- 5.3 Having been acknowledged that the drivers of violence and related criminality are complex and that data relating to these drivers are spread across multiple agencies, the VRU network was given responsibility for bringing this data together from various agencies.
- 5.4 Despite this aim, data sharing amongst agencies has long been problematic and, even with a statutory duty to share, the Home Office report identified an inconsistency of response:

'There was some progress made towards data sharing and analysis, however, there was a wide range of variability across VRU's.....accessing health data was still an issue for many VRU's but it was hoped that the serious violence duty might eventually overcome this.' (Home Office VRU Review, 2023)

- 5.5 Where there has been successful use of data sharing and associated technology, areas of multiple deprivation are often seen as those in greatest need underlining a requirement for greater inter-agency planning and integrated thinking to be applied.

5.6 The general lack of consistency in approach to data sharing was a theme that appeared throughout the HMICFRS inspection report ‘how well the police tackle serious youth violence’ that was published in May 2023.

‘We found that some VRU’s and Community Safety Partnerships didn’t have a consistent approach to allocating resources for serious youth violence. Although the Home Office requires all VRU’s to conduct analysis into what is causing violence locally and create a strategy to prevent it, in some areas officers and staff told us of a scattergun approach to implementing serious youth violence interventions’ (HMICFRS Report, 2023)

5.7 Unsurprisingly therefore, this variability across VRU’s was a theme raised by numerous respondents whilst conducting research for this report. One VRU Director highlighted a lack of co-ordination at the outset which allowed each VRU to develop differing local practice:

‘The need to meet the grant requirement is up to us locally. In the early days it was all over the place – the whole concept was locally driven by local needs or policy and we all developed an individual approach’ (VRU, Director)

5.8 There was though an apparent desire to introduce a consistent ‘public health’ approach across England and Wales that was led by the Home Office. National events were held at which each VRU was represented and the YEF ‘toolkit’ of evaluated interventions was highlighted as best practice to be adopted. Despite these attempts to introduce consistency of approach, variation across the country remained apparent:

‘To my mind it is all about the ‘causes’, our focus should be on addressing the causes, its up to others to address the ‘harms’. Some VRU’s have just been sucked into the violence though, they have merely become part of the wider response. Some use zero preventative narrative, they focus solely on ‘knife crime’. (VRU, Director)

5.9 Even the definition of violence varied from region to region. Several VRU’s extended their remit to include issues such as people trafficking, human slavery, child protection and ‘county lines’ activity. Others remained solely focussed on a more traditional definition of violence.

‘Since we started our definition of violence has grown in scope but for other VRU’s violence is just violence’ (VRU Director)

5.10 There may be several reasons for this difference of approach. The need for local solutions to local problems being one. Many commentators, however, cite the link to Police and Crime Commissioners as an issue in this respect:

'in terms of local governance, the link to PCC's is a weakness to my mind. After all, we need to remember that PCC's are linked to the party political apparatus' (Academic specialising in policing and crime prevention)

5.11 Several VRU Directors also raised issues with this linkage:

'one of our biggest challenges is sitting under the PCC with the added risk of our work becoming politicised. I would have us community based, independent and governed by a community board' (VRU Director)

5.12 Another added:

'We have a new PCC. I can't get a meeting with him and I am the prevention lead. He hasn't even mentioned the VRU in his plans because it doesn't suit him. He's all about putting people in prison' (VRU Director)

5.13 An academic undertaking a thesis on the impact of violence reduction units and a public health approach in England met with representatives of all 18 of the originally created VRU's to obtain evidence. He highlighted inconsistency of approach as a general theme:

'I found that they had certain things in common though. They were all change fatigued, all research fatigued, they all had resource issues and they were all demotivated'. (Academic undertaking PhD thesis on VRU's)

5.14 From his research he was of the opinion that the original methodology may have been flawed from the outset:

'The evidence that I gathered is that the plans continually change. The Home Office will dictate what you do and the strategic needs assessment is a fudge. Instead, the plan should have been 'go in small, do what we need to do to shift the dial - what package do we need to put in place here'? For that reason the VRU project as it stands doesn't cut it, the ambition is too big. I'd summarise it as 'From little acorns' versus 'drop a breeze block on it!' They haven't listened to communities in the main and now the VRU's themselves are saying it isn't working'' (Academic undertaking PhD thesis on VRU's)

5.15 This observation is endorsed by the lead of a major national youth organisation:

'I believe that VRU's have become part of the problem. There are so many different approaches and added to that is the serious violence duty. It requires a significant amount of work and all that work goes into writing the plan and strategy in order that you can tick it off, report that its done. Then the next year we are onto something new' (Lead, National Youth Organisation)

5.16 VRU Directors also highlight the impact of the serious violence duty and the abstraction from prevention activity it requires as a problem:

'Unfortunately, we spend so much of our time statistic gathering. The serious violence duty is one cause of this, its just a nonsense and many of our core members also have to do this on a statutory basis. Then there are the returns you have to do as conditions of funding. The YEF are so heavy on evaluation its relentless.' (VRU, Director)

5.17 Another cites the length of the process to obtain additional funding as both time consuming and unproductive:

'We receive one of the smallest budgets and therefore our scope for interventions is limited. We are also limited in our potential to apply to other funding streams. Yes, there is the YEF but its processes are so time consuming and its funding so limited that you wonder if it's even worthwhile' (VRU Director)

5.18 This criticism of the funding system and amount of additional work it generates became a common theme amongst VRU responses:

'Our VRU receives no funding from the YEF. Their toolkits are available to us and some have been useful – some of our partners have used them. But, I even spent some of my budget to hire someone solely to do YEF applications and still we didn't get anything' (VRU Director)

5.19 The Home Office review of VRU activity for 2022/3 also highlighted issues with the requirement for each VRU to utilise the YEF 'high impact' interventions list when planning intervention activity:

'There were also comments on its limitations and prescriptive approach. Whilst considered a useful reference for commissioning, it could be seen as a relatively 'crude' tool beyond this. It was also said to be too focused on randomised control trials to aid local/community discussion of commissioning or to inform the commissioning of smaller providers.' (Home Office Review of VRU Activity, 2023)

5.20 Against this backdrop many VRU Directors fear that there may be a change in policy and that the advent of a new government might hasten a change of approach:

'I believe that the Home Office have gone lukewarm to VRU's recently. They are possibly seen as 'yesterday's news'. The last national event they hosted was almost a year ago and that I think is a good indication of the direction of travel.' (VRU Director)

5.21 Consequently, some VRU's are now developing a local approach that does not necessarily follow the national trend. An approach which is more community orientated not driven by central direction but by furthering the aims of independent agencies that collaborate to provide services that meet the needs identified by the communities and young people themselves.

'I saw that some of the VRU's were breaking away from the Home Office approach and trying their own thing. There is a strong example within a City VRU that started a small scale project more locally in a particular area with a small evidence base. Their plan is continual evaluation and, if it works, to roll it out elsewhere in the city. That's how it should be done I think'. (Academic undertaking PhD thesis on VRU's)

5.22 This need for more localised solutions to local problems is underlined by a community representative from a city area of England with no VRU representation:

'I look at the areas that have VRU's with envy. They are provided with money, they have networks, connections and pulling power. Imagine gifting that to struggling communities and see what could be done. Take Southport, for example, there was no movement to rebuild after the riots, people just did it. That's the power of communities' (Community Representative)

5.23 There is a fear, however, that a move away from Violence Reduction Units may be a backward step. The preference amongst many would be for them to develop and build upon the foundations that have already been laid:

‘Sustainability is the ultimate challenge. We would like it if we were not dependent on the Home Office. We need to morph and develop. I support an independent unit, working in its own space without the external demands, acting as the glue that pulls everything together in a truly collaborative way. There has been so much progress and my fear is if we disappear we will resort to the age old criminal justice response’ (VRU Director)

5.24 It is evident that there is a lot of support for the public health approach and the cross-agency benefit that it brings. Many underline the fear that a potential change of direction will lose the progress that has been made since 2018 and that alternative options are available.

‘I think that a public health approach is just so much common sense but, in my opinion, the whole public health approach is still looking for an appropriate home’ (Academic specialising in policing and crime prevention)

5.25 Whatever the direction of travel, it is clear from all available evidence that a public health collaborative approach needs leadership from the highest levels in order to be successful. Therefore the introduction of public policies and strategies that encourage a shared agenda and joint approach might be a missing ingredient in England and Wales.

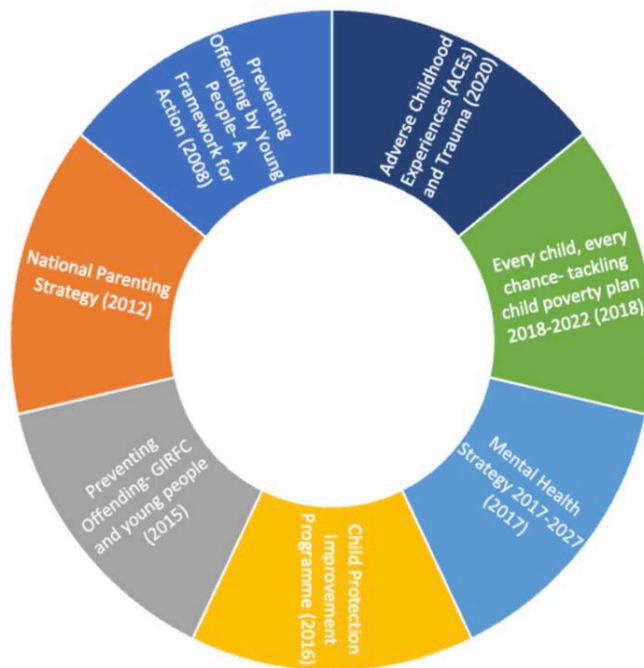
‘The discussion is often about how we join things up on the ground but if they were joined up at the centre these problems wouldn’t arise’ (Academic specialising in policing and crime prevention)

5.26

A recent academic review of the impact of the Scottish Violence Reduction Unit highlighted the strategic policy and direction given by successive Scottish Governments as a key factor in the results that were obtained: (see Figure 6)

'During this period, the principles of 'Getting It Right First Time For Every Child' (GIRFEC) became increasingly embedded in a wide range of policy issues....the competing principles of 'welfare' and 'risk' became recast through a lens of public health. This represents a striking growth in policies rooted in the principles of early intervention, holistic support and the prevention of harm, which underlined the same principles as the public health approach.'
(Fraser, Irwin et al, 2024)

Figure 9: Scottish Government policies that refer to GIRFEC (2008-2020)



(FIGURE 6)

5.27

Giving due to consideration to the wide range of social issues that are entwined in this model poses a question as to whether or not a sole focus on violence will bring about the requisite change that is sought.

5.28

The question that arises is whether or not violence is merely one symptom of a wider malaise in society? is the measurement of violence levels a solitary indicator of general ill health in a community? Will an isolated focus on violence prevention bring about the long-term change that is envisaged? To what extent did a wider focus contribute to the change in trends of violence that Scotland achieved?

6. Is violence the issue?

- 6.1 When adopting a public health approach to violence in Scotland in 2005 it was understandable that the word 'violence' would appear in the title of the unit. "Violence Reduction Unit" made sense and clearly underlined the objective. Twenty years on, however, evidence suggests that the complexities of violence are entwined with so many other social issues that the title can at times be both confusing and self-defeating.
- 6.2 For example, many partner agencies view the issue of 'violence' as being one that requires to be addressed by 'justice' due to the label that has been applied. This can cause obstacles to arise preventing a joint approach at a time when different agencies should be seeking methods through which shared objectives can be tackled and duplication of effort avoided.

'The language of 'violence reduction' sets a mindset that the answers lie with justice, it's for them to sort out. But they can't. Justice systems apply at the end of the game', (Lead, national youth organisation).

- 6.3 Similarly, the focus on 'knife crime' as the driving factor for action can lead to a focus on a single symptom of a wider problem and thus prevents co-ordinated action to address the underlying issues in a sustainable manner.
- 6.4 Despite the 'serious violence duty' this phenomenon has also been experienced across England and Wales. Often an element of confusion arises when certain interventions are put in place:

'We have a project which works with schools and deals with exclusion. The reason for that project should be apparent but I continually have to explain why we have this project, what its link to violence is' (VRU Director)

- 6.5 In recognition that the word 'violence' can be restrictive, some of the VRU's in England and Wales have added other elements of criminality to their title in order to extend their aims and objectives from purely one of violence reduction. The Bedfordshire Police 'Violence and Exploitation Reduction Unit' is one such example.

6.6 Even when discussing their aims and objectives some VRU Directors have tried to move away from using the word ‘violence’ to better enable engagement with key partner agencies.

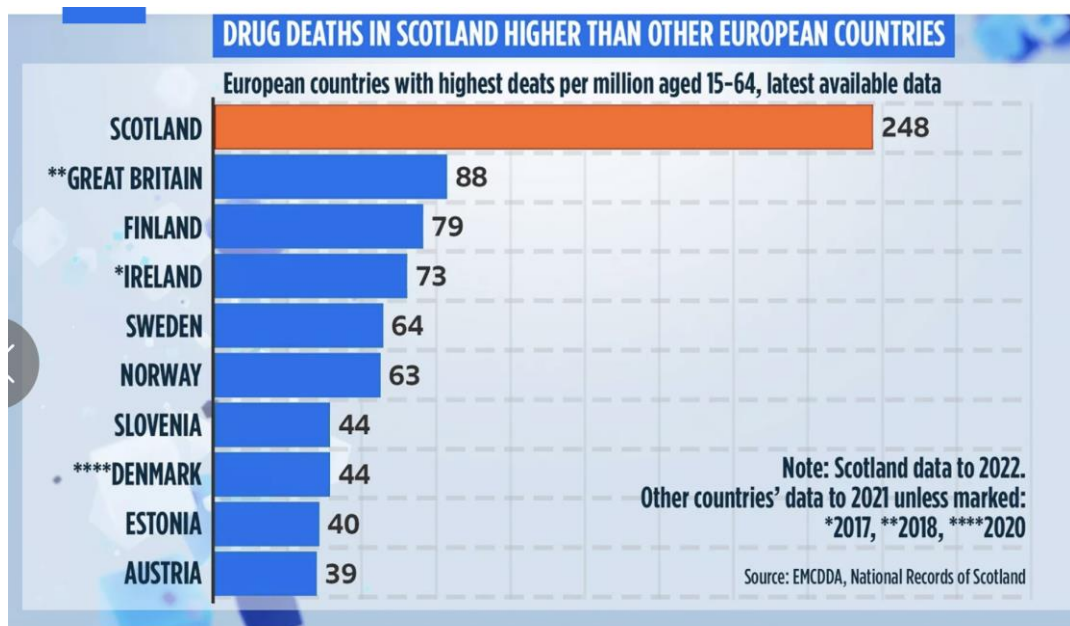
‘We try and use the term ‘harm’ now much more than ‘violence’ – this allows us to use data and evidence which can enable us to highlight common factors with other agencies’ (VRU Director)

6.7 Whilst the move to introduce ‘Violence Reduction Units’ into England and Wales was driven by public outcry at an apparent rise in ‘knife crime’ and related offences, many academics and commentators view violence as merely a symptom of a greater social problem. They believe that tackling violence alone will not bring about a lasting change.

‘Vulnerability reduction is where we need to be but there is a lack of vision to start on that journey’ (Academic specialising in policing and crime prevention)

6.8 The reduction in recorded violence in Scotland in 2005 is viewed with envy by other jurisdictions across the world. Some observers highlight that the recorded data relating to other social issues, however, may tend to suggest that there has been a move to self-harm in Scotland rather than harming others. This poses a question as to whether or not violence has been merely displaced.

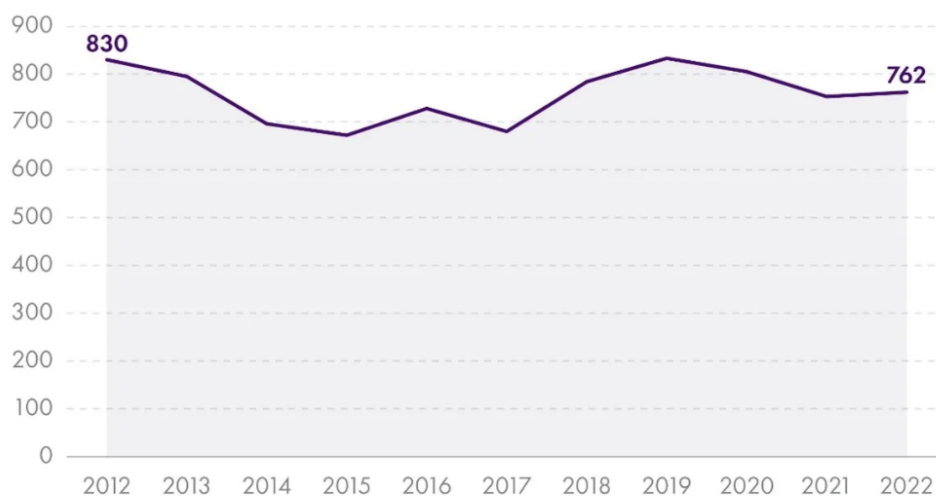
6.9 Scotland’s recorded data in respect of drug deaths over this period, for example, have become amongst the worst in Europe. **(See Figure 7)**



(FIGURE 7)

6.10 Levels of self-harm have also seen an increase when the data relating to suicide is examined. This data reveals that suicide levels in Scotland remain stubbornly high over a long period: (See Figure 8)

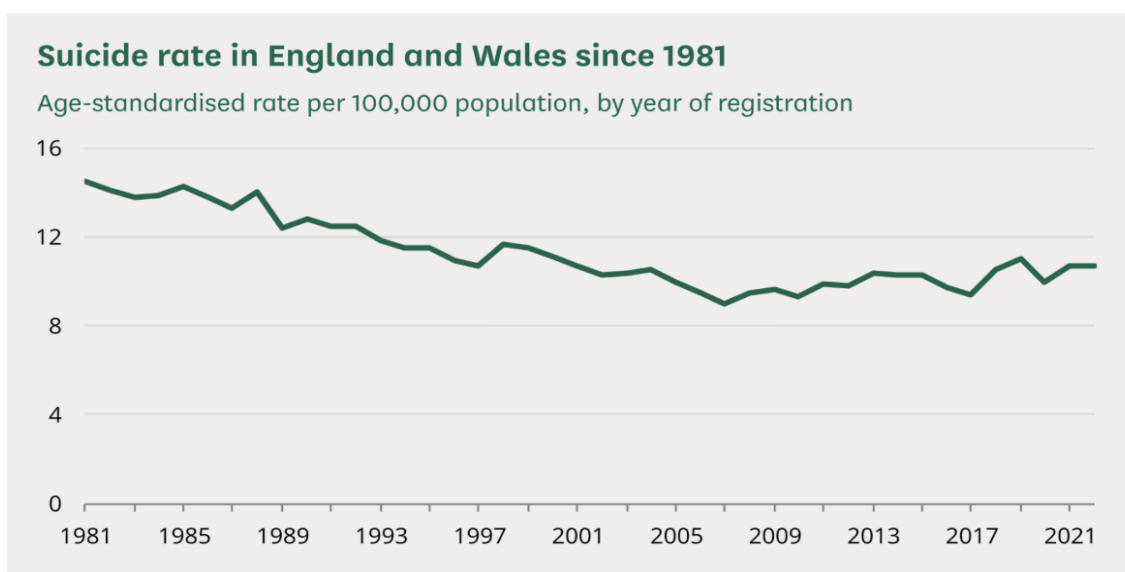
Number of suicide deaths by year, 2012 – 2022, Scotland



Source: NRS (2023)

(FIGURE 8)

6.11 Comparative data relating to suicides in England and Wales indicates a similar stubborn trend: (see Figure 9)



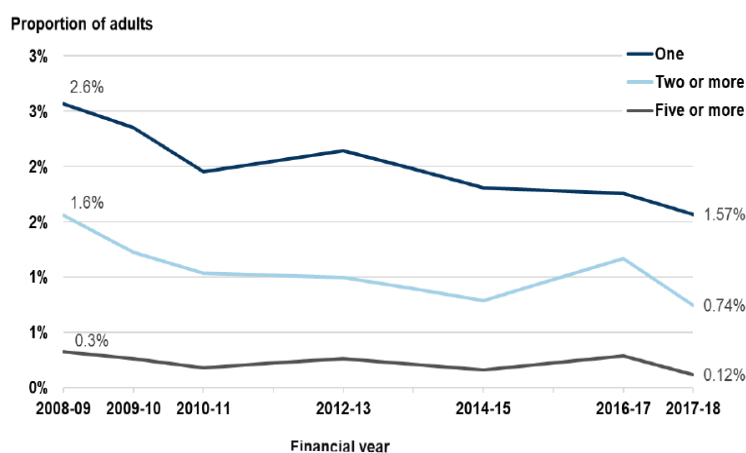
(FIGURE 9 – Source ONS)

6.12 These are merely two indications of social issues that are a cause for concern and that, in the main, have not received the same level of attention as inter-personal violence. Both are suitable for the adoption of a public health preventative approach. There are many more.

6.13 In 2021 the SVRU produced a new 5-year strategy entitled 'A Safer Scotland for All'. This document recognised that despite achieving the 'the lowest homicide figure since 1976' much remained to be done. In particular, it proposed that focus should be placed on certain areas of society that suffered a disproportionate level of violence:

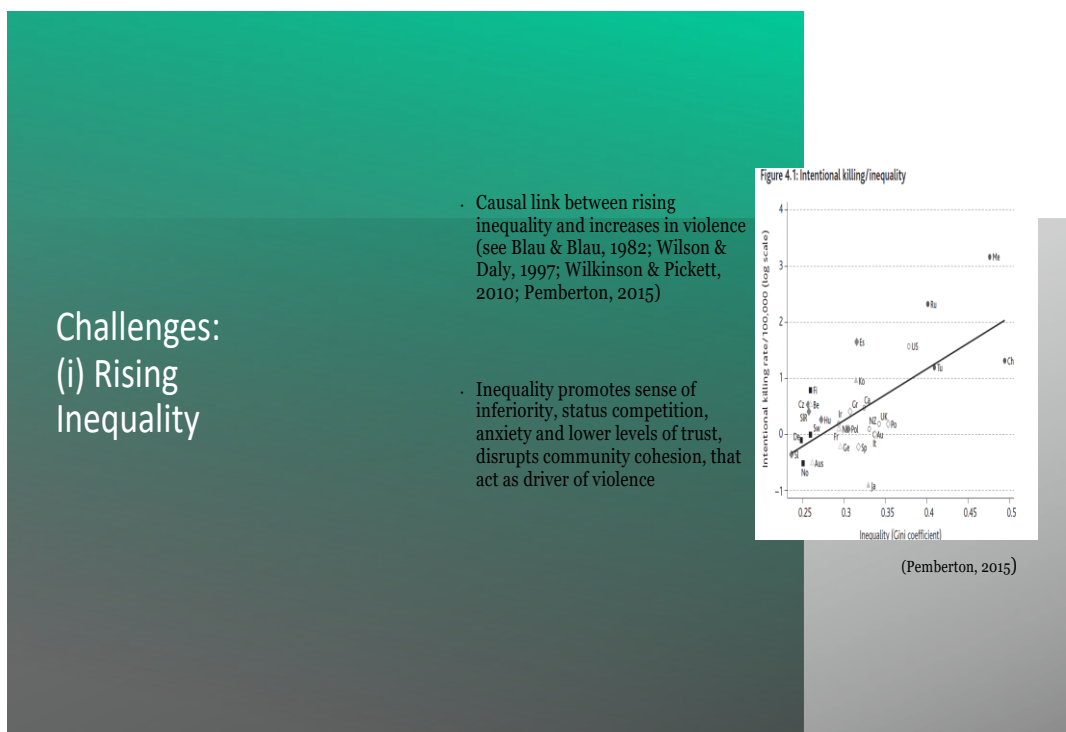
'Much of violent crime in Scotland is concentrated on victims who suffer multiple attacks....these repeat victims are often young, male and from deprived socioeconomic backgrounds. The Scottish Crime and Justice survey 2019/20 states that this (repeated violence) affects 1 adult in every 100 (1% of the Scottish Population) whose experience of violence accounted for almost 2/3rds (65%) of violent crime. Violent offending can also be a significant risk factor in becoming a victim of such incidents due to the victim/offender overlap.' ("A safer Scotland for all', SVRU, 2021)

1% of Population of Scotland Experience 65% of Violent Crime



(FIGURE 10) (Source Scottish Crime and Justice Survey, 2019/20)

- 6.14 The SVRU report mentioned above underlined that Scotland’s violence journey had not been an even one. Those living in the areas of greatest urban deprivation had seen no reduction in the likelihood of experiencing violence since 2008/9. These were the same communities where the other social factors that impacted most severely on community wellbeing were also being recorded at the higher levels. This situation is not unique to Scotland.
- 6.15 In reality, this is unsurprising. Numerous academics have cited links between inequality and violence over many years. It is their expectation that an increase in levels of poverty will produce higher levels of violence, (See Figure 11).

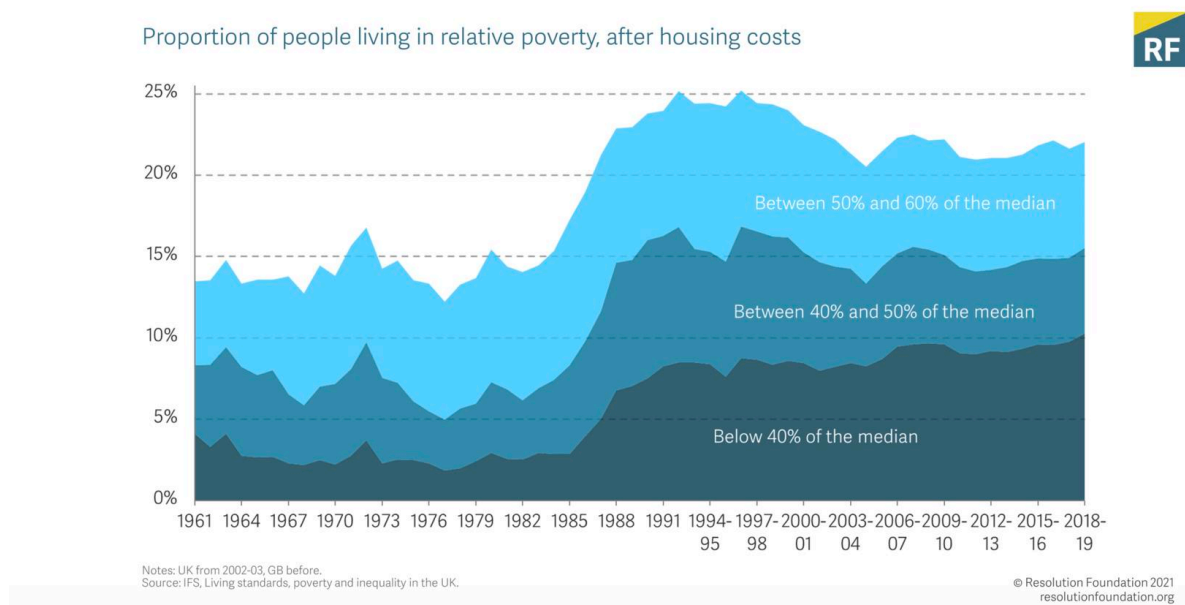


(FIGURE 11: (Source Simon Pemberton, University of Birmingham)

‘A recent 2019 study (by the Greater London Authority) into the causes of violent crime in London found that the proportion of children under 20 living in poverty was the main factor correlated with the levels of youth violent crime in London Boroughs’ (Karl Thomson, ReviseSociology, 2024)

6.16 With recorded levels of poverty in the UK showing an increase over recent years and based on the findings of multiple sources of academic research, the tendency to have increased levels of violence would be expected to follow (see Figure 12):

Figure 6: Tracking multiple poverty lines allows you to assess the depth of poverty



(FIGURE 12)

6.17 Several reports from a variety of organisations highlight poverty and inequality as the key driver of demand for services, particularly in relation to young people. The most recent of these reports being the Children’s Society’s ‘Good Childhood’ report. Similarly, organisational leads across many public sector bodies increasingly call for action in this respect:

‘Poverty is driving record demand for mental health services and contributing to more complex conditions among children and young people’ (Saffron Cordery, Deputy Chief Executive, NHS Providers).

6.18 It could therefore be concluded that a focus on violence alone would be unlikely to bring about the sustained level of reduction that is envisaged. Rather, a focus on areas of socioeconomic deprivation, taking steps to eradicate poverty and inequality, would be more likely to succeed in this respect. Such action might also provide greater community cohesion and wellbeing with associated reductions in related social challenges.

6.19 Achieving this would require the adoption of a pure public health approach where all agencies, statutory, private and community, work together towards a common goal. This approach should be underpinned by a national vision outlined and supported by the highest levels of government.

- 6.20 The introduction of innovative preventative programmes targeted at solving well researched problems that are strategically led and delivered could have an enormous impact in providing cost effective use of limited public resources and bringing about improved outcomes across many measures.

'In all aspects of our system of public services, therefore, from setting national policy to reforming governance and organisation of public services, through to the design and delivery of integrated services, all parties must prioritise and build in action which has the effect of reducing demand for services in the long run' Christie Commission on the future delivery of public services (in Scotland) 2011

- 6.21 It is this challenge that many leaders of the VRU network in England and Wales have identified. It is their belief that rather than tackling the issue of violence in isolation there is a need to be far more aligned with other services with a view to addressing the underlying issues that drive the social problems that we face – the 'causes'.
- 6.22 That should be achieved not only by means of sharing data but also by identifying service overlaps, commonality of purpose and developing a shared approach for the benefit of all.
- 6.23 In order to achieve this, however, many foresee obstacles being placed in their way:

'It appears to me that everybody wants to change the system but nobody wants to change their bit. I fear that public health directors would oppose this move, they would feel that we are stepping on their toes with an agenda of prevention' (VRU Director)

7. Traumatized Communities

- 7.1 In tandem with the introduction of Violence Reduction Units and the adoption of the 'public health approach', 'trauma informed practice' is being embraced in many areas of the United Kingdom and beyond.
- 7.2 The term 'Adverse Childhood Experience' (ACE'S) is used to describe a range of stressful or traumatic experiences that babies or young people can be exposed to whilst growing up. The original American study showed that the greater the number of ACE's increased for an individual child so did their risk of experiencing a range of physical and mental health issues throughout their life. It listed 10 particular ACES as being prominent. (see **FIGURE 13**)



(FIGURE 13)

- 7.3 It has been recognised that the ACE's that harm a child most profoundly can be displayed decades later as the cause of chronic disease, mental ill health, addiction and as a major contributory factor to violence. Once again, the links between violence and other social issues are prominent. An American study, replicated later in Glasgow, recently estimated that 64% of the prison population have experienced 6 or more ACES.

7.4 Other studies have also estimated the impact of ACES on childhood development and their detrimental impact on adult lives. These also have a detrimental impact on public expenditure and place a heavy burden on public services. The undernoted study by the ‘wave trust’ provides examples of these harms. (see **FIGURE 14**)

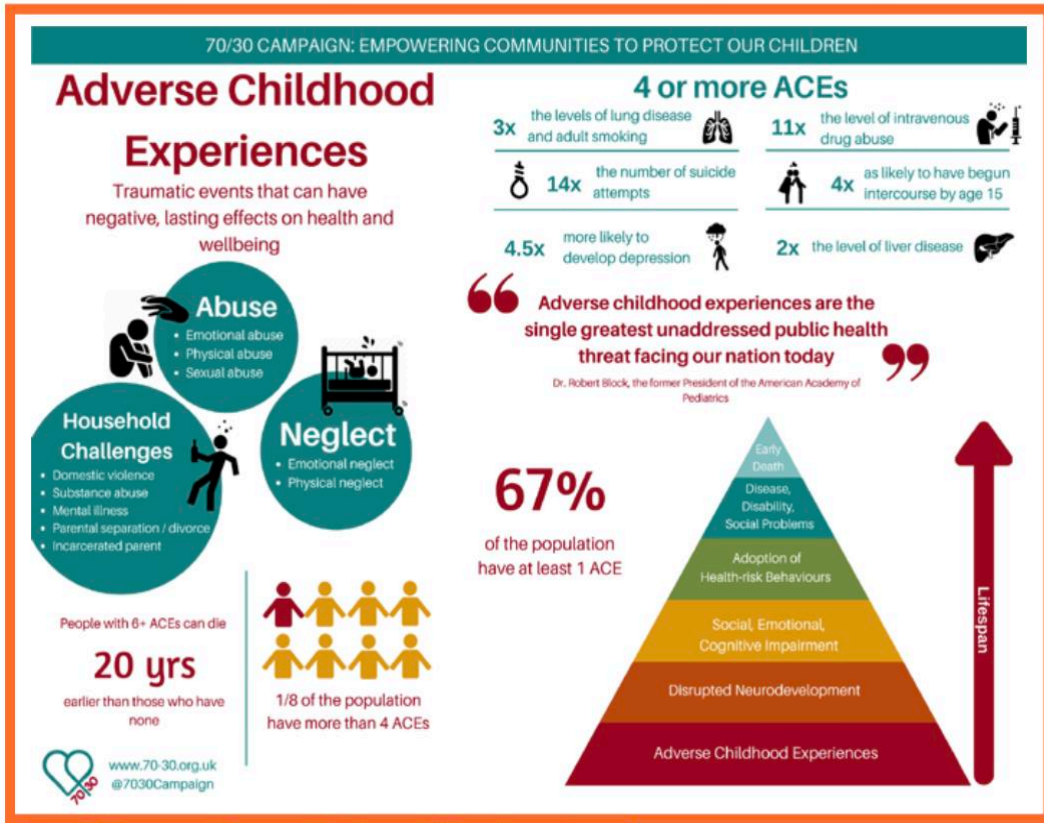


Figure 1.3: Conceptual framework of adverse childhood experiences

(FIGURE 14)

7.5 It is widely acknowledged that many people with ACEs are resilient to their effects and won't suffer such outcomes. Indeed, many recognise that other factors such as poverty and inequality can also have a detrimental impact on childhood development. It is widely accepted, however, that preventing ACES and building resilience in communities has the potential to be a powerful part of a public health approach to violence prevention.

7.6 Organisations that encourage their staff to understand the impact of ACES and take steps to address their detrimental affect are said to be 'trauma informed'. The governments of both Scotland and Wales have committed to widespread understanding of this issue with the ultimate aim of becoming 'trauma informed nations'.

- 7.7 It is important to recognise that being ‘trauma informed’ is not the end of the journey. The ability to understand childhood influence on adult behaviour is only beneficial if it becomes embedded in the working practice of numerous agencies.
- 7.8 Building on this work, in 2016, the Prevention Institute in the USA recognised that, trauma that manifests as symptoms within individuals can also become apparent across communities. (see Figure 15).

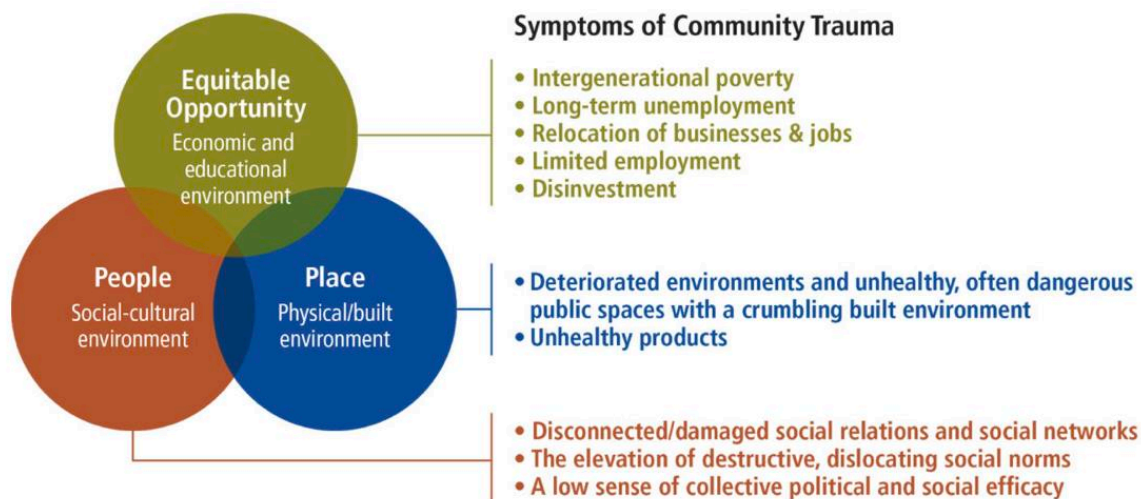


FIGURE 15

- 7.9 Consequently, they introduced a framework to advance an understanding of trauma at a community level with the ultimate aim being to harness community resilience and build a prevention model from the ground upwards.

*‘Supporting community healing and building community resilience fosters communities that can thrive, even in the context of future adversity and creates conditions for effective collective action by communities to find solutions to improve community wellbeing’
(The Prevention Institute, 2018)*

7.10 The framework underlined the need to obtain support from communities in order to address the multiple issues that contributed to a lack of community wellbeing. It was believed that without that level of community ‘buy in’ progress would be limited. (see Figure 16)

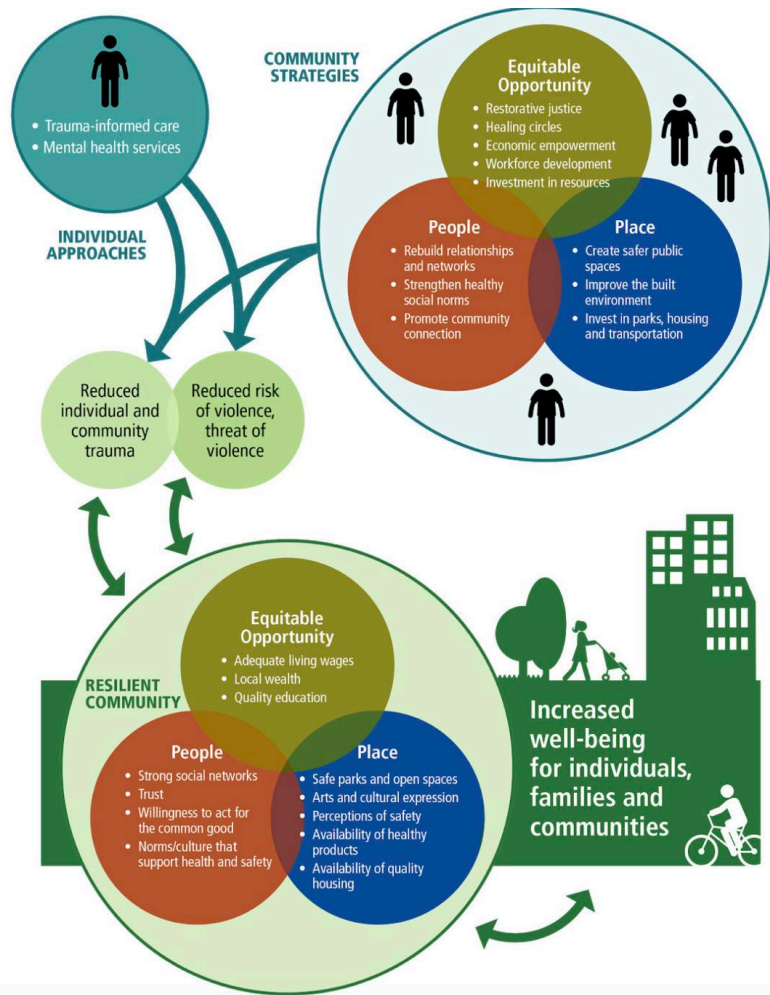


FIGURE 16

7.11 Amongst its more prominent aims was a desire to ‘establish collaborations that promote community level strategies while rebuilding social networks’ and ‘providing a voice and element of power to communities around shifting environmental and structural factors’.

7.12 Many will argue that community consultation is undertaken in the UK and that communities are involved in many of the programmes that are introduced. Some of those who were interviewed for this report, however, believe this to be limited and are of the belief that significant improvement can be made in certain areas.

‘It would appear that many VRU’s concentrate only on the bits that they can control, policing and justice in the main, they don’t appear to truly involve the communities and it’s the communities that will ultimately provide the way to change’ (Lead for National Youth Organisation).

7.13 As stated at the outset of this report, the causes of violence are complex and varied and thus young people who become involved in violence have a complexity of need. For many years we have attempted to address these needs in isolation through single agency leads or interventions. This model is inefficient, dysfunctional and creates re-offenders and repeat victims. A public health approach requires inter-agency co-operation building the trust and confidence of the young people and the communities in which they live.

8. Co-production

- 8.1 Working with communities to deliver to their needs is not a new concept. Indeed, it has been embraced by numerous organisations across the United Kingdom including the National Lottery Fund, NHS England and other smaller bodies such as the Scottish Community Development Fund in a system known as co-production.
- 8.2 Co-production is based on a belief that residents in communities understand better than anyone else what their community requires.

'Co-production refers to a way of working where service providers and users work together to reach a collective outcome. The approach is value driven and built on the principle that those who are affected by a service are best placed to help design it' (Co-production, Involve)

- 8.3 Ultimately, it is an approach to decision making and service design rather than a specific method. It stems from a recognition that organisations wishing to deliver successful services must first understand the needs of their service users and engage them closely in both service design and delivery. This is already a statutory obligation.
- 8.4 Within such a system, the notion of 'service users' as being dependent on public services is rejected. With co-production the relationship develops into one of co-dependency and collaboration, the community is empowered to change. Whilst users need support from public services, service providers need insight and the expertise of the community in order to enable the correct decisions to be made and effective services delivered.
- 8.5 Those who are most affected by a service are not only consulted but become part of the conception, design, steering and management of services.
- 8.6 It is that authentic base in communities that many of the VRU's see as the path forward to achieving significant change.

'It's all been said before. It's all about 'relationships', we have to put the punters at the heart of everything we do, build trust and confidence in the communities and deliver services there that are tailored to their specific needs' (VRU, Director).

- 8.7 Co-production goes much further than ‘participatory budgeting’, a development of the democratic process that enables community members to decide how a small proportion of the local authority budget can be spent in their area. It is about empowering communities to take control and set their own agenda for change.
- 8.8 Many academics link the concept of co-production with the development of human learning systems (HLS) as an alternative way to deliver public services. Both are based on strong relationships and trust allowing for the development of bespoke solutions.

‘Real outcomes cannot be delivered by public service, they are created by whole systems, all the relationships and factors in someone’s life. Real outcomes are made by healthy systems, systems in which all the actors involved can collaborate and learn together’. (Human Learning Systems collaborative network)

- 8.9 In many ways, HLS is based on a public health philosophy. There is at the outset a recognition that a person’s life is governed by a variety of relationships and interactions. It is the combination of these relationship’s and factors that create outcomes in people’s life’s. Every individual outcome will be different to another and will change and evolve over time.
- 8.10 HLS recognises this complexity and allows for services to be delivered in a way that evolves to suit the individual and to produce better outcomes in a person’s life. (see figure 17)

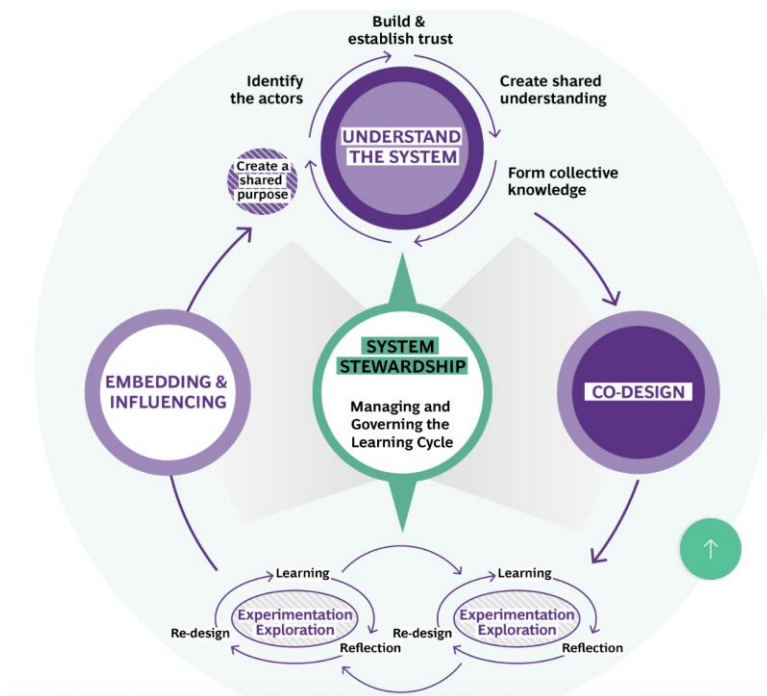


FIGURE 17

- 8.11 HLS is an alternative to the system of commissioning that most public and community/voluntary organisations have utilised for the past 30 years. Commissioning is a system of contracts which have targets which measure outcome. Many people are critical of that style of measurement and argue that it can encourage perverse outcomes and target manipulation rather than adapting to the needs of the individual.

'I was interested in finding out more about the 'microwave theory' – the idea that something has worked well in one area and therefore we can pick it up, heat it up and drop it into our area and expect it to work here. As we know, it's much more complex than that and there was little evidence of impact evaluation as an ongoing concept' (Academic undertaking PhD thesis on VRU's).

- 8.12 When introducing projects that are aimed at tackling many of the social issues that cause demand to rise for our public services, it seems sensible to involve the communities where the problems exist in the design and implementation and individual recipients in the delivery.
- 8.13 In such a system a 'capabilities approach' can be adopted. The core focus in such an approach is to improve access to the services that young people need to live fulfilling lives. Within such an approach, service gaps in local communities can be identified and addressed.
- 8.14 Across the UK the Hope Collective have heard young people speak about a lack of safe spaces, trusted adults, youth clubs and mental health support in schools. These service gaps are having a detrimental effect on the communities where violence is the norm.

9. Another community approach

- 9.1 Over the years, there have been a variety of initiatives launched with the ultimate aim of tackling some of the wider social issues evident in our communities.
- 9.2 One such scheme was 'Sure Start' announced in 1998 by the Labour Government. The initiative had the aim of 'giving children the best possible start in life' through improved childcare, early education, health and family support with an emphasis on outreach and community development. With an initial budget of £540 million over the first three years, districts for sure start development were selected 'according to levels of deprivation' and 'Sure Start Children's Centres' were established.
- 9.3 In 2003, responsibility for 'Sure Start' was passed to local authorities with the aim of establishing a centre in every community. The 2004 comprehensive spending review announced funding for 2,500 centres which increased to 3,500 by 2010.
- 9.4 Since 2010, austerity measures and public sector prioritisation saw a great reduction in the number of operating centres, some areas seeing as many as 85% of the centres closing.
- 9.5 Notwithstanding, a study conducted by the institute of fiscal studies in June 2019 concluded that Sure Start reduced the numbers of people taken to hospital and thus saved millions of pounds from the health budget. A later report in April 2024 from the same body found that:
- 'children who lived within a short distance of a Sure Start centre for their first five years performed 0.8 grades better in their GCSE's with larger impacts from those from the poorest backgrounds'. (Institute for Fiscal Studies April 2024)*
- 9.6 The evidence from this programme underlined that sustained action in communities experiencing socioeconomic deprivation can have a widespread effect and become cost effective across a range of measures.
- 9.7 In November 2022, the Commission on Young Lives, chaired by a former children's commissioner, produced a report containing several recommendations. The centrepiece being a new 'Sure Start Plus' for teenagers, a proposal for a network of intervention and support to tackle 'deep-rooted' problems in children's social care, education, family support, children's mental health and criminal justice systems.

9.8 In recognising the financial and service demands faced by ‘over-stretched’ services due to a lack of ‘early intervention’ the commission proposed a new action plan which would underpin the work of VRU’s:

‘The commission proposes a new national action plan to protect those most at risk of exploitation and harm and to support all young people to leave education with improved life chances. This would mainstream some of the positive work of Violence Reduction Units, who are working with agencies in some hotspot areas now’ (Hidden in Plain Sight, Centre for Young Lives, 2022)

9.9 Possibly informed by this report, the Labour Party Manifesto for the 2024 UK General Election contained a commitment to a ‘Young Futures Programme’. £95m (considerably less than was available for ‘Sure Start’ or the VRU network) was earmarked for a national programme to tackle ‘knife crime and address rising mental health issues amongst young people’.

9.10 This is intended as ‘a targeted programme in every area to identify the young people most at need....and build a package of support that responds to the challenges they are facing’. It seeks to have a preventative focus bringing services together ‘rooted in a strong evidence base’.

9.11 Added to this is a commitment to having youth workers in A&E units, custody suites, pupil referral units and communities. Finally, there is a commitment to also utilise existing enforcement measures.

9.12 The similarity to the aims of the VRU’s has been recognised by many and, with limited available funding, the likelihood of a dovetail approach is not as yet expected. Thus there is a concern that VRU’s may be phased out as the new policy develops.

‘To my mind the Home Office no longer see the VRU’s as the vehicle. There is a lack of understanding about how they might operate with the ‘family hubs’ and the overall message I am getting is that ‘there is trouble with the police anyway’. (Lead, national youth agency).

9.13 Others express concern about another nationally led organisation delivering services to communities:

‘I am hearing a lot of talk about the new hubs and ‘Sure Start’ but the narrative remains the same. This cannot be about holding expertise and passing it down to communities, it has to be the other way about’. (Lead, national youth agency).

10. The Way Ahead?

- 10.1 There is a consistency of message being supplied by organisations across the public and voluntary/community sector and it has been echoed by all respondents to this report. It is that a concerted preventative focus on the issues that are driving poverty and inequality in certain communities is most likely to bring a longer-term solution to many of our problems and a reduction in demand for services.
- 10.2 To achieve this aim will require the adoption of a wide-ranging public health approach to ensure that we make best use of limited public funding and target it in the most effective manner. It also requires the adoption of joint policies across agencies and a government led mission to ensure that these joint priorities are set, sustained and delivered.
- 10.3 For many years public funds have been channelled through grants, commissioning and procurement. Funding streams have been created and organisations have been invited to tender for the monies on offer through the submission of costed proposals allied to aspirational target delivery. The problems with this approach can be self-evident:

'Our PCC used community foundation monies to give grants out of £10-20K four or five times a year. Every organisation locally was fighting for these and while they were themed there was no overarching strategy. It was mostly the same organisations that received funding every time and the themes were just what the moral panic was of the day such as 'online safety' or 'sexual exploitation'. We could use public funding in a much more thoughtful way' (Community Lead)

- 10.4 It is also difficult to plan and implement long term change programmes when continuous funding is not available. This has a knock-on effect on staff morale and longevity. It was, in part, recognition of this that led to a three-year funding settlement for VRU's in 2022/3. Those contracted to deliver services under this funding arrangement also express their frustration:

'One VRU engaged me to deliver a schools-based programme for them. After having delivered it for a year they ceased the contract and moved on to something new. There was no evaluation of the impact and no scaling up. It appeared as if money was just being chucked at stuff with no thought for the future' (VRU Service delivery partner)

10.5 Other contributors to this report question whether sustained social change can be obtained through small scale projects delivered through the grant of limited public funding support:

'The question I often ask is where is the value for money in the current funding system? A £100K grant may seem like a lot of money to give out when it is really just a drop in the ocean' (Lead, community sector organisation)

10.6 The aim of many of the small-scale projects that are funded through grant support is to test theory, measure impact and scale up where successful. That is preventative spend and is based on the public health philosophy.

10.7 Against a back-drop of rising public sector debt, pay demands and competing priorities, however, there is a continual reduction in the amount of money available for that level of preventative spend. Thus, there is little evidence of scaling up to widen the impact on the causes of violence and other related ailments. Yet, the most apparent way of addressing the former is the latter. This situation requires alternative solutions to be found.

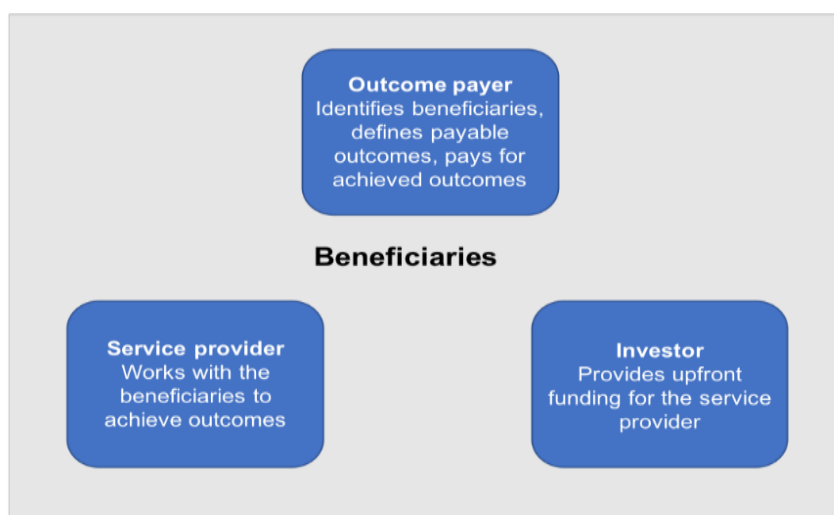
10.8 One consideration should be to increase the use of Social Impact Bonds (SIBs). These are widely used across the world and produce many successful and innovative impact schemes. In recent years the UK has seen a greater use of SIBs to support social change projects with over 200 currently operating in England and Wales alone.

10.9 More recently, SIBs have been more commonly used to tackle a range of entrenched social problems which, due to their intersecting nature, have been consistently challenging to address through conventional approaches to public service commissioning.

10.10 They operate through social outcomes partnerships (SOPs) between the public, private and voluntary sectors to help solve these challenges through a clear focus upon delivering the desired outcomes.

- 10.11 SOPs are outcome-based contracts that use ‘not for profit’ private funding from social investors to cover the upfront capital required for a provider to set up and deliver the requisite service. The service is designed to achieve measurable local outcomes which have been established by the commissioning authority and the investor is repaid their initial capital sum only if these outcomes are achieved. SOPs differ from traditional fee-for-service contracts due to a focus on outcomes rather than inputs or activities.
- 10.12 In the UK SIB’s are working across a range of sectors including supporting children on the edge of the social care system, helping homeless people find sustainable housing and supporting children and young people into education, employment or training. **(see FIGURE 18)**

The social impact triangle:



See reference section for source – Government Outcomes LAB (Golab), University of Oxford

(FIGURE 18)

- 10.13 It is a method that allows for preventative spend without reducing the range of service currently being delivered with the aim of enabling a long-term demand reduction to be achieved. A successful scheme will deliver significant savings for the public sector funders.
- 10.14 It is within this sphere that VRU’s could operate. A realignment from a purely ‘justice’ focus to a community-based remit that tackles the causes of harm and vulnerability. A service which builds sustainable and innovative solutions to local problems in co-production with the communities themselves, funded through SIB’s and supported by government at all levels.
- 10.15 This would require a wider focus than mere ‘violence reduction’, an integration of agencies to reduce community harm and its impact on young people.

- 10.16 With government support and encouragement the network could be established across the country in tandem with the 'young futures programme' and could be empowered to ensure that public sector agencies work together to achieve common goals avoiding duplication of spend.

'It is all about sustainability, that's my view and that of a number of other directors. You need to flex if we are going to have impact and stay relevant. (VRU, Director)

- 10.17 Such a development would build on the experience and knowledge of a public health approach that has developed over the 5-year term that the VRU's have been in existence, the relationships that have been forged and the many achievements to date. It may also provide a new 'community focus' that addresses the deep-rooted social issues that have plagued the UK for generations.

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