I refer to your recent Freedom of Information request submitted to the Office of the Police and Crime Commissioner for Humberside on 28 March 2024 as follows:

1.   Please confirm if the VRU has a detailed Theory of Change or Logic Model which underpins the Violence Reduction Programme. If yes, please provide:

a.   A copy of the Theory of Change and/or Detailed Logic Model or a link to where the Theory of Change is published.

b.   The date the Theory of Change was formally adopted by the VRU to underpin its Violence Reduction Programme.

c.   A summary of how the Theory of Change and Logic Model was developed.

2.   When commissioning services for delivery to the VRU programme, please confirm whether the VRU routinely requests details of the Theory of Change/Logic Models from proposed commissioned providers. If yes, please provide copies of the Theory of Change documents/evidence provided by the last three service providers commissioned by the VRU.

3.   Please confirm how often the VRU's Theory of Change has been formally evaluated by the VRU since 2018. Please confirm the dates of any evaluation(s) and a copy of (or link to) any evaluation reports or supporting documents.

4.   Please confirm the level of funding received from the Home Office to support VRU activity since 2022.

5.   Please confirm the number of commissioned services procured by the VRU each year since 2022.

6.   For each year since 2022, please confirm how many of these individual commissioned services have been evaluated by the VRU or independently, over and above any overarching evaluation of VRU performance itself.

In response to your request, I can advise that the following information is held by the Office of the Police and Crime Commissioner for Humberside:

1.   Please confirm if the VRU has a detailed Theory of Change or Logic Model which underpins the Violence Reduction Programme. If yes, please provide:

     a.   A copy of the Theory of Change and/or Detailed Logic Model or a link to where the Theory of Change is published.

ToC published here: https://humbervpp.org/our-work/plans-strategies

b.   The date the Theory of Change was formally adopted by the VRU to underpin its Violence Reduction Programme.

27th October 2023

c.   A summary of how the Theory of Change and Logic Model was developed.

VPP colleagues attended a programme of three ToC development workshops, facilitated by our independent evaluation team at the University of Hull. The result of the workshop programme was a co-created Theory of Change for the Humber Violence Prevention Partnership.

2.   When commissioning services for delivery to the VRU programme, please confirm whether the VRU routinely requests details of the Theory of Change/Logic Models from proposed commissioned providers. If yes, please provide copies of the Theory of Change documents/evidence provided by the last three service providers commissioned by the VRU.

We have taken a slightly different approach to this in the Humber. We have created the global ToC for the Humber VPP which supports and directs how and what interventions we commission locally. We will then work with each of our commissioned providers to co-create an intervention specific ToC, that relates to and is nested in the global ToC.

During our first year of inception, before we had devised our own ToC and to mobilise quickly, most of our commissioned interventions were sports programmes underpinned by the Streetgames ToC.

[theory-of-change-using-sport-to-enhance-positive-outcomes.pdf (streetgames.org)](theory-of-change-using-sport-to-enhance-positive-outcomes.pdf)

For our larger commissioned contracts (by value) we have created ToCs for individual interventions and then worked with the contracted providers to support their understanding and articulate their role in the wider partnership and aims of the VRU. (see attached ToCs for social skills training, relationship violence prevention and A&E Navigators.)

As the remainder of our delivery providers are small local voluntary and community sector organisations, we are working with the University of Hull to develop a bespoke ToC capacity building workshop.

The workshop will provide a background to the purpose of a ToC and how to

develop one. We will also use the workshop introduce our global ToC and the aims of the VRU.

Our aim is to support our delivery organisations to understand the process of how to create their own meaningful and measurable ToCs for their VPP delivery. By building this capacity in the sector, we hope that we can encourage sustainability by providing the sector with evaluative skills that will benefit their funded delivery in the future.

3. Please confirm how often the VRU's Theory of Change has been formally evaluated by the VRU since 2018. Please confirm the dates of any evaluation(s) and a copy of (or link to) any evaluation reports or supporting documents.

    N/A. The Humber VPP was only established in 2022, and first ToC adopted in October 2023 and in scope for the current programme level evaluation i.e. a work in progress.

4. Please confirm the level of funding received from the Home Office to support VRU activity since 2022.

2022/23	*£ 1,414,226*
2023/24	*£ 1,058,313*
2024/25	*£ 1,047,170*

5. Please confirm the number of commissioned services procured by the VRU each year since 2022.

Year	*No. Services*	*Notes*
2022/23	*26*	*Inclusive of YO (split across 4 LA's) and Pre-court Diversion (split across 4 LA's)*
2023/24	*14*	*Inclusive of YO (split across 4 LA's) and A&E Navigators (across 2 providers)*
2024/25	*12*	*Inclusive of YO (split across 4 LA's) and A&E Navigators (across 3 providers & 3 LA's)* *1 service is match funded only (previously funded by the VPP in 23/24)*

6. For each year since 2022, please confirm how many of these individual commissioned services have been evaluated by the VRU or independently, over and above any overarching evaluation of VRU performance itself.

    The University of Hull as our independent evaluation partner is conducting the overarching evaluation of our VRU. As well as the global programme evaluation, they are also conducting independent evaluations as specified by the Home Office.

Year	No. of Process Evaluations	No. of Impact Evaluations
2022/23	2	2
2023/24	2	2
2024/25	2	2

Yours sincerely

Paula Cotton
Statutory Operations Officer
Office of the Police and Crime Commissioner for Humberside

Right of Review
If you think that we have not supplied information in accordance with our Publication Scheme or under general rights of access then you have the right to ask for an internal review. Any request for an internal review should be made within 40 days and addressed to:

Data Protection Officer
Office of the Police and Crime Commissioner for Humberside The Lawns Harland Way
Cottingham
HU16 5SN

E-mail: pcc@humberside.pnn.police.uk

We would aim to complete an internal review within 20 working days.

If you are not content with the outcome of an internal review, you have the right to apply directly to the Information Commissioner for a decision.
The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

HUMBER **VPP**
Violence Prevention Partnership

Evidence-based need and assumption
WHY is the intervention needed?

1. Review of local data demonstrates key risk factors for involvement in SV (Serious Violence) being previous offending or experience of victimisation, NEET (Not in Employment Education or Training), association with negative peer influences, lack of constructive activities.
2. Diverting young people away from the CJS (Criminal Justice System) is likely to have a moderate impact on violent crime (YEF (Youth Endowment Fund), 2022). Coupling diversion with an intervention which address the risk factors and strengthens protective factors (e.g., ETE (Education Training and Employment) and positive activities) is likely to increase impact of the work.
3. A&E departments are seen as reachable spaces which provide a window of opportunity where a young person might be more willing to accept support following a teachable moment.
4. A&E admissions shows that Hull has the highest throughput of the 3 A&E in the Humber Region.
5. HES (Hospital Episode Statistics) Violence Output data suggest a hot-time of 19:00 – 04:00 during the weekend period. If the nurse-led model is adopted this could support additional resource during this time.

Evidence-based assumption
WHO the intervention is for?

1. Early indications from this year police recorded crime (PRC) analysis, suggest that there has been an increase for offences within the VPP SV definition in 22/23. Between 17/18 and 22/23 approximately 17.5% of those offences had the alcohol key word linked to the crime.
2. Moreover, data collected from the HES Violent Output data found that 22% of patients presented with alcohol as a factor, 47% presented with substance misuse as a factor and 64% presented with mental health related issue .
3. Additional examination of the PRC cohort data found the range of the top 10 ages of victims of violence with injury offences to be 21-34, a known demographic for violence in Humber region.
4. The latest data also suggest the highest LSOA hotspot for violent with injury offences is in Hull's city centre (Kingston upon Hull 029E) and approximately 22% occur between 23:00 – 02:00, suggesting a link with NTE (Night Time Economy) and supporting the HES data.

Intervention
WHAT - Activities

- Establish the presence of A&E Navigator(s) within the hospital, the ICS (Integrated Care System) and wider agencies (e.g., police)
- Upskill healthcare professionals
- Conduct assessments with patients presenting with violence-related injury
- Provide advice, support and guidance to patients with violence-related injuries to promote movement away from violence
- Encourage and facilitate victim engagement with partners agencies / interventions

Intervention
Outputs

- Promotional materials to advertise the navigator services
- Conference talks, webinars, presentations
- A referral mechanism to A&E Navigator(s)
- Healthcare staff within the health board are trained on:
  - The nature and prevalence of violence
  - Injuries to be aware of
  - Interacting with patients with violence-related injuries
- Risk and needs-based assessments are conducted with the patients presenting with violence-related injuries
- Measures to mitigate risks for patients and staff
- Patients with violence-related injuries engage with the navigator services

Evidence-based short-term outcomes
WHAT the intervention will achieve and WHY this is important

- Development of a positive and trusting relationship with NHS Staff and VCS (Voluntary and Community Sector)
- Improved understanding of the causes/drivers of problem behaviours (e.g. individual, familial, school, peer, & contextual factors)
- Increased awareness of consequences of behaviour
- Increased awareness of and ability to label emotions
- Improved understanding of negative peer influences and family relationships
- Increased awareness of confidence/self-esteem
- Identification of interests (e.g. sports, arts, music etc) and aspirations (e.g. ETE) and provided with access to opportunities

Evidence-based medium-term outcomes
WHAT the intervention will achieve and WHY this is important

- Reduction in positive attitudes towards offending
- Development of new skills to manage emotions and behaviours
- Improved understanding of how to manage wellbeing
- Development of new skills to manage negative peer influences
- Increased motivation in ETE and development of employability skills
- Increased participation in positive activities (e.g. sports, arts, music)
- Access to and uptake of specialist services for support (e.g. substance misuse, housing)
- Improved feelings of safety
- Improved data and hospital recording

Evidence-based long-term outcomes
WHAT the intervention will achieve and WHY this is important

- Improved emotional regulation and behaviour management
- Reduction in risk factors associated with offending or victimisation
- Increased confidence, self-esteem and wellbeing
- Improved relationships with family and reduction in conflict in the home
- Improved attendance/positive behaviour at school
- Sustained motivation to find/stay in employment
- Sustained engagement in prosocial recreational activities
- Increased network of positive peers and trusted adults

HUMBERVPP
Violence Prevention Partnership

Evidence-based need and assumption
WHY is the intervention needed**?**

1. There is already an established multi-agency group Public Health Approach to reducing Domestic Abuse (PHADA) feeding into VPP. However, it's primary focus is adult preparators, consequently a program aged at under 16's would be a value-adding offer to an additional cohort.

2. The research suggests that these activities can reduce all types of dating and relationship violence, including emotional, physical and sexual violence, and violence that takes place online.

3. This intervention both promotes family environments that support health development and provides quality education in early life. This has been established as an known driver to reduce serious violence.

4. Domestic Abuse (DA) prevalence is high in the Humberside Police force region, when compared to other police force areas. It has been ranked 9th highest force region, using per 1,000 population rates in 21/22.

5. Additional data from the Children's Commissioner indicates a higher-than-average modelled prevalence rate for children in households in which a parent was suffering DA and the Children in Need Census in which there had been increases in the number of assessments where DA has been a concern during 2020 and 2021.

Evidence-based assumption
WHO the intervention is for**?**

- This intervention would target school aged children aged under 16, who live in areas of high prevalence of DA.

- The methodology to establish this cohort could be to establish schools in areas with high police recorded DA and cross-referring those schools with operation encompass data. Consideration could also be given to other open-source school statistics such as Absence, Suspensions and Exclusions rates.

Intervention
WHAT – Activities (list of examples to be co-produced with YP)

- Education and awareness sessions, exploring attitudes and behaviours associated with dating and relationship violence
- Reading or listening to stories that include incidents of dating and relationship violence, often from the perspectives of both perpetrators and victims
- Reflection and discussion activities, in which participants share their thoughts, experiences, or ideas, often after watching a video, listening to a story or participating in role-playing
- Awareness campaigns, including posters, films, video games, leaflets and newsletters, in schools and extended to parents and carers
- Training to increase identification of incidents of dating violence, and to improve confidence to intervene (bystander intervention)
- Educational booklets, presentations and discussion sessions aimed at parents and carers, exploring signs of unhealthy relationships, strategies for enhancing parent-child communication and resources to access support
- Community support, including services aimed at encouraging victims or witnesses to report incidents, and support services such as counselling and group sessions for victims

Intervention Outputs

To be determined based on outcome of co-production exercise

Evidence-based short-term outcomes
WHAT the intervention will achieve and **WHY** this is important

- Improved understanding of how to manage wellbeing
- Increased awareness of consequences of behaviour
- Increased awareness of and ability to label emotions
- Development of new skills to manage emotions and behaviours
- Development of new skills to manage negative peer influences
- Improved understanding of negative peer influences and family relationships
- Increased awareness of confidence/self-esteem

Evidence-based medium-term outcomes
WHAT the intervention will achieve and **WHY** this is important

- Reduction in positive attitudes towards offending
- Improved understanding of the causes/drivers of problem behaviours (e.g. individual, familial, school, peer, & contextual factors)
- Cognitive and behavioral changes: increased knowledge, skills, critical consciousness
- Improved feelings of safety
- Increased access to community resources
- Increased community support, community connections

Evidence-based long-term outcomes
WHAT the intervention will achieve and **WHY** this is important

- Improved emotional regulation and behaviour management
- Reduction in risk factors associated with offending or victimisation
- Increased confidence, self-esteem and wellbeing
- Emotional changes: sense of self, reduced distress
- Improved relationships with family and reduction in conflict in the home
- Improved attendance/positive behaviour at school
- Effective Interpersonal coping strategies

1

Problem	Inputs	Activities	Outputs	Outcomes
Increasing Mental Health struggles for children & young people: (cultural shifts e.g. social media & COVID-19 leading to increased emotional dysregulation, lacking emotional 'toolkit' and resultant self-harming behaviours) **Teacher capacity:** Teaching staff lacking the necessary time, knowledge, space etc. to recognise & deal with pupils' emotional dysregulation/trauma/ACES (teaching staff burnout, workload, & lack of support in managing these issues) **Aggressive disciplinary methods:** (Schools are not sufficiently 'trauma informed' or lack the cultural 'buy-in') **Visibility of violence:** Place based approach / higher exposure to violence, frustration both external & internal **Masking**: Internalised frustrations leading to masking at school *or* only feeling safe to let out emotions at school	Funding **Collaboration:** with appropriate partners around spec design **Identification of potential (tender) experienced service providers:** with local expertise & relationships **Access to appropriate data** **School capacity to host & employ interventions** **YEF Toolkit evidence**	Collaborating with partners & provider to utilise data for **identification of schools** **Appointment of service provider** Providers working to ensure **cultural buy-in from schools** **Continuous operational oversight of project** **Delivery of training to school staff**	**Schools buy in to 'Let's connect':** head teacher engagement and wider school network **Introduction of new approaches:** whole school/institutional buy-in / cultural change (engagement targets from contract: 10 schools, 20 staff trained, 2 staff per school, 20 group work sessions, 240 pupils, for a total of 10 weeks)	**Increased staff morale & reduced staff burnout** **Increased pupil attendance** **Sustainable framework & community of practice for future rollout** **Decreased disruptive pupil behaviour** **Pupil self-perception of improved emotional toolkit** **Reduction in pupil risk-taking behaviours** **Reduced exclusions & sanctions** **Staff perception of improved student behaviour** **Long-term: Pupils in receipt of intervention less likely to commit violence**

Overview:

- Primary school & some secondaries
- Already funded, led by Barnardo's
- Barnardo's > train 2 members of staff > staff support sessions & own personal wellbeing
- 'Treatment' while well to prepare for mental ill-health moments
- Aim: support pupils & staff to have better understand of themselves & emotional health – ripple effect concept
- Communication skills, emotional resilience – as protective factors against violence
- Drawing on data to determine hotspots / right catchment area
- Cohort = schools in north-east Lincs
- Funded 10 schools (including some pupil referral units) already, rolled out to further 5
- 'train the trainer' approach for longevity /sustainability

Evaluation point: sustainability prospects