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Violence Reduction Programmes in England and Wales: the case for change

Violence Reduction Programmes in England and Wales: the case for change

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Abstract

This thesis examines the implementation and impact of Violence Reduction Units (VRUs) in England and Wales. Since 2019, national funding has totalled over £160 million, with a further £75 million allocated for 2025. Despite this significant investment, serious youth violence persists, and comprehensive evaluations of VRU effectiveness remain limited. The research addresses this gap through a mixed-methods approach, combining a national survey of all VRUs with in-depth qualitative interviews involving VRU staff, frontline practitioners, and community partners. The analysis integrates a realist-informed evaluation of VRU strategies, delivery frameworks, and outcome measurement.

The findings reveal that VRUs face substantial constraints due to short-term, centrally directed funding models that prioritise compliance with national objectives over local adaptation. Such planned change frameworks have led to fragmented service delivery and limited community engagement, undermining the potential of public health approaches to violence reduction. While there are examples of promising practice, notably in areas where community-led, co-produced interventions have been developed, these remain isolated and are rarely integrated across systems.

The research proposes a new theoretical framework - the Critical Mass to Chain Reaction approach - which draws on emergent change theory and advocates for adaptive leadership, collaborative governance, and iterative learning. This framework challenges the dominance of hierarchical, linear models of planned change by prioritising community ownership, reflexive practice, and the capacity to adapt to dynamic and evolving forms of violence. It identifies the conditions that enable local partnerships to move from isolated instances of innovation to sustained systemic change.

The study contributes to the literature on violence prevention and change management by offering a detailed critique of VRU practice and policy design. It provides actionable recommendations for policymakers, commissioners, and practitioners on how to shift from static, target-driven frameworks to more emergent, community-centred models of violence reduction. These insights have relevance for broader policy areas, including public health, youth justice, and education.

The thesis argues that unless there is a fundamental reorientation towards locally adaptive, emergent change, the ambition to reduce serious violence sustainably will remain unfulfilled. It concludes that achieving real impact requires a move from planned change models towards hybrid, locally driven approaches that foreground the voices and experiences of those most affected by violence.

Keywords: violence reduction, public health, emergent change, adaptive leadership, programme evaluation, change management, community-led interventions, VRUs, youth violence, policy implementation.

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Glossary of Terms and Abbreviations

VRU (Violence Reduction Unit) - A multi-agency organisation focused on reducing violence by coordinating efforts across public health, criminal justice, and community sectors.

RCT (Randomised Controlled Trial) - A scientific experiment designed to minimise bias when testing the effectiveness of interventions, by randomly assigning participants to either a treatment group or a control group.

Restorative Justice - An approach to justice that prioritises repairing harm caused by criminal behaviour, often through facilitated meetings between the offender and the victim. Unlike traditional punitive systems, restorative justice emphasises accountability, healing, and the rebuilding of relationships. It often involves mediated dialogues, restitution, and community service, aiming to meet the needs of those affected and to reintegrate offenders into society. This approach seeks to address the root causes of crime and promote reconciliation, fostering long-term community safety and cohesion (Zhuang, 2023. Restorative Justice Concept Definition. International Journal of Frontiers in Sociology).

CIRV (Community Initiative to Reduce Violence) - A violence reduction programme first implemented in Glasgow, Scotland, based on a public health model that treats violence as a preventable issue.

LVRU (London Violence Reduction Unit) - A specific VRU operating in London, established to implement public health strategies aimed at reducing serious violence.

EIF (Early Intervention Foundation) - An organisation providing evidence-based guidance on early intervention strategies for social policy issues, including youth violence prevention.

County Lines - The term used for drug trafficking operations where urban criminal gangs extend their activities into smaller towns and rural areas, often exploiting vulnerable individuals.

Hotspot Policing - A policing strategy that concentrates resources on areas with high levels of crime in an effort to deter criminal activity.

Public Health Approach - A strategy that addresses violence as a public health issue, tackling its root causes through prevention, intervention, and ongoing evaluation.

Process Evaluation - An evaluation method that examines the implementation of a programme, focusing on its delivery and how it functions rather than its outcomes.

Impact Evaluation - An evaluation method that assesses the results of a programme to determine if it achieved its intended impact on the target population.

Theory of Change - A framework used in planning and evaluating programmes that outlines the pathways through which an intervention is expected to achieve its desired outcomes.

Trauma-Informed Practice - An approach that acknowledges the impact of trauma on individuals and incorporates this understanding into the delivery of services and support.

Youth Endowment Fund (YEF) - A UK-based fund aimed at preventing youth violence through investment in evidence-based programmes and interventions.

Quasi-Experimental Design (QED) - A research design that seeks to infer causality without the use of random assignment, often employing comparison groups or statistical controls.

MOPAC (Mayor's Office for Policing and Crime) - The strategic oversight body for policing and crime reduction in London, responsible for coordinating efforts like the London VRU

Chapter 1 - Introduction to Research Aims

Background – introducing the 'VRU Conundrum'

Violence Reduction Units (VRUs) were launched in England and Wales in 2019 with the promise of transforming how we prevent and respond to serious violence. Inspired by the success of the Scottish Violence Reduction Unit and guided by public health principles, these multi-agency partnerships were intended to shift focus away from enforcement and punishment toward early intervention, prevention, and long-term systemic change. Funded by central government and coordinated by Police and Crime Commissioners, VRUs were expected to operate across traditional organisational boundaries, uniting policing, education, health, youth justice, and community services in a shared mission to tackle the root causes of violence.

At face value, the model is compelling. It acknowledges that serious violence is not simply a law enforcement issue, but a social phenomenon with deep structural roots; poverty, trauma, social exclusion, and educational disengagement. It recognises the need for coordinated, multi-agency responses and for strategies that operate upstream, not only reacting to incidents but seeking to prevent them through community engagement, early help, and systems-level reform. VRUs were also tasked with building the local evidence base, piloting and evaluating new interventions, and embedding a culture of shared learning.

Yet despite this promise, the reality of implementation has been far more complex. In practice, the design and function of VRUs have often revealed a series of inherent contradictions and constraints; what this study refers to as the "VRU conundrum." While intended to be locally responsive, many VRUs operate within a rigid national framework, tied to centrally determined priorities and outcomes. Their public health orientation suggests long-term preventative work, but they are subject to short-term funding cycles and pressured to demonstrate rapid, measurable impact. They are positioned as catalysts for innovation, but often constrained by reporting requirements, bureaucratic oversight, and fragmented local delivery landscapes.

Moreover, while VRUs are expected to facilitate partnership working, there remain significant challenges in overcoming siloed organisational cultures, divergent professional priorities, and long-standing mistrust between sectors. For some areas, the VRU model has felt like an imposed solution rather than a locally driven response - an exercise in compliance rather than co-production. In others, promising work has struggled to gain traction due to staff turnover, weak leadership, or a lack of sustained support from national government.

This study is grounded in these tensions. It does not start from the premise that VRUs are failing, nor that the public health approach is inherently flawed. Rather, it explores the gap between intent and implementation; between the vision of a multi-agency, preventative model and the realities of delivering that model on the ground. In doing so, it asks what is working, what is not, and what

might be done differently to achieve more meaningful, sustainable reductions in violence.

By exploring these issues through the perspectives of those tasked with delivering and coordinating violence reduction - VRU staff, commissioned practitioners, and community leaders - this thesis aims to offer a grounded, practical contribution to both policy and practice. It also seeks to contribute to wider debates about systems change, collaborative governance, and the role of adaptive leadership in complex social challenges. Figures 1.1 and 1.2 below illustrate the persistent trends in homicide and youth violence in London and England and Wales respectively, underscoring the urgent need for a re-examination of strategic approaches to violence reduction.

Figure 1.1 - Homicide Rates for London from 2018 to 2024 (UK Office for National Statistics, 2024).
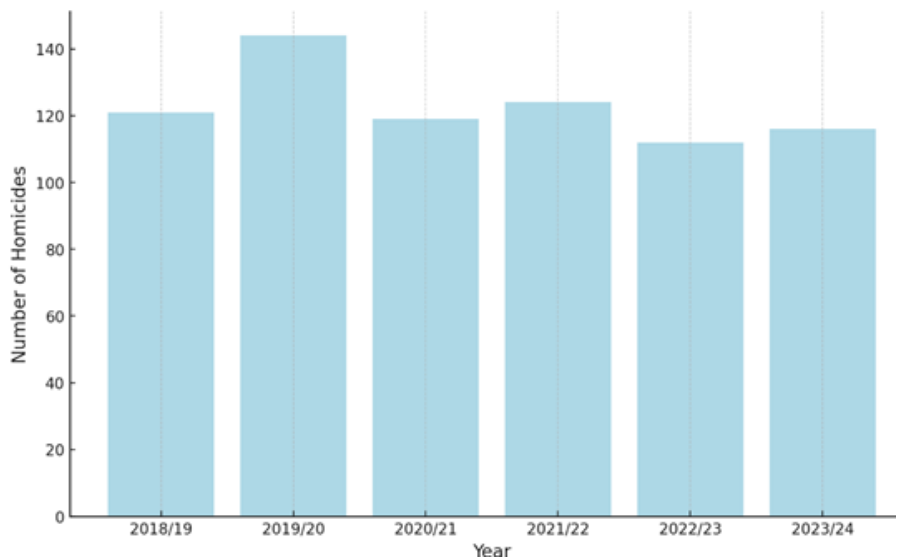
Figure 1.2 - Youth Violence Data - 2018 to 2023 (UK Office for National Statistics, 2024).
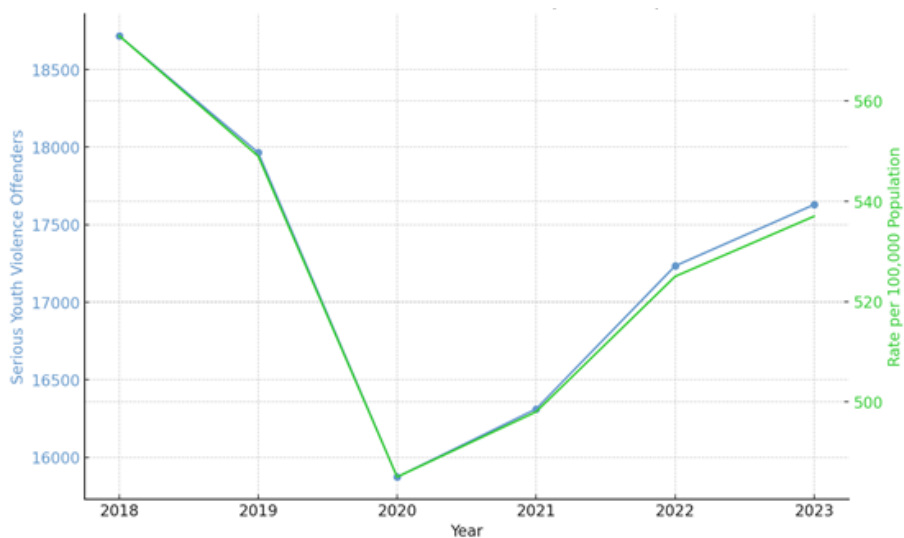
Research Aims and Objectives

The need to reduce serious youth violence in England and Wales has never been more urgent. Despite significant government investment in Violence Reduction Units (VRUs), including more than £160 million since 2019, the level of violence in many areas remains high and, in some cases, appears to be worsening. This paradox of growing investment but modest or inconsistent outcomes has prompted concern among practitioners, policymakers, and communities alike. While the public health model that underpins VRUs holds considerable promise, there is growing recognition that it has not yet been fully realised in practice. Fragmented delivery, short-term funding cycles, inconsistent evaluation, and limited community engagement have all been cited as barriers to success.

This research emerged from a desire to examine these issues in detail and to offer a constructive, evidence-based response. The study seeks to understand whether the current VRU model is functioning effectively in delivering its stated objectives and, if not, to identify where improvements can and should be made. More broadly, the research aims to inform the design and implementation of future public health interventions, not only in the field of violence reduction but across sectors such as health, education, and social care, where similar principles of prevention, partnership, and long-term change are being applied.

The overarching aim of this study is therefore to develop strategic and operational guidance for national policymakers, regional leads, and frontline programme managers responsible for violence reduction and related public health interventions. The research contributes new empirical insights from the field gathered through surveys and interviews with both VRU staff and commissioned project practitioners as well as a critical synthesis of relevant academic and grey literature.

Three primary objectives underpin this research. First, the study sets out to determine whether the current VRU model is operating effectively, either in whole or in part, and whether the impact being delivered justifies the resources being committed. Second, it seeks to examine what change management strategies, leadership models, and governance structures are in place across VRUs, and whether these are enabling or hindering progress. Third, it identifies practical opportunities for improvement - both strategic and operational - which could support more consistent, accountable, and locally responsive models of violence reduction in the years ahead.

In pursuit of these aims and objectives, the research is structured around four core questions:

i. What are the strengths and weaknesses of the current VRU model?

ii. From the perspective of those leading and delivering programmes on the ground, including VRU staff and commissioned project practitioners, what aspects of the model are working well, and which require improvement?

iii.   What systemic or contextual barriers are impeding the successful delivery, embedding, or sustainability of VRU-led interventions?

iv.   What changes at policy, strategy, or operational level could improve the coherence, impact, and adaptability of VRU and other public health programming?

Taken together, these questions guide a mixed-methods inquiry grounded in the lived realities of those operating within the violence reduction system. The research does not seek to deliver a verdict on VRUs as a whole, but rather to understand how they might evolve to better fulfil their mission in a challenging and fast-changing landscape.

Thesis Structure

This thesis comprises eight chapters, which collectively offer a comprehensive and critical examination of the Violence Reduction Unit model in England and Wales. It progresses logically from contextual analysis and literature review, through empirical investigation and synthesis, to concluding reflections and recommendations.

Chapter 1 introduces the research problem by situating VRUs within the wider landscape of serious youth violence in England and Wales. It outlines the historical emergence of VRUs, the tensions between enforcement-led and public health approaches, and frames the research aims and objectives within this policy landscape. In doing so, it sets the conceptual and methodological groundwork for the study, clarifying how the inquiry seeks to bridge the gap between national policy ambitions and local practice challenges.

Chapter 2 offers a thematic review of the existing literature, highlighting the fragmented nature of current evaluations and the historical influences that have shaped the VRU model. The chapter interrogates the Scottish VRU as a formative model and identifies critical gaps in evidence relating to the leadership, delivery, and evaluation of violence reduction strategies in the English and Welsh context. It establishes the conceptual and empirical gaps that the research aims to address, thereby providing a strong rationale for the subsequent methodological approach.

Chapter 3 outlines the research philosophy, questions, and design. Adopting a critical realist ontology and a pragmatic epistemology, the chapter explains the rationale for a mixed-methods sequential transformative design, detailing the stages of data collection and analysis. The chapter underscores how this approach enables a nuanced exploration of both the structural and contextual factors shaping VRU practice, while foregrounding the perspectives of those working within these complex systems.

Chapter 4 presents the findings from the systematic literature review, focusing on the factors that underpin effective violence reduction practice. It explores what is currently known about intervention types, programme duration, and the

importance of robust evaluation, before turning to the evidence relating to change theory. This chapter therefore sets the scene for the empirical research by consolidating key insights and identifying gaps that shape the subsequent data analysis.

Chapter 5 provides a comprehensive analysis of the empirical data gathered through surveys and in-depth interviews with VRU staff and commissioned project practitioners. The chapter highlights both convergent and divergent views on strategic clarity, leadership, and the operational challenges of violence reduction initiatives. It explores the uneven adoption of evaluation frameworks and underscores the tensions between top-down mandates and local adaptability. The analysis also draws attention to systemic challenges, including under-resourcing and siloed working practices, which have hindered consistent programme effectiveness. In doing so, this chapter sets the stage for the discussion that follows by identifying the core operational and strategic barriers that must be addressed to enhance VRU effectiveness.

Chapter 6 discusses these empirical findings in the light of the theoretical perspectives introduced earlier. It critically examines the limitations of top-down, planned change strategies and highlights the potential of emergent, and hybrid approaches better suited to the dynamic and often unpredictable realities of violence reduction. The chapter argues for the development of a coherent theory of change and more inclusive evaluation frameworks that can support locally responsive practice.

Chapter 7 draws together the core insights from the empirical data and discussion, setting out a series of strategic and operational recommendations for policymakers, commissioners, and VRU leaders. These recommendations advocate for a reorientation towards locally adaptive, community-led interventions and call for the integration of continuous evaluation as a fundamental part of VRU practice. This chapter moves the thesis from critical analysis to actionable recommendations, grounded in both evidence and theory.

Chapter 8 offers a reflective commentary on the contributions of the research to doctoral scholarship and wider debates in public health, violence prevention, and organisational change. It considers the implications of the Critical Mass to Chain Reaction framework developed through this study, positioning it as a potential catalyst for future work in violence reduction and beyond. The chapter also highlights opportunities for further research that can build upon the insights generated here.

Collectively, these chapters capture an research journey from a critical examination of existing practice and evidence to the development of an original, practice-informed framework for change. The thesis concludes by advocating for a more flexible, context-sensitive approach to violence reduction putting the voices of practitioners and communities at its heart and offering a pathway towards more effective and sustainable practice.

Chapter 2 – Thematic Review

Introduction

Building upon the conceptual framework and research aims outlined in Chapter 1, this chapter undertakes a contextual thematic review of the literature to situate the study within the wider field and identify recurring themes that underpin the discourse. This approach balances a broad appreciation of the social, historical, and policy contexts relevant to violence reduction in England and Wales, with a critical synthesis of emerging theoretical, methodological, and empirical trends. By weaving together these contextual elements and thematic insights, the review sets the stage for the subsequent, more structured systematic review in Chapter 4. In doing so, it not only illuminates key debates and gaps in the existing knowledge base but also articulates how the research problem evolved and why a fresh perspective is both timely and essential. This chapter weaves a cohesive narrative that connects the conceptual ambitions of this thesis with the empirical findings explored in subsequent chapters. In doing so, it lays the foundation for a more focused and evidence-based research design.

Origin of existing VRU model

The London Violence Reduction Unit (LVRU) was launched in 2018 following a trend of rising knife crime and serious youth violence in the capital from 2014. Knife and offensive weapon offences involving those aged 10-17 and resulting in a caution or conviction had risen year on year from 2,639 in 2013 to 4,562 in 2019. These figures would have been higher if the18-24 year age group are added (Ministry of Justice, 2020).

The introduction of the LVRU model stemmed from the much-heralded public health approach developed in Glasgow in 2006, known as the Scottish Violence Reduction Unit or SVRU. The 'public health approach' adopted by the SVRU , saw 'violence' as a disease, which can be prevented and treated. Ponsford, Thompson, and Paparini (2019) describe the model as a "whole system, multi-agency synergy between criminal justice systems, schools, healthcare services, industry, third sector organisations, and communities that focus on primary prevention at a population level as well as treat the symptoms of the disease." Typically comprising three separate but complimentary stages, a typical public health response will engage in "quantifying and monitoring [violence], identifying drivers and risk factors, and using evidence-based approaches to stem its spread and to tackle the conditions from which it emerges and propagates" (Ponsford et al, 2019).

The Scotland Violence Reduction Unit (SVRU) was set up in 2006 by the Scottish authorities after Glasgow had gained the reputation as the UK's capital of knife crime. It was the country's first specialist centre looking at knife and gang related crime. The SVRU sought to treat violence as a public health issue dealing with the root causes of violence with the aim of prevention rather than cure. The SVRU was itself based on learning developed in Chicago and Boston where traditional enforcement measures operated alongside preventative

measures. At its conclusion, the SVRU was credited with sustained reduction in levels of violence. It was widely reported (Carell, S, 2011) that emergency hospital admissions for assault fell by 55% between 2008/09 and 2017/18 and the city saw a 65% decrease in crime involving the handling of offensive weapons between 2006/07 and 2017/18.

Consequently, the SVRU solution was scaled up to help other communities across the UK and hence its adoption in London in 2018. However, surprisingly, there are few available studies exploring the effectiveness of the Glasgow project. Those that have been published (Deuchar, 2013 and Williams et al, 2014) adopt narrow, traditional research methods, often involving analysis of police data. This had led to academics (Densley, 2013 and Pitts, 2016) to challenge the effectiveness of the research and the Glasgow model per se, by pointing to the wider context in the city at the time. The intervention in Glasgow took place at a time when violent crime across Scotland was on a downward trajectory in any event.

The LVRU was announced in a Home Office announcement by the Conservative Government in September 2018 and launched in March 2019. The LVRU published its first full strategy in September 2019. That strategy recognised that violence is not an isolated issue but the result of various social and environmental factors and by understanding the root causes of violence through research, convening partners to develop cohesive strategies, funding innovative programs, learning from data-driven evaluations, and shaping policies informed by community voices and data analysis. The LVRU's strategy was updated in May 2020 to address the impacts of the COVID-19 pandemic.

The latest report for the Home Office on the London Violence Reduction Unit (LVRU) was published on 2 February 2024 and covers the third year of operation of the LVRU, from April 2021 to March 2022 (MOPAC, 2024). The report confirms that the VRU invested £19.7 million into 126 programmes and projects in that period that focused on "supporting families, equipping young people for success, strengthening communities, and reducing reoffending". The LVRU estimated that it directly and indirectly reached around 80,000 people across the capital, mostly young people and their families, through its interventions and activities.

The Home Office has sought to illustrate success of its programme of work by publishing data on levels of engagement with VRUs; for example, in 2023, it reported that Violence Reductions Units had "supported more than 270,000 young people in their fourth year of operation alone" (HM Government, 2023). Another justification issued by the UK Government included identifying VRUs as a contributory factor in "national statistics showing that since 2019, hospital admissions for stabbings [were] down 24 per cent as the government continues its effort to combat all forms of serious violence". However, as with the SVRU a decade earlier, no causal evidence of that direct contribution was identified to support the claim.

Emerging evidence from the data

While the adoption of a public health approach to serious violence has garnered cross-sectoral support, there remains limited empirical scrutiny of how this model functions in practice, and crucially, whether it achieves sustained reductions in violence. The academic literature, although growing, remains disproportionately focused on discrete, often US-based interventions and has yet to produce a robust evaluative framework tailored to the VRU context in England and Wales.

This disconnect is not merely theoretical. The latest report for the Home Office on the London Violence Reduction Unit (LVRU) was published on 2 February 2024 and covers the third year of operation of the LVRU, from. The report confirms that the VRU invested £19.7 million into 126 programmes and projects in that period that focused on "supporting families, equipping young people for success, strengthening communities, and reducing reoffending". The LVRU estimated that it directly and indirectly reached around 80,000 people across the capital, mostly young people and their families, through its interventions and activities.

However, data for London for the same period as that covered by the Home Office report on the LVRU, April 2021 to March 2022, reveals that despite record investment by the Mayor of London in the LVRU between 2018 and 2021, there were 30 *teenage* homicides. This figure exceeded the figure of 25 teenage homicides in 2018, the year that the LVRU was launched. It also exceeded the previous record for teenage homicides of 28 teenage homicides in 2008 (Metropolitan Police Homicide Report, 2022). As Figure 1.1 above demonstrates, the number of *all* homicides in London has remained broadly unchanged over the last four years after a peak in 2019 (Statista, 2024).

Although the COVID19 Pandemic distorted the data for the period 2019-2020, the national data is also strongly suggestive that the introduction of VRUs has yet to impact key trends on violent crime in England and Wales. ONS data shows that while there have been significant long-term reductions in certain types of violent crime, the rates have plateaued in recent years and there have been marked deviations from this overall trend in specific offences such as violence against the person in young people, knife crime and gun crime at different intervals (Office for National Statistics, 2023).

Violence Against the Person offences committed by young people aged 10 to 17 years of age has steadily increased as a proportion of all offences over the last ten years. In 2021, it accounted for 31% of all proven offences (ONS, 2021). Youth Justice Statistics published by the Ministry of Justice and the Youth Justice Board for England and Wales in January 2024, revealed the proportion of proven offences involving violence against the person increased from 28% in 2018/19 to 32% in 2022/23 (Youth Justice Statistics, 2024).

Figure 1.2 also records an increase in the number of Serious Youth Violence Offenders in England and Wales (left axis) and the Rate per 100,000 Population (reflected on the right axis). More specifically, firearm offences across England

and Wales increased over the period 2022-2024; initially by 3.5% from 6,024 to 6,233 offences in the year ending September 2023, and by a further 0.5% to 6,268 offences in March 2024 (ONS, 2024).

Similarly, in 2023, offences involving knives or sharp instruments (excluding Greater Manchester Police and Devon and Cornwall Police) increased by 5% to 48,716 offences compared with the year ending September 2022 (46,367 offences) and by a further 4% to 50,510 offences in March 2024. The latest 2024 figure remained only 1.4% lower than the figure for the year ending March 2020 of 51,228 offences.

A further lens to examine potential VRU impact is a comparison of serious violent crime rates for the period 2018 to 2023 for areas of England and Wales which fall outside VRU coverage and those where VRUs are active. Regions were selected with similar population numbers as at July 2022 (based on 2021 census) according to Office for National Statistics (ONS,2022). The annual data for violent and serious sexual offences for each region was reviewed.

Figure 2.1, below, compares Hastings within the scope of Sussex VRU with a population of 90,622, against Stevenage, which has no formal VRU coverage, and a population of 90,146 residents. Both cities show an increase in violent and sexual offences from 2018 to 2023, with comparable percentage increases of approximately 16%.

Figure 2.1 - Reported Violence and Sexual Offences – Hastings v Stevenage for 2018 to 2013 (UK Office for National Statistics, 2024).
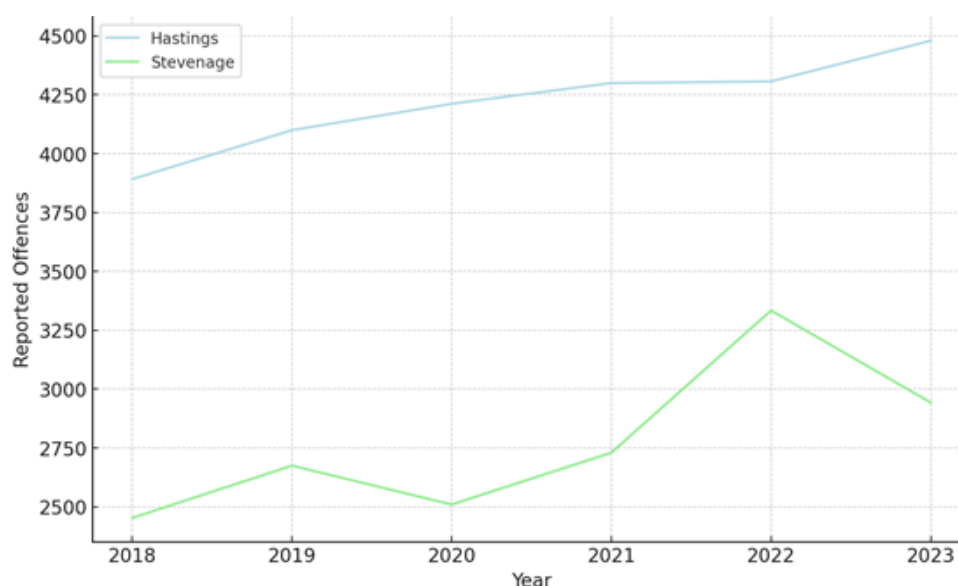
Figure 2.2 compares Blackpool within the scope of Lancashire VRU, with a population of 146,000 against Gloucester, which has no formal VRU coverage, and a population of 147,000 residents. Blackpool's violent and sexual offences have remained constant, while Gloucester has experienced a significant increase of 52.09%.

Figure 2.2 - Reported Violence and Sexual Offences – Blackpool v Gloucester for 2018 to 2013 (UK Office for National Statistics, 2024).
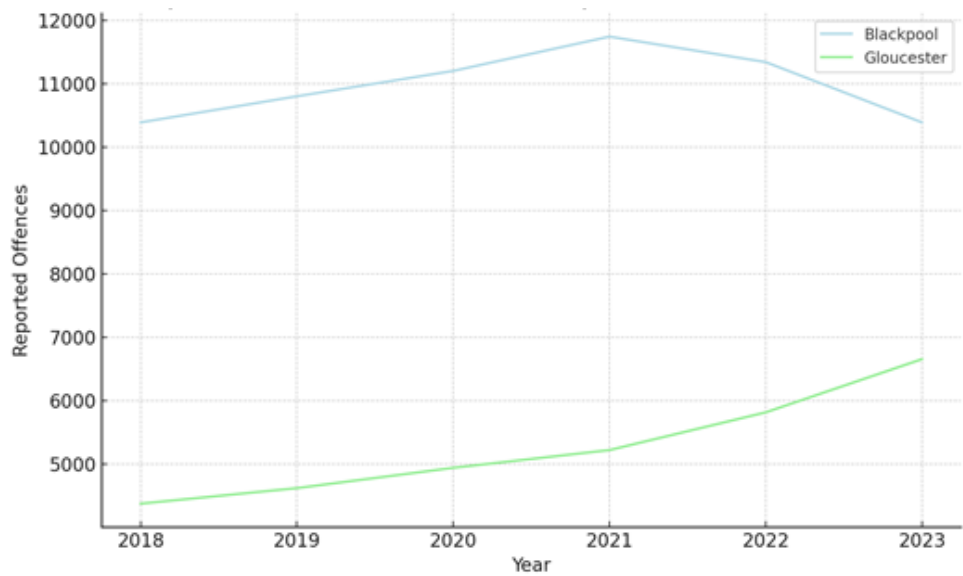
Reading in Berkshire, a region covered by Thames Valley VRU, with a population of 231,000 was mapped against Norwich, Norfolk. Norwich has no formal VRU coverage and a population of 213,000 residents. Reading and Norwich have both shown substantial increases in reported offences, with Reading slightly higher at 50.76%. See Figure 2.3, below.

Figure 2.3 - Reported Violence and Sexual Offences – Reading v Norwich for 2018 to 2013 (UK Office for National Statistics, 2024).
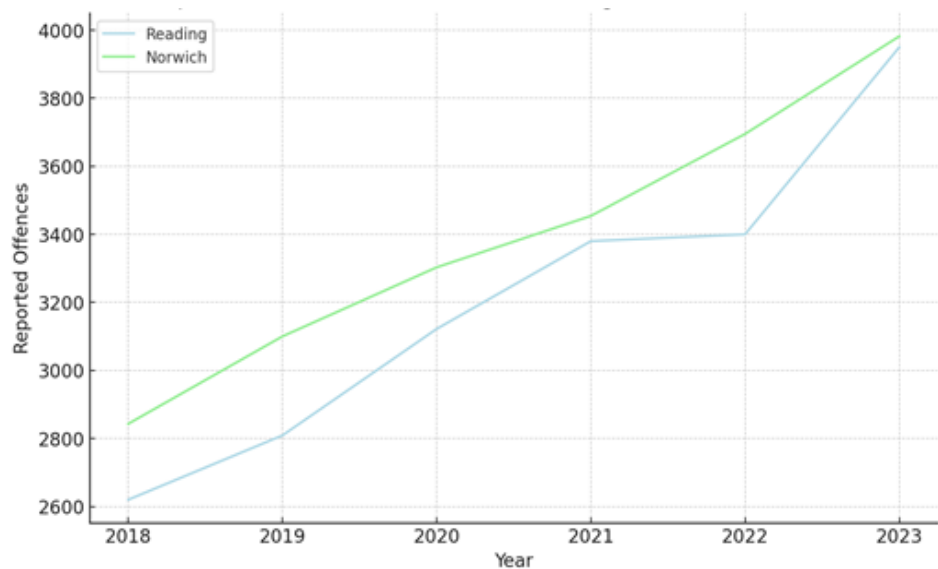
Finally, in Figure 2.4 two Metropolitan city regions are compared; Bristol (which falls outside the remit of Avon and Somerset VRU) with a population of 576,000

with Manchester, which is covered by the Greater Manchester VRU, and which has a population of 572,000 residents. Bristol and Manchester have also shown increases, with both cities experiencing similar percentage growths of around 29%.

Figure 2.4 - Reported Violence and Sexual Offences – Bristol v Manchester for 2018 to 2013 (UK Office for National Statistics, 2024).
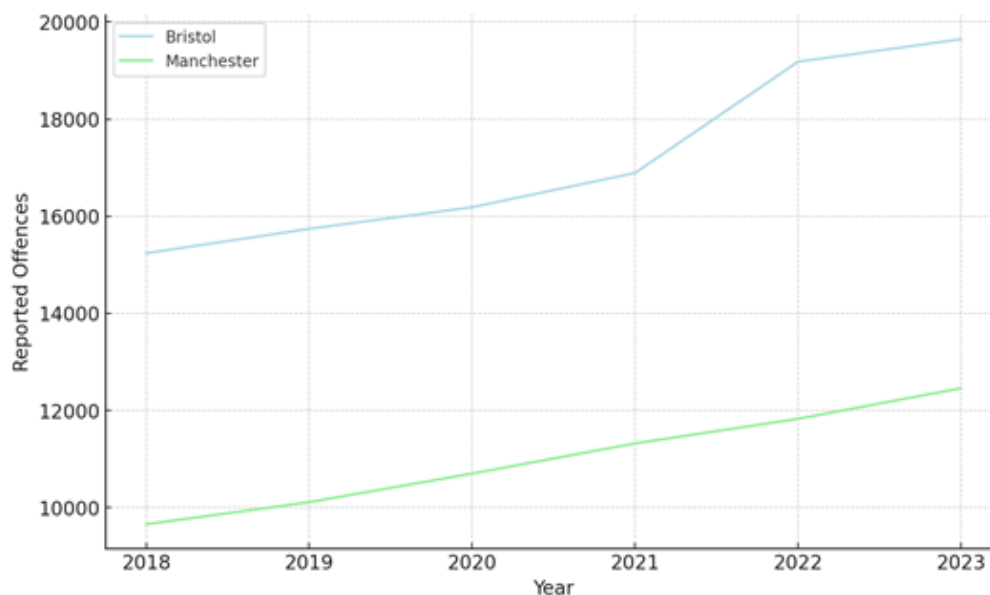
With the exception of the town of Blackpool, the three other regions served by Violence Reduction Units have demonstrated steady increases in annual rates of serious violence crime. Although the rate of increase of violent crime in Manchester from 2021 is 6% lower than its comparator Bristol for the same period, the rate of increase in Reading exceeded its non-VRU comparator, Norwich, and rates between Hastings and its non-VRU comparator are broadly equal. Indeed between 2022 and 2023, Stevenage recorded a reduction in serious violent crime.

Admittedly, this is a 'broad brush' comparison and the risk factors and underlying factors driving serious violence in each area such as levels of deprivation, absence of employment and education opportunities, will be different in each region. However, using this exercise as a barometer of impact, it is highly likely that the architects of the Violence Reduction Units would have anticipated greater evidence of positive impact among this evidence base than appears to be the case.

Summary

These findings are striking. Despite a cumulative investment of over £160 million between 2019 and 2023, there is little clear evidence that the VRU programme has meaningfully shifted the trajectory of serious violence. While the Home Office points to a 24% reduction in hospital admissions for stabbings since 2019, no causal link has been established between these reductions and VRU activity. The absence of robust, context-sensitive evaluation frameworks,

both in academic studies and in policy assessments, has significantly hindered the ability to isolate and understand what, if anything, is working.

The patterns revealed by these figures are particularly sobering. Teenage homicide rates in London (MOPAC, 2024) and the data on serious youth violence suspects and victims (GLA, 2021) demonstrate that despite substantial funding and sustained efforts, key outcomes remain stubbornly resistant to change. This quantitative data provides a stark backdrop to the broader themes identified in this review, underscoring the urgent need for a stronger evidence base and a clearer understanding of what drives successful violence reduction.

These findings also highlight that the challenges faced by VRUs go beyond questions of funding and programme design. There is a recurring theme in the literature of a fundamental disconnect between centrally driven, top-down strategies and the complex, evolving realities of violence within local communities. This thematic review, therefore, underscores the need to move beyond linear, compliance-focused approaches towards more flexible, adaptive models that can better respond to diverse local contexts. Such a shift would create the conditions for more locally informed, sustainable interventions, aligning with the core principles of emergent change and collaborative practice.

The success of VRUs is vital because it directly shapes the lives of some of the most marginalised groups in our society. These units have the potential to transform the futures of young people at risk of violence and exploitation, offering them hope and tangible pathways away from harm. They are also crucial for restoring and maintaining the confidence of communities who have historically felt let down by policing-led responses and top-down interventions. A successful VRU strategy not only improves outcomes for vulnerable youth but also builds trust and collaboration between communities and agencies. This is essential for generating the sustained support and investment needed from funders and government to continue long-term violence reduction efforts and to ensure that these interventions are credible, resilient, and genuinely inclusive.

To address these challenges in greater depth, Chapter 3 will explore the research philosophy and methodological approach adopted in this study. It will set out how a critical realist ontology and pragmatic epistemology provide the theoretical foundation for understanding these complex dynamics and for designing a mixed-methods inquiry that values both the structural and contextual dimensions of violence reduction. Building on this philosophical framework, Chapter 4 will then present the finding of a systematic literature review that further interrogates these systemic challenges and gaps in the evidence base. It will examine the fragmented nature of current evaluations, the tensions between planned and emergent change, and the importance of integrating practitioner insights into the development of more effective violence reduction strategies.

Chapter 3 - Research Study Methodology

Research Philosophy, Questions and Design

Introduction to the Research Philosophy

This study is grounded in a critical realist ontology and shaped by a pragmatic epistemology. These choices are not simply academic preferences but reflect the real-world complexity of evaluating public policy interventions, especially those like Violence Reduction Units (VRUs), that aim to address deep-rooted social challenges through collaborative, multi-agency working. The selected philosophical approach directly informed the research design, the kinds of questions posed, and the methods used to generate and interpret evidence.

Critical realism begins with the recognition that the world exists independently of our understanding of it. Structures such as poverty, governance arrangements, institutional cultures, and funding systems all exert influence, even if they are not directly visible or measurable. But critical realism also acknowledges that our ability to perceive and make sense of those structures is shaped by context, interpretation, and experience. In this study, that matters because violence is not only a social phenomenon; it is shaped by systems, responses, and beliefs that are themselves embedded in institutional settings. VRUs, likewise, are more than their formal strategies or published outcomes: they are products of evolving relationships, expectations, leadership practices, and organisational constraints.

This philosophical lens is particularly useful for examining programmes that are not fixed or uniform. Across England and Wales, VRUs differ widely in how they operate, how they interpret the public health model, and how they are influenced by local and national pressures. A critical realist view allows us to ask not just whether VRUs are effective, but under what conditions certain approaches appear to work or not. It supports the view that causality is not linear or universal, but contingent: outcomes emerge through the interaction of mechanisms and context.

To complement this, the study adopts a pragmatic epistemology. In simple terms, this means that knowledge is valued for its usefulness. Rather than seeking theoretical purity or abstract generalisations, the study aims to produce insights that are practical, grounded, and of real value to those designing and delivering violence reduction strategies. Pragmatism supports a flexible, problem-solving approach to research. It accepts that no single method or type of data can answer every question and instead encourages the use of whatever tools best illuminate the issues at hand.

These philosophical commitments led to a mixed-methods research design, delivered in two stages. First, a national survey was used to gather quantitative data from VRU staff and commissioned practitioners. This helped identify patterns in how VRUs are structured, how strategy is developed and communicated, and how implementation is experienced by those involved.

Second, in-depth qualitative interviews were carried out with a purposive sample of participants to explore these issues in greater detail. This two-stage structure reflects the belief, rooted in critical realism, that surface-level trends need to be interrogated to understand the mechanisms behind them. It also aligns with the pragmatic goal of producing insight that reflects both breadth and depth.

The sequential nature of the design was deliberate. Survey findings were not treated as an end in themselves but as a starting point for deeper investigation. Themes emerging from the quantitative data informed the development of the interview schedule, allowing the study to follow lines of inquiry that were grounded in real-world experience. In turn, the interview data provided rich insight into the contextual, organisational, and relational factors that shaped practice on the ground.

This combination of approaches also reflects a wider concern within the research: that too often, violence reduction policy is evaluated from the top down, privileging what policymakers think success should look like. By contrast, this study is shaped by the perspectives of those actually delivering the work. It seeks to amplify practitioner voice, to capture complexity, and to identify not just what is happening, but why it is happening, and what could be done differently.

In short, the philosophical and methodological approach adopted here is designed to reflect the real-world complexity of violence reduction. It combines the explanatory depth of critical realism with the practical orientation of pragmatism. It values both patterns and particularities. And it aims to produce research that is not only academically robust, but genuinely useful to those leading change in difficult and contested terrain.

Research Questions

The central research questions for this study were devised following the comprehensive literature review. The research questions were refined after conducting a small scale pilot study.

The research questions for this study are:

   i.   What are the strengths and weakness of the current VRU model?

   ii.   From the perspective of a range of VRU staff and those practitioners commissioned by them, what aspects of the VRU model need to be improved?

   iii. What are the current barriers to the effective delivery, embedding, and validation of change initiatives by VRUs?

Linked to these central research questions, the following additional research questions follow:

a. Using knowledge of the professionals engaged in delivery of violence reduction programming, what are the biggest challenges for VRU's and practitioners to delivering successful change?

b. What evidence exists in the research literature and views of practitioners, of the effectiveness of particular types of interventions deployed as part of a typical VRU programme? These could include for example, police led, mentorship, school based educational visits, lived experience mentors.

c. What are the strengths, weaknesses and limitations of the change methodologies used by VRUs strategic development, the design, delivery, management, governance and evaluation of their overarching programmes of interventions and individual projects and identifying improvements in these areas?

Taking account of the wide scope of the research questions and objectives, building on the pragmatic and realist research philosophy set out above, and to ensure the study gathered as complete and comprehensive a picture of the topic as possible, the research study adopted a mixed method (or multi-strategy) design, combining elements of a quantitative (fixed) methodology and a qualitative (flexible) methodology.

The qualitative evidence collected in the study underscored and illustrated the quantitative data findings. The linked nature of the research questions also meant that quantitative and qualitative data capture was unlikely to produce a disjointed or unfocused piece of research, which some academics warn is a risk of using mixed method designs (Mason, 2006). Furthermore, as this is a pragmatic research study, relevant to the professional need, a mixed method approach was indicated, preferred (Bryman, 2006) and justified.

Research Methods

Methods are the processes, procedures, instruments and tactics utilised within a study to assist gathering data. Judgement is then used to determine which methods best suits the research design (Creswell 1998). The research comprises primary and secondary research methods. The selected primary data collection methods included semi-structured in-depth interviews, media documentation analysis and web research. In terms of secondary research, this thesis employed analysis of data from public data sets such as government statistics (e.g. Home Office and ONS data) and analysis of media, or online content (e.g., newspaper articles, social media posts, blogs). These methods are now elaborated upon in more detail below.

Systematic Literature Review Methodology

While conducting this study, several alternative methodologies for the literature review were considered, including scoping reviews, narrative reviews, and meta-synthesis. Each of these approaches offer their own distinct advantages,

but they were ultimately deemed unsuitable for addressing the specific aims and objectives of this research. A systematic literature review emerged as the most appropriate methodology for this research as its structured framework allowed for the application of transparent and replicable inclusion and exclusion criteria, ensuring the reliability and validity of the evidence base. The systematic approach enabled a rigorous evaluation of both academic and grey literature, providing a nuanced understanding of the mechanisms and contextual factors influencing violence reduction efforts.

This methodological choice also provided the necessary objectivity, transparency and synthesis of the evidence base and was aligned closely with the study's dual focus on assessing what works and understanding why it works. This approach ultimately enhances the robustness and applicability of the findings for policymakers and practitioners; one of the key aims of the research.

Systematic Literature Review method

An initial literature review searched for articles relating to UK-based violence interventions involving children, adolescents and/or adults. A decision was taken to include a date parameter in the search of literature from 2010. Firstly, this was broadly the time when articles evaluating the outcomes of the SVRU started to be published. Secondly, research conducted by Silvestri (2009) revealed that the majority of community-based violence reduction initiatives had not been evaluated independently prior to that and therefore there appeared little merit looking for an evidence base before 2010.

An EBSCO Host search of the Academic Search Elite, Medline, and APA databases, was conducted to identify the available research material using keywords and wildcards as follows:

> Youth AND Violence / Violen* / Youth AND Offending
>
> Intervention / Prevention AND Programme / Violence AND Reduction /Evidence
>
> Learning (including Learn*) / Effective / Evaluation (including Evaluat *)

A decision was made not to restrict the article type to gather as rich an evidence base as possible, however articles were restricted to those written in English.

The search of these electronic databases yielded 1,282 articles. Duplicates were removed and the remaining articles were screened by title and abstract and assessed against inclusion and exclusion criteria based upon the aim of the research and including:

a. Articles relating to interventions or evaluations outside the UK were excluded;

b. Although the search for articles relating to "youth violence" did not impose an age restriction on the evaluations identified, the selection of

articles focused on interventions involving children, adolescents and adults;

c. The article could include mixed groups, male only or female only interventions;

d. Interventions aimed at reduction of youth violence focused on people aged under 25 years and to which the WHO definition of violence applies ('the intentional use of physical force or power, threatened or otherwise, against another person or against a group that results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation').

e. However, articles focussing on specialist interventions for sexual violence or domestic violence or where the focus was prevention of drug or alcohol abuse, alone, were excluded;

f. Interventions that focused on extremist groups, prison gangs or low-level antisocial behaviour were also excluded;

g. Non-peer reviewed articles were excluded.

To widen the search for relevant literature, a further search of the CORE Open Access database using the same keywords, produced 175 articles. Applying the same inclusion criteria as above, a further 12 academic articles were produced.

Finally, an electronic search for grey literature was also undertaken using Open Grey and Google Scholar searches as well as reviewing the websites for government departments and organisations involved in the delivery and evaluation of violence reduction programmes in the UK, for example Home Office, Mayors Office for Policing and Crime (MOPAC), London Community Foundation, Early Intervention Foundation (EIF) and College of Policing. The resulting 13 grey literature articles were included in the literature review after making a judgment about the credibility of the article as set out in the section below. The search also resulted in twenty one scholarly articles broadly relevant to the area of research study.

Inclusion, exclusion and quality assurance

In conducting this systematic literature review, I considered the use of established frameworks such as PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses), CASP (Critical Appraisal Skills Programme), and AMSTAR (A Measurement Tool to Assess Systematic Reviews) to guide the selection and quality assessment of included studies. While these frameworks are widely recognised for their rigour and methodological robustness, they were not applied to the letter in this study due to their potential to overly restrict the breadth of included literature, particularly in a field with limited UK-based research.

The PRISMA framework is a comprehensive tool designed to enhance transparency and replicability in systematic reviews. It provides a structured

checklist for identifying, selecting, and synthesising relevant studies, ensuring methodological rigour. However, PRISMA's emphasis on stringent inclusion criteria and exhaustive reporting can inadvertently lead to the exclusion of valuable studies, particularly in fields where the evidence base is sparse or fragmented. In this study, adhering strictly to PRISMA risked narrowing the scope of the review and excluding highly relevant but perhaps less methodologically robust studies, particularly from the grey literature, which provided critical insights into the UK context of violence reduction initiatives.

Similarly, the CASP framework offers a systematic approach to appraising the quality of individual studies, with specific checklists for different research designs. Given the limited availability of UK-based literature in this field, I prioritised the inclusion of studies that contributed meaningful insights over strict adherence to CASP's quality thresholds. AMSTAR, on the other hand, is specifically tailored for appraising the methodological quality of systematic reviews. It is particularly effective for assessing reviews with a strong focus on clinical or quantitative evidence. However, the predominantly qualitative nature of this study, combined with the reliance on grey literature, meant that AMSTAR's focus on methodological precision was less applicable. The framework's strict requirements for transparency in systematic reviews posed challenges in incorporating diverse sources of evidence without excluding studies critical to understanding the complex VRU landscape.

While the specific criteria of PRISMA, CASP, and AMSTAR were not followed to the letter, the underlying principles of these frameworks – namely transparency, rigour, and systematic evaluation - were rigorously applied throughout this study. The inclusion and exclusion criteria were clearly defined, focusing on relevance to the study's objectives, methodological quality, and evidence-based conclusions. For academic literature, only peer-reviewed studies were included, ensuring a baseline standard of reliability. Articles were screened for clarity of methodology, robustness of evidence, and alignment with the research aims.

Similarly, in order to maintain quality assurance, each study which was considered for inclusion was evaluated for its methodological transparency, relevance to the UK context of violence reduction, and contribution to answering the research questions. Although strict frameworks like CASP and AMSTAR were not employed, studies were assessed for potential bias, data integrity, and the robustness of their conclusions. The decision to relax the rigid application of PRISMA's reporting requirements allowed for the inclusion of studies that, while less methodologically comprehensive, provided critical contextual insights or explored under-researched aspects of violence reduction strategies. This flexible yet principled approach ensured that the review captured a balanced and nuanced understanding of the evidence base, while remaining aligned with the overall aims of the study.

To ensure the reliability and relevance of grey literature included in this review, a robust framework was applied, mirroring the principles used for assessing academic peer-reviewed literature. Initial analysis of scholarly articles trained

the evaluative criteria to identify methodological rigour, quality of data and evidence relied upon and evidence of peer review. This approach was subsequently extended to grey literature, with emphasis placed on materials produced by reputable organisations, such as government departments and established research foundations, as listed in the references section. Selection criteria prioritised clarity of methodology, evidence-based conclusions, and alignment with the study's objectives, ensuring only high-quality grey literature contributed to the research findings.

A second literature search was undertaken to assess the effective application of change theory to the design and delivery of violence reduction initiatives in the UK. A second EBSCO Host search of the Academic Search Elite, Medline, and APA databases, was conducted to identify the available research material using keywords and wildcards as follows:

> Change AND Management / Violen* / Violence AND Reduction / Learning (including Learn*)

> Change AND theory / Evaluation (including Evaluat *) / Violence AND Reduction

The search of these electronic databases yielded 103 articles. Articles were screened, quality assured and included or excluded using the criteria set out above. This search failed to identify any scholarly articles relevant to the specific area of this research study. The implications of this lacuna will be discussed below.

In the absence of primary research literature addressing application of change theory to violence reduction projects, references made here to what constitutes 'good' and 'best' change practice are based on academic articles and studies identified as part of this search, but which apply to other settings, e.g. healthcare interventions or programmes which aim to deliver 'social' or 'cultural' change.

This search yielded no articles relevant to this area of enquiry although 94 articles relevant to the success of change initiatives in the health and social care sectors were identified. Learning from the management of these complex social and healthcare programmes which will inform this study. For example, Toon (2005) identifies the importance of personal network building, better coordination of strong partnerships, the use of local knowledge and greater clarity on "defining the next steps" of a project as critical to success of attempts to reform healthcare systems in several countries of the former Eastern Bloc. Palmer, Maher et al (2019) stress the importance of "practices of cocreation, codesign and co-innovation" in successful sustainability of healthcare system re-design and service improvements.

Main Research Study Method

In deciding how to proceed and, in particular, deciding the sequencing and status of data collection, the research was guided by research typologies advocated by Maxwell and Loomis (2003) and Cresswell (2003). The research

used a sequential transformative design, with the use of the quantitative survey tools preceding qualitative interviews. The results of both methods were then integrated during the interpretation stage.

Learning from an earlier pilot study

An early pilot study was initiated to refine the research methodology, validate the proposed data collection tools, and gather preliminary insights on the effectiveness of current interventions. Additionally, the rationale for the pilot study was twofold: first, to mitigate risks of flawed data collection in the main study, and second, to ground the research in practical, context-sensitive feedback from practitioners directly engaged in violence prevention efforts. The findings from the pilot informed critical adjustments to the research design and highlighted systemic challenges that continue to undermine the scalability and impact of violence reduction initiatives across England and Wales. These highlights were then developed in the main research study.

Pilot Study Methodology

In July 2021, ethical approval was obtained at University of West London to conduct a small scale pilot study to test the emerging thinking for this research study. Ten staff from six Violence Reduction Units and Community Safety Partnerships delivering public health approaches to violence reduction completed a pilot questionnaire which explored their responses to the research questions and objectives set out on pages 11 and 12, above.

Similarly, fifteen practitioners commissioned by those VRUs to deliver violence reduction projects also participated in the pilot research study. The pilot study provided an opportunity to test the effectiveness of the proposed self-completion questionnaire as a research tool, as well as the clarity and flow of the survey questions mitigating the risk of missing data in this main study. Although the sample size was significantly smaller than the final research pool of participants who eventually took part in this study (chiefly due to time constraints), the data collected did provide valuable insight into the final research questions and mirrored the views of academics in the literature review.

Conclusions from the Pilot Study

The pilot study conducted in July 2021 served as an essential precursor to the main research study, providing a foundation to refine the research aims, methodology, and focus areas. The pilot involved ten staff from six Violence Reduction Units (VRUs) and fifteen practitioners commissioned by these VRUs, offering an initial exploration of the perspectives of those engaged in delivering and overseeing public health approaches to violence reduction. The pilot study validated the proposed questionnaire for use in the main research study, assessed its clarity and flow, and helped to mitigate potential risks of missing data in the broader study. It also delivered findings that highlighted several key themes that informed the scope and objectives of the main research study. These are summarised on page 64, below. Finally, the pilot offered critical

insights and validated the emerging hypotheses, shaping the main research study's objectives.

The main study aims to build on these preliminary findings by adopting a broader sample and applying a refined, evidence-based methodology. This expanded approach allowed for a deeper exploration of the systemic challenges identified and support the development of a standardised, theory-driven evaluation framework that can enhance the effectiveness of violence reduction initiatives across England and Wales.

Main Research Study Methods

Building on the approach adopted in the pilot study, the use of an initial quantitative phase would enable the research questions and emerging hypotheses in the research study to ultimately be refined, triangulated, and tested by the follow-up qualitative interview phase. In line with best practice, research methods included semi-structured interviews, self-completion questionnaires and attitude scales to test what participants really 'think, feel or believe' (Robson, 2016 p.248) about the research questions.

Comprehensive survey questionnaires were deployed as the primary method of data collection in the research in combination with face to face, semi-structured, open-response interviews as a secondary method. This use of self-completion surveys as research instruments, followed by interviews as an approach enables the initial broad survey data to inform and refine the subsequent in-depth exploration, aligning with a critical realist view that phenomena are layered and complex.

Creswell (2009) notes the purpose of interview questionnaires is to record the views, values, beliefs and attitudes of respondents. Thus, to capture such perspectives in a free/flexible manner it was considered that personalised semi-structured interviewing would be the most productive research method for this study. This format (Fielding and Thomas, 2008) permitted conversational steerage alongside question grouping to create coherent topic themes and thematical groupings for data analysis. Other research methods such as participant observation, (Bryman 2016) were not considered suitable for this study.

Interviews were conducted face to face where possible, using predominantly open-ended questioning to provide flexibility in steering the interview, to probe greater depth, to elicit unexpected evidence and to enable the research to gauge what the interviewee genuinely believes. An electronic, self-completion questionnaire based survey was used as the primary tool in the study to gather wider evidence relating to research questions (i) and (iii) and the third research objective above. The questionnaire secured evidence in response to the remaining research questions set out above.

A self-completion survey affords a "relatively simple and straightforward approach to the study of attitudes, values, beliefs and motives" (Robson, 2016). The survey questions comprised a range of open-ended, closed and scale rated

questions, using plain English. The questions focussed on areas identified by Change Scholars as critical to success of programme delivery and sought to establish both responses from individuals on behalf of their organisation (in relation to strategy development, communication strategy, interventions evaluated, attitude scales to assess confidence levels on VRU impact to date and in the future) and individually (seeking participant views on the effectiveness of various intervention types, the challenges faced, and attitude scales will capture a respondent's satisfaction with levels of communication, multi-agency working, information sharing, confidence in the VRU vision or mission and aspects of the VRUs programme management and governance).

Interviews explored all three central research questions (i) to (iii), above and to address the three research objectives.

Finally, a further research method employed in the study was the use of written requests under the Freedom of Information Act, 2000. This method was used to combat delay in responding by VRUs. Reflections on their use are set out in the section below on 'Study Limitations.'

Respondent Sampling

Participant sampling was conducted using a non-probability, purposive sampling method. The Heads (or Directors) of Delivery within the eighteen VRUs in England and Wales were approached and engaged to support development of a comprehensive plan to cascade questionnaires to staff representing differing organisational roles, levels and time served in post. This approach aimed to ensure a suitably diverse range of staff from within a VRU will ensure a range of perspectives are gathered and 'group think' avoided.

Initially, those discussions were also used as a sampling frame to identify candidates for interview. The qualitative element of the study involved five interviews with VRU staff, supplemented by the qualitative data collected in the above survey questionnaire and the results of the earlier pilot study. A comprehensive information sheet including a link to the survey was sent to the staff identified with reminders sent 28 and 14 days before closure of the survey data capture.

A similar approach was adopted with practitioners. A schedule of practitioners or project leaders managing projects commissioned by one of the respondent VRUs was developed during conversations with VRUs or using open access data. Five practitioners from this research population were identified for interview and as above, data collected from Practitioners during the survey questionnaire and earlier pilot study were incorporated.

A lead name at each commissioned project was provided with details of the online self-completion survey and Research Summary by email. To maximise responses, follow up personalised email promoting the importance of the study was used in tandem with use of incentives (e.g. early sharing of learning from the results of the research) as advocated by Dillman et al (2009) and Pit, Vo, and Pyakurel (2014).

A copy of the Research Summary is attached to this thesis as Appendix C supported by copies of the Survey Questionnaire and Semi-structured Interview Questionnaire referred to above, as Appendices D and E, respectively.

Study Limitations

The research employed a purposive, non-probability sampling strategy to engage both internal VRU staff and external project practitioners operating across the eighteen VRUs in England and Wales. The sample was selected to capture diverse organisational roles, levels of seniority, and varying lengths of service, aiming to reflect the complexity of VRU governance and delivery structures. Survey participants were invited via direct contact with VRU leads and commissioned project providers, with follow-up reminders issued to encourage participation.

Formal data collection started in August 2023, with follow up email correspondence being sent in September, November, December 2023, and February, March and April 2024. With the average response time for the eighteen VRUs initially contacted being 200 days, the online survey duration was extended until 31st May 2024. Ultimately, a total of 70 participants completed the survey: 13 VRU staff from 11 different regions, and 57 practitioners drawn from all eighteen VRU areas.

The practitioner cohort included professionals from voluntary and community sector organisations, youth services, local authorities, public health, and criminal justice agencies. In addition, ten qualitative interviews were conducted with five with VRU staff and five with project leads supplemented by data collected through earlier pilot work. These interviews provided valuable contextual insight into the challenges and nuances of delivering violence reduction interventions under the public health model.

Figure 3.1 below visually summarises the VRU response rates, and the issues encountered in securing data for this research. This summary underscores the significant variation in engagement across VRUs and highlights the practical challenges of obtaining a representative sample for this study. The figure also illustrates how, in several cases, additional measures such as Freedom of Information requests were necessary to secure data access. This reinforces the study's argument about the need for greater transparency and improved data-sharing practices within the violence reduction policy landscape.

The response rate limited the generalisability of some findings. Several VRUs declined to participate directly, citing competing demands, staff turnover, or research fatigue. While the study includes data from a cross-section of regions and professional backgrounds, the sample remains relatively modest in relation to the full national workforce engaged in VRU activity. This has implications for the external validity of the findings and may restrict replication of the study in full, particularly within short timeframes.

Table 3.1

Summary of VRU Response rates and issues with data capture for this study.

VRU	Publishes contact details	Response Time (Days)	Survey response	Providers Responses	Interview	Escalated via OPCC	FOI
Avon	None	12	Yes	4	Yes	No	Yes
Bedfordshire	Generic	239	No	3	No	Yes	Yes
Essex	Generic	264	No	3	No	Yes	Yes
Hampshire	Generic	126	No	2	No	Yes	Yes
Kent	Generic	230	Yes	2	No	Yes	Yes
Lancashire	Yes	211	Yes	3	Yes	No	Yes
Leicestershire	Yes	2	No	1	No	No	Yes
London	Generic	233	Yes	7	Yes	Yes	Yes
Manchester	Yes	231	Yes	2	Yes	Yes	Yes
Merseyside	Generic	355	Yes	1	No	Yes	Yes
Northumbria	Yes	229	Yes	8	No	Yes	Yes
Notts	Generic	211	Yes	1	No	No	No
South Yorks	Generic	198	No	3	No	Yes	Yes
Sussex	Generic	198	Yes	3	Yes	No	No
Thames	None	211	No	5	No	Yes	Yes
Wales	Generic	239	Yes	5	Yes	Yes	Yes
West Mids.	Yes	198	Yes	2	No	No	Yes
West Yorks	Generic	229	Yes	1	No	Yes	Yes

Notwithstanding these limitations, the research captures a wide range of practitioner and strategic insights and provides a robust platform for further inquiry. The mixed-methods design allowed for triangulation of findings across different stakeholder groups, enhancing both the depth and credibility of the study's conclusions.

The challenges contacting and engaging the VRUs raises an issue of accessibility. In order for VRUs to operate effectively and to maintain public confidence in their work, it is essential that they are open, transparent and engaged with the public and research community. Consequently, various recommendations are made below on improving accessibility (see Recommendation 1, p122, below).

Finally in terms of study limitations, the methods utilised may mitigate against study replication. These methods were frequently determined by limitations of time.

Reflections on Data Analysis

Data captured was then subjected to rigorous thematic analysis. Firstly, data was entered into Excel spreadsheets with text highlighted or colour-coded under thematic headings (Cresswell 2007). Recorded conversations and pre-grouped categories allowed for interpretation based on the context of words used and expressed. Excel spreadsheets allowed grouping of quotes under several different headings. Similarly, through this process, new groupings began to emerge. Once all transcriptions were loaded onto Excel spreadsheets, thematic analysis became possible alongside determining differences in perspectives between key variables of age, role, geography, or length of service.

Data Management

Research data was kept securely throughout this study, in a manner that is compliant with the Data Protection Act and GDPR, the University Research Data Management Policy, the Research Ethics Code of Practice, and the University of West London Data Protection Policy.

Ethical considerations

This research was conducted within the ethical guidelines of the Social Research Association (2021), the British Society of Criminology (2021) , and The University of West London (2024). Unusually for research studies exploring violence, the ethical responsibilities and obligations generated by this study were assessed as low risk in the application for ethical approval. The research is adult professional-centred and neither young people nor vulnerable groups would be directly engaged in the data capture. Notwithstanding the lower risk assessment for this study, the Code of Ethics for Researchers in the Field of Criminology (CERC) produced by the British Society of Criminology informed the design of the research tools used to support the research.

Steps included anonymisation of the data collection exercise and the use of pseudonyms for interviewees to protect participant's privacy and interests viz a viz their employers and to give participants assurance that they could provide subjective, unbiased, "more open and frank responses about the aspects of their lives that are being researched" (Crow et al, 2006 and CERC, Paras 4 (i), (ii) and (iv)).

To reinforce the use of pseudonyms, care was taken in the reporting of the study to ensure that the identification of any of the Regional VRU's taking part in the study as this may lead to the unintended consequence of a contributor being identifiable (Grinyer, 2002).

Interviews were conducted in person using Microsoft Teams. Interviews were recorded using an external digital recorder or manual note taking. All records and files gathered in the course of this study were stored in password protected electronic folders, hosted in the UK.

Informed consent was secured prior to each interview by asking participants to complete a consent form appended to a project summary setting out the parameters of the research.

In addition to the considerations above, participants were informed that the data collected is confidential and anonymous. This information was confirmed at the outset of the interview but also in the information guide provided prior to the interview. The guide also explained the overall purpose and aim of the study. Participants were reminded before and throughout the study that they are free to withdraw or take breaks at any time. Finally, participants were fully debriefed at the end of the interview and offered an opportunity to contact the researcher with any further questions or clarification of their evidence. Participants were informed of the timescale for publication, availability of the outcomes of the research and that any research data will be securely disposal of after a period of five years (as it is intended to publish the findings of the study).

Ethical approval was sought from University of West London on 13th July 2023. Full ethical approval for the full research study was provided in writing on 21st July 2023.

Chapter 4 - Findings from the Literature Review

'What Works' in reducing violence

VRUs and the 'Public Health Approach'

Public health responses to violence reduction, central to the Glasgow Community Initiative to Reduce Violence (CIRV), London Mayor's Strategy on Knife Crime and the Home Office Serious Violence Strategy are a key feature of academic and grey literature. A 'public health approach' sees 'violence' as a disease, which can ultimately be prevented and treated. Ponsford, Thompson, and Paparini (2019) describe the model as a public health violence reduction model as:

> …a whole system, multi-agency synergy between criminal justice systems, schools, healthcare services, industry, third sector organisations, and communities that focus on primary prevention at a population level as well as treat the symptoms of the disease.

Public health approaches prioritise interventions aimed at tackling social exclusion, reducing inequalities, disadvantage, and poverty as part of a prevention agenda, alongside policing, relying on "population based data to analyse and monitor trends. The approach typically identifies risks within populations, ideally involves government departments working in a joined up way, sharing data and resources; and they use data to inform practice" (Bellis et al, 2012); and comprises three separate but complimentary stages, a typical public health response will engage in "quantifying and monitoring [violence], identifying drivers and risk factors, and using evidence-based approaches to stem its spread and to tackle the conditions from which it emerges and propagates" (Ponsford et al, 2019).

Walsh (2019) considers that the approach affords community safety agencies the ability to overcome their historic "struggle to implement complex service designs even when the prevalence and risks are well established" and crucially adds a critical fourth stage – evaluation of the response to ensure that it has the required effect. That fourth element has been the Achilles heel for embedding public health schemes in the UK since they were first tried, tested, and heralded in the US.

One of the first experiments with the public health approach in the UK took place in Scotland. According to the Scottish Government's Guidance (2008), the Glasgow Community Initiative to Reduce Violence (CIRV) adopted the three lines of defence approach outlined above. In practical terms, interventions ranged from intelligence gathering at a local level, self-referral sessions for those involved in violence at the sheriff court, multi-agency targeted support for individuals with a long-standing history of involvement in violent crime and finally, police enforcement measures. The literature search could only identify two studies assessing the effectiveness of the CIRV model. The introduction of the CIRV was an urgent operational response to a significant rise in violence in

the city. Therefore, no fourth stage - effectiveness research capability – was designed into the programme.

A quantitative study conducted by Williams et al (2014) gives some insight in to the outcomes of the Glasgow model, although the authors of the study themselves accept that the 'post-hoc' quasi-experimental design of the study made it difficult to infer causality alone. However, the study did find a "strong strength of association" between CIRV and participants desistance in violence. It found that the cohort of gang-affiliated young men in Glasgow, who had engaged with one of the CIRV initiatives, a 'weapons desistance pledge,' had significantly reduced the level of knife carrying when compared with a second control group, matching the demographics of the CIRV cohort. The study identified that the change appeared to be embedded, with some evidence that the change lasted beyond one year from engagement.

A second, qualitative ethnographic study conducted by Deuchar (2013) found that there was evidence of the effectiveness of a twin approach combining promotion of a powerful anti-violence narrative from law enforcement agencies and importantly, those who had been affected by violence in the city, and an expedited, targeted provision of social services, educational and vocational opportunities. Endorsing the public health model, Deuchar considered that "simply believing in disadvantaged young men, offering them alternatives and building positive and trusting relationships with them, [we] can support them in moving away from violent lifestyles."

CIRV's lack of contemporaneous evidence-base is a flaw in its design and implementation. Academics (Densley, 2013 and Pitts, 2016) put the perceived benefits into context by highlighting that Glasgow CIRV took place at a time when violent crime across Scotland was on a downward trajectory in any event; but Deuchar argues that the presence of at least one study involving a comparison group means that the CIRV can at least say there is evidence of a greater reduction in weapon carrying among those individuals who engaged with CIRV, against that backdrop of a general decrease in levels of violent crime.

In addition to the limited evidence base surrounding UK public health programmes, academics have suggested other weaknesses in the public health model. For example, Wood (2019) identifies trauma and mental health concerns as a common factor for those exposed to violent crime as a perpetrator or victim. Wood believes that the implementation of effective public health provision without a detailed front-loaded assessment of any existing or emerging mental health needs participants may have, is "futile." In her experience, Wood considers that potential participants can be lost to a programme if a mental health needs assessment is not conducted and "if the mental health needs of young people, particularly those who may be gang involved, are left unaddressed, programmes are unlikely to have an impact on those who need it most."

As above, others are concerned by the sheer scale of public health models. There is a fear that multi-million pound models have created an 'industry' of

corporate providers attracted by the levels of funding involved and that there is a real risk that:

> The innovative practice of smaller volunteer and community-based organisations is in danger of being crowded out by substandard practice of vast corporate entities, led by career officials who appear to care more about their position in the hierarchy than the mission of the project (Pitts, 2016).

There is fear that this 'feeding frenzy' produced by high numbers of providers, and relatively modest resources, creates competition which undermines the necessary collaborative multi-agency working, risks waste and duplication of effort and a reduction in the sharing and dissemination of what is working and what is not. (Densley, 2011 and Harding, 2020 p280).

In its long-awaited final report, the Youth Violence Commission shared a similar concern pointing to an "extraordinary number of third sector organisations" competing for small pots of funding, "leading to the closure of many organisations and a toxic climate of inadequate and ineffective services." The Commission called for a radical overhaul of the sector to ensure "the development of long-term strategies, sufficient and stable funding arrangements, and high-quality services on which young people can rely" (Youth Violence Commission, 2020).

Others believe that the evolution of 'County Lines' drug networks now means that the task of local public-health Violence Reduction Units has now become far more challenging, with Woods (2019) calling for "national deployment rather than a focus just on major cities" and Harding (2020) stresses that the structure of our current implementation models still remain "a twentieth century response to a twenty-first century problem".

Notwithstanding these issues, the public health approach has been adopted on large scale in many of the metropolitan cities across the UK. The model has also been applied to address serious youth and para-military violence in Northern Ireland (Walsh, 2019 and Rennie, 2024). Rennie's recent peer review of the progress in Northern Ireland – which identifies an alternative approach to the UK roll out - is explored in more detail below in the discussion on 'Emergent Change.'

Like the CIRV, the London Violence Reduction Unit (LVRU) brought together specialists from health, police, local government, probation, and community organisations to tackle violent crime and the underlying causes of violent crime. The LVRU explicitly points to Scotland's CIRV as "where the inspiration for this work came from" (Greater London Authority, 2018). The LVRU strategy was expressly to create an "integrated system leadership," busting siloes and closely aligning to communities. The stated ambition of the LVRU is the provision of short and long-term solutions based on its own data and understanding of risk and causes of violence in London, evidence from others and evaluating its own innovative approaches. This compelling vision, adapted from Glasgow's CIRV, was adopted verbatim by the Home Office in 2019 in its guidance for VRU's nationally (Home Office Interim VRU Guidance, 2020).

Despite being clear on its aims - developing a positive narrative, comprehensive data gathering and analysis, and "use of evidence-based 'diversion from criminality' programmes targeting people immediately at risk" - the LVRU accepted from the outset that it was starting from a low base with its development primarily based on a preliminary epidemiological analysis alone, as the public health 'anti-violence' narrative in the capital was seen as "not well developed, despite lots of good work being in progress" and with its scale presenting a significant leadership challenge. The latter aspect has led some including the London Assembly's Police and Crime Committee to raise concerns about the LVRU; giving "some Londoners the impression that it is set up and taking action, when in fact it is still very much in the early stages of development" (BBC News, 2018).

Evidence relating to the effectiveness of types of intervention

Each public health VRU model comprises a programme or portfolio of interventions ranging from educational, diversionary, enforcement and healthcare initiatives. Underpinning these specific projects are a further range of factors or approaches (including early intervention, trauma-informed practice) which may have an impact on delivery.

In addition to academic opinion on the effectiveness of the public health approach in general to reducing violence, there is an emerging body of opinion in academic and grey literature on the apparent effectiveness of these strands of work. In addition, VRUs have gradually conducted 'impact evaluation' of the effectiveness of some of the individual programmes they oversee which has provided additional evidence under this heading.

Early Intervention Measures

One of the strong themes within the literature is early intervention, based on known risk factors of what is underpinning violence within a region or group of individuals (Statham & Smith, 2010 and Tayton et al, 2014). McLean (2019) calls for a review of current policing methods and the development of policies that are rooted in prevention and early intervention. He also stresses the importance of addressing the socio-economic factors that contribute to violence.

The 'prevention agenda' sees violence as developmental and that in itself, produces opportunities to intervene to reduce the progression of those behavioural traits. Positive examples of the early intervention approach can be seen in, school-based interventions, family therapy programmes and community-based provision.

There is promising evidence in the literature (EIF, 2015) that school-based educational programmes can have a positive impact within youth violence reduction strategies. School-based programmes can form an "ideal platform" to "address a range of social issues with large groups of young people, simultaneously" (Wood 2019). Studies by Bubolz and Simi, (2015) and Wood

(2019) conclude that prevention strategies should "educate young people on the realities of gang life to dispel misconceptions, nurture disillusionment with gang life (Bubolz & Simi, 2015). They point to the challenging myths surrounding gang recruitment narratives that a gang can offer a young person protection and the 'family' they are lacking, when gang life has been shown to expose youth to a greater risk of violence and a lack of familial support.

The Home Office Guidance for Schools (2013), is broadly supportive of school-based education programmes geared towards reducing youth violence, gang membership and providing positive, alternative attitudes to gangs, guns, and knife crime, however, acknowledges that "few" have explicitly evaluated violence outcomes (pp22).

Despite the lack of a considerable evidence-base supporting the positive impact of educational programmes in reducing violence, there is a bank of international research (predominantly from the US) which "although disparate and often not well synthesised, indicates that both family and school-based interventions show promise" (Ponsford et al, 2019).

Educational programmes appear to work most effectively when deployed as a multi-disciplinary approach. Densley (2013) identifies valuable learning from joint policing education and community safety partnership used in the Growing Against Gangs and Violence programme (GAGV). This project saw members of the three agencies come together under one roof to deliver education based on known risks of violence and resilience building skills to over 90,000 young people in approximately 450 London schools and pupil referral units across six years.

A qualitative process and outcome evaluation of GAGV (including a randomised control trial) found the programme had been effective in reducing levels of gang membership and the frequency and variety of delinquency and violence in the short and longer term (Densley, Adler, Zhu and Lambine, 2017). There was also evidence the programme had led to students having more positive attitudes towards the police and less focus on adherence to street code, but the authors added that it had been difficult to draw definitive conclusions (as the RCT was cohort, not individual based) and the overall programme provided no statistically significant effect.

The process evaluation of GAGV, conducted by Densley et al (2017), revealed that in order to maximise the benefits of an educational programme, the sessions needed to be delivered by people with "credibility, either through their previous experiences or through the expertise" and equipped with strong knowledge of signposting and referral pathways especially if the facilitators were not safeguarding experts. The reliance on facilitators with lived or previous experience of perpetrating violence has been challenged. Pitts (2016) expresses concern at the reliance on "token reformed gang members" as part of violence reduction programmes and the Home Office (2013) concluded that there was "insufficient evidence to say whether using former gang member testimonials is an effective approach to tackling youth violence" (pp 23). In another study, youth workers were seen as more 'credible' ambassadors for a community programme than teachers or educationalists (Coulton et al, 2017).

Family Therapy support is also heralded in the literature (Tolan & Guerra, 1994, Coyle, 2005 and Dishion et al, 2016) as a potentially effective gang reduction tool but despite this remains relatively unexplored in terms of evaluation. Some academics have identified positive outcomes for programmes based on good UK-based science, hence avoiding stigmatic labelling, being non-punitive and context sensitive. (Shute, 2013). For others, the success of programmes is dependent on interventions being acceptable to families; making them voluntary, focussed on building trusted relationships, being evidence-based and thoroughly evaluated to avoid "the acknowledged problems of uncritical policy transfer from one social ⁄ political ⁄ service context to another (Eisner, 2009). Some practitioners take a different approach; finding minimal evidence that family therapy or parental training programmes themselves are effective but suggesting that ultimately "there is good evidence that they reduce problem behaviours that may be associated with violence." (Behavioural Insights Team 2020)

Community-led Interventions

Seeking community "buy-in" and meaningful community participation to understand the causes and solutions to serious youth violence is also a strong feature in UK literature. Writing after the Grenfell tragedy, Popjay (2018) stressed the importance of giving communities a say in how significant issues affecting them should be tackled. Popjay writes that community intelligence is critical to challenging experts 'group think,' particularly in relation to how the problems are characterised and solved. Popjay considers that "bottom-up solutions are more likely to be accepted and sustained by communities."

This is a view supported by Behavioural Insights Team (2020) in a report commissioned for the GLA and the LVRU. It identifies that as the nature and underlying drivers of violence will vary from place to place, there is a real need for commissioners to meaningfully engage with local networks to identify what services are already in place, what gaps exist and then to collaboratively, fill the gaps.

A report by London Youth (2018) saw an additional benefit that such initiatives, involving community-led organisations can be a "valuable resource that can be used to strengthen communities". Importantly, providers must also "find ways to promote the voice of young people as sustainable solutions to youth violence" and they will be unlikely to succeed "unless they reflect the priorities energy and commitment of local communities and in particular, the voice of young people who live in those communities" (London Serious Youth Violence Board Final Report, 2017).

Community responses will often comprise positive diversionary activities. A study by Ponsford et al (2019) found the "evidence on the effectiveness of diversionary, community, and emergency care interventions, is much more limited" However, one of the few systematic reviews of the success of diversionary activity summed up the approach as "nurturing the idea of disengagement to help gang members to understand that their goals and needs can be met via other activities, which in turn may help to prevent further problems." (Tonks and Stephenson, 2019). The study suggests opportunities

involving employment, education or faith deliver a powerful sense of belonging that violent offenders often seek from criminal networks or gangs and increased ownership and responsibility.

A second systematic study of sixteen diversionary programmes delivering voluntary educational activities, to promote positive development in skills, attitudes, relationships, and identities, rather than merely preventing problem behaviour, found positive evidence linking those activities with violence reduction or substance misuse.

Mentorship

The literature refers to other singular popular interventions or used as part of violence prevention programmes. There is some evidence that mentoring can be effective in reducing violent offending. Grossman et al (2002) identified a correlation between the length of mentoring relationships and positive long-term outcomes, suggesting that sustained mentoring relationships are more likely to lead to enduring positive effects.

There was little evidence of the effectiveness of stand-alone mentoring schemes as opposed to mentoring delivered as part of a wider set of interventions. In July 2024, the Youth Endowment Fund (YEF) announced a new £10 million investment to expand and evaluate four established mentoring programmes across England and Wales based on positive initial assessments made on the effectiveness of mentorship in reducing violence in young people (YEF, 2024)

Adler et al (2016) report "some evidence that mentoring can be an effective intervention, particularly when used early on in a young person's potential offending career." Their review of international literature however adds that:

> The variability of the type of scheme implemented, the limited detail included in studies of what mentoring activity involved and what were the key characteristics for successful implementation, a degree of caution must be applied when interpreting findings (page 20).

However, the variability that Adler et al note in the type of schemes implemented suggests a missed opportunity to identify which mentoring characteristics (e.g., duration, mentor qualifications, or focus of mentorship) are most influential in driving behaviour change. In addition, although the study highlights mentoring as a potentially effective intervention, Adler et al. do not examine in detail the mechanisms through which mentoring might influence behavioural change. For example, others like Rhodes (2005) examine the mechanisms through which mentoring influences behaviour (e.g., role modelling, emotional support, promoting cognitive and social skills) and outlines a comprehensive model of mentoring, focusing on the psychological and social mechanisms that promote positive outcomes.

The literature is far less supportive for schemes targeted at high risk young people, where the impact of mentoring appears modest. In a 2017 study, EIF

found that "despite its popularity, the jury remains out on the effectiveness of mentoring as a way of reducing gang involvement" (EIF, 2017). Lack of detail and robust evaluation of the wide contexts in which mentoring has been used, prevents a more detailed assessment of its impact. Tolan et al (2014) consider that mentoring programmes suffer from methodological weaknesses, including small sample sizes, lack of randomisation, and insufficient descriptions of programme implementation, limiting the reliability of evaluative findings.

Restorative Justice

Restorative justice has also featured in a number of high-profile schemes. Although restorative justice techniques have been associated with "high levels of satisfaction from victims and positive perceptions from offenders regarding repaying the victim and society" (Adler et al, 2016), in an evaluation of seven programmes using RCTs, the UK Justice Research Consortium established restorative justice conferences did have a "small but statistically significant effect" on re-offending rates particularly in relation to violent offences (Strang, Sherman, et al 2013).

However, evaluation of two schemes, 'Connect' and 'Remedi,' which deployed community mediation, found that the services actually increased the likelihood of reconviction (Shapland, Atkinson, et al 2008). Similarly, Home Office (2001) published the outcome of a retrospective analysis, which revealed that just one of seven restorative justice schemes had any significant effect on reconviction rates.

It is acknowledged that beyond the practices highlighted above, restorative justice encompasses a wider array of approaches, including restorative circles, victim-offender mediation, and community conferencing. These methods are used in settings as diverse as schools, workplaces, and communities, offering adaptable ways to promote healing, accountability, and conflict resolution. However, despite this range of practices, I was unable to identify any academic support for its use in reducing violence as part of a UK based violence reduction initiative.

Evidence of factors improving effectiveness of a VRU

The literature supports building strong networks or multi-agency alliances at the heart of prevention initiatives (Hughes, 2002, 2004 and 2017). Strategic oversight from local organisations, research academics and enforcement agencies lead to more successful intervention outcomes (Mc Garrell, 2009). Buy-in, mutuality across all agencies and "effective inter-agency working" are critical elements of successful programmes. (Davison, 2010 and Beckett, 2013) otherwise agencies become "increasingly 'territorial' and 'protective' of good ideas" (Densley 2013).

Pitts (2016) identified the need to properly embrace collaboration, rather than simply paying it lip-service. He identified learning from a 2006 'Network Alliance" partnership between Metropolitan Police Service, Home Office, and Violent Crime Prevention teams in six London boroughs. The aim of the network was to share best practice, collaborative design, and delivery of violence

prevention programmes in the city. The study concluded effectiveness of a sound initiative on the surface, was "undermined by internal politics, conflict and "empire building," inequality or arms, poor information sharing and communication." In Pitts' view, self-interest led to a collective failure to engage the communities and operational inefficiency in failing to complete the necessary gap analysis of youth service provision in the boroughs and projects not being delivered where needed.

A report summarising the impact of the multi-agency Ending Gang and Youth Violence Programme (discussed below) reported that 13 of 19 London boroughs, believed cross border working was unchanged or had deteriorated during the initiative (Home Office, 2013). With violence now being exported beyond city boundaries via County Lines, the Home Office (2020) sets an expectation in its 'Interim VRU Guidance' for the eighteen VRU's across England and Wales to work more collaboratively. The guidance references the term 'network' and suggests the future could see "pooled budgets to reduce silos and incentivise agencies to develop effective joint decision-making arrangements and governance."

A significant challenge to multi-agency working arises in commissioning and procurement of services. As well as longevity, the Social Science Research Unit in 2009 identified trusting relationships between the commissioners of the service and the service providers alongside clarity of the party's roles, responsibilities, structures, communication and organisation and geographical boundaries as central to the success of multi-agency schemes. (Pitts, 2016)

Andell and Pitts (2017), citing Spergel and Grossman's US study on Community Solutions to Street Violence, stress the importance of clarity in relation to ownership of the commissioning strategy. They identify the need for commissioning organisations to have complete control of five key facets of the programme; namely control of the co-ordination of the reduction strategy itself, the commissioning of services, control of the deployment of community members in executing the strategy, the ability to direct ultimately where community interventions should be targeted locally, and ownership of the ability to review, evaluate and continuously improve the strategy. This has become an issue for local authorities and VRU's working alongside Police and Crime Commissioners in England and Wales. This issue is also raised by respondents to the research study survey here who reference challenges longer term planning within the short term nature of the Home Office funding arrangements which has affected continuity of delivery and higher than desirable levels of staff and Provider 'churn.'

The Behavioural Insights Team (2020) go further, calling for commissioners to remove all barriers to partnership working and embracing co-location, harmonising data sharing systems and creating feedback loops that sustain motivation and purpose.

Evidence of Policing-led initiatives

Although essential to multi-agency public health approaches, there is limited evidence that policing initiatives, on their own, create the necessary impact.

Deuchar (2014) identified the positive impact of a blended approach adopted as part of Glasgow's CIRV programme, where Officers delivered preventative and supportive community policing as part of "attempts to build community safety through enforcement". Police-led activity to counter violence clearly "contributes to feelings of safety and security within communities, and the reassurance that the state is undertaking its responsibilities in terms of public protection and justice." (GLA, 2018).

The Jill Dando Institute (2013) highlights that police-led approaches, such as focused deterrence and hotspot policing, have been effective in reducing crime and violence. The report emphasises the importance of evidence-based policing strategies that are tailored to specific local crime problems, allowing the police to prevent the escalation of violence. Quigg et al. (2020) conducted an evaluation of the Merseyside Violence Reduction Partnership, a police-led initiative. The evaluation concluded that police-led programmes, when part of a multi-agency collaboration, can positively impact violence reduction by addressing underlying causes such as substance abuse and social inequalities. However, the report also highlights challenges in engaging community partners in a predominantly police-led initiative. McLean (2019) calls for a more nuanced, community-oriented approach to sustainably reduce violence. He argues that policing efforts, when narrowly focused on key "hotspots" or individuals involved in gang activities, can help to reduce violence, however, he cautions that policing tactics alone may not be sufficient, and could lead to further community alienation.

A number of police-led initiatives are critiqued by Densley (2013). A short term police-led 'Enfield Call In' launched in 2012 and modelled loosely on the apparently successful Boston Ceasefire Project in the US, failed in the UK as its "stick without carrot approach" failed to connect with the community, lacked any meaningful community narrative whatsoever, leaving members of the community being 'talked at' rather than 'talked with'. In essence, the "police underestimated the antipathy towards them among Black residents and thus failed to truly cultivate the moral voice of the community" (Densley, 2013).

Similarly, the Kennington Task Force, arguably one of the UK's first gang prevention initiatives targeting street robbery in South East London, and Operation Layercake a police data driven project where the sole engagement with families was by letter or home visit to discuss at risk family members, were similarly flawed and failed to make any significant impact in reducing violence in South London (Densley, 2013).

One policing-led intervention, Trident Gang Crime Command (2012), adopted a 'zero tolerance' model. Trident claimed a significant 34% reduction in violent crime across the areas where it was deployed. Trident involved high profile local launches, the subsequent high publicity of successful police raid and recovery activity. However, there is no independent evaluation evidence to support policing claims. A number of commentators suggest that the "speculative" outcomes represent Police 'marking their own homework;' the analysis is based on police-generated quarterly data comparisons. Densley (2013) points to the fact that of the 515 Trident arrests, no evidence of wrongdoing was found in relation to 233 suspects.

Pitts (2008) points out that historically, schemes which have imposed tougher sentencing on young people aged sixteen and above have had little impact with gang-involved young people being more afraid of others in their social field, than the criminal justice system.

As well as lacking evaluative evidence of impact, police-led initiatives can often create division within communities along racial lines. Areas which have been associated with gang and youth violence are linked synonymously to areas with high BAME communities. Hot spot policing has only shown a "small, statistically significant impact on reducing crime in hot spots as well as the surrounding areas relative to conventional policing" (Behavioural Insights Team, 2020) and the targeted use of stop and search and section 60 powers adversely undermines community trust and increases racial tension (Densely, 2011).

This has led to more recent academic studies to call for violence reduction policy still set on policing and criminal justice solutions alone, to be recalibrated and for the Police agencies to start "working with families, schools, communities, and other organisations to, in public health terms, to immunise, protect, and rescue our young people from becoming embroiled in violent crime" (Ponsford, Thompson and Paparini, 2019).

Adler et al (2016) identified in a review of international literature that "therapeutic programmes tend to be more effective than those that are primarily focused on punitive and control approaches" particularly programmes offering a "combination of skills training and cognitive behavioural intervention approaches."

Programme Duration

A further feature which is frequently referred to in the literature as a barrier to successful violence reduction outcomes is 'short-termism.' Research suggests long term programmes, enabling and involving groups to develop 'real interest and resilience' secure the best results (Pitts, 2016). Advising the Children's Commissioner for England in their study, Beckett et al (2013) stressed the importance of "sustainability" and "long term consistent support", recommending that both principles should be included in Home Office Guidance on local and national delivery of gang-related violence reduction measures.

Interviewees in a study in 2011 revealed how short termism compromised providers ability to 'plan ahead' and 'ensure the quality of provision' (Densley (2013). Densley is critical of short term, intermittent funding, pointing to this creating uncertainty for providers and participants alike. This view is emphatically supported by Hughes (2002 & 2017). In their 2020 report, the Youth Violence Commission concluded that "a strong case exists for the adoption of long-term strategies that entail substantial investment in upstream prevention". It called for VRU funding to be confirmed for a minimum of ten years.

In an assessment of the Manchester Multi-Agency Gang Strategy, Pitts (2016, pp77-81) credits 'longevity' as one of the main reasons for the apparent success of the Manchester programme, particularly the agreement by policing and political leaders to ring-fence funding for the initiative over several years. In his view, longevity allowed programmes to become embedded, build trusting relationships and visibility for families, schools, local statutory and voluntary agencies, and community groups.

Academic studies by Gebo et al (2015), Gebo (2016) and Wood (2019) make the similar points; that:

> a public health approach is not a quick fix; it needs to be shaped by long term governmental, financial and multi-agency dedication. This will be costly, but when pitted against the anticipated expense of future prosecutions, incarcerations, and human costs of gangs and violence, it is justified (Wood, 2019).

Gebo and Wood's perspective aligns with broader literature on crime prevention, which emphasises that the causes of violence, especially gang-related violence, are systemic and require sustained efforts rather than short-term, reactionary policies (Welsh & Farrington, 2012). The Youth Violence Commission Final Report (2020) makes the financial case for London:

> The cost of running the 18 regional VRUs for 10 years is £350 million. The costs associated with serious violence between young people are of an entirely different magnitude: £10 billion over the coming 10 years assuming rates of violence continue at their current levels. The VRUs would need to reduce serious violence between young people by a mere 3% to be cost effective, and serious violence more generally by less than 1%.

However, it can be argued that advocates of longer term programme funding like Gebo and Wood, do not engage with the political realities that can undermine long-term investment in public health approaches, such as changes in leadership, shifting political agendas, or budgetary constraints or in environments where short-term results are often prioritised.

Furthermore, a second missing element missing from the discussion of longer term multi-agency approaches is accountability. While long-term, multi-agency efforts are laudable in theory, Gebo and Wood do not explore in detail how the various agencies will remain accountable for their contributions to the overall programme goals. Multi-agency collaboration can often result in a diffusion of responsibility, where no single body is held accountable for failures or underperformance (Crawford, 1997 and Maguire, 2004).

The risk of long term multi-agency efforts falling into inefficiency or bureaucratic paralysis is a genuine concern. Gebo and Wood do not explore mechanisms for ensuring accountability, such as stronger evaluation processes or clearer stronger mandates for each agency involved.

The importance of an evidence-base and evaluation

Finally, a consistent theme running through the literature is the need for delivery to be based upon sound evidence base, continuous improvement, and evaluation activity. Gloria Laycock, as Director of the Jill Dando Institute of Crime Science, has repeatedly emphasised the need for scientifically sound evaluations of interventions in order to understand what works in preventing and reducing violence. In particular, she has critiqued the lack of robust implementation and evaluation in many violence prevention programmes, which limits the ability to replicate successes and learn from failures (Laycock, 2001).

Between January 2008 and August 2009, Densely conducted twenty months of ethnographic fieldwork and found a "resounding" lack of success of violence reduction initiatives in London. His explanation is the "absence of sound theory behind the interventions or planned systematic evaluation of their outcomes" (Densely, 2011).

The Home Office (2011) Ending Gang and Youth Violence final report followed the London riots in August 2011. The scheme saw £10 million of Home Office Funding, across 29 hotspot areas for youth violence and gangs. A final report (Home Office, 2013) was only termed as an 'assessment', not a formal evaluation. An independent evaluation of the conducted in 2015, found "no evidence of an evidence-based strategy or a coherent model" for youth and gang violence reduction.

Densley's proposed solution is a much needed "shift away from more punitive measures towards a comprehensive and co-ordinated approach that is both meaningful and measurable." The difficulty with this approach, is that political responses are often focused less on behavioural science and the ideology of violence, focussing more on gang members 'tools of their trade' resulting in more stop and search, knife amnesties and call- ins. By way of example, the Government's 'Tackling Knives Action Programme' conducted more than 250,000 searches, finding 5469 weapons. This equates to a success rate of approximately two per cent (Guardian Newspaper, 22 July 2009).

Some academics set the bar high; that "only the best evidence-based practice should get funded (Pitts, 2016). In his experience, "plenty of weak practice gets funded because it is in the right place at the right time and sounds intuitive to someone with the ear of those in power." Beckett et al (2013) recommend that "all programmes of work are independently reviewed to ensure consistency of provision to young people in need".

Others take a more pragmatic view. The Behavioural Insights Team Report (2020) suggests a more proportionate approach and driving "a culture of iterative research and experimentation". Other academics see this approach being far more in line with the "adoption of a public health approach, which like any evidence-based method, continuously testing hypotheses with empirical research findings, rather than basing decisions on theory, assumptions, tradition, or convention" (Giacomantonio, Sutherland, Boyle, et al (2014).

Academics are clear about why evaluation science is often overlooked. Political necessity versus the pace of academic studies is one factor - "academia is painfully slow – detailed analysis, peer review and replication of results can take years" (Pitts 2016, p260). A further barrier to the embracing of evaluation in the design, delivery and validation of violence reduction solutions is also seen as being the perceived cost of evaluation science (Pitts, 2016, p163).

Data capture and analysis

The piecemeal capture and use of data is also a significant theme throughout this literature review. The Ending Gang and Youth Violence Programme (Home Office, 2013) provides a stark example of this issue; only three of the nineteen areas who participated in the study completed the follow-up evaluation survey and evaluators received no data at all from any health services who took part. The solution according to the literature would appear to be understanding and maximising the value of real world data, defining data requirements early as part of project or programme design, and making data capture seamless.

For example, Davison (2010) considers that there is a collective failure to understand the importance of capturing comprehensive and accurate data in the design and delivery stages identifying motivation and commitment as barriers to this. Davison's solution is for project designers to make data capture and reporting a mandatory element of a project, for leaders to engage with data capture form the outset, for programmes to appoint 'scheme champions' to promote buy in amongst teams, for project owners to ensure that they consider the "breadth of their data" requirements and to only seek to capture what is absolutely essential to evaluate the business case. The London Community Foundation recommends an alternative solution to ensure 'buy-in' to data capture. In their 2018 report, the Foundation advises that funders allow smaller organisations to "build in salaried time for proper pre-and post-project planning, mapping and evaluation will also result in better evidence and impact" (London Community Foundation, 2018). Data accuracy and articulating a proper rationale for collection are also key themes in the Behavioural Insights (2020) report commissioned for LVRU.

Defining data requirements early is also paramount and critical to programme success. Walsh (2019) identified that in reality public sector organisations capture far more data than is ever reported. Walsh adds that using early, careful definition of what data is needed and why, a fuller picture can be gained. The Behavioural Insights Team (2020) stress the importance of defining the right metrics as part of a successful data capture exercise. Their 2020 report suggests Commissioner's capture "harm not number of offences, as the latter can give misleading view of scale of the violence". Walsh (2019) also stresses the importance of integrated data capture and data sharing issues systems within a programme, pointing at the impact siloed health and criminal justice data systems have historically had on violence reduction programming in Northern Ireland.

Summary of Emerging Findings of 'What Works' Based on the Literature

The literature review's findings are telling for the four reasons. Firstly, the literature highlights the extremely limited number of robust UK-based evaluation studies available combined with a narrow application and construction of 'evaluation' as a concept. As identified above, few violence and gang intervention projects, let alone the over-arching programmes they form part of, undergo rigorous evaluation or the use of proper evaluative tools, like RCTs. Densley (2017) points out that the G.A.G.V. research was only the second detailed study after the evaluation of the US parent programme to have attempted a properly scoped RCT in this area. A report produced for the London VRU by the Behavioural Insights Team (2020) adds that failure by commissioners to use RCT's, non-randomised control trials or quasi-experimental methods to establish a robust comparison group, utterly failed to "isolate the impact of violence prevention intervention".

Historically, many of the programmes outlined here have sought to anchor any assessment of impact using independent crime statistics or hospital data (Ward & Diamond, 2009 and Ward, 2009). The qualitative overview of the Ending Gang and Youth Violence study (Home Office 2013) was underpinned by police recorded crime data alone, meaning that changes seen in the regional or national police recorded crime data could not be directly attributed to the programme and leading the Home Office to add a note of caution for readers interpreting them.

These approaches miss the opportunity to rely on important nuanced data from local participants and practitioners on the best approach to secure a desired outcome or the real impact of a project. "Measuring program effects at the individual level remains the most appropriate means of evaluation and is strongly recommended" (Behavioural Insights Team, 2020), though Pitts (2016) warns against simply recording 'a customer satisfaction' metric. Densley (2011) considers some project owners see violence reduction interventions as "unquantifiable" or "immeasurable" and that the resulting "bureaucratic exercises in 'box ticking' are counterproductive".

Secondly, this review is suggestive that academics, policy developers and practitioners have historically tended to focus on the effectiveness of *individual* interventions (e.g. mentorship or family therapy) or approaches (e.g. trauma informed practices or place based delivery) at a *project delivery level*, rather than assessing the sum of the various parts; taking a *programme or portfolio level view* of how these key behavioural change campaigns are designed, delivered and evidenced *as a whole*. This indicates a lack of a consistent strategy on the use of evaluation in programme design, delivery and validation. The qualitative data collected in this study adds to this picture with participants suggesting that the top-down, one-size-fits-all, guidance issued by the Home Office may be responsible and offers little room for innovation by local VRUs.

The literature makes clear that EIF Programme Assessment Procedures and EIF Evidence Standards (EIF, 2018) have been adopted as best practice in

'Home Office Interim Guidance for VRUs' (Home Office 2020). The EIF procedures adopt as the main success criterion for the highest performing (Level 4) Violence Reduction Programmes, "evidence from at least two rigorously conducted evaluations (RCT/QED) demonstrating positive impacts across populations and environments lasting a year or longer." This narrow and limited approach within EIF Standards and Home Office Guidance embeds the micro 'project-level' only view of impact as set out above. It fails to attach real significance to evaluating the processes, governance and impact of the overarching programme or portfolio as a whole.

Nieto-Rodriguez (2020) cites the critical role that the careful prioritisation, selection, funding and monitoring of the wider project portfolio plays in improving the prospect of success of an overall initiative. In his view, taking a macro programme-level view will lead to the reduction of duplication, the consolidation of activity, decreasing overspend and crucially, boosting the success rate of the wider strategic programme.

Thirdly, it is evident from the literature that the application of evaluation in violence reduction programme leadership fails to take account of the rapidly developing science of realist evaluation methodologies. Realist approaches to evaluation are increasingly being used in other health and social science programmes (Salter & Kothari, 2014 and Tricco et al, 2016). Although critical realist theory, standards, principles of good practice and real world case studies have developed at pace in the last decade (Wong, Greenhalgh, Westhorp, Buckingham, & Pawson, 2013 and Wong, Westhorp, Manzano, Greenhalgh, Jagosh, & Greenhalgh, 2016), only two references to their application was evident in the literature reviewed here. Firstly, in Behavioural Insights Team Report (2020) to LVRU which endorses a pragmatic, iterative "pipeline of interventions that can be evaluated more rigorously in the medium to long-term" and secondly in research to inform gang prevention strategy in Ipswich by Andell and Pitts (2017). In the latter study, the authors recommend the adoption of a realistic evaluation approach rather than more conventional forms of evaluation.

Using principles developed by Pawson & Tilley (1994), critical realist evaluation promotes systematic organisational feedback in real time, across the lifecycle of the project or programme. It "sees people rather than programmes to be the primary focus of the evaluation" (Pawson & Tilley,1997). In addition realist evaluation seeks regular "dialogue between organisations and the intended beneficiaries of an initiative" as part of the "comparison of the effects of similar interventions in different contexts, establishing what works, for whom, in what circumstances and why" (Pawson and Tilley, 1994). Finally, it also is "a process of theory testing and theory re- building" (Andell and Pitts, 2017).

One of the reasons why project and programme leaders may have been slow to adopt this intuitive is set out by Shearn, Allmark, et al (2017) who consider that critical realist theory, standards, and principles "do not yet provide step-by-step methodological templates or protocols".

Finally, in the absence of a robust body of UK-generated evaluation evidence, this literature review has also revealed that the "majority of evidence on interventions targeting violence or its risk factors comes from the US, where the

context for violence is often very different to the UK" (Behavioural Insights Team, 2020).

The literature review does point to the cumulative impact of the four issues set out above, namely the missed opportunity to capture the following key benefits within Violence Reduction initiatives in England and Wales. Firstly, a missed opportunity to measure the goals and intended outcome of any programme to demonstrate "whether or not the program was implemented as designed" (Behavioural Insights Team, 2020). Secondly, the inability to deliver a programme with high fidelity ensuring content and quality of the original programme are maintained so that any impact can correctly be attributed to the intervention itself (Tomioka et al, 2012 and Behavioural Insights Team, 2020);

Finally it highlights the lost opportunity to combine 'impact' (or 'outcome') evaluation studies with 'process' evaluation research which can be "crucial in informing future programmes" (Farrell et al, 2015). Farrell et al (2015) and Densely (2017) advise that process evaluation should always be carried out concurrently with outcome evaluation as best practice. An evaluation of the 'Seconds Steps' programme by Farrell et al (2015) found that although a significant majority of the students surveyed enjoyed the process of engagement with the skills-based programme, approximately 50% identified negative outcomes overall.

In terms of evaluation, this thesis offers a more detailed analysis and a proposed framework below, which could be systematically adopted by Violence Reduction Units to address this missed opportunity to maximise programme delivery effectiveness.

The main conclusions identified in the literature, which will be developed in the study below, are fourfold. Firstly, there have been repeated calls for greater evaluation of violence reduction interventions and whether apparent success criteria have been validated and evidenced. This review has identified that this remains a significant issue. Without it, there is a real risk of "thoughtless replication" and "considerable political and policy attention" for the subsequent widespread adoption of initiatives which may not be appropriate for a target audience (Pitts, 2016). The conclusions of Butts and Gouvis' (2010) research on gang violence reduction strategy in the United States resonates here. They conclude that violence prevention programmes:

> …are often assembled from a grab bag of existing resources and programme models – get a little education here, a little job training there, add a dash of drug treatment, and throw in a pinch of counselling.

They add that all too often programme failure is due to a lack of evaluation and a lack of co-operation between researchers, practitioners and participants resulting in programmes lacking necessary theoretical, conceptual, and administratively sound frameworks and buy in.

Secondly, Mihalic et al (2003) suggest that those planning violence reduction interventions already know 'what we need to implement' after decades of broad analysis of the causes of violent crime and risk factors at yet, Programme Commissioners are still struggling with *'how'* to implement these Change Programmes. Beer and Nohria (2000) identified that 70% of all change initiatives fail because Programme Leaders "flounder in an alphabet soup of change methods, often drowning in competing advice". Beer and Nohria stress the importance of securing early clarity on the nature of the change process, understanding and applying theory of change to initiative design, and early agreement on the extent of resources needed to achieve the desired change in a given context and adhering to it. Kotter (2012) cites "eight errors common to transformation efforts" failing. Many of the eight factors are apparent in the evidence of academics and practitioners, set out above. The issue has been identified in the field. The evaluation of Shield Pilot Group Violence Intervention in London by MOPAC, for example, identified as "key learning for future initiatives" that "inter-agency and community complexities have made it difficult to resource; communicate; and standardise a viable model." The report's authors advise that "implementation challenges can be anticipated and built into any future iteration" (MOPAC, 2016).

Thirdly, albeit limited, this review has identified evidence supporting a range of interventions which appear to be effective in treating youth violence. This paper has revealed that a four-stage public health approach, as outlined by Ponsford et al (2019) perfected by Walsh (2019) and practically applied in LRVU strategy (GLA, 2018) and Home Office Guidance (Home Office Interim VRU Guidance, 2020) appears a theoretically sound starting point, if not as yet, appropriately scrutinised or evidenced.

As to potentially deployable, successful interventions with a public health model, there appears to merit in school-based interventions (Densley, 2013 and Ponsford, 2019), diversionary activities and outreach services to reach hard to reach violence-affiliated young people (Tonks and Stephenson, 2019), family and community interventions; less so restorative justice or police-led interventions and amnesties, although the evidence here is very limited. In these circumstances responses need to be long term (Pitts, 2016, Gebo, 2016 and Wood, 2019), target early intervention (Wood, 2019), involve the target community in its design and delivery (Popjay, 2018) and be led by truly collaborative, non-siloed, barrier-free, multi-disciplinary teams (Pitts, 2016 and Behavioural Insights Team, 2020), whilst comprising alliances of health, policing, criminal justice and academic experts with strong knowledge of the field (McGarrell, 2009).

However, delivering 'what works' in violence reduction programming goes far beyond identifying individual interventions or working practices on a micro-level. Greater focus on 'what works' at a macro-programme level is needed to ensure programmes meet their aims, to justify the multi-million pound funding of existing interventions and to ensure more effective delivery, embedding and validation of future programmes and policy in this area.

Finally, there is a strong case for data strategy to be agreed early; encompassing proportionate, well defined, data capture in 'joined up systems'

having initially cast the net wide to see what rich data exists and identified gaps that need to be remedied going forward (Walsh, 2019); with all staff understanding that the data is critical to project-delivery and motivated to both capture it and to record it accurately.

Findings from the Literature Review on Change Theory

Models of Change in the Literature

Three predominant models of change are widely acknowledged in the literature: the 'incremental,' the 'punctuated equilibrium,' and the 'continuous transformational' models. Burnes (2017) defines incremental change as a process where individual components of a system address problems and goals in a sequential and separate manner, with change leaders responding to internal and external stimuli over time. Pettigrew (1992) characterises this approach as delivering change through "successive, limited and negotiated shifts."

The 'punctuated equilibrium' model asserts that organisations or societies generally maintain stability, punctuated by brief periods of significant change (Miller and Friesen, 1984; Greiner, 1972). In contrast, the continuous transformational model is often employed in fast-paced environments, described by Weick and Quinn (1999) as "a pattern of endless modifications in processes and social practice." This model is underpinned by the notion that organisations and societies are in a state of constant flux, necessitating continual change to remain relevant or aligned.

While no single model is universally deemed correct, there is broad agreement that different models apply to different contexts at different times. The challenge for change leaders lies not only in selecting the appropriate model but also in choosing the right approach to managing the delivery of that model - a decision that can significantly impact the success of an intervention. Scholars often cite the widely referenced, albeit empirically unsupported, statistic that approximately 70% of change initiatives fail (Beer and Nohria, 2000; Kotter, 2008), highlighting the consequences of either delayed decision-making or the selection of an inappropriate model or approach.

Planned and Emergent Change Paradigms

In the field of change management, two dominant paradigms - Planned and Emergent change - offer distinct frameworks for navigating complex, multi-stakeholder environments like those within which Violence Reduction Units (VRUs) in England and Wales operate. These methodologies are not merely theoretical constructs but practical approaches to achieving sustainable change in organisations and broader societal contexts. The selection of an appropriate methodology is crucial and often hinges on the specific context in which an organisation operates.

The Theory of Planned Change

Planned change is among the earliest and most widely adopted methodologies within the field of change management. It is grounded in the rationalist tradition, which emphasises a structured and linear approach to implementing change within organisations. Kurt Lewin's Three-Step Model (1947) - unfreezing, changing, and refreezing - alongside his field theory, research on group dynamics and action research, serve as foundational frameworks in this tradition.

According to Lewin (1947), successful change requires creating a sense of urgency (unfreezing), transitioning to new behaviours or processes (changing), and solidifying these changes as the new norm (refreezing). The enduring influence of Lewin's model is evident, with Hendry (1996) noting that "Scratch any account of creating and managing change and the idea of a three-stage process which begins with a process of unfreezing will not be far below the surface." Despite its origins in the 1940s, these principles continue to resonate in contemporary change management (Burnes, 2004). Research by Elrod and Tippett (2002) and Zell (2003) further reinforces the relevance of Lewin's model, finding significant similarities across a range of change models.

Burnes (2004) argues that Planned change is particularly effective in stable environments where objectives are clear, and pathways to achieving them can be systematically mapped out. This approach assumes that organisations function as closed systems, where change can be controlled and predicted with a high degree of certainty.

Building on Lewin's work, Lippitt, Watson, and Westley (1958) introduced a more detailed process that includes diagnosing a problem, assessing motivation and capacity for change, selecting progressive objectives, and maintaining the change. Similarly, Bullock and Batten (1985) identified a four-stage model of Planned change, encompassing the phases of 'exploration', 'planning', 'action', and 'integration' towards an agreed future state. This directive model incorporates clear definitions of roles and responsibilities at the outset, establishing change goals, rigorous planning for a 'future state,' feeding back results as part of a structured evaluation process, and reinforcing change through feedback and reward systems.

Beckhard and Harris's Change Management Model (1987) also underscores the importance of defining the future state, managing the transition effectively, and sustaining momentum throughout the change process. Cummings and Worley (2008) also propose a model of Planned change involving four stages: 'entering and contracting', 'diagnosing', 'planning and implementing', and 'evaluating and institutionalising' change.

Unlike Lewin's philosophy, which regarded change leaders as 'facilitators' of change, these Planned change models became more directive, focusing on what the change agent can do for those involved rather than enabling the subjects to change themselves. This shift can be attributed to the selective focus on only one part of Lewin's four-stage model - the three-step process -

while neglecting his work on group dynamics and action research, which emphasised the involvement of those affected by the change in its design and delivery. A second reason for the shift from a participatory to a more directive approach is the "slash and burn mentality" adopted in large-scale organisational transformations from the 1980s onward (French and Bell, 1995).

Planned change is particularly well-suited to environments where objectives are clear, the external environment is stable, and the required change is incremental rather than transformational. In such contexts, a controlled, methodical approach ensures consistency, minimises disruptions, and aligns with a culture that supports stakeholder involvement and participation (Burnes, 2004). However, the Planned change approach is not without its challenges, especially in dynamic and unpredictable environments such as those in which VRUs operate.

The rigidity inherent in Planned change methodologies can be a significant drawback in rapidly changing or uncertain contexts (Dunphy and Stace, 1993; Dawson, 1994), where its incremental and isolated approach struggles to adapt to more radical transformation (Harris, 1985; Pettigrew, 1990). In such situations, the methodical nature of Planned change may lead to inefficiencies, resistance, or an inability to adapt to external pressures (Kotter, 1996). Burnes (2009) highlights the limitations of the Planned approach, noting that it often assumes a single, universal approach to change - a sentiment echoed by practitioners in VRU strategy captured in this study. Dunphy and Stace (1993) further argue that:

> Turbulent times demand different responses in varied circumstances. So managers need a model of change that is essentially 'situational' or a 'contingency model,' one that indicates how to vary change strategies to achieve 'optimum fit' with the changing environment.

Pettigrew et al. (2001) critique the linear, top-down nature of Planned change, arguing that it fails to account for the complexities and fluidity of real-world organisational dynamics. This critique is particularly relevant to VRUs, where the operational landscape is characterised by constant change and multiple, often competing, stakeholder interests. Similarly, Kanter (1983) critiques the rigidity of Planned change, especially its tendency to impose change from the top down without sufficient input from those affected by the change. Kanter emphasises the importance of involving all levels of an organisation or community in the change process, arguing that resistance is likely when change is perceived as an external imposition rather than an internally driven necessity. This insight is critical for VRUs, where securing buy-in from all stakeholders - from government agencies to local communities - is essential for successful change implementation.

Burnes (2004) further notes that the prescriptive nature of Planned change can limit the flexibility needed to respond to emerging challenges. In the dynamic and often unpredictable environments in which VRUs operate, the rigidity of

Planned change can hinder the ability to adapt quickly to new threats or opportunities. In his view, this limitation is particularly pertinent in public health settings, where the ability to respond rapidly to new data or changing circumstances is crucial. Other scholars, however, argue that Planned change can operate more flexibly and holistically than its critics suggest. There are plenty in the academic literature that maintain that in more chaotic, rapidly evolving environments a less rigid, more open and continuous process of change is needed, than "a set of discreet, self-contained events (Arndt and Bigelow, 2000 and Black, 2000). That model is often referred to as 'Emergent change.'

The Theory of Emergent Change

In contrast to Planned approaches, the theory of Emergent change acknowledges the complexity, unpredictability, and continuous nature of change within organisations and society. This methodology has gained traction, particularly in dynamic environments where adaptability and flexibility are paramount. Burnes (2009) argues that in today's fast-paced environment, change is often emergent, requiring practitioners to be agile, responsive, and capable of continuous learning and evolution. Hayes (2002) suggests that key decisions about aligning an organisation's resources with opportunities, constraints, and demands in the environment evolve over time and result from cultural and political processes.

The literature suggests that Emergent change aligns well with political landscapes. Pugh (1993) incorporates within his four principles for understanding change the need to consider the dynamics of "power, status, [and] prestige" as part of the change context. Dawson (1994) also warns that in managing these transitions, practitioners must recognise the significance of politics as a determinant of the speed, direction, and character of change, as well as the influence of the internal and external context on the pathways and outcomes of change. Dawson argues that the management of these changes cannot be characterised as a linear series of phases. Hardy (1996) considers the failure to manage power and politics within the Planned change framework a significant shortcoming.

Emergent change is informed by complexity and chaos theories, which conceptualise organisations and societies as complex adaptive systems where change arises naturally from the interactions of various elements within the system (Stacey, 2001). These conditions foster a culture of continuous learning, where change leaders are encouraged to experiment, innovate, and adapt to new challenges as they emerge (Weick, 1995). Stein (1997) also highlights that learning and adaptation are critical to the success of Emergent change, as they enable organisations or communities to adjust their strategies in response to new information and evolving conditions. Stein (1997) further emphasises that understanding and addressing current or evolving barriers to change is crucial for successful delivery.

One significant contribution to Emergent change comes from the 'Processualists,' who acknowledge that the process of change is "complex, untidy, and messy" (Dawson, 2003; Pettigrew and Whipp, 1991), requiring a "complex analytical, political, and cultural process of challenging and changing the core beliefs, structure, and strategy of [society]." For instance, Pettigrew (1997) outlined five guiding principles of Emergent change, including 'embeddedness', 'temporal interconnectedness' (studying the context in past, present, and future states), 'holistic rather than linear explanations', and linking processes with outcomes.

Unlike Planned change, which typically adopts a directive, 'top-down' approach, Emergent change practitioners utilise a 'bottom-up' strategy to fully engage and understand the "strategy, structure, systems, people, style, and culture" that can either block change or serve as levers for an effective change process (Dawson, 2003; Burnes, 2009). Emergent change leaders are empowered to collaborate across all levels of the programme on a daily basis - "linking action by people at all levels" (Pettigrew and Whipp, 1993) - to maximise intelligence, opportunities, and buy-in, while minimising risks and threats. This approach contrasts with the controlling and directive nature of Planned change.

Pettigrew and Whipp (1993) identified five critical factors for successful delivery of Emergent change. These include the identification and collation of information at all programme levels; a positive, inclusive leadership culture operating across all levels; a robust process for linking the programme's strategy and operational plan; an understanding that the human element of a programme can represent both 'assets' supporting change and 'threats' resisting change; finally, coherence of purpose linking all decisions and actions.

Kanter (1983) argues that successful change requires a culture that supports experimentation, risk-taking, and learning from failure. Such a culture is essential for fostering the flexibility and adaptability that are hallmarks of Emergent change. Emergent change techniques are particularly well-suited to environments characterised by rapid change, high complexity, and a need for innovation. Emergent change allows organisations designing and delivering change to adapt their strategies based on real-time feedback, evolving circumstances, learning, and continuous improvement - all of which become embedded in the culture of the change programme (Senge, 1990).

Nevertheless, Emergent change is not without its challenges. In situations where clear direction and control are essential, such as in high-stakes environments like healthcare or criminal justice, the unpredictability of Emergent change can pose significant risks. Critics of Emergent change argue that its principles can be too vague or "cursory" (Burnes, 2009). However, this criticism is countered by proponents like Kotter and Kanter, who offer substantial guidance for change leaders. For instance, Kanter's (1992) 'ten commandments for executing change' provide a detailed roadmap for leaders, including the need to:

i. Analyse and understand the environment's current state, its strengths, weaknesses, and the external pressures necessitating change;

ii. Create and communicate a shared vision that unites the programme, giving everyone a sense of purpose and direction;

iii. Recognise the necessity of abandoning outdated practices and mindsets;

iv. Instil a sense of urgency to overcome complacency and motivate action;

v. Ensure visible, committed leadership throughout the change process;

vi. Secure the support of key stakeholders and influencers within the ecosystem;

vii. Develop a detailed and realistic plan outlining steps, timelines, resources, and responsibilities;

viii. Create enabling structures, systems, and processes to support the change and remove obstacles;

ix. Maintain open and honest communication throughout the change process to ensure buy-in and address concerns;

x. Embed changes into the programme's culture and practices, recognising and rewarding behaviours that support the change.

Similarly, Kotter (1996) outlines eight principles for successful Emergent change, emphasising the importance of building urgency, creating strong leadership, maintaining momentum, and integrating change into the culture to ensure lasting success. These principles, while sometimes critiqued for lacking empirical support, remain influential in the field of change leadership. Echoing Kanter's ten commandments, Kotter's prescription for successful Emergent change is to:

a) Create a sense of urgency by highlighting the importance of acting immediately and convincing people of the need for change.

b) Form a powerful guiding coalition of influential leaders and stakeholders who are committed to driving the change and with the authority, expertise, and energy to lead the effort.

c) Craft a clear vision of the future that aligns with the programme's goals and providing a roadmap for the change process.

d) Share the vision and strategy across the programme using every available channel to communicate the message, ensuring that it is understood and embraced by everyone.

e) Remove obstacles that may hinder the change and empower team members to act on the vision. This may involve changing systems, structures, or any behaviours that might undermine the change effort.

f) Create and celebrate short-term successes to build momentum. These quick wins provide evidence that the change is working and help to maintain support and motivation.

g) Use the credibility from early successes to tackle bigger problems and drive deeper change and avoid the temptation to declare victory too soon.

h) Embed the changes into the environment's culture by aligning them with norms, values, and practices. Ensure plans for succession support the new way.

A recent UK-based case study contrasts with the approach adopted by the UK Home Office in implementing VRUs: the Executive Programme on Paramilitarism and Organised Crime (EEPOC) in Northern Ireland. Launched in July 2021, the programme aims to dismantle paramilitary and organised crime groups by targeting their structures, reducing their influence in communities, and preventing their recruitment and exploitation of vulnerable individuals. The overarching goal of EEPOC is to create a safer, more stable society by eradicating the control and coercion exercised by these groups.

EEPOC's approach embodies the principles of Emergent change by adapting to the dynamic and complex social, economic, and political context of Northern Ireland. The programme's success in implementing over 100 diverse projects demonstrates its ability to respond to emerging challenges and opportunities. This flexibility is essential in a context where issues are deeply rooted and multifaceted. Additionally, the programme fosters a culture of continuous learning and innovation, which is critical for Emergent change. Its emphasis on data analysis, stakeholder engagement, and community involvement supports an environment where strategies are constantly refined and improved based on real-time feedback and evidence (Rennie, 2023).

EEPOC's governance model and partnership framework exemplify the collaborative, multi-disciplinary approach required for Emergent change. By involving various stakeholders, including government departments, community organisations, and academic institutions, EEPOC effectively addresses the complex issue of paramilitarism through collective action. This approach aligns with the principles of Emergent change, emphasising flexibility, adaptability, and continuous learning (Rennie, 2023).

While EEPOC has provided qualitative success stories and implemented targeted interventions, such as the Aspire project, youth engagement initiatives, and the Paramilitary Crime Task Force (PCTF), comprehensive data - such as statistics on reductions in paramilitary activity, crime, or community health metrics directly attributable to EEPOC - are not readily accessible in the public domain. Nonetheless, the EEPOC case study illustrates how Emergent or Hybrid Emergence-based change can be successfully applied in a real-world public health context, demonstrating the value of adaptability and responsiveness in managing complex and evolving challenges.

Widening the Discussion: Alternative Models of Change

While Planned and Emergent change methodologies have dominated academic literature, leaving little room for alternative models, it is essential to consider those other approaches when examining the most appropriate model for the VRU landscape.

Emergence

The concepts of "Emergence" and "Emergent change" are related but differ in emphasis and scope. Emergence is a broader concept than emergent change, the latter being a specific application of that concept. Emergence focuses on the process by which new patterns and behaviours arise from interactions, whereas Emergent change focuses on the adaptive, unplanned nature of change. Both see change as a messy, chaotic process, endorsing empowerment and a 'bottom-up' approach. However, the two concepts differ significantly in the extent to which change can be intentionally influenced.

Emergence is rooted in complexity theory, systems thinking, and the study of complex adaptive systems. It refers to the process by which new, complex patterns, structures, or behaviours arise spontaneously from the interactions of simpler elements within a system. Boje and Wakefield (2011) explain the concept in simple terms as the process of unexpectedly developing order from disorder.

Emergence theory suggests that behaviours, structures, and processes do not develop intentionally or as a result of planning. As Eccles and Nohria (1992) observe, Emergence "is more prevalent than strategic planning implies, as strategy constantly evolves [within a firm] as different individuals respond to and reinterpret their sense of the organisation's identity and purpose". Instead, the behaviours, structures, processes arise organically from the bottom up through interactions among individuals and agents within the system (Mihata, 1997; Stacey and Mowles, 2016). Critical to a discussion on applicability to the violence reduction social field, Emergence theorists view society and organisations as non-linear, self-organising in nature, composed of 'underlying order-generating rules' operating "at the edge of chaos" (Brown and Eisenhardt, 1997). Proponents of Emergence theory argue that this perspective is far more relevant to the nature of modern society and offers "an opportunity to promote informal structures, leadership, and networks… which are more adaptable than the outmoded and rigid command-and-control systems" of Planned change (Boje and Wakefield, 2011). Crucially, change, according to this theory, is achieved by identifying and moderating these rules within a change programme.

Advocates of achieving change through Emergence identify a balanced distribution of power across a programme, a strong stakeholder focus, and a strategy of continuous learning as critical components of the model. They argue that these elements place Emergence theory on par with the more human elements of Lewin's field theory and three-step approach to change.

Critics, however, argue that Emergence lacks even the limited rigour of the Emergent change approach. No practical frameworks based on Emergence theory were identified in the literature review, for example. However, it is important to note that as Emergence theory has developed independently of Emergent change - and not as a direct alternative to Planned change - it offers change leaders the opportunity to embrace potential 'hybrid' models.

This approach would enable change initiatives to be managed in a semi-structured manner, incorporating the benefits of the flexibility of Emergence while maintaining some level of intentionality and direction. The development of hybrid models combining Emergence with Planned change, addresses one of the main criticisms of Lewin's model, particularly the notion that, "although Lewin's theory has proven useful in understanding Planned change under relatively stable conditions, the continuing and dynamic nature of change in today's world makes it less applicable to implement a planned process of 're-freezing' changed behaviours" (Dawson, 1994).

The 'Twin Track' Approaches

In her work, Kanter (1992) proposes a 'twin track' approach to change, which can be employed to achieve rapid overall change through a 'Bold Stroke' approach, while also facilitating longer-term transformational change through a 'Long March' approach. 'Bold Stroke' change is often led by a select group of managers and is targeted at process, structural, or technological improvements that can have an immediate impact on a specific group. In contrast, the 'Long March' approach is more suitable for achieving long-term benefits by making smaller, incremental changes that, over time, lead to transformational change. According to Kanter, this approach requires wholesale commitment across a programme or organisation and is, therefore, better suited to cultural change. Unlike Planned or Emergent change, Kanter's approach sees the 'Long March' and 'Bold Strokes' as complementary, hybrid strategies that can be employed simultaneously.

Similarly, Beer and Nohria (2000) propose a comparable 'twin' approach with their 'E/O Theory'. Theory O resembles Kanter's 'Long March,' employing a softer, less prescriptive, incremental style of change delivery. On the other hand, Theory E is designed to deliver immediate improvements, often deployed in organisations where urgent remedial action is necessary to enhance productivity or financial performance. Theory O is frequently regarded as the 'right fit' for securing much-needed cultural change. Like Kanter, Beer and Nohria recommend employing both methods together to balance the need for immediate action with the importance of addressing the human dimension of change.

Other hybrid approaches have been suggested by Beech and MacIntosh (2013) and Cummings and Worley (2015), who propose a spectrum of change ranging from 'fix and maintain' solutions at the lower impact end to 'liberating' actions at the more radical, transformational end of the continuum. Viewing change management as a continuum, Storey (1992) frames it through the lens of

stakeholder engagement required to achieve the desired change. At one end of the spectrum is change designed and delivered unilaterally by leadership, often presented as a 'fait accompli.' At the other end, successful change requires collaboration and agreement among stakeholders, often involving a series of incremental initiatives.

This perspective led Storey to develop a four-point typology of change which includes 'transformational change' delivered systemically in a top-down approach; 'piecemeal incremental initiatives' delivered by different groups or divisions; 'change negotiated by bargaining' and delivered in a piecemeal fashion; and 'systemic jointism' where all stakeholders agree on a complete package of change measures and deliver them in a unified approach.

Concluding this discussion, Kotter (1996) endorses an approach more akin to Emergence theory, advocating for change leaders to juggle small and large projects across an organisation or environment as part of a continuous transformation process. Kotter views strategic change as involving both small and large initiatives, which are begun independently but aimed at achieving the same strategic objectives. This view is shared by Storey (1992) and Pettigrew (1992).

These various approaches inspired Burnes (2009) to develop a framework for change spanning four quadrants. The two upper quadrants (1 and 2) focus on large-scale change initiatives in turbulent environments, while the two lower quadrants (3 and 4) address smaller-scale change in stable settings. The left side of the x-axis represents slower transformational change, while the right side represents rapid transformation. This model results in the following four quadrants. Firstly, the left-hand upper quadrant is directed at slower major change, often including cultural shifts, where Burnes considers Emergent change to be the appropriate methodology.

The right-hand upper quadrant covers significant, rapid structural or process change, where an approach like Kanter's 'Bold Stroke' methodology is best suited. The lower left-hand quadrant addresses slower attitudinal change in individuals or smaller groups, where Burnes believes, success is secured using Planned change. The right-hand lower quadrant focuses on rapid process or task-based change conducted by individuals or smaller teams, where Burnes considers that Kaizen or task-driven approaches designed by Taylor (1911) are more appropriate methods of managing the change effort.

In summary, the theories and models of change explored in this section provide a robust foundation for understanding the varied approaches to transformational change, ranging from the structured methodologies of Planned change to the adaptive strategies of Emergent change. The next Chapters focus on the findings of the Pilot and Main Research Study which were leveraged to test how these theoretical insights and frameworks are utilised (if at all) by VRUs in the UK. By analysing the implementation of change strategies in these complex and dynamic environments, this thesis provides a comprehensive evaluation of their effectiveness and adaptability, setting the

stage for a deeper exploration of the interplay between theory and practice and identification of a framework which may enhance delivery in the VRU sector.

Chapter 5 - Research Study Data Analysis

Introduction

The effectiveness of Violence Reduction Units (VRUs) hinges on a deep understanding of the perspectives and experiences of both internal staff and external project providers. These stakeholders are integral to the success of VRUs, which aim to reduce violence through strategic initiatives and partnerships. This section of the study presents a detailed analysis of survey data from VRU staff and project providers, identifying key strengths and areas for improvement in VRU operations.

The analysis incorporates both quantitative data and extensive qualitative feedback, offering insights that can shape recommendations to potentially guide future improvements in VRU strategies and operations.

The data analysis set out below involved careful review of the results of the survey and analysis of full notes or transcripts of interview recording in the pilot study and main research study. The quantitative data, qualitative interview transcripts and narrative sections of the survey data, were analysed using labelling of key words and themes, which were in turn developed as emerging and key findings in the main research questions and research objectives.

Pilot Study Findings

Analysis of this initial pilot study data in September 2021 demonstrated a convergence of thinking between VRU staff and commissioned practitioners on the importance and effectiveness of specific interventions typically found within a violence reduction programme. VRU staff and practitioners also described similar 'challenges' to delivery. Both groups cited lack of resources and short term funding, the impact of COVID19 on service delivery and the critical need for early intervention as some the greatest current challenges they are facing.

Data on the use of evaluation of project impact was broadly aligned. Although none of the responding VRUs evaluated all of their funded projects, 42% of respondents reported that 66% or more of their project caseload was evaluated independently. 42% of participants evaluated approximately one third of their project caseload and 17% evaluated less than third or none of their caseload. Comparing this data with the experience of practitioners engaged by VRUs, 57% of practitioners reported that their work was evaluated either internally or independently and 25% reported that their projects were not subject to any form of evaluation over and above basic contract management.

The pilot study also identified thematic areas where there was significant divergence in the views of VRU staff and practitioners. There was, for example, disagreement on perceptions of current effectiveness of existing violence reduction programmes. Twelve of fifteen Violence Reduction Units/ Community Safety Partnerships considered that they were making tangible progress in reducing violence in their areas, with three stating that they did not know. This

contrasted with views of practitioners; 50% of practitioners in the field/community believed knife crime had become worse over the preceding twelve months with 10% believing that the issue had stayed the same.

A similar disparity existed on levels of confidence in VRU programmes to address violence in the future. Despite uncertainty in relation to funding levels, there was confidence among VRU staff on the prospects of success of their programmes going forward. This contrasted with 68% of practitioners not having confidence that future work to reduce violence and exploitation in their areas would be more effective in the future.

A further theme was the diverse approach to the structure and operation of individual VRUs. This was particularly evident in relation to numbers of projects commissioned by each VRU and the percentages of those projects evaluated either in-house or externally. For example, the number of funded projects in the respondent VRU portfolios ranged from 6 projects to 100 projects, with the average being 35 projects. As above, there was also a wide variation in the use of either internal, independent or no evaluation in assessing programme performance. The wide distribution of scores did provide some confirmation of an emerging hypothesis for this research, namely that there does not appear to be a consistent approach to a theory of change underpinning all VRU models.

Over and above the themes set out above, the pilot study also identified eight core issues linked to reported systemic challenges experienced in violence reduction programme delivery, rather than the delivery of individual projects themselves, which may undermine the effectiveness and impact of these critical transformational change initiatives. In particular, a failure to adopt robust portfolio management practices, under-communication, silo working between VRUs and commissioned project owners, as well as poor inter-agency working and information sharing between the eighteen VRUs themselves.

The pilot also exposed notable disparities in perceptions between VRU staff and practitioners, particularly regarding the effectiveness of current interventions and confidence in future outcomes. While VRU staff reported optimism about progress and future success, practitioners in the field expressed scepticism, with many observing worsening violence trends.

This divergence underscored the importance of incorporating diverse stakeholder perspectives in the main study to capture a comprehensive understanding of the barriers and facilitators to effective program delivery. Furthermore, the pilot study revealed systemic issues, including fragmented portfolio management, poor inter-agency communication, and siloed working practices, which may undermine the overall impact of violence reduction efforts. These findings provided a clear rationale for the main research study's focus.

Main Research Study: Thematic Analysis of VRU Staff Survey Data

Introduction

The quantitative data from VRU staff gathered in the main study provides an overview of their views on the VRU's strategic vision, implementation, and leadership. These insights are crucial for understanding how internal processes can be optimised to support the VRU's goals. Participants were asked to rate their views on critical aspects of VRU leadership using attitude scales. The key insights from VRU Staff Survey are set out below.

Strategic Clarity and Alignment

The survey responses reveal mixed feelings regarding the clarity of the VRUs strategic vision. Rather than signalling unanimity in relation to the VRU vision, almost one third of respondents challenged this view. While 69% of respondents (9/13) strongly agreed or agreed that the vision was clear, 23% (3/13) were 'neutral' and 1 respondent (8%) expressed disagreement. See Figure 5.1, Appendix A.

One VRU Staff Respondent stated:

> We have developed a new 10-year strategy that is much clearer than previous iterations. We have adapted, learned, and moved away from the model issued by the Home Office at the outset and the latest version is local community focussed, community-led and has a more solid implementation plan over the ten years (VRU Staff Respondent 1).

However, another VRU Staff Respondent suggested that a disconnect existed between the visions objectives and 'how' the objectives would be met:

> I find all of my team can recite our mission to reduce violence and the aim, of using a public health approach. But I think if we are honest, we struggle with 'the how' (VRU Staff Respondent 2).

A further respondent points to the bigger challenge:

> The [VRU] has a very clear vision and strategic priorities. However, due to the complexities and intersectionality of violence this needs to evolve (VRU Staff Respondent 3).

Uniting behind a common vision is a key tenet for leaders engaged in Change Programming. While broadly positive, the responses suggests some dissatisfaction with the 'top down' approach to strategy formation by the Home Office and suggests an urgent need for further clarity in communicating how the strategy is implemented and validated.

It is also a critical aspect of strategy formation and embedding for the VRU to have processes in place which ensure the overarching strategy is reviewed regularly to ensure it is still relevant and appropriate to the drivers of violence

in any region. The evolution of gang-driven drugs markets during COVID19 pandemic into more fragmented, entrepreneurial 'County Lines' business models (Harding, 2020) is testament to the speed at which the environment can change notwithstanding difficult environmental factors.

The data here suggests more work needs to be done in this area by VRUs. The study found that 54% of respondents reported that the VRU strategy had been reviewed and updated within the preceding twelve month period. 46% of respondents reflected that their VRU had not reviewed the overarching strategy for 18 months or over, with two VRUs reporting that the last comprehensive review had taken place over two years ago.

Involvement in Strategy Creation

There is evident dissatisfaction with the level of involvement in strategy creation among VRU staff. As Figure 5.2 (see Appendix A) reveals, only 42% (5/12) respondents strongly agreed/agreed that they had been engaged with strategy creation. Half of the respondents were either neutral (5/12) or disagreed (1/12) with the current process. This raises an issue of 'buy in.' In his work, 'Leading Change,' Kotter (1996) emphasises the need for building a coalition and securing buy-in from key stakeholders as part of the process of successfully leading change. Similarly, in his study 'Resistance to Change: A Model of Causes and Consequences' Ford et al (2008) highlight the critical role of securing buy-in from team members in order to understand and to mitigate potential resistance to change as part of any programme.

One explanation from a VRU Staff Respondent suggests that the Home Office imposing a model 'Public Health' strategy may be a barrier to engagement or an underlying cause for a lack of engagement:

> We have been encouraged to sign up to a centrally produced overarching public health model (adopted from N America and Glasgow) rather than working from the ground up. It has taken longer than was ideal to adapt that top down strategy to create a strategy that chimes with the issues/needs regionally. It's only by feeding in local community, practitioner and staff insights and views of those with lived experience, that we have arrived at a strategy that does not feel overwhelming but also relevant to the local challenges. That has taken 2-3 years longer than it needed to in my opinion (VRU Staff Respondent 3).

Another VRU Staff Member indicates that they have seen progress being made by the VRU moving away from reliance on wat is seen as the 'out of the box' strategy promoted by the Home Office. There is a strong view in the evidence gathered as a result of this study that Staff considered that it did not meet local needs, and a priority was to develop strategy in partnership with the local community, for its own benefit:

It's only by feeding in local community practitioner and staff insights... that we have arrived at a strategy that feels relevant (VRU Staff Respondent 4).

These comments suggest that a more inclusive local approach to strategy development may needed to ensure that all voices are heard and considered, and that the strategic direction is suitable to address the differing underlying causes of violence in each region.

Use of Local Data

The use of up-to-date local data to underpin VRU strategy appears a less contentious area of inquiry. 77% of respondents consider that VRU strategy is data driven (See Figure 5.3, Appendix A). One VRU reported:

The strategic needs assessment is updated every year and is triangulated and synchronises data across the partnership (VRU Staff Respondent 2).

A second VRU states that its:

…Response Strategy last year was produced in January 2023 based on the Needs Assessment which contained crime data for the year October 2021 to September 2022 (VRU Staff Respondent 1).

The 'neutral' and lone dissenting voices are potentially explained by an acknowledgment of the following view:

We know there are still more data sets that we need to identify, and more work needs to be done to improve our analysis of the data (VRU Staff Respondent 6).

A second respondent expresses a similar view:

…all of our work is driven by the local needs assessment and there is a clear evidence base to justify and shape our approach, I have slightly lowered the score here as we know there are still more data sets that we need to identify, and more work needs to be done to improve our analysis of the data and to predict future risk and emerging issues (VRU Staff Respondent 7).

This highlights that although data appears to be embedded in strategy formation in most VRUs, there remains some need for improved data management and analysis practices. As will be demonstrated below (p.55), there is a frustration among Project Practitioners that data is not shared and used to 'get ahead of the problem' of violence.

Communication and Leadership

While there were genuinely positive results for communication within the VRU, there was a divergence of opinion when it came to external communication with key stakeholders. 77% (10/13) of participants strongly agreed or agreed that

communication of the strategy internally within the VRU had been good, although some challenges maintaining this standard were identified:

> Often decisions need to be made very quickly in a fast-moving programme, so there's no time to cross all the t's and dot the I's with proper comms, ideal project management and the right governance (VRU Staff Respondent 2).

> Yes - although the wider reaching work we do across the unit can make keeping this up to date challenging (VRU Staff Respondent 1).

However, Figure 5.4 (see Appendix A) demonstrates that 54% of respondents perceive levels of effective communication outside the VRU to be a more significant issue for VRUs, with 46% of respondents actively disagreeing. This is borne out in the qualitative data. For example, while some respondents refer to external stakeholder involvement in initial strategy setting workshops and quarterly stakeholder reference group meetings as evidence of a positive communications plan, one VRU Staff Respondent simply adds:

> We can and must do better here (VRU Staff Respondent 7).

Another respondent sets out a possible explanation for this data:

> This is still an area of development for us. This work is emotive. There's an overwhelming sense of needing to get on and deliver for young people, especially after a high-profile critical or fatal incident. That means, sometimes nice to have things get missed. Our comms are ad hoc and can feel a bit 'corporate'. I think we can improve our understanding of who our audience is and what messages do we need to land with them (VRU Staff Respondent 2).

A VRU Staff Respondent expressed frustration, saying:

> We don't do well at getting our messages out to the public especially those groups we are trying to impact. We need to do better with communication. We often communicate in a bubble with the same groups and individuals who have the same focus. To maximise our impact and important messaging we need to extend our communication reach far wider (VRU Staff Respondent 5).

These responses appear to have a knock on effect upon VRU Staff perceptions of the levels of external stakeholder engagement with their work.

Figure 5.5 in Appendix A highlights that 50% of respondents consider that key community partners are *not* sufficiently engaged in the VRU's strategy and its delivery, with one respondent strongly disagreeing. Securing community 'buy in' and engagement is critical to success of any public health initiative. This theme is echoed in the data captured from Practitioners and represents a challenge to delivery which must be addressed.

These responses indicate a need for more communication resources within VRUs and a more structured, consistent and imaginative communication strategy with partners and the community may be needed across the VRUs to ensure that the target audience is fully informed and aligned to the VRU mission and to mitigate the risk that the VRUs critical work is being conducted in a vacuum.

Implementing the Strategy

There is a suggestion that the fast-paced nature of VRU operations often leads to rushed decision-making, which can compromise thorough communication and limit effective project management. One VRU Staff Respondent observed:

> "Getting the balance right when it comes to engagement with young people, effective project management, and getting the project 'landed' is really hard... At times of pressure, we are guilty of ticking boxes on the administrative side" (VRU Staff Respondent 10).

This comment highlights the challenges of maintaining high standards of project management, effective evaluation and benefits realisation in a demanding environment. Figure 5.6 in Appendix A clearly demonstrates 25% of respondents are neutral when it comes to having confidence in the plan to deliver the VRU's Strategic objectives. Crucially, 33% have no confidence in programme delivery planning whatsoever. The comment below adds light to these sentiments:

> We are sometimes guilty of spending too much time doing the hands-on stuff, internal bureaucracy for HO, stage management of partners and stakeholders, and launching initiatives, which means that some things have to give. This means we don't always manage projects optimally and it can feel that at times of pressure, we are guilty of ticking boxes on the administrative side (VRU Staff Respondent 2).

These significant findings reveal a concerning lack of confidence among respondents in the delivery of the Violence Reduction Unit's strategic objectives and an outright lack of confidence in the programme's delivery planning. Other responses echo the comment above, perhaps creating the impression that far from endorsing implementation plans as a tool to underpin effective delivery, the plans are seen simply as a Home Office requirement:

> Our delivery plan [was] created and submitted to Home Office before the new financial year (VRU Staff Respondent 1).

> It is currently being revised and will ultimately be presented to the Board and HO [Home Office] (VRU Staff Respondent 6).

A further significant finding is that pace of delivery of project and programme planning is an issue with one VRU appearing to take ten months to review and implement its programme plan:

A new Implementation Plan was put in place in March 2024 following the appointment of a VRP Director. This followed an independent review of the local model in mid-2023 (VRU Staff Respondent 7).

The data in Figure 5.7 (see Appendix A) is therefore unsurprising. Over half of participants in the VRU Staff Survey were neutral on the core issue of delivering against target milestones and 16% disagreed with the proposition that their VRU delivery plan was effective. One explanation put forward by VRU Staff Respondent 3 is:

I often find target dates set are unrealistic. Project milestones are often too high level and are readily moveable with little challenge or consequence. The time taken to make decisions often leads to achievable target dates being missed. Consequently, most projects internally and externally facing are late or over run (VRU Staff Respondent 3).

Elsewhere, in further survey responses, whereas 69% of respondents considered the programmes were well resourced, only 31% (4/13 respondents) agreed that implementation plans were monitored effectively. Less than 50% agreed that delivery of the VRU implementation plan was well led with 45% (6/13) reporting a 'neutral' position and 8% (1/13) disagreeing. One factor potentially contributing to less than 50% of respondents supporting the leadership style of the VRU programme, may be participants views on the nature of decision making by senior leaders. Views on the nature of decision making within VRUs were mixed.

Only 46% of respondents believed that day to day decision making in relation to the implementation of VRU strategy is made with full knowledge of the facts, right first time, with a range of solutions in mind as part of an orderly decision making process. Of concern, 46% of staff agreed (with 33% reporting a neutral response) that day to day decision making in relation to the implementation of VRU strategy was made by intuition or hunches, occasionally missing optimum solutions, so that the outcome is 'good enough' in the circumstances rather than ideal. Interestingly, 53% of survey respondents believed that day to day decision making in relation to the implementation of VRU strategy is politically driven, not as part of an orderly process of decision making, where decisions happen by chance.

In terms of internal or external quality assurance of implementation plans, 55% of survey respondents (6/11) were unable to say if their implementation plan had ever been audited and 18% stated that their VRUs plan had never been the subject of an audit. Only 18% of participants reported an audit of the implementation plan in the twelve months prior to this study.

Main Study: Thematic Analysis of VRU Staff Interview Data

Over and above the themes recorded in the above quantitative data, qualitative data captured in interviews included the following themes.

Challenges of the Public Health Approach

The data included the following view on the public health approach being adopted by one VRU.

> Our mission - to understand and address the underlying causes of violence and responding with interventions to prevent or reduce violence at the population level - feels too big and overwhelming. Privately the team have discussed whether we should have developed more attainable mission and objectives, targeting resources in areas where the impact could be seen and momentum established. However, the Home Office one size fits all approach seems to be the only direction of travel (Interviewee VRU Director 1).

The potential impact of a directive, top-down approach by the Home Office became apparent in an interview with one VRU Director, who commented:

> We were working as a local project Violence Prevention Board, with really strong community representation. Then overnight we were told to become the VRU for the area, with the Home Office funding and expectations attached. We had to shift from a community-led approach to one dictated by national requirements – and it felt like we lost some of the local energy and focus that had made us effective in the first place (VRU Director 2).

This quote reveals how the imposition of centrally determined priorities disrupted the local autonomy and community-led ethos that had previously underpinned successful violence reduction efforts. The shift from a locally defined project to a nationally mandated VRU diluted the capacity for tailored interventions and weakened stakeholder relationships. This highlights a core theme of this study: that directive approaches imposed from above risk undermining the community ownership and adaptability that are crucial to effective violence reduction practice.

Top-Down versus Localised Strategies

The potential impact of a directive, top down approach by the Home Office became apparent in an interview with one VRU Director, who comments as follows:

> We were working as a local project Violence Prevention Board, using a public health approach from 2014 – using data, seeing the impact of ACEs and other thematic issues underpinning local violence. The top down Home Office approach was unhelpful. It diverted and distracted the local All Wales approach. I think we

would have been two to three years further down the road if we'd been left to it (Interviewee VRU Director 1).

Successes of Localised and Collaborative Models

The tension between a perceived 'top down' Planned approach to delivering change and the benefits of local, more experimental change management – which is explored in more detail below (pages 38 - 44) - are captured clearly by the following two experiences from three further Senior VRU Leaders.

VRU Director 3 discussed a significant change in strategic direction over the past 18 months, moving away from a metropolitan, top-down approach back to a community-focused, borough-level model. Initially, the shift to a regional model, replacing local community-led delivery, caused a "loss of momentum" and challenges in adapting to the new structure. The Director highlighted the difficulties in meeting the Home Office's centralised demands, which required extensive reporting, funding administration, and standardised documentation, affecting the implementation of a tailored public health approach.

> We had moved away from a regional borough-level model in place before 2019 where local delivery, with local people who knew and were embedded in the community… [This shift] caused a loss of momentum resulting in two or three years of adaptability, loss of traction (VRU Director 3).

Following a strategic review after the COVID-19 pandemic, the decision was made to revert to a more localised model, focusing on a long-term, community-led public health approach at the borough level. The Director noted that this change is already yielding positive results.

> With the last review of our strategy post-COVID, we decided to shift… to a long-term, community-formed, delivered, and led public health model focused at a borough level. We are already seeing a step change (VRU Director 3).

VRU Director 4 expressed concerns about the top-down management style from the Home Office, noting that while the VRU achieved significant successes with community-led projects and improved collaboration among 35 local agencies, these efforts were not adequately recognised by central government. The Director highlighted that integrating local partners improved early intervention, but this progress was overshadowed by the Home Office's focus on failure and blame rather than fostering learning.

> Our VRU has had the biggest impact with quick-win local community-developed and delivered projects… This work is given little credit with the Home Office (VRU Director 4).

This quote illustrates the power of locally developed community-driven projects in fostering genuine engagement and sustainable change. It underscores the research's broader finding that locally co-produced interventions, designed and delivered in collaboration with community members, can achieve greater impact and relevance than top-down, centrally designed programmes.

The Director also criticised the frequent changes in leadership at the Home Office, which have led to inconsistent messaging and a high turnover of staff, negatively affecting service delivery and innovation. They emphasised that attempts to mainstream the public health approach have stifled creativity and community engagement.

> Top-down Central Government approach is piecemeal, inconsistent, and often out of touch with local demand… More carrot, less stick needed (VRU Director 4).

The implementation of the Serious Violence Duty was seen as a missed opportunity for fostering collaboration among VRUs and regional stakeholders. The removal of draft powers from Police and Crime Commissioners (PCCs) limited their ability to drive effective coordination. Additionally, the Director voiced concerns about financial sustainability, noting that while the number of VRUs is increasing (from 18 to over 20), the funding remains static at £77 million, leading to expectations of budget cuts by March 2025.

> VRU numbers expanding (from 18 to 20+), but funding (£77 million) remains the same… Our business planning feels very 'hand to mouth' at the moment (VRU Director 4).

They concluded that the drive to standardise the public health approach has reduced innovation and slowed progress, diminishing the overall impact of the VRU's work.

> The attempts to mainstream the public health approach have dampened innovation… slowed progress and reduced our impact (VRU Director 4).

VRU Director 5 highlighted the success of the Trafford Borough's Community Safety Partnership (CSP) as a model of best practice. The CSP integrated strong law enforcement efforts with community-led initiatives, using small grants to test and scale up projects focused on prevention, diversion, and early intervention. The approach was rooted in community involvement, with projects designed and delivered in partnership with local residents, prioritising a public health model.

> [One] Borough's CSP was an inspiration… prioritising using small grant funding to build, test, and if they worked, to scale up community-led projects (VRU Director 5).

The Director detailed the significant impact of this model, which included a near 50% reduction in crime, a 43% decrease in anti-social behaviour, and a 75% drop in the number of young people entering the criminal justice system over a five-year period.

> Crime in [this borough] almost halved… ASB reduced by 43%… preventative work led to a 75% reduction in the number of young people who become involved in crime (VRU Director 5).

Inspired by this borough model, the Director introduced a new ten-year strategy for their VRU, centred on a community-formed, piloted, and delivered violence

reduction strategy. This approach aims to replicate the borough-level success by embedding the public health model at the community level and ensuring strong partnership ownership of the initiatives.

> This local model was the inspiration behind our new ten-year VRU strategy… with the violence reduction strategy being community-formed, community-piloted and delivered, and led by the VRU in partnership and owned by the community (VRU Director 5).

The testimonies from VRU Directors 3, 4, and 5 reveal a shared critique of the challenges posed by a centralised, top-down approach and a strong endorsement of locally driven, community-based strategies. Directors 3 and 4 highlighted the negative impact of centralisation on flexibility and innovation, while Director 5 provided a successful example of a local, community-led model which applied a vastly different approach. Together, their accounts emphasise the need for a balanced approach that combines central oversight with local adaptability to effectively implement public health strategies for violence reduction.

Lessons from the Scottish VRU Model

A senior figure from the Scottish Violence Reduction Unit (SVRU) - which served as the 'template' for the eighteen VRUs introduced by the UK government in 2018/19 - was also interviewed for this research. The interviewee described the SVRU's inception in 2005 as a direct response to a significant surge in violence. He explained that, at the time, Glasgow accounted for "50% of violence in Scotland," despite only "1% of the population" being responsible for "65% of the country's violence." The catalyst for the VRU's establishment was a fatal stabbing on George Street, leading to a detailed investigation of the perpetrator's background, referred to as 'David's story.'

The interviewee stated that:

> David's story revealed a dysfunctional family, a dysfunctional educational background, heavy involvement in crime from an early age; a potpourri of disaster. The story was shared with multiple agencies and used as a compelling case study for adopting a public health approach to tackling violence in Glasgow.

This quote highlights the importance of using detailed, localised case studies to galvanise multi-agency collaboration around a public health model of violence prevention.

The interviewee emphasised the localised and experimental nature of the VRU's initial strategy, noting that the Scottish government provided half of the project's funding and established a National Innovation Unit to support it. A wide range of local actors, including police, social services, education, housing, and community organisations, collaborated to build a strong evidence base. This collaboration underpinned the creation of an experimental, trauma-informed, public health model that trialled various initiatives across Scotland. He credited the success of this model to a joint policing and community

approach, naming senior police and community leaders who were instrumental in developing and implementing the VRU's work.

The VRU's strategy, he explained, combined enforcement with supportive interventions. One major component was the Community Initiative to Reduce Violence (CIRV), inspired by the Boston Ceasefire Project. As he described, the SVRU had introduced a target-driven approach to harass, disrupt, and arrest gangs based on the Boston Ceasefire Project. The interviewee detailed how the police mapped gangs in Glasgow and invited gang members to 'Call Ins' at Glasgow Sheriff Court to deliver a clear, unified message that violence must stop. Following these Call Ins:

> …almost 400 young people gave a written pledge that they would put down their weapons and engage with the CIRV programme. The CIRV… offered them a way out in the form of housing, education, employment, addiction, and other support - a carrot to go along with the stick. It was a true public health approach.

This excerpts demonstrate how the CIRV combined enforcement ('the stick') with supportive measures ('the carrot'), enabling young people to transition away from violence through structured opportunities.

The programme ran from 2008 to 2012 and was associated with a notable reduction in violence. According to the interviewee, in the year the SVRU was launched (2005), there were 137 homicides in Scotland (41 in Glasgow). By 2018, this had fallen to 59. Additionally, the amount of people admitted to Glasgow hospitals with knife wounds fell by 65%. This quantitative data underscores the significant outcomes achieved during and after the SVRU's work. However, the interviewee acknowledged a critical limitation of the programme:

> There was no formal evaluation carried out of the SVRU programme, but that didn't matter - the CIRV and another programme within the SVRU were seen as success stories behind the data.

This reveals an important caveat which should be applied to the CIRV programme, namely, while outcomes were positive, there was no rigorous evaluation of the SVRU's processes or their generalisability.

Finally, the interviewee expressed reservations about the UK government's decision to replicate the Scottish model elsewhere:

> The UK government copied the Scottish model to the letter. In my mind, the government, faced with drastically rising crime figures, were shooting in the dark. While the Scottish approach had been effective in Scotland, with an approach very much tailored to Scotland, the decision to replicate it across the UK without adaptation or formal evaluation overlooked the specific Scottish context and complexities unique to our country. For example, the

history, demographics and model of our local gangs is very different
to other areas of England and Wales.

This closing reflection underscores the potential risks of implementing a top-down, one-size-fits-all approach without due consideration of local context or evaluation of transferability. The interviewee's insights reinforce the need for careful adaptation and robust evaluation when translating place-based interventions to different contexts.

Call for Greater Local Autonomy

The interviews with the five VRU Directors reveal a significant tension between the centralised, "one size fits all" approach imposed by the Home Office and the need for locally tailored, community-driven violence reduction strategies. While the public health model aims to address the underlying causes of violence at a population level, many Directors feel this broad mission is overwhelming and often unrealistic. They express concerns that the focus on rapid, centrally driven outcomes has led to short-term successes without sustainable impact, limiting their ability to innovate or respond effectively to local needs.

There is a clear call among the Directors for a shift towards more flexible, locally adapted approaches that engage communities directly in violence prevention efforts. This includes moving away from rigid, top-down directives and embracing a model that supports experimentation, collaboration, and context-specific interventions. The Directors emphasise that such a shift is essential to achieving meaningful and long-lasting change in violence reduction, suggesting that greater autonomy at the local level could enhance both effectiveness and community trust.

Main Study: Thematic Analysis of VRU Project Provider Survey Data

The perspectives of VRU project providers are equally critical for understanding the effectiveness of the VRU's external operations, particularly in terms of partnership, communication, and support. Practitioners and Project Leaders were asked to respond to questions linked to Kotter's eight key change management principles, using attitude scales.

Fifty seven responses were received across all eighteen VRU regions. The survey found that 54% of Providers (30/57) had been engaged in project delivery with a VRU for more than two years; 23% (13/56) between eighteen months and two years and; 16% (9/57) for twelve to eighteen months. Only 5% had been funded for under twelve months. The largest cohort of respondents was from the Voluntary/Community Sector (38% of responses), alongside Health (7%), Community Safety (6%) and Local Authorities (15%), Probation/Youth Offending Services (7%), Commercial (2%) and Policing (2%) sectors. Respondents roles varied from Chief Executive and Director level to Operational Managers, Senior Youth Workers and Mentors.

Key insights from the VRU Project Provider Survey responses include:

Strategic Clarity

Approximately one third of Project providers perceived the VRU's vision and priorities as clear, with 37% expressing positive views. However, 29% disagreed and 25% were neutral (see Figure 5.8, Appendix A). The root causes for this headline data can be seen in the results to questions concerning building guiding coalitions, gathering momentum and communication. The data revealed that 56% of respondents disagree that the VRU had been effective in building and maintaining momentum at the outset of the programme and 57% disagreeing that they were part of the VRU guiding coalition working to tackle violence together in the local community.

Contrasting with VRU Staff responses, 40% of Practitioners considered that they had been excluded from VRU strategy involvement, with a further 25% adopting a neutral position. Bearing in mind that over 50% of respondents had worked with the VRU in excess of two years, this is a surprising finding.

Communication with VRU

Communication with the VRU is viewed as neutral by many providers, with 37.50% expressing neither satisfaction nor dissatisfaction. 25% of Practitioners considered that the level of communication fell short of the required level of messaging, leaving just over one third of the cohort satisfied with communication. See Figure 5.10, Appendix A.

One Project Provider commented:

> Communication tends to be sporadic and reactive rather than proactive (Practitioner 2).

The impact of a 'sporadic' communications strategy, as opposed to a more proactive, regular drum beat of engagement is captured in the following data:

> There is a lack of regular updates which makes it hard to align our projects with the broader VRU strategy (Practitioner 3).

Practitioner 6, a Senior Leader within a Project Delivery team, voiced strong concerns about inadequate communication and feedback from both local and central Violence Reduction Partnerships (VRPs). Despite three years of active involvement, the practitioner felt unable to provide local stakeholders, including young people and community members, with any evidence of the project's impact. This was attributed to a failure by the VRP to share meaningful data or offer updates on overall progress.

> After three years I cannot tell any local people or young people what difference our project is making across the borough, let alone the impact of the bigger partnership across London (Practitioner 6).

The practitioner emphasised that while project teams regularly submitted performance data to the VRP, this information was not reciprocated. The absence of feedback left delivery teams in the dark about the broader

partnership's outcomes, limiting their ability to demonstrate success or make necessary adjustments based on shared learnings. This lack of reciprocal communication was seen as a significant missed opportunity that undermined project morale and engagement.

> Every month basic performance data goes off to the VRP, but nothing comes back… I think this is a massive, missed opportunity and can be demotivating for projects as well as communities (Practitioner 6).

The practitioner highlighted the negative effects of poor communication on accountability and continuous improvement. Without regular assessments or shared best practices, ineffective projects continued to receive funding without scrutiny. Practitioner 6 argued that the absence of transparent, data-driven communication prevented meaningful cost/benefit analysis, which could have been used to inform decision-making and prioritise effective initiatives.

> Our project has not been assessed, nor has the wider VRP and no best practice is shared… projects that are frankly delivering little can continue to be funded to make no difference at all (Practitioner 6).

The practitioner called for improved data-sharing practices, suggesting that greater transparency and regular feedback loops could enhance accountability and foster a culture of learning across the VRP network.

> I'd like to see some cost/benefit analysis introduced and a sharing of this data for the benefit of all concerned (Practitioner 6).

Practitioner 6 critiqued the VRU's communication style, describing it as overly corporate and disconnected from the realities of community-level project delivery. They noted that most communication consisted of high-profile visits or announcements about funding, with little follow-up or engagement at the grassroots level. This top-down, corporate approach felt reminiscent of a local authority rather than a dynamic, change-focused initiative, which the practitioner believed hindered the VRU's ability to drive meaningful progress.

> The only communications are corporate-looking visits or big announcements on funding/big initiatives but little if any follow-up on the return (Practitioner 6).

The practitioner's assessment of the VRU's leadership was nuanced. While they acknowledged that others appeared satisfied with the current leadership, they felt that the organisation's approach was too bureaucratic and lacked agility. They suggested that a leader with a more dynamic, on-the-ground presence and a stronger focus on direct engagement and change management could have accelerated the pace of progress and enhanced the VRU's overall impact.

> The pace and scale of progress and the type of communication we get feel like working for a Council… Perhaps someone with more agility, presence on the ground, or experience in delivering change and less corporate, remote, and more at home in the board room would have made a bigger impact, faster (Practitioner 6).

Practitioner 6's testimony underscores a pervasive issue with communication within the VRP framework. Their concerns about the lack of data feedback, poor accountability, and an overly corporate communication style point to systemic barriers that hinder project effectiveness and community engagement. The absence of meaningful, two-way communication limits transparency and prevents the sharing of best practices, stifling innovation and learning. Furthermore, the leadership's reliance on top-down, announcement-driven communication is perceived as disconnected from the needs of frontline project teams, suggesting a need for a more engaged, adaptive leadership style that prioritises direct, ground-level interactions. The sentiments are echoed by another Practitioner who considers that there is:

> …little dialogue between our project and the network and it's not two way. We don't often get asked our opinions or views on the program or its strategy and often the only information shared is our performance data. Many of us have been delivering youth services for years before the network was formed and are connected with the community. Missed opportunity. The communication comes from the top down, is not really consultative and reads like the Network knows best (Practitioner 30).

More damaging is the perspective that VRU communication is failing to chime with the very groups VRU are aiming to engage; young people. Practitioner 5, a Youth Services Manager, strongly criticised the communication strategy of the Violence Reduction Unit (VRU), highlighting that it is predominantly one-way and top-down. According to Practitioner 5, the VRU's messaging often feels like a direct repetition of Home Office guidelines, lacking the nuance needed to address local realities. They pointed out that the communication received from the VRU typically promotes broad concepts like the public health approach, trauma-informed practice, and Adverse Childhood Experiences (ACEs), without adapting these frameworks to the specific needs of the communities they serve.

> The only communication we receive is one-way and 'top down'. Feels like a cut & paste of Home Office guidance or updates… promoting public health approach, trauma-informed practice, teachable moments, ACEs (Practitioner 5).

Practitioner 5 provided a detailed account of the mismatch between VRU-endorsed best practices and the needs of young people on the ground. They noted that while the VRU has circulated standardised best practices, these are not suitable for their local context. The young people attending their sessions often come from more privileged backgrounds and engage in drug dealing not out of trauma but as an opportunistic pursuit for financial gain or excitement. Practitioner 5 argued that the blanket application of trauma-informed mentorship fails to address the motivations of these individuals, who require tailored education programmes focused on risk awareness and alternative opportunities.

> Many of those who come along to our sessions are not experiencing trauma… No end of trauma-informed mentorship will make any difference here. They need education programmes to show them the risks and impact of their choices, encouragement, and advice to look at other suitable opportunities (Practitioner 5).

The practitioner expressed frustration over the lack of a two-way dialogue between the VRU and frontline services. Despite attempts to provide feedback and share intelligence about evolving local dynamics - such as changes in gang structures following the COVID-19 pandemic - there has been little to no acknowledgement from the VRU. Practitioner 5 described a shift in the drug dealing market, with gangs either fragmenting into smaller, agile units or merging for profit maximisation. However, this on-the-ground intelligence has not been reflected in the VRU's tactical approach, highlighting a disconnect between strategy and frontline realities.

> Despite trying to escalate the intel of this evolution we are seeing on the ground, the evolving situation does not seem to have been considered in the tactical approach of the VRU (Practitioner 5).

Practitioner 5 concluded that the VRU would benefit significantly from engaging in more open, two-way communication with those directly working with the affected communities. They argued that the lack of opportunities to provide feedback is a major disadvantage to the partnership and prevents the VRU from fully understanding the root causes of violence in different local contexts.

> The VRU would be stronger if it engaged in more two-way conversation with those on the ground who are after all closer to the root cause. We are rarely invited to offer our views or feedback. This is a real disadvantage to the partnership (Practitioner 5).

Practitioner 5's evidence underscores the need for a shift towards more collaborative, two-way communication that prioritises listening to and integrating the perspectives of local practitioners into the VRU's strategic planning.

Reflecting the position that strong communication strategy involves two-way communications, three other Practitioners from different geographies explain how a perceived failure to engage with local groups leads to a double missed opportunity; for VRUs and Practitioners to celebrate and cascade positive news or opportunities to the local community:

> We have tried to generate communications and good news stories messaging via the Authority but hit a brick wall. Authority seems reluctant to enable communication with the area/community beyond formal corporate style big announcements of funding secured or big contract awards. I am not sure how the community are expected to be kept informed other than reviewing the VRP website under their own initiative. These insights underscore the need for more

structured and proactive communication channels between the VRU and its project providers (Practitioner 11).

> You asked a question on page 1 about the Unit building a coalition. We don't feel part of a coalition of partnership. We are a committed service provider for a commissioner, but the relationship feels one-way. Although I think we're making an impact on a local level, I can't say that we are part of a coalition that is making a positive impact regionally. I am not sure if that is because there's a structural gap or whether there's a communications issue. Either way the project is weaker for it (Practitioner 20).

> …Finally, the VPU partnership works well but it doesn't feel like it is breaking through and catching the imagination and attention of the general public. Maybe the communications strategy needs looking at as it does feel a bit of a closed shop and those involved are talking amongst ourselves. Food for thought (Practitioner 23).

A further core ingredient of communication is its role in 'information sharing' between agencies. Information sharing is a critical function of any public health programme involving safeguarding. Robust information sharing can ensure that those risk of harm receive comprehensive support by rapidly connecting them with appropriate services, support the cascade of relevant information about emerging trends and potential threats can help partners develop early warning systems and preventative measures before violence escalates and, finally, help foster trust and collaboration with the community. Practitioners see information sharing as a further aspect of VRU strategy needing reform.

The following statements are typical:

> Communication and information sharing is sub-optimal. So few of our team and community are aware of the bigger picture outside this individual project (Practitioner 45).

> While multi agency approach is a strength of VRU's, it can also lead to challenges in terms of coordination, collaboration and information sharing among diverse organisations with different mandates, priorities and cultures. There may be gaps or overlaps in service provision, duplication of efforts and miscommunication among agencies which can hinder the effectiveness of violence prevention initiatives (Practitioner 37).

> Communication and information sharing. Sadly, I think members of the CSP often interpret 'confidentiality' as not passing on any information when in reality, confidentiality means that information should be shared on a 'need-to-know' basis with relevant colleagues. We could get a better steer and be incentivised by the VRU leadership on this important issue (Practitioner 34).

Leadership Perception

Providers generally have a mixed view of VRU leadership, with 42.86% expressing positive sentiments, 29% being neutral, and 28% disagreeing or strongly disagreeing with the style of leadership. See Figure 5.11, Appendix A.

One practitioner stated:

> Leadership within the VRU has been supportive, but there is room for more visionary thinking (Practitioner 4).

Another remarked:

> The leadership is good at responding to issues, but sometimes it lacks the forward planning needed to pre-empt problems (Practitioner 5).

One participant records that:

> The project leaders do good networking and signposting which means that a child, young person, or family can make the most of the [VRU] offer (Practitioner 6).

One Practitioner is critical of the visibility of their local VRU, which is led by the Police and Crime Commissioner team. They consider that the lack of visible leadership is undermining public confidence in the ability of the VRU to deliver positive change:

> Our [VRU] leadership is invisible/remote, and this reinforces the reality that the violence reduction unit is just too remote from the community and the reality of life for people who it was set up to support i.e. those at risk from violence and being sucked into exploitation. Our mentors don't know many residents in our local area who are confident that future work to reduce violence in their areas will lead to positive lasting change. There are good things happening in our community and so for me, those low confidence levels are down to a failure to communicate and engage meaningfully. The [VRU] project feels like a police response to the problem rather than a public health one. This feedback suggests that while leadership is responsive, it may benefit from a stronger focus on long-term strategic planning and communication (Practitioner 16).

The link between Police and Crime Commissioner leadership of VRUs is raised in the next response too. There is a perception that the dual role of acting in the role of OPCC and VRU strategic leader is often to the detriment of VRU delivery:

> Leadership is barely visible. I think the combined leadership of VRU and Crime Commissioner roles has led to responsibilities becoming blurred, to the detriment of VRU and hence less visibility for partner [organisations] (Practitioner 32).

One participant calls for a separation of functions between the two roles:

> It would be great to hear more from the leadership of the Unit. I think having the OPCC lead the VRU Board contributes to this issue. VRU is only a part of the OPCCs brief. Maybe greater separation of the leadership role and the VRU/OPCC is needed. It is difficult to see where the boundaries and accountabilities are from time to time (Practitioner 16).

The silo effect created by a perceived lack of leadership is reinforced in the following three responses:

> Communication is a work in progress. More communication on progress and confidence that the funded initiatives are succeeding or if they aren't or can't say at the moment, the public needs to hear what is planned to resolve that. We don't hear anything like enough personal messages from the leader of the VVU. Most messages are generic corporate style saying, 'we are funding or doing this' or 'we are launching that.' More honest, personal communications from the top and from the heart about impact, what's going well and what isn't, would engage and motivate partners and the public more. For me, that's missing at the moment and creates the impression that the work is stalled or not making progress on the ground where it matters. As a result, there's a lot of chat in the community about the problems but silence or not much being spoken about the [VRU] (Practitioner 20).

> In 2+ years we have barely seen or heard from the VRU senior leadership other than generic corporate newsletters. If the community is getting the same treatment, it's difficult to see how local residents and those in need of our services will buy into what we want to achieve (Practitioner 30).

> I can't say whether the VRU is being lead well. People I have spoken to seem happy. But running a big change project like a VRU isn't the same as running a local authority. The pace and scale of progress and the type of communication we get feel like working for a Council. Perhaps someone with more agility, presence on the ground, or experience in delivering change and less corporate, remote, and more at home in the board room would have made a bigger impact, faster (Practitioner 5).

Similarly, the following three Practitioners points at where effective leadership could help make a real impact:

> I am not sure how other project leaders feel but this project delivery feels isolated, siloed, and exclusive from other projects in the VRU portfolio. While there is networking/collaboration at a senior management/leadership level the opportunity to bring projects together as part of an effective true partnership is missing and some

duplication of effort. I have also picked up 'partisan' behaviours across other projects and 'partners' are very territorial when it comes to their funding, target audience, sharing data, and intelligence (Practitioner 24).

VR Programme feels like a disparate collection of projects, principally police-led/designed, and not one programme which is truly public health focussed nor joined up. There will be regional wins but with stronger joined-up leadership, this programme could be greater than the sum of its individual parts (Practitioner 27).

The projects are too siloed and information sharing between the project and delivery partners is still very patchy as a result. Stronger leadership or incentives on this issue could improve the problem (Practitioner 31).

Leadership was one of the topics which gained significant traction for Practitioners in this study. The examples set out above are common elsewhere in the data. This is clearly an area that needs further focus.

Support and Resourcing

Providers express mixed feelings about the support provided by the VRU, particularly in removing blockers and ensuring adequate resourcing. Despite 64% of respondents agreeing that the VRU programme appears to be well resourced, with 19% neither agreeing nor disagreeing, a common concern is the inconsistency in support.

As can be seen from Figures 5.12, 5.13 and 5.14 in Appendix A, the trend for participants views on VRU effectiveness in helping Delivery teams remove any barriers adversely affecting delivery, VRU celebrating, promoting and showcasing short term wins/good news in tackling violence in the wider regions, and perceptions of VRUs sharing best practice and 'what works' in reducing violence are split across the 'agree'/'disagree'/'neutral' response categories.

One provider shared:

Support is available, but it's often a case of who shouts the loudest gets the most attention (Practitioner 6).

Another provider noted:

There are resource constraints that limit what we can achieve, and sometimes the VRU's response is too little, too late (Practitioner 7).

These comments highlight the need for more consistent and proactive support from the VRU, especially in resource allocation. A participant's response suggests that Practitioners would be eager to share the responsibilities and again suggests that a lack of two-way communication may be the issue:

Although we are delighted to be supporting the VRU with service delivery, the relationship does not really feel like a partnership. We

are talked to and told high-level information but rarely asked for our views or input over and above contract reporting data. We have staff, experience and resources which could support the VRU in further developing and delivering it's strategy and operations (Practitioner 7).

Evaluation and Impact Measurement

The effectiveness of current evaluation methods was questioned by 46% of the 56 respondents (26/56). As Figure 5.15 (see Appendix A) demonstrates, this exceeds the 37% who agreed that the VRU had effectively evaluated and understood the impact of their project team's delivery in the year leading up to this study. 16% neither agreed nor disagreed. A number of Providers advocate for more robust frameworks. One respondent highlighted:

> We often focus on numbers rather than the difference these projects make (Practitioner 8).

Another adds:

> We need to shift towards more qualitative measures of success, capturing the real impact on the communities we serve (Practitioner 9).

There is also a recurring concern about the VRU's limited evaluation of its programs. Practitioners feel that while they evaluate their projects, the VRU does not sufficiently evaluate the broader public health programs or share findings with partner organizations. This leads to uncertainty about whether the programs are achieving their intended outcomes:

> We have managed our own project evaluation as this underpins project design and helps assure funders of our impact. We have shared the evaluation reports (from Swansea University) with VPU to inform their work. I am slightly surprised that the VPU does not carry out more evaluations of the wider program. Although I can speak with confidence about the impact our organisation is having on young people in Wales, I cannot make the same assurances for the VPU public health program. It would be really useful if more information were cascaded to VPU partners on the progress of the public health approach (is it working even?) and the impact of the various project teams on hitting the public health targets (Practitioner 23).

> Being clear about how it is implementing a public health approach. This is cited regularly but there is poor correlation between distilling the data, providing a cohesive programme of work, evaluating what works and augmenting that (Practitioner 26).

The following qualitative data suggests that there is a disconnect between local projects and the VRU's broader goals. Practitioners indicate a disconnect between their project-level evaluations and the VRU's broader objectives.

Despite collecting data on their own projects, they are unsure how their work contributes to reducing violence on a larger scale, suggesting a need for better integration and communication. Practitioner 41, who has led a project commissioned for nearly two years, highlighted significant concerns about the lack of meaningful evaluation and impact measurement within the Violence Reduction Programme. Although their team has collected evidence and data showing positive engagement from schools and young people - such as feedback that the sessions are "interesting, thought-provoking, and supportive" - they struggle to connect their project's outcomes to the broader strategic aims of reducing violence in the region. Practitioner 41 expressed uncertainty about the rationale for their project's selection and how it fits into the overall VRP objectives.

> My team and I struggle to understand how our project's impact is impacting the bigger picture and ambitions… the rationale for why we were selected in the first place i.e. bringing down violence in the region (Practitioner 41).

The practitioner noted that, despite repeated requests for data and reporting on the overall programme's effectiveness, they have not received any recent feedback or evaluation updates within the last two years. This lack of data transparency leaves the team uncertain about the wider impact of their efforts and hinders their ability to assess whether their work contributes to the reduction of violence as intended.

> We have asked for data and reporting on how the programme is making a difference and have not seen anything recent inside the last two years (Practitioner 41).

Practitioner 41 described the limitations of the current evaluation process, which relies heavily on basic quantitative metrics submitted in returns to the VRP. These include the number of sessions delivered, participant counts, session satisfaction rates, school requests for additional sessions, and the volume of social media activity. However, the practitioner argued that these metrics fail to capture the real impact on violence reduction, as they do not address the complex, underlying factors that lead young people to engage in risky behaviours.

> The data we supply in our returns… can't help answering the question 'are we reducing violence?' (Practitioner 41).

The practitioner emphasised the need for a more robust approach to evaluation, one that goes beyond surface-level indicators and seeks to understand the nuanced, contextual factors influencing youth involvement in violence. They called for more comprehensive data collection and impact assessment frameworks that could measure both short-term and long-term changes, providing a clearer picture of whether the interventions are making a tangible difference.

Our team believe that more can be done in this space to collect data that can tell if we are making a difference in the short, medium, or long term… unpicking the complex contextual factors that lead young people to get involved in violence or put themselves at risk of harm (Practitioner 41).

In addition, there is criticism that the VRU does not engage in sufficient continuous improvement as well as timely evaluation. Practitioners also believe the VRU fails to ask the right questions at the outset of projects, leading to misalignment with community needs and inefficient use of resources:

I think there is also room for more continuous improvement of service delivery and better evaluation/measuring of the success of our impact. I am not sure the VRU asks the right questions of the public or its project delivery teams about the VRUs impact, and I don't think it asks them enough or at the right time. For example, commitments are made to deliver a project, and an assessment is made after 12/18 months which can find that the work is the wrong fit for the community or the need. Asking the right question at the outset would have prevented unnecessary waste of resources, time, and expectations (Practitioner 12).

Echoing criticisms raised in the sections above relating to 'communication' and 'leadership,' multiple practitioners express frustration over the VRU's lack of transparency regarding its interventions, trials, and evaluations. There is a perceived gap in sharing data and outcomes, which ultimately undermines confidence in the VRU's strategies and their effectiveness in reducing violent crime.

The [VRU] claims on its website that it "has tested and trailed a range of interventions in recent years and, through careful evaluation, has developed a strategic approach that is delivering significant results in the fight against violent crime". It is difficult to assess this as little information is provided on the trials and evaluations the [VRU] conduct. This would give the partnership more confidence that this was more than simply a police-led initiative targeted at reducing violent offending in Essex, which is how it can feel like (Practitioner 20).

This suggests a need for the VRU to adopt more comprehensive evaluation strategies that go beyond quantitative metrics.

Concluding Comments

The comparative analysis of survey and qualitative data reveals both convergence and divergence in the perspectives of Violence Reduction Unit (VRU) staff and Project Practitioners. Common themes include concerns about strategic clarity, with both groups citing difficulties in translating overarching objectives into local practice. Communication and leadership challenges were similarly highlighted, as were frustrations over inconsistent resourcing and

support, factors that practitioners in particular viewed as undermining the effectiveness of violence reduction work.

A shared frustration emerged regarding the perceived exclusion of both VRU staff and Project Practitioners from meaningful involvement in shaping and refining strategic priorities. Both groups also pointed to shortcomings in evaluation and impact measurement processes, emphasising a need for frameworks that are more reflective of actual practice and community outcomes, rather than relying solely on top-level quantitative metrics.

Key differences were also apparent. VRU staff tended to view the overall strategy and leadership of their units in a more positive light, recognising efforts to adopt a community-focused and localised approach. Conversely, Project Practitioners consistently reported a sense of disconnection and dissatisfaction with how strategic aims were communicated and operationalised. They expressed particular concern that their frontline insights and experiences were not adequately incorporated into strategic decision-making, fuelling perceptions of a distant, top-down leadership style.

These findings underscore a critical gap between the strategic ambitions of the VRUs, and the operational realities faced by those tasked with delivering violence reduction initiatives on the ground. Bridging this divide will require a more inclusive, flexible, and locally sensitive approach to planning, leadership, communication, and evaluation. These themes provide a crucial foundation for the subsequent chapter, which will explore how these empirical findings connect to broader theoretical understandings of change and violence reduction, and what implications they hold for future policy and operational practice.

Chapter 6 - Discussion

This discussion section will critically examine the key findings from the data analysis, setting the stage for a comprehensive re-evaluation of the strategic approaches currently employed by Violence Reduction Units. Drawing on both empirical evidence and theoretical insights from the literature, the study will challenge the effectiveness of the existing top-down, Planned change strategies and advocate for a shift towards more adaptive, Emergent and Hybrid change methodology. By unpacking the core issues of strategic misalignment, weak theories of change, and inadequate evaluation processes, this discussion aims to bridge the gap between high-level policy intentions and practical, ground-level execution. Through a systematic exploration of these themes, this section concludes by proposing actionable frameworks and evidence-based recommendations to enhance the responsiveness, inclusivity, and overall impact of VRU initiatives in tackling community violence.

The research data above, the earlier pilot study findings and the review of the academic literature surfaces three strong themes which will now be discussed in detail below, before proposing a Framework which may address many of these tensions and which could be applied across future Public Health programming. The author will also make a number of strong recommendations for Policy Makers and Government specifically aimed at improving the effectiveness of Violence Reduction Units.

Firstly, reviewing the effectiveness of Violence Reduction Units in this research study reveals a complex landscape where traditional top-down strategies often clash with the dynamic, unpredictable nature of community-based violence reduction initiatives. This tension highlights the limitations of rigid, Planned change approaches in the VRU setting, particularly when dealing with the rapidly evolving social and economic factors that contribute to violence.

As a result, **Emergent Change or Hybrid Change methodologies**, which emphasise adaptability, real-time feedback, and local context, have been suggested as more effective. The following chapters of this study will therefore firstly explore the rationale behind Emergent or Hybrid Emergence-based change as superior approaches in the VRU context, demonstrating how it allows for more responsive, community-led interventions that can adapt to the unique challenges of different regions.

Furthermore, the literature and survey data underscore the need for a more structured approach to strategic planning within VRUs, particularly one that bridges the gap between high-level objectives and ground-level implementation. One significant finding is the lack of a well-defined causal theory of change in many VRUs, which has led to misalignments between strategy and practice. A well-designed and documented **Theory of Change** can provide a clear roadmap for achieving desired outcomes, linking specific interventions to broader goals, and ensuring that all stakeholders, from policymakers to frontline practitioners, are aligned in their efforts. In a second chapter, the author will delve into the importance of developing robust theories

of change within VRUs, illustrating how such frameworks can enhance strategic clarity, improve communication, and ultimately lead to more effective violence reduction outcomes.

Finally, **Evaluation** emerges as a critical, yet under-utilised, tool in the landscape of violence reduction strategies. The survey data reveals significant dissatisfaction among practitioners regarding the evaluation processes employed by VRUs, particularly the over-reliance on quantitative metrics that fail to capture the true impact of interventions. The absence of rigorous, continuous evaluation undermines the ability of VRUs to realise the full benefits of their programs. This study will argue for the adoption of a comprehensive five-stage evaluation framework, which not only assesses outcomes but also evaluates the implementation process, stakeholder engagement, and long-term sustainability. By integrating this framework into the VRU's operational model, it is possible to ensure that programs are continuously refined and adapted to maximise their effectiveness and impact on community safety. The author will start initially with Change Management methodology.

Change Management: The Applicability of Planned, Emergent or Hybrid Change Methodologies to Violence Reduction Programming

As highlighted in the literature review, the importance of aligning change management approaches with the type of change required has been underexplored (Burnes and Jackson, 2011). The following discussion identifies the key academic perspectives on change management, particularly as they relate to violence reduction initiatives.

It is evident that while scholars acknowledge the increasing scale and pace of change (Kotter and Rathgeber, 2006; Parker et al., 2016), there remains considerable debate about the most appropriate models to employ in various contexts, as well as the optimal strategies for managing these changes. This section will now critically examine whether the Home Office and VRUs have selected the appropriate methodologies for the implementation of VRUs in England and Wales.

Application of Change Theory to the VRU Landscape

While there remains some ambiguity among scholars regarding the selection of the most appropriate model for a specific challenge, there is little doubt that the UK government's approach to the development and implementation of Violence Reduction Units (VRUs) exemplifies a Planned change methodology. This approach is predominantly top-down, with the Home Office and central government setting the direction, providing the framework, and supplying funding. Regional and local authorities are tasked with implementation, but their actions are confined within centrally formulated strategies. This leadership-driven model is a defining feature of Planned change methodologies.

Central to the VRU strategy is the Home Office's strategic framework, which aims to reduce serious violence through a public health lens. The Home Office

Interim Guidance for VRUs (2020) outlines clear expectations, emphasising adherence to standardised processes, such as the Early Intervention Foundation (EIF) Programme Assessment Procedures and Evidence Standards. These processes prioritise evaluation methods like Randomised Controlled Trials (RCTs) and Quasi-Experimental Designs (QEDs), with success criteria predefined by the central government.

A key aspect of this approach is the requirement for VRUs to submit detailed implementation plans and quarterly progress reports, subject to review and feedback from the Home Office. This process underscores the central authority's emphasis on compliance with established standards and timelines. The VRU model is also characterised by a structured, phased approach, beginning with assessments to understand local violence contexts, followed by the implementation of targeted interventions. However, evidence suggests that the diagnostic phase often lacks robust 'causal logic,' leading to the deployment of generic public health interventions rather than those tailored to the specific needs of each area. This has been criticised as a 'one-size-fits-all' or 'sheep dip' approach.

Both the literature and survey data support this view of a top-down approach driving the strategic direction of VRUs. VRU staff have reported being encouraged to follow a centrally produced, overarching public health model, initially derived from frameworks in North America and Glasgow, rather than developing strategies organically based on local needs. Concerns have been expressed by VRU staff regarding the expectation to adopt similar models and reporting structures, along with a focus on uniform documentation and administrative procedures. Such concerns reflect the limitations inherent in Planned change methods. Staff and practitioners within VRUs worry that this standardisation has sometimes led to a loss of local adaptability and innovation, which more closely aligns with Emergent, or hybrid change methodologies.

The dichotomy between Planned and Emergent change methodologies highlights the importance of context in determining the most effective approach to managing change. Planned change provides a robust framework for environments where stability and clear objectives are paramount, offering a structured path to achieving desired outcomes. Conversely, Emergent change proves invaluable in dynamic, complex environments where flexibility, innovation, and continuous learning are essential for success. In the 'gap' between Planned and Emergent change, a continuum of hybrid models has emerged, offering change leaders a variety of options akin to a change management 'menu.'

Organisations designing and delivering change must carefully assess the specific context in which the change programme is to be implemented, take into account the nature of the change required, the external environment, and the available resources to determine the most appropriate approach. However, scholars like Pitts (2016) argue that the Violence Reduction Unit policy and strategy in England and Wales often replicate violence reduction programmes thought to have reduced violence in Glasgow and US cities like Chicago and

Boston, using 'top-down' Planned change methods. The evidence provided in this study by VRU staff and practitioners working alongside them identifies many of the tensions and challenges symptomatic of such an environment, resonating with the perspectives of leading scholars in the academic literature.

Given the diversity in geography and demographics across the twenty VRU regions, a 'one size fits all' approach will invariably prove inadequate. Instead, the strategy should prioritise flexibility, encouraging experimentation and iterative learning. Leaders should focus on creating an environment that supports innovation and is open to change as local contexts and environmental factors evolve.

This study therefore concludes that the Home Office and VRUs should transition away from a traditional top-down Planned change approach to violence reduction and embrace a hybrid model of change that incorporates the concept of Emergence. Such a model allows for a nuanced understanding of the specific drivers of violence and local contexts, continuous adaptation of strategy, and ongoing learning throughout the delivery process, while still maintaining a semi-structured Planned framework. This structure would include a clearly defined change strategy and guidance for effective delivery, using Causal Theory of Change planning embedded with a comprehensive evaluation methodology.

In determining that an approach grounded in Emergence theory would be the most suitable for violence reduction change planning - and potentially for public health change programmes in other sectors - several factors have been influential. These include both Emergent change and Emergence offer valuable benefits for VRU delivery; they align with calls for increased collaboration, experimentation through piloting local initiatives, evaluation, and learning, as documented in the literature and the data captured in this study.

Furthermore, it is evident that the landscape in which VRUs operate can be chaotic, non-linear, rapidly evolving, and self-organising - conditions that naturally align with Emergence theory. In practice, VRUs do not have control over government policy changes, budgetary decisions, or centrally made funding allocations, nor do they control the threats emerging from criminal networks, as illustrated by Harding (2014, 2020) in relation to the rapidly evolving gang social field and County Lines operations. Instead, VRUs can only seek to intentionally influence the underlying order-generating rules within these social fields by identifying and modifying them through targeted behavioural change projects and policy initiatives. Examples of such efforts include initiatives on 'Trauma-Informed Practice,' 'Adverse Childhood Experiences,' and 'Teachable Moments.' Based on the academic literature reviewed above, these circumstances would better align with an Emergence approach than with Emergent Change methods.

Finally, in order to manage change using Emergence effectively, scholars argue that organisations need to develop 'dynamic networks,' foster 'non-linear relations,' and adopt a more 'holistic' approach (Burnes, 2009). There are calls

for organisations embracing Emergence to become adept at 'self-organising,' moving away from 'command and control' structures towards devolved management systems capable of managing both order and disorder simultaneously. This involves encouraging experimentation and divergent views, allowing rule-breaking, and "recognising that people need the freedom to own their own power, think innovatively, and operate in new patterns" (Bechtold, 1997). While these calls may sound potentially destabilising or challenging to many traditional organisations, the ways of working and networks described here as effective levers for managing change align with many of the structures developed by VRUs and their project delivery partners. For instance, the Avon and Somerset VRU has adopted a 'hub and spoke model' to better serve the different regions within its jurisdiction, and the Wales VRU is considering adopting a similar model to cover the entire Welsh geography. Much of the qualitative evidence collected from practitioners participating in this study has explicitly called for such working practices and methods.

Consequently, the 'Conclusion' section of this study will outline a framework based on a hybrid Emergence-based change methodology, which, if adopted in future, would enable VRU organisations to develop flexible strategies that can evolve in response to new information. Both Kanter (1983) and Burnes (2004) argue that rigid adherence to a single plan is often counterproductive. By integrating Emergent change or hybrid Emergence change strategies with well-articulated pathways through which interventions can be incrementally developed, evaluated, and adjusted in real time, VRUs can design and deliver interventions that are responsive to local conditions and capable of producing the desperately needed sustainable outcomes.

These pathways can be captured in Causal Theories of Change, which should clearly articulate the 'how' and 'why' a specific intervention will lead to a desired outcome. Unlike linear theories of change, which assume a straightforward cause-and-effect relationship, Causal Theories of Change recognise the complexity and non-linearity of social change processes. By mapping out the hypothesised causal pathways, VRUs and project leaders can test their assumptions and adjust their strategies based on real-time feedback. This iterative process is critical for managing change in environments characterised by uncertainty and complexity, such as those in which VRUs operate.

The discussion on change methodology concludes with a reflective note from Burnes (2009), who cautions that while organisations have the opportunity to make choices about what to change, how to change it, and when to change, not all will exercise these choices successfully. Those who fail to recognise the existence of choice may find themselves in a worse position than those who do.

Finally, data captured from practitioners working with VRUs identified leadership and communication as areas of weakness in some VRUs. These two elements are central to any change methodology and warrant discussion here. Transformational and visionary leadership are critical components for a change programme to succeed. Kotter (1996) asserts that "successful

transformation is 70-90% leadership and only 10-30% management," emphasising the importance of leadership in driving change.

Burns (1978) distinguishes between transactional and transformational leadership. Transactional leaders focus on day-to-day exchanges between themselves and their followers, while transformational leaders engage more broadly, creating connections and raising motivation levels. Burke (2008) highlights the evolving nature of a change leader's role, from promoting the rationale for change and clarifying the vision at the pre-launch stage to dealing with resistance during implementation and addressing unintended consequences while maintaining consistency in the final stages.

However, not all scholars agree on the emphasis placed on transformational leadership. Caldwell (2006) critiques this focus as being "too leader-centric and voluntaristic", arguing that many other factors can derail a change initiative. Tourish and Pinnington (2002) warn that such an emphasis risks creating authoritarian forms of organisation.

Nonetheless, VRU practitioners responding to this study's research survey often linked the style of leadership in their VRU to the likelihood of achieving its objectives. Survey participants who rated leadership poorly also gave low ratings for communication, suggesting a perceived connection between the two. Barrett (2002) argues that without effective communication, a change programme will fail. Securing stakeholder engagement is critical to facilitating change, according to Burnes (2009), who describes communication as an "essential element of change activity." Balogun et al. (2008) identify communication as a means of addressing one of the most significant barriers to change, advocating for message repetition throughout the process to ensure stakeholders understand the implications. They assert that "in change situations people want to understand 'what this all means for me'."

This aligns with Kotter's view that programme communication should be multiplied "by a factor of ten, hundred, or even thousand" to ensure that the message is fully understood and embraced by everyone involved. Both leadership and communication appear to be areas requiring further focus and development for VRUs and the Home Office. The recommendation proposed below calls for systematic learning and development for VRU staff over the lifetime of the VRU programme, with an emphasis on effective leadership and communication strategies.

The Case for Causal Theories of Change (CToC)

The Role of Theories of Change in Programme Design

A Theory of Change (ToC) is not merely a planning tool but a comprehensive framework that links activities and interventions to their intended outcomes through clearly articulated causal pathways. Grounded in the assumption that understanding these causal links enables more effective programme design and accurate impact evaluation, the value of a ToC lies in its ability to make explicit the assumptions underpinning a programme. This provides a strong

basis for strategic planning, ongoing decision-making, and evaluation (Weiss, 1995 & Anderson, 2005).

Theories of Change have gained significant traction as a tool in the design, implementation, and evaluation of change programmes and initiatives. Over the past decade, there has been a proliferation of academic literature examining the application, effectiveness, and limitations of ToCs across various settings. This discussion will examine the nuanced understanding of ToCs, critically evaluating their role in change management, particularly in complex and dynamic environments.

ToCs have evolved from being a straightforward planning tool to a sophisticated framework that captures the complexity of change processes. Initially conceptualised as a means to map the causal pathways from activities to outcomes (Weiss, 1995), ToCs are now recognised for their potential to integrate multiple perspectives and account for the uncertainties inherent in complex social systems (Vogel, 2012). Recent literature highlights that effective ToCs are those that are adaptable, evidence-based, and inclusive of various stakeholders' insights (Stein & Valters, 2012).

The shift towards more adaptive and iterative models of ToCs reflects the growing understanding that change is rarely linear and often involves feedback loops, emergent outcomes, and dynamic interactions between different system components (Valters, 2015). This evolution aligns with broader trends in change management that emphasise the importance of flexibility and responsiveness in programme design (Patton, 2011).

One of the most significant contributions of ToCs in the design of change programmes is their ability to make explicit the underlying assumptions about 'how' and 'why' change is expected to occur. As set out above, many Planned Change initiatives lack that 'bridge' between policy and achievement of a desired outcome i.e. change is often left to happen by chance. By mapping out the causal pathways, ToCs can potentially help programme designers identify potential risks, gaps, and points of leverage (James, 2011). This clarity is particularly valuable in complex interventions involving multiple stakeholders with often competing interests, and where the pathways to change are not immediately obvious (Mayne, 2017).

Furthermore, ToCs have been instrumental in fostering a culture of reflective practice among programme designers and implementers which chimes with Emergent change (or hybrid) methodologies. The iterative nature of ToC development encourages continuous reflection and learning, enabling programmes to adapt to new information and changing circumstances (Rogers, 2014). This process is vital for ensuring that programmes remain relevant and effective over time, particularly in volatile or unpredictable environments.

Several studies have examined the impact of ToCs on the effectiveness of change programmes. For instance, Breuer et al. (2016) conducted a systematic review of ToCs in public health interventions and found that programmes with well-developed ToCs were more likely to achieve their intended outcomes. The

study highlighted that ToCs contributed to clearer goal setting, more coherent strategies, and improved alignment between activities and desired outcomes.

Similarly, a study by Connell and Kubisch (1998) on community initiatives found that ToCs facilitated more effective collaboration among stakeholders by providing a common framework for understanding the change process. This shared understanding was critical for aligning efforts and resources towards achieving collective goals.

However, the literature also identifies challenges in the application of ToCs. For example, Blamey and Mackenzie (2007) argue that the effectiveness of a ToC depends on the quality of its underlying assumptions and the extent to which these assumptions are tested and validated. They caution against the "mechanistic" use of ToCs, where the focus is on merely completing the framework rather than critically engaging with the assumptions and evidence that underpin it.

In complex and dynamic environments, the use of ToCs is enhanced by their ability to incorporate systems thinking and complexity theory (Bason, 2010). These approaches recognise that change is often non-linear, and that interventions can have unintended consequences due to the interconnected nature of different system components (Boulton, Allen, & Bowman, 2015). No system is as complex or interconnected as society or the local community of a large, diverse urban city.

The incorporation of complexity-aware approaches into ToCs allows programme designers to better anticipate and respond to emergent issues. For example, Williams (2010) emphasises the importance of developing ToCs that are "adaptive" and "responsive," capable of evolving in response to new information and changes in the environment. This adaptability is crucial for programmes operating in contexts where conditions are unstable or where the causal pathways to change are not well understood.

Moreover, the use of scenario planning within ToCs has been identified as a valuable strategy for managing uncertainty. By developing multiple scenarios based on different assumptions about how change might occur, programme designers can better prepare for a range of possible futures (Ramalingam et al., 2014). This approach not only enhances the robustness of the ToC but also ensures that programmes are more resilient to shocks and disruptions.

Engaging stakeholders in the development of ToCs is widely recognised as a critical factor in their success (Funnell & Rogers, 2011). Stakeholder involvement ensures that the ToC reflects diverse perspectives and is grounded in a realistic understanding of the context (Barnes & Schmitz, 2016). It also promotes ownership and buy-in, which are essential for the successful implementation of change initiatives and which many Practitioners who responded to the research study survey suggested was lacking in their work with VRUs in England and Wales.

The literature also highlights the challenges of managing stakeholder engagement, particularly in contexts where power dynamics and conflicting interests can be complex (Douthwaite et al., 2003). To address these challenges, scholars advocate for the use of participatory approaches that actively involve stakeholders in all stages of ToC development, from initial planning to ongoing evaluation (Shaxson, 2019). Such approaches can help to ensure that the ToC is not only technically sound but also socially legitimate and culturally appropriate.

There have been two key developments in ToC design which are relevant to this study's findings. Firstly, the integration of Monitoring, Evaluation, and Learning (MEL) into ToCs is essential for tracking progress and making informed decisions about programme adjustments (Patton, 2011). Recent literature stresses the importance of real-time MEL systems that allow for continuous feedback and learning (Vaessen & Leeuw, 2010). Such systems enable programmes to adapt quickly to new information and to refine their strategies in response to emerging challenges. Moreover, the use of mixed method evaluation within ToCs has gained traction as a way to capture both the quantitative and qualitative dimensions of change (Bamberger et al., 2016). By combining rigorous data analysis with in-depth case studies and stakeholder interviews, mixed methods approaches provide a more comprehensive understanding of how and why change occurs.

Secondly, the development of Causation-Based Theories of Change has significant implications for use in Public Health programmes. Causation-based Theories of Change offer a more nuanced approach by focusing on the underlying causal mechanisms that drive outcomes. Unlike traditional "black box" evaluations, which primarily focus on outputs and outcomes without fully exploring the contextual factors and causal pathways, causation-based ToCs seek to uncover and examine the processes of change. This approach is particularly valuable in complex programmes where interventions occur in uncontrolled, context-rich settings.

Causation-based Theories of Change offer a more nuanced approach by focusing on the underlying causal mechanisms that drive outcomes. Unlike traditional "black box" evaluations, which primarily focus on outputs and outcomes without fully exploring the contextual factors and causal pathways, causation-based ToCs seek to uncover and examine the processes of change. This approach is particularly valuable in complex programmes where interventions occur in uncontrolled, context-rich settings (Pawson & Tilley, 2004).

Recent literature emphasises the importance of developing ToCs that are adaptive and responsive, capable of evolving in response to new information and changes in the environment (Williams, 2010). This adaptability is crucial for programmes operating in contexts where conditions are unstable or where the causal pathways to change are not well understood (Bamberger et al., 2016).

As set out above, traditional evaluation methods often fall short by not adequately considering the influence of context on outcomes. In contrast, causation-based ToCs open the "black box" by investigating the causal mechanisms that link activities to outcomes. This approach allows for a deeper understanding of how and why specific interventions lead to desired changes, thus providing more actionable insights for programme design and evaluation.

The evolution of evaluation research has increasingly emphasised the need to understand the causal influences of interventions. Initially, evaluations focused on monitoring and targeting, but there has been a shift towards understanding the processes that lead to programme outcomes. Causation-based impact evaluations are aligned with both experimental methods, such as counterfactual designs, and generative understandings of causation, which emphasise the importance of theory-driven approaches that account for context and process.

Effectiveness of ToCs in use by VRUs

The academic literature over the past decade has significantly enriched our understanding of Theories of Change and their application in designing change programmes. ToCs have proven to be invaluable tools for making explicit the assumptions underlying change efforts, fostering iterative delivery and reflective practice, and enabling adaptive management in complex environments. Their effectiveness depends on the quality of their design, the rigor of their implementation, and the extent to which they incorporate diverse perspectives and real-time learning.

As part of this research study, the design and robustness of the theories of change in use by Violence Reduction Units in 2024 were examined. The outcome of that review is presented below. Before sharing these conclusions, the criteria used to assess their effectiveness are defined. These criteria draw upon various definitions of 'best practice' in the design of effective theories of change.

ToCs - Key Characteristics and Best Practice

Carol Weiss (1995), who is often credited with popularising the concept, describes ToC as a set of assumptions about how and why a programme will work. She emphasises the importance of mapping the causal links between activities and outcomes and specifying the underlying assumptions. Anderson (2005) builds on this by defining ToC as a comprehensive description of how and why a desired change is expected to occur, focusing on bridging the "missing middle" between programme activities and their outcomes.

The Centre for Theory of Change describe a ToC as a tool that not only articulates the pathway from inputs and activities to outcomes but also highlights the assumptions, risks, and external factors that influence success.

The core components of a best practice Theory of Change which have been detailed in recent literature comprise:

1. Clarity and Specificity

   A well-articulated ToC clearly defines long-term goals, and the steps required to achieve them. This includes specifying causal pathways and the logical connections between activities, outputs, outcomes, and impacts, making the model both understandable and actionable (Connell & Kubisch, 1998 & Mayne, 2017).

2. Evidence-Based

   An effective ToC is grounded in research and evidence, demonstrating a plausible and credible link between interventions and outcomes. This involves incorporating data and findings from previous similar initiatives to validate assumptions and inform the design of new programmes (Breuer et al., 2016).

3. Assumptions and Risks

   A comprehensive ToC explicitly states the assumptions underlying the theory, including contextual factors and external conditions. It also identifies potential risks and strategies to mitigate them, providing a more resilient framework for implementation (Blamey & Mackenzie, 2007).

4. Stakeholder Involvement

   Engaging stakeholders in the development of the ToC ensures that the model reflects diverse perspectives and addresses the needs and expectations of all stakeholders, particularly those directly impacted by the programme (Barnes & Schmitz, 2016).

5. Includes Measurable Indicators

   Defining clear, measurable indicators for each step in the process is essential for monitoring progress and evaluating success. This includes mechanisms for ongoing data collection and analysis, critical for informed decision-making (Funnell & Rogers, 2011).

6. Is Adaptable

   A robust ToC is flexible and adaptable to changing circumstances and new information. It includes feedback loops that allow for adjustments and refinements over time, ensuring that the model remains relevant and effective as the context evolves (Valters, 2015).

7. Should include Visual Representation

   Often, a ToC includes a visual map or diagram that illustrates the pathways of change. This visual representation makes complex processes and relationships easier to communicate and understand, enhancing the ToC's utility as a strategic tool (Patton, 2011).

The UK Home Office carried out as part of a wider evaluation of Violence Reduction Units progress in 2022 and again in 2023, a review of progress in

deploying ToCs. Although identifying some progress, the evaluation highlighted several shortcomings in the application of Theories of Change within the VRUs.

In 2022, the Home Office (GOV.UK, 2022) concluded that while VRUs have made significant strides in adopting a whole-systems approach to violence reduction, one of the key areas where improvements are needed in particular was in the clarity and evidence base of their ToCs. The evaluation emphasised the need for VRUs to develop clearer and more evidence-based Theories of Change. While many VRUs had articulated their ToCs, there were gaps in the connection between activities and outcomes, which needed stronger evidence and more precise articulation.

Linked to this, the Home Office also recommended that VRUs enhance their monitoring and evaluation frameworks. This includes developing comprehensive strategies to ensure consistency, comparability, and quality of evidence. VRUs were advised to invest in robust data systems and dashboards to better visualise, analyse, and monitor violence trends Analytical Capacity and to invest in personnel and training to enhance analytical capacity and the utilisation of collected data more effectively. In addition, the evaluation stressed the importance of strengthening relationships with stakeholders, including the health and education sectors as a people-centred approach would ensure interventions are informed by local priorities is essential for overcoming data-sharing barriers and achieving more targeted interventions.

The 2023 evaluation published in December 2023 (GOV.UK, 2023) acknowledged that VRUs had made some progress in clarifying their ToCs and strengthening the evidence base. There was a greater emphasis on refining the ToCs to better align with the latest evidence and strategic priorities and evidence that VRUs had begun to articulate their ToCs more clearly, particularly in linking activities with outcomes. Despite these improvements, the evaluation noted that the connection between activities and outcomes in some VRUs' ToCs was still not as robust as required. Some VRUs continued to struggle with articulating precise causal pathways and ensuring that their ToCs were fully evidence-based.

In relation to enhancing their monitoring and evaluation frameworks, by 2023, VRUs had taken steps to increase focus on using data-driven approaches, with several VRUs investing in data systems and dashboards to better visualise and monitor violence trends and to improve the consistency and quality of evidence being collected. However, the subsequent evaluation still stressed the need for VRUs to continue to develop more comprehensive evaluation strategies to ensure that the data collected is comparable across different interventions and regions. The evaluation pointed out that while some VRUs had advanced in this area, others were still in the early stages of building robust monitoring frameworks.

Finally, the latest evaluation report indicated that analytical capacity remained a critical area for further development. Many VRUs still lacked sufficient resources and expertise to fully analyse and act on the data they were

collecting. Furthermore, key stakeholder relationships were still not as strong as they needed to be. The evaluation continued to recommend a more people-centred approach, encouraging VRUs to deepen their engagement with stakeholders to ensure that ToCs underpinning interventions were truly informed by local needs.

Some of these themes emerged from the comparative analysis of Violence Reduction Unit theories of change. However, by benchmarking current VRU documentation against best practice, further recommendations for enhancing the content and use of these theories have been identified, beyond those presented in the Home Office evaluations. The following section considers this comparative analysis in detail.

Application of Theories of Change in Violence Reduction Units

This article critically examines the application of Theories of Change (ToCs) within Violence Reduction Units (VRUs) across England and Wales. Through a detailed comparative analysis, this section of the study assesses the effectiveness of ToCs in guiding and evaluating violence reduction strategies. The review identifies significant variability across VRUs, particularly in terms of clarity, evidence integration, stakeholder involvement, and adaptability. By exploring these factors in depth, this study offers recommendations to enhance and embed the use of ToCs by Violence Reduction Units and their partners.

As set out above, ToCs have evolved from straightforward logic models into comprehensive frameworks that map the entire causal pathway from intervention to impact. They are not static plans but dynamic hypotheses that must be tested, refined, and adapted in response to new evidence and changing circumstances (Weiss, 1995; Vogel, 2012).

Several key components for a robust theory of change have also been outlined above: clarity, evidence-based design, stakeholder involvement, adaptability, measurable indicators, visual representation, and the articulation of assumptions and risks (Funnell & Rogers, 2011; Patton, 2011). These components formed the criteria for evaluating the effectiveness of VRU ToCs.

Comparative Analysis of VRU Theories of Change

A critical element of this study has been the examination of the design and application of Theories of Change (ToCs) across the VRUs in England and Wales. Recognising that ToCs offer a structured framework for linking interventions to intended outcomes, this analysis sought to assess the extent to which current VRU ToCs align with best practice principles. These principles include clarity and specificity, the integration of evidence, articulation of assumptions and risks, stakeholder involvement, measurable indicators, adaptability, and the use of visual representation (Funnell & Rogers, 2011; Patton, 2011).

The comparative analysis revealed significant variability in the quality and comprehensiveness of ToCs across the VRUs. Some VRUs have developed

frameworks that articulate clear causal pathways and demonstrate a degree of stakeholder engagement and adaptability. For instance, the London VRU's "My Ends" initiative presents a more detailed articulation of causal links and community ownership, reflecting a stronger commitment to participatory approaches. Similarly, Sussex VRU has shown some nuance in recognising the challenges of engaging habitual offenders, integrating a degree of context sensitivity that aligns with contemporary literature (Barnes & Schmitz, 2016).

However, the analysis identified common limitations across many VRU ToCs. A notable challenge is the limited integration of robust empirical evidence to underpin intervention strategies. While several VRUs reference the importance of data-driven approaches, few provide explicit references to supporting studies or best practice models, undermining the strength of the causal logic (Breuer et al., 2016). Clarity in mapping causal pathways is often lacking, with generic statements such as "multi-agency collaboration will reduce violence" offered without the necessary detail to inform implementation or evaluation.

The articulation of assumptions and risks is another area requiring significant improvement. While some VRUs acknowledge potential challenges such as stakeholder disengagement or resource constraints, detailed risk analysis and explicit articulation of underlying assumptions are typically absent. This omission limits the resilience of the ToCs, particularly given the dynamic, complex environments in which these units operate (Blamey & Mackenzie, 2007).

Measurable indicators also remain underdeveloped in many VRU ToCs. The absence of clear, specific, and time-bound metrics restricts the capacity for systematic monitoring and evaluation, reducing the ability to assess progress and make evidence-informed adjustments (Valters, 2015). Where indicators are present, they tend to be broad or qualitative, lacking the specificity required to meaningfully track impact.

Adaptability and learning are essential for programmes operating in rapidly evolving violence reduction contexts. While some VRUs acknowledge the need for continuous improvement, few have embedded formal feedback loops or structured review processes into their ToCs. This absence limits their capacity to respond to emerging challenges and to learn from ongoing delivery (Williams, 2010; Patton, 2011).

The findings from this comparative analysis are summarised in Figure 6.1 below, which assesses the degree to which each VRU has met key components of Theory of Change best practice, including clarity and specificity, evidence-based approaches, articulation of assumptions and risks, stakeholder involvement, measurable indicators, adaptability, and visual representation. This figure offers a concise overview of the uneven application of these components across the VRU landscape, reinforcing the need for a more

consistent and comprehensive approach to Theory of Change development within the sector.

The comparative analysis also suggests that while there are promising foundations within some VRUs, there remains considerable scope for strengthening the design, implementation, and evaluation of ToCs. The overall picture is one of partial adherence to best practice standards, with considerable room to build more robust, evidence-based, and context-sensitive frameworks.

To ensure the ongoing development of effective violence reduction strategies, this study recommends that VRUs refine their ToCs to integrate detailed causal pathways, explicit assumptions, measurable indicators, and continuous adaptation mechanisms. The next section of this thesis (Chapter 7) will outline a framework for these enhancements, drawing on the principles of Emergence-based change management and the use of Causation-Based Theories of Change. By focusing on the underlying causal mechanisms and contextual factors, VRUs can develop more targeted and sustainable strategies for reducing violence, ultimately leading to more effective outcomes in the complex and dynamic environments in which they operate.

Table 6.1 - VRU Compliance with components of Theory of Change best practice

VRU	Clarity & Specificity	Evidence-Based Approach	Assumptions and Risks	Stakeholder Involvement	Measurable Indicators	Adaptability	Visual
Avon & Somerset	Met in Part	Met in Part	Missing	Met in Part	Missing	Met in Part	Met in Part
Beds	Met in Part	Missing	Missing	Met in Part	Missing	Met in Part	Met in Part
Cleveland	Met in Part	Missing	Missing	Met in Part	Missing	Met in Part	Missing
Derbyshire	Met in Part	Met in Part	Missing	Met in Part	Missing	Met in Part	Met in Part
Essex	Met in Part	Missing	Missing	Met in Part	Missing	Met in Part	Met in Part
Greater Manchester	Met in Part	Met in Part	Met in Part	Met in Part	Missing	Met in Part	Met in Part
Hampshire	Met in Part	Missing	Missing	Met in Part	Missing	Met in Part	Met in Part
Humber	Met in Part	Met in Part	Missing	Met in Part	Missing	Met in Part	Met in Part
Kent	Met in Part	Missing	Met in Part	Met in Part	Missing	Met in Part	Met in Part
Lancashire	Met in Part	Met in Part	Missing	Met in Part	Missing	Met in Part	Met in Part
Leics	Met in Part	Met in Part	Met in Part	Met in Part	Missing	Met in Part	Met in Part
London	Met in Part	Met in Part	Met in Part	Met in Part	Missing	Met in Part	Met in Part
Merseyside	Met in Part	Missing	Missing	Met in Part	Missing	Met in Part	Met in Part
Northumbria	Met in Part	Met in Part	Missing	Met in Part	Missing	Met in Part	Met in Part
Notts	Met in Part	Met in Part	Missing	Met in Part	Missing	Met in Part	Met in Part
South Yorkshire	Met in Part	Met in Part	Missing	Met in Part	Missing	Met in Part	Met in Part
West Midlands	Met in Part	Met in Part	Met in Part	Met in Part	Missing	Met in Part	Met in Part

Evaluation

Introduction

The sections above covered Change Methodologies and shortcomings in the use of Theory of Change Models by some VRUs. This thesis will now turn to another theme identified in the literature and primary research data captured by this study; the failure to underpin programmes with a robust evaluation framework.

There is overwhelming evidence in the qualitative and quantitative data captured in this study and the academic literature, that evaluation is an area which requires significant focus by the Home Office, VRUs and Project Providers in order to assess the effectiveness of programmes at the various key stages of their implementation and also in being able to identify and articulate the benefits of the Home Offices' Violence Reduction Portfolio, VRU Change Programmes or of individual projects. In addition there is real scope to maximise the impact of Violence Reduction Unit delivery by linking Theory of Change (ToC) methodology and evaluation offering a comprehensive approach that enhances accountability, improving programme outcomes, and informing future violence reduction strategies.

As stated above, deploying robust Causal Theories of Change (CToC) across VRU programmes can provide VRUs with a critical framework that outlines 'how' and 'why' a particular intervention is expected to bring about change. Within the context of VRUs, CToC serves as a potential blueprint guiding the design, implementation, and evaluation of violence reduction strategies. By linking ToC with evaluation, VRUs can ensure that their initiatives are both evidence-based and strategically aligned with their long-term goals.

The deployment of CToCs within VRUs involves mapping out the causal pathways that lead to desired outcomes, identifying key assumptions, and articulating the intended impact. This process not only provides clarity on the objectives but also highlights the necessary conditions for success. Embedding the use of CToCs can also serve as a communication tool, helping stakeholders understand the rationale behind certain strategies and the expected benefits.

Evaluation occupies a pivotal role in the effective design and delivery of violence reduction programmes. As discussed throughout this thesis, Violence Reduction Units (VRUs) have faced persistent challenges in embedding robust evaluative practices that not only assess outcomes but also inform adaptive change. To address this critical gap, this section synthesises key evaluation framework typologies from the literature and considers their relevance to the emergent change environment within which VRUs operate.

Owen (2007) proposes a comprehensive typology of evaluation frameworks, which includes proactive, clarificative, interactive, monitoring, and impact evaluation. Each typology addresses distinct stages of programme development and implementation, offering a holistic approach to learning and continuous improvement.

Proactive evaluation occurs prior to implementation and identifies the contextual need for interventions, ensuring that programmes are grounded in

evidence and tailored to specific local challenges. Clarificative evaluation, conducted during programme development, seeks to align design with objectives, refining the logic models and causal pathways that underpin successful implementation (Weiss, 1995; Blamey & Mackenzie, 2007).

Interactive evaluation, deployed during implementation, addresses the question of whether the programme is being delivered as intended and identifies opportunities for real-time improvement. This dynamic process resonates strongly with the principles of emergent change and iterative adaptation, as highlighted in the preceding chapters. Monitoring evaluation provides continuous assessment of programme fidelity, performance, and alignment with intended outcomes. It reinforces accountability and ensures that resources are effectively marshalled to support ongoing delivery (Senge, 1990).

Impact evaluation assesses the programme's overall effectiveness and long-term outcomes, typically following the settled state of delivery. While often privileged as the dominant approach, over-reliance on impact evaluation alone can neglect the critical feedback loops that enable interventions to evolve in response to emergent challenges (Pawson & Tilley, 2004). A comprehensive evaluative approach, integrating all five typologies, better aligns with the complexity and unpredictability of violence reduction landscapes, echoing the call for hybrid change methodologies articulated in this thesis.

Evaluation within VRUs must also consider the interplay between Theories of Change (ToCs) and evaluative practice. As the data in this thesis demonstrates, robust ToCs provide a causal logic that can guide the selection and sequencing of evaluation frameworks. In turn, evaluation offers iterative validation of ToCs, transforming them from static plans into dynamic learning tools (Valters, 2015; Williams, 2010). This reciprocal relationship reflects the hybrid emergence model of change, wherein strategies and outcomes are continuously refined in response to new data and stakeholder input.

Despite the clear conceptual foundations of these typologies, evidence from VRUs suggests that evaluation practices remain uneven and often reactive, focused narrowly on outcome measurement without the necessary scaffolding of proactive and clarificative stages. This absence of systematic, formative evaluation limits the capacity of VRUs to iterate and adapt in complex, shifting environments.

Moving forward, this thesis argues that VRUs should embrace an integrated evaluation model that reflects the multi-layered nature of programme delivery. By embedding proactive and clarificative assessments alongside interactive, monitoring, and impact evaluations, VRUs can foster a culture of continuous learning and emergent change. Such an approach will not only improve the fidelity of violence reduction interventions but also position them to respond more effectively to the evolving threats and social dynamics of violence in England and Wales.

Chapter 7 - Conclusion and Recommendations

Introduction

The research conducted in this thesis highlights critical insights into the current state and potential improvements for Violence Reduction Units (VRUs) in England and Wales. Despite the significant investment and the ambitious goals underpinning the VRU model, evidence suggests that their impact on reducing serious youth violence remains limited. The analysis reveals that the root causes of this limited success are multifaceted, stemming from both the operational frameworks employed by the VRUs and broader systemic issues.

A key finding of this research is the inadequacy of current change methodologies applied within VRUs. The research underscores that while various interventions have demonstrated some localised success, these efforts are frequently undermined by a lack of cohesive strategy and robust evaluation mechanisms. The literature review, combined with both quantitative and qualitative data from the field, points to a fragmented approach where interventions are often implemented in silos, without sufficient integration or alignment with a well-documented and theory-driven change process.

The proposed new framework, integrating a hybrid change theory with a detailed causal theory of change model, offers a pathway to enhance the effectiveness of VRU delivery. This framework emphasises the importance of a five-stage evaluation process, which not only measures outcomes but also assesses the ongoing processes and adjustments needed in real-time. By adopting this approach, VRUs can move away from the current piecemeal and reactive strategies towards a more proactive, evidence-based model that is adaptable to the dynamic nature of violence reduction efforts. Moreover, this research suggests that the application of this framework is not limited to violence reduction alone but has the potential to be extended to other public sector programmes. The lessons learned from the VRU model, particularly around the necessity of a structured and adaptive framework, can be invaluable for broader public health and social care initiatives.

Ahead of this study's recommendations, it is clear that to achieve a substantial and sustained reduction in serious youth violence, a comprehensive rethinking of the VRU strategy is required. The recommendations that follow will outline specific, actionable steps designed to address the identified shortcomings and to build a more resilient and effective violence reduction infrastructure.

The recommendations which follow are in two parts; firstly, the initial five recommendations have been designed to be adopted by the Home Office, Violence Reduction Units and their partners as well as leaders of future public health initiatives. These recommendations advocate for a new approach to Violence Reduction programming; a framework for designing, testing, varying, and evaluating the impact of interventions, linking the principles of a change methodology based on the concept of Emergence, embedding Causal theories of change alongside an integrated five-stage evaluation approach. The second set of recommendations is aimed specifically at improving the current Violence Reduction Unit sector and is aimed at government and policy makers working in this sector.

Five Specific Recommendations relating to increase the effectiveness of change delivery in public health programmes

Recommendation 1–Transition to Hybrid (Emergence) Change Approach

The Home Office's approach to VRU programmes has largely been characterised by Planned change, with a focus on setting clear national goals and implementing these through top-down strategies. While this approach has ensured a degree of consistency across different regions, it has also led to challenges in local relevance and adaptability. The issues highlighted in the VRU staff and project provider surveys underscore the limitations of applying a one-size-fits-all model in diverse contexts.

The Government must move away from the Planned Change approach adopted to date and encourage VRUs to adapt to Hybrid change strategies (based on Emergence theory) at the local level. Like Emergent change, Emergence is characterised by adaptability, experimentation, and bottom-up strategy development, and offers a powerful alternative to the limitations of Planned change.

This approach would empower VRUs to pilot new interventions, test their causal assumptions, and iterate based on the evidence gathered through continuous evaluation. By doing so, VRUs can develop more innovative and effective strategies that are better suited to the complexities of their local environments.

Sustainability is a critical concern for VRUs, particularly in light of the short-term funding cycles associated with Planned change. While Planned change emphasises long-term planning, it often lacks the flexibility to adapt to unforeseen challenges. In contrast, Hybrid Emergence-based change, guided by causal ToCs, allows for more fluid and responsive planning, which is crucial for sustaining successful interventions over time.

The success of the Executive Early Prevention and Outreach Collaboration (EEPOC) in Northern Ireland demonstrates the potential of this approach when combined with causal ToCs and robust evaluation frameworks.

Recommendation 2 – Guiding Change Methodology with Causal Theory of Change models

Set out above at pages 102 - 105 are general recommendations on current VRU TOCs. Over and above those recommendations, the following overarching recommendation is made regarding the use of Causal ToCs (CToCs).

CToCs are particularly well-suited to the Hybrid Emergence-based change approach because they allow for experimentation, feedback, and iterative refinement of strategies. In the context of VRUs, causal ToCs enable a deeper understanding of the mechanisms through which interventions produce change, considering the varied and often non-linear pathways that may lead to violence reduction. By using causal ToCs, VRUs can design interventions that are responsive to local conditions, test their assumptions in real-world settings, and adjust their strategies based on emerging evidence.

To maximise the effectiveness of VRU programmes, it is essential to integrate causal ToCs into the strategic planning process. This integration should involve mapping out the hypothesised causal pathways for each intervention, identifying key assumptions, and developing a plan for testing these assumptions through ongoing monitoring and evaluation. By adopting a causal ToC framework, VRUs can ensure that their strategies are both evidence-based and adaptable to changing circumstances.

Hybrid Emergence-based change thrives on active stakeholder involvement, which is also central to causal ToCs. The dissatisfaction expressed by VRU staff and project providers regarding their involvement in strategy creation reflects the limitations of a top-down Planned approach. By adopting a Hybrid Emergence-based change model that integrates causal ToCs, VRUs can involve stakeholders at every stage of the process—from identifying problems to testing solutions—ensuring that strategies are both contextually relevant and responsive to stakeholder needs.

In the context of improving the effectiveness of Violence Reduction Units (VRUs) and other public sector programmes, it is essential to establish a robust framework that can guide the strategic planning, implementation, and evaluation of interventions. This involves VRUs providing detailed descriptions of the causal pathways that connect activities to outcomes, ensuring that each step is clearly defined and actionable. The Theory of Change (ToC) development framework developed by this study and presented in this thesis is based on lessons learned in the Education Sector identified by Dent, Mountford-Zindars and Burke, (2022). This study has developed the theory to fulfil this role by providing a structured approach to understanding the complex dynamics of change in violence reduction efforts. The new framework not only delineates the logical sequence of events that lead to desired outcomes but is also a valuable contribution to ensuring that each step in the intervention process is underpinned by clear evidence, well-defined assumptions, and measurable indicators of success.

The ToC development framework is structured into three critical stages: creating the hypothesis underpinning the programme, defining the programme or intervention, and anticipating programme outcomes. Each stage is meticulously designed to ensure that the interventions are not only theoretically sound but also practically feasible and sustainable in the long term.

Stage 1: Creating the Hypothesis Underpinning the Programme

The first stage of the ToC development framework involves the creation of a robust hypothesis that underpins the entire programme. This stage begins with a comprehensive analysis of the current situation or problem that the intervention seeks to address. By summarizing all relevant evidence, including data on the prevalence of violence and the effectiveness of existing interventions, this stage establishes a clear understanding of the context in which the programme will operate. For instance, data may reveal that a significant proportion of violent incidents in a borough are committed by young people from specific schools during after-school hours, highlighting the need for targeted interventions in these areas.

**Stage 1** – Creating the hypothesis underpinning the programme
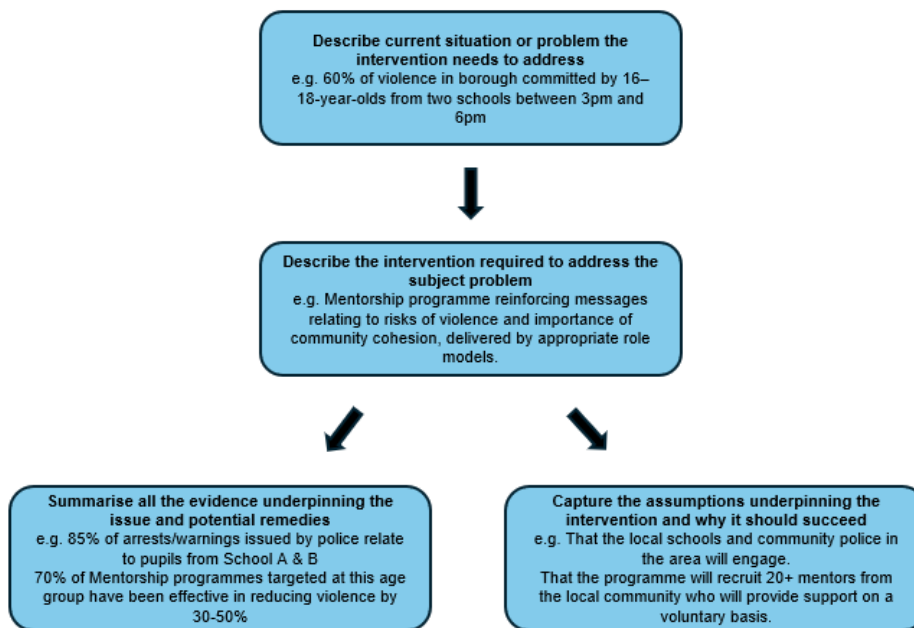
Building on this evidence, the framework then requires a detailed description of the intervention, specifying the target audience, the activities to be delivered, and the assumptions that underpin the intervention's success. These assumptions might include the engagement of local schools, the recruitment of community mentors, and the willingness of stakeholders to collaborate. By articulating these elements, the framework ensures that the programme is grounded in a realistic and evidence-based understanding of the challenges and opportunities within the community.

Stage 2: Programme/Intervention Definition

Once the hypothesis is established, the second stage of the ToC framework focuses on the detailed definition of the programme or intervention. This stage involves specifying the activities required to achieve the desired outcomes, identifying the necessary inputs, and determining the roles and responsibilities of all involved parties. For example, a mentorship programme aimed at reducing violence among post-16 students might involve group discussions, one-on-one mentorship, and community-led initiatives. The framework emphasises the importance of clearly delineating who will deliver these activities, to whom, and what resources are needed. This stage also serves as a critical checkpoint to ensure that the planned interventions are both feasible and likely to lead to the anticipated outcomes. By thoroughly planning the operational aspects of the programme, this stage helps to mitigate risks, avoid duplication of efforts, and ensure that all stakeholders are aligned in their objectives and expectations.

Stage 2 – Programme/Intervention definition
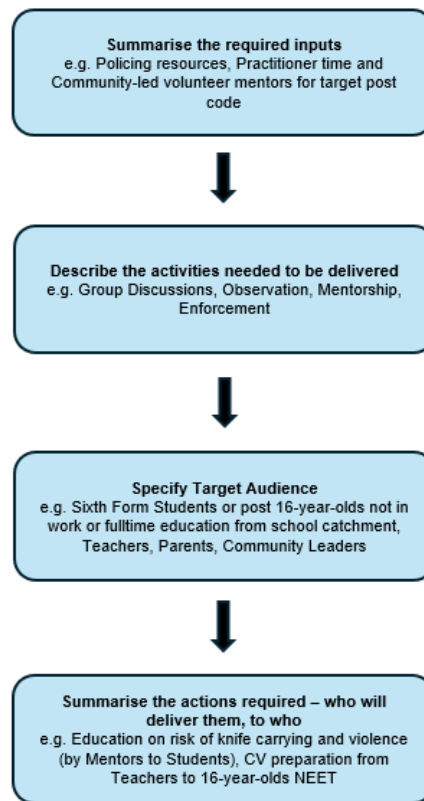
**Stage 3: Anticipating Programme Outcomes**

The final stage of the ToC development framework focuses on anticipating and evaluating the outcomes of the programme. This stage involves setting clear, measurable targets for both short-term and long-term outcomes and identifying the indicators that will signal the programme's success. For instance, anticipated outcomes might include a 25% reduction in violence within the first six months, with progressively greater reductions over time. The framework also outlines the methods of evaluation, such as surveys, focus groups, and data analysis, to ensure that the impact of the programme can be accurately assessed and lessons learned for future interventions.

By establishing a rigorous process for monitoring and evaluation, the ToC framework not only facilitates the achievement of immediate programme goals but also contributes to the ongoing refinement and improvement of violence reduction strategies. This approach enables VRUs and other public sector programmes to evolve in response to emerging challenges, ensuring that they remain effective and relevant over time.

The Theory of Change development framework presented here provides a comprehensive and systematic approach to designing, implementing, and evaluating violence reduction programmes. By grounding interventions in evidence-based hypotheses, clearly defining programme activities, and setting measurable outcomes, this framework enhances the potential for achieving significant and sustainable reductions in violence. Moreover, the adaptable

nature of the framework makes it applicable to a wide range of public sector programmes, offering a valuable tool for policymakers and practitioners aiming to create meaningful change in their communities.

Stage 3 – Anticipating Programme/Intervention Outcomes
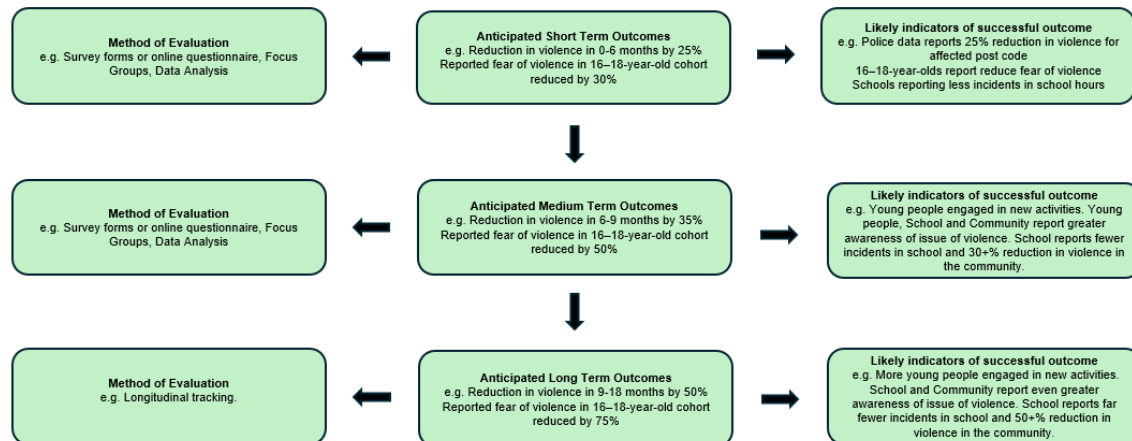
As a post-script, one of the failures identified in this study is a failure to build the causal link between the intervention and the desired outcome. To enhance the three stage process set out above, this recommendation also proposes that the "Five Hows?" tool is used to build a Theory of Change (ToC); top map the missing middle or to build an effective 'bridge' between policy and achievement of the desired programme outcome.

The tool is based on the "Five Whys?" problem-solving technique commonly used in Kaizen, a Japanese philosophy focused on continuous improvement. The "Five Whys" process is a problem-solving technique that involves asking "Why" five times to identify the root cause of an issue. The process starts by clearly defining the problem, then asking "why" the problem occurred. Each subsequent "why" question digs deeper into the preceding answer, moving beyond surface symptoms to uncover the underlying cause. By the fifth "why," the root cause is typically identified, allowing for targeted action to prevent the problem from recurring.

The Five Whys tool has been adapted to develop a new tool that will create a chain of causation between the intervention and the desired outcome ensuring that the Theory of Change model captures the necessary detail to link identifying necessary preconditions, strategies, and interventions and a desired long-term goal. By asking 'How?' five times, this model can ensure that the Programme designer can systematically develop the ToC, ensuring that each step is actionable and that the causal pathway to achieving the goal is well thought out.

The "Five Hows" can enhance a Theory of Change model as follows:

1. **Starting with Desired Outcome Definition**

   The Project Owner should begin with the desired long-term goal or outcome in the ToC model. They can then ask the first "How?"—how can this outcome be achieved?

2. **First "How?" - Identifying Necessary Interventions**

   Ask how the desired outcome can be achieved, which leads to identifying the key interventions or strategies required to reach that outcome.

3. **Second "How?" - Detailing Interventions**

   For each intervention identified, ask how it can be effectively implemented. This might involve breaking down the intervention into specific activities or identifying the resources needed.

4. **Third "How?" - Ensuring Feasibility**

   Ask how each of the identified activities or resources can be made feasible. This could involve considering potential barriers, stakeholder engagement, or contextual factors that might influence the success of the interventions.

5. **Fourth "How?" - Planning for Sustainability**

   Ask how the intervention can be sustained over time. This includes considering long-term funding, capacity building, and mechanisms for continuous monitoring and evaluation.

6. **Fifth "How?" - Linking to the Larger Goal**

   Finally, the ToC designer should ask how the planned interventions and activities will cumulatively lead to the achievement of the overall goal. This step ensures that each element of the ToC model is logically connected and that there is a clear pathway from activities to outcomes.

There are major benefits of using the "Five Hows" in developing effective theory of change models. Use of the "Five Hows" would help to move from conceptual thinking to actionable steps, making the ToC model more practical and grounded in reality. Using the approach would also ensure that each element of the ToC model is clearly defined and that the steps needed to achieve the desired outcomes are well articulated. The approach would support with gap analysis. By repeatedly asking "How?", the process can help identify potential gaps or weaknesses in the planned interventions, leading to a more robust and comprehensive ToC model. Finally, the "Five Hows" encourages thinking beyond immediate implementation, focusing on long-term sustainability and the potential for scaling interventions.

The example below shows how the "Five Hows?" can be used to develop a detailed, actionable Theory of Change model for reducing knife violence through mentorship. The key intervention is to implement a mentorship programme that pairs at-risk youth with trained, positive role models. By

methodically asking "How?" at each stage, the process ensures that the planned interventions are not only theoretically sound but also practical and sustainable in real-world application.

i. **First "How?" - How can knife carrying and knife violence be reduced?**

Answer: By implementing a mentorship programme that pairs at-risk youth with positive role models.

ii. **Second "How?" - How can the mentorship programme be effectively implemented?**

Answer: By recruiting and training mentors who are well-equipped to engage with at-risk youth and address their specific needs.

iii. **Third "How?" - How can mentors be recruited and trained effectively?**

Answer: By partnering with local community organizations, schools, and law enforcement to identify potential mentors and by developing a comprehensive training programme that covers conflict resolution, communication skills, and understanding the challenges faced by at-risk youth.

iv. **Fourth "How?" - How can the mentorship programme ensure consistent engagement and impact?**

Answer: By establishing regular, structured meetings between mentors and mentees, setting clear goals, and providing ongoing support and supervision to mentors. Additionally, incorporating activities that build trust and address underlying issues such as peer pressure, lack of opportunities, and emotional distress can enhance the effectiveness of the programme.

v. **Fifth "How?" - How will these efforts lead to a reduction in knife carrying and violence?**

Answer: By providing at-risk young people with positive role models and a support system, the mentorship programme will help them develop better coping mechanisms, increase their self-esteem, and reduce their reliance on knives for protection or status. Over time, this support will lead to a decrease in knife carrying and violence as young people feel more connected to their community and see alternative pathways for their future.

Recommendation 3 - Integrating a Five-Stage Evaluation Framework alongside Causal Theories of Change

To maximise the effectiveness of VRU programmes, the Government should advocate for the integration of causal ToCs with the five-stage evaluation framework. This combination offers a comprehensive approach that supports

the design, testing, and refinement of interventions, ensuring that strategies are both evidence-based and adaptable to changing conditions. By aligning evaluation with causal ToCs, VRUs can create a feedback loop that drives continuous improvement and enhances the impact of their programmes.

Integrating a robust five-stage evaluation model - comprising proactive, clarificative, interactive, monitoring, and impact evaluations - offers an ideal structure for assessing the effectiveness of VRU programmes at different stages of their lifecycle.

Proactive Evaluation: Informing Initial Strategy Design

Proactive evaluation is used before the implementation of a programme to assess needs and inform strategy design. In the context of causal ToCs, proactive evaluation would involve validating the initial causal assumptions and ensuring that the proposed interventions are grounded in a thorough understanding of the local context. This stage is critical for identifying potential risks and opportunities, setting the stage for subsequent evaluation phases.

Clarificative Evaluation: Refining Theories of Change

Clarificative evaluation occurs during the development phase of a programme and focuses on refining the causal ToCs. This stage allows VRUs to test the underlying assumptions of their strategies, ensuring that the planned activities align with the desired outcomes. By clarifying the causal pathways, VRUs can increase the likelihood of achieving their goals and adjust their strategies based on initial findings.

Interactive Evaluation: Testing and Adapting Interventions

Interactive evaluation takes place during the implementation phase and is crucial for testing and adapting interventions in real time. Guided by causal ToCs, this stage involves gathering feedback from stakeholders, assessing the consistency of implementation, and identifying emerging challenges. Interactive evaluation enables VRUs to make data-driven adjustments to their strategies, ensuring that interventions remain effective in dynamic environments.

Monitoring Evaluation: Ensuring Accountability and Continuous Learning

Monitoring evaluation is an ongoing process that focuses on tracking progress, ensuring accountability, and fostering continuous learning. Within the causal ToC framework, monitoring evaluation provides a mechanism for regularly revisiting and refining the causal assumptions. This stage is essential for maintaining programme fidelity, identifying areas for improvement, and supporting the iterative nature of Emergence (or Emergent) change.

Impact Evaluation: Assessing Long-Term Outcomes
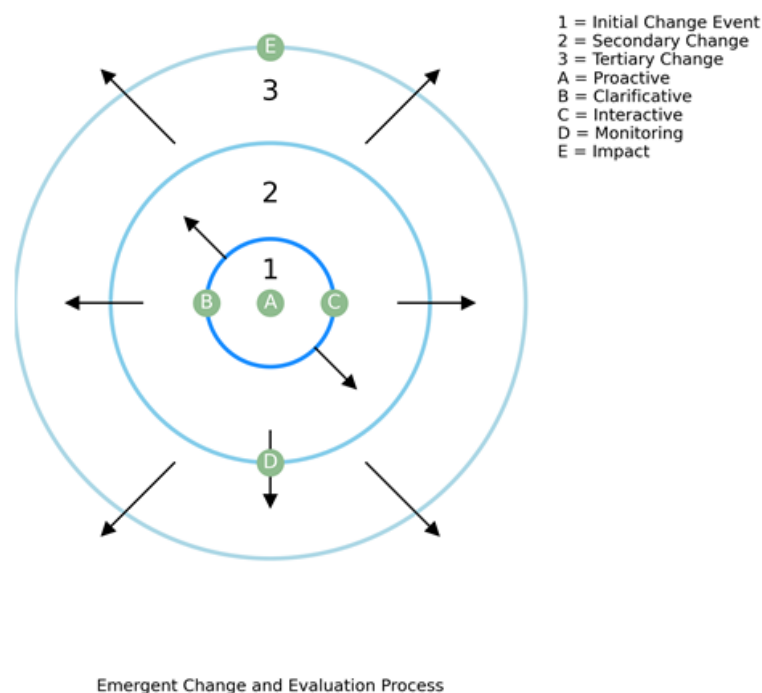
Impact evaluation is conducted after a programme has been fully implemented and aims to assess its long-term outcomes. When combined with causal ToCs, impact evaluation not only measures whether the desired changes occurred but also explores the mechanisms through which these changes were achieved. This stage provides critical insights into the overall effectiveness of VRU

programmes and informs decisions about scaling, modifying, or discontinuing interventions.

Recommendation 4: Combining Recommendations 1-3 in a Single Overarching Framework for Public Health Programming ('Chain Reaction' Framework)

This research has developed a radically new Approach to Change Management framework. The framework, summarised in Figure 7.1 below, is a distillation of the thinking developed over the course of this research study. It presents a structured three-stage approach to managing change in public health programming. It begins with small, localised efforts and builds towards widespread, sustainable change, guided by the principles of critical mass theory. The framework emphasises continuous evaluation, stakeholder engagement, and adaptive management to ensure long-term impact.

Figure 7.1 – Overview of the 'Critical Mass to Chain Reaction' Framework

1 = Initial Change Event
2 = Secondary Change
3 = Tertiary Change
A = Proactive
B = Clarificative
C = Interactive
D = Monitoring
E = Impact

Emergent Change and Evaluation Process

1. Critical Mass Stage

The Critical Mass Stage is the foundation of the framework, where the groundwork is laid for the change process. This stage focuses on scoping, testing, and assembling the essential components necessary to reach critical mass. The key activities include:

a) Problem Identification and Contextual Understanding

A coalition of stakeholders, including local practitioners, community members, and the delivery steering team, is assembled to assess the need for the programme. This involves understanding the local context, reviewing relevant data, and identifying comparable case studies or similar attempts to address the issue. The resulting data is used to inform a Proactive Evaluation (A).

b) Development of a Causal Theory of Change (CToC)

If the Proactive Evaluation indicates a need for intervention, a CToC model is developed, incorporating agreed success indicators and methods for measuring outcomes.

c) Pilot Implementation

A small-scale pilot is conducted to test the core aspects of the ToC. The pilot provides data for a Clarificative Evaluation (B), assessing whether the programme has achieved critical mass and determining the necessary adjustments for future stages.

2. Ignition Stage

The Ignition Stage builds on the success of the pilot, marking the point where the change process accelerates rapidly. The energy accumulated in the first stage is now unleashed, driving the initiative forward. Key components of this stage include:

a) Expansion and Stakeholder Engagement

A broader group of influential leaders and stakeholders is assembled to drive the change process. The ToC is refined into a compelling vision and strategic plan.

b) Interactive Evaluation and Communication

Continuous Interactive Evaluation (C) is conducted to refine the ToC and implementation plans. A comprehensive communication strategy is developed to ensure that key messages are consistently conveyed to all stakeholders, maintaining transparency and engagement.

c) Monitoring and Early Success Identification

Early successes are identified and promoted to build momentum. A Monitoring Evaluation (D) ensures that the programme remains aligned with its objectives and resources are used efficiently, empowering local groups to continue the work independently.

3. Chain Reaction Stage

The Chain Reaction Stage is where the initial efforts lead to a self-sustaining chain reaction, resulting in widespread, transformative change. This stage focuses on embedding changes and ensuring long-term impact. Key activities include:

a) **Impact and Sustainability Assessment**

An independent Impact Evaluation (E) assesses the programme's effectiveness and long-term outcomes, confirming that the intervention has delivered the intended benefits. Lessons learned are integrated into the programme's artifacts for future reference.

b) **Knowledge Dissemination**

Findings and best practices are published and shared with the broader public health community, contributing to the mainstreaming of successful strategies and informing future programme design, particularly in scalability.

c) **Cost-Effectiveness and Long-Term Strategy**

The programme's cost-effectiveness is assessed, and a strategy for long-term sustainability is developed. This ensures that the programme's impact is enduring, with decisions made regarding its continuation or conclusion.

The 'Critical Mass to Chain Reaction' Change Framework provides a robust, adaptable approach to managing change in public health programming. By starting with solid groundwork and building momentum through careful evaluation and stakeholder engagement, the framework fosters sustainable, impactful transformation that can be scaled and replicated across different contexts.

Recommendation 5: Develop a Long Term Funding Model Supported by Causal ToCs

The sustainability of VRU initiatives is undermined by short-term funding cycles. The data collected in this study demonstrates that this uncertainty hinders long-term planning, disrupts the continuity of services, and affects the ability to achieve lasting outcomes. A further recommendation would be that the UK Government should commit to providing long-term, stable funding for VRUs, with a minimum funding horizon of ten years. This commitment would enable VRUs to plan and implement comprehensive strategies that address the root causes of violence, rather than focusing on short-term fixes. Further it is a recommendation that:

i. The government secures long term funding with a biennial review process to assess funding needs and adjust based on performance and emerging trends. To incentivise VRUs (rather than creating a sense of demotivation that appears to exist currently) the funding arrangements

should establish clear allocations based on performance metrics. The use of Causal ToCs would guide the allocation of these funds, ensuring that resources are directed towards strategies that are evidence-based and capable of producing sustainable impact.

ii. The Home Office establish a Contingency Fund to support VRUs during crises or unforeseen challenges, ensuring the continuity of essential services.

Long-term funding would provide the stability necessary for VRUs to implement sustained and effective interventions, leading to more significant and lasting reductions in violence (Beckett et al, 2013 & Youth Violence Commission, 2020).

Ten Recommendations specifically for UK Government Policy on Violence Reduction Unit development

Set out below are twelve recommendations for the UK Government and VRU Leadership to address wider policy issues identified by this research study. The recommendations are:

Recommendation 1: Improving accessibility to Violence Reduction Units

The UK Government and VRU leadership can significantly enhance the accessibility and responsiveness of Violence Reduction Units, which would not only improve public and research engagement but also contribute to more effective violence prevention strategies nationwide.

Suggested reforms could include:

Implementing Centralised and Digitalised Information Systems

Establish a centralised digital platform that integrates all VRUs across the UK. This platform should serve as a comprehensive repository of reports, research findings, and ongoing project updates. It should feature advanced search functionalities and be regularly updated to provide real-time information. This system will not only expedite the dissemination of information but also make it accessible to a broader audience, including researchers, policymakers, and the general public.

Setting Standardised Response Times

Introduce a standardised response time framework across all VRUs. A target response time of 30 days for research inquiries should be established, with a maximum allowable period of 60 days for more complex requests. Implementing such standards will ensure consistency and accountability, leading to more efficient information flow and higher satisfaction among stakeholders.

Enhancing Public Engagement Through Regular Updates

VRUs should commit to providing regular updates through newsletters, webinars, and public forums. These updates can highlight ongoing projects, research outcomes, and upcoming events, ensuring that the public and research community remain informed and engaged. This proactive approach will reduce the number of individual inquiries by keeping the community well-informed.

Appointing Dedicated Information Officers

Each VRU should have a dedicated Information Officer responsible for handling research inquiries and public communications. This role will ensure that requests are managed efficiently, and responses are coordinated effectively. Information Officers should be trained in data management, public relations, and the specific needs of research communities.

Facilitating Collaboration with the Research Community

Establishing formal partnerships with academic institutions and research organisations, with partnerships captured in Memorandums of Understanding (MOUs) that outline protocols for information sharing, joint research initiatives, and regular consultation. Such collaborations will not only enhance the quality of research but also ensure that VRUs can leverage academic expertise to improve their strategies.

Monitoring and Evaluating Progress

Introduce a monitoring and evaluation mechanism to track the effectiveness of these recommendations. Regular audits of response times, user feedback, and the overall functionality of the information systems should be conducted. This will enable continuous improvement and adaptation to the evolving needs of the public and research communities.

Recommendation 2: Strengthening Evidence-Based Practice and Evaluation

A critical recommendation is the establishment of a rigorous, systematic evaluation framework for all VRU initiatives. This framework should emphasise the need for both process and impact evaluations to ensure that interventions are not only implemented as intended but also achieve their desired outcomes. This should include the use of Realist Evaluation methodologies, which consider the context, mechanisms, and outcomes, to understand what works, for whom, and under what circumstances.

The evaluation process must be embedded into the programme design from the outset, with dedicated resources allocated to continuous monitoring and evaluation. This will enable timely adjustments and ensure that interventions remain effective and relevant.

Recommendation 3: Enhancing Multi-Agency Collaboration

Given the complex nature of violent crime, it is essential to foster stronger partnerships across different sectors, including health, education, social services, and law enforcement. The effectiveness of VRUs hinges on their ability to break down silos and create a truly integrated, multi-agency approach. This should involve co-location of services where possible, shared data systems, and regular inter-agency meetings to ensure that all partners are aligned in their objectives and methods. Furthermore, a central coordinating body should be established to oversee and facilitate these collaborations, ensuring that all agencies contribute to and benefit from shared resources and knowledge.

To combat the issues of siloed operations among agencies involved in violence reduction efforts impeding the effectiveness of VRUs and the lack of robust data-sharing mechanisms preventing comprehensive and coordinated responses to violence another recommendation would be to leverage the Serious Violence Duty (SVD), introduced as part of the Police, Crime, Sentencing, and Courts Act 2022, which creates a legal framework for collaboration, additional measures are necessary to ensure its effectiveness.

The UK Government should enhance the SVD by developing a more detailed framework for data sharing and collaboration among all relevant agencies involved in violence reduction. This could include establishing secure, standardised digital platforms for real-time information sharing and providing resources and technical support to ensure agencies can meet the requirements of the Duty. The Serious Violence Duty is a crucial step towards mandatory collaboration among key agencies. However, to overcome existing challenges such as budgetary constraints and siloed working practices, it must be supported by a structured and resource-backed framework for data sharing and collaboration, ensuring that all agencies are equipped to work together effectively in reducing serious violence.

Recommendation 4: Focus on Long-Term, Sustainable Interventions

Short-termism is a significant barrier to the success of violence reduction initiatives. To counter this, VRUs should commit to long-term funding and support for interventions that have shown promise.

This commitment should extend beyond political cycles to ensure continuity and stability in programming. Additionally, VRUs should prioritise interventions that address the root causes of violence, such as poverty, social exclusion, and lack of education and employment opportunities.

These upstream interventions are essential for creating lasting change in communities affected by violence.

Recommendation 5: Engaging and Empowering Communities

Community engagement must be at the heart of violence reduction strategies. VRUs should actively involve local communities in the design and delivery of interventions, ensuring that they are culturally sensitive and meet the specific needs of the populations they serve. This could involve the establishment of community advisory boards, the inclusion of local leaders in decision-making processes, and the provision of resources to support grassroots initiatives. Furthermore, empowering young people through mentorship, education, and employment opportunities should be a key focus, as these measures can help divert them from pathways leading to violence.

The UK Government should mandate the creation of Community Advisory Boards (CABs) within each VRU. These CABs should include representatives from local communities, particularly those most affected by violence, and should be actively involved in the design, implementation, and evaluation of VRU strategies. The concept of CABs has been widely recommended in public health and community safety literature as a means to ensure that interventions are culturally appropriate and responsive to community needs (Minkler & Wallerstein, 2008; Popay, Whitehead, & Carr-Hill, 1998). CABs are seen as vital in fostering trust, improving communication, and ensuring that local knowledge informs decision-making processes.

Community engagement is crucial for the success of violence reduction efforts. By involving local communities in the decision-making process, VRUs can ensure that their interventions are culturally relevant and responsive to the needs of the populations they serve (NICE, 2016; Popjay, 2018; Behavioural Insights Team, 2020).

Recommendation 6: Continuous Professional Development for VRU Staff

To ensure the effectiveness of VRUs, it is crucial that staff members are well-trained and up to date with the latest research and best practices in violence reduction. This could be achieved through regular professional development opportunities, including workshops, conferences, and access to academic journals and other resources. Moreover, staff should be encouraged to engage in reflective practice, critically evaluating their own work and seeking out opportunities for improvement.

Recommendation 7: Supporting Local Innovation through a Centralised Learning and Resource Hub

While localised, community-driven approaches are essential for effective violence reduction, these efforts are often hampered by inconsistent access to resources, knowledge, and best practices across different regions. Instead of a traditional top-down oversight body, the UK Government should establish a centralised Learning and Resource Hub that supports and empowers local VRUs. The hub would not dictate specific actions but would serve as a resource

centre, providing access to best practices, research, training, and technical assistance to VRUs as they implement locally tailored strategies. The hub would also facilitate the sharing of successful local innovations across the country, promoting a collaborative, rather than directive, approach to violence reduction. This model has been successfully adopted in other sectors, such as the Global Polio Eradication Initiative, the CDC's Public Health Preparedness and Response programme, and WHO's Health Systems Strengthening initiative, where centralised hubs have played a critical role in supporting local implementation while fostering global collaboration (Aylward & Alwan, 2014; CDC, 2011; WHO, 2010).

This recommendation includes the following calls. Firstly, developing National Standards and disseminating a set of flexible guidelines that can be adapted by local VRUs to fit their specific needs. Secondly, facilitating greater knowledge sharing by establishing a national platform for VRUs to share insights, challenges, and successful practices, ensuring that local innovation can be disseminated and adapted in other regions. Further to this call, rather than controlling, the hub would provide on-demand support, including training and technical assistance, to local VRUs as they develop and refine their strategies. Finally, there is a call to set up a central repository for evaluation data, enabling cross-VRU analysis and longitudinal studies.

This approach ensures that local VRUs have the resources they need to succeed while retaining the flexibility to adapt interventions to their specific contexts. The centralised hub acts as a supporter and enabler of local initiatives, thereby fostering bottom-up innovation and adaptation, aligning with the thesis's emphasis on Emergence or Emergent Change.

Recommendation 8: Addressing Emerging Threats

Finally, VRUs must remain agile and responsive to emerging threats, such as the rise of digital platforms facilitating gang recruitment or the increasing use of acid as a weapon. This requires continuous horizon scanning, as well as the flexibility to adapt strategies and interventions as new challenges arise. VRUs should also build partnerships with tech companies and other relevant stakeholders to address these emerging issues proactively.

VRUs are not fully equipped to handle new forms of violence, such as online gang recruitment and the use of acid as a weapon. These emerging threats require specialised responses that many current VRU strategies lack.

The UK Government should develop a National Strategy for Emerging Threats in Violence Reduction. This strategy should provide VRUs with the tools and guidance needed to respond to new and evolving challenges, including the development of specialised units within VRUs to tackle these issues proactively. This strategy should also include partnerships with technology companies to monitor and counteract online gang activities and the formation of specialised task forces within VRUs to address specific emerging threats like acid attacks. It is further recommended that the government consider establishing a Task Force on Emerging Threats comprising experts from law enforcement,

academia, and the tech industry to develop the national strategy. In addition, it is recommended that the government develops a Digital Monitoring Platform through partnering with technology companies to create a platform for monitoring and counteracting online gang activities, and that the government considers creating and equipping Specialised Response Teams within VRUs to address specific emerging threats, such as acid attacks.

A proactive approach to emerging threats will ensure that VRUs remain effective in a rapidly changing landscape, addressing new challenges before they escalate (Harding, 2020).

Recommendation 9: Incentivising Innovation & Continuous Improvement

There is a need for more innovative approaches within VRUs to address violence effectively. However, many VRUs lack the resources or incentives to experiment with new strategies. The UK Government should establish an Innovation Fund for Violence Reduction, providing grants to VRUs for piloting innovative approaches.

The fund should prioritise projects that use innovative technology, apply novel intervention models, or address underserved populations. The recommendation is therefore that the government initially launches an Innovation Fund with an initial budget, inviting VRUs to apply for grants through a competitive process. Secondly, the government should partner with research institutions to evaluate the impact of funded projects and identify best practices for wider adoption. Finally it could establish an annual award to recognise and scale up successful innovations in violence reduction.

Encouraging innovation within VRUs will lead to the development of more effective and responsive violence reduction strategies, ultimately reducing violence more efficiently (Gebo et al., 2015).

VRUs often fail to adapt their strategies in response to new information or changing circumstances, limiting their effectiveness over time. The UK Government should encourage a culture of continuous learning within VRUs by requiring regular strategic reviews and the establishment of a national VRU Learning Network. This network would facilitate the sharing of insights, challenges, and best practices among VRUs. The government could require VRUs to conduct reviews of their strategies and operations every two years, with findings reported to the central oversight body. The government could launch an online platform and an annual conference to facilitate knowledge sharing and collaboration among VRUs through a VRU Learning Network or develop a funded Knowledge Exchange Programme that enables VRU staff to visit other units and learn from different approaches.

Promoting continuous learning and adaptation within VRUs will ensure that they remain effective and responsive to changing conditions, ultimately leading to more successful violence reduction efforts (Farrell et al., 2015).

Recommendation 10: Establishing Accountability and Governance Mechanisms

The lack of clear accountability mechanisms within VRUs undermines their effectiveness and public trust. Without robust oversight, there is a risk that VRUs may not deliver on their objectives or use resources efficiently. The UK Government should establish an independent oversight body with the authority to audit VRU operations, assess their effectiveness, and enforce compliance with national standards. This body should regularly report to Parliament and the public on VRU performance.

Linked to this, the government should create this body with statutory powers to conduct audits and enforce compliance, develop a mandatory reporting framework for VRUs, including annual performance reports and financial statements, and increase public accountability by implementing a mechanism for public access to VRU reports, ensuring transparency and allowing for community feedback.

Clear accountability and governance mechanisms are essential for ensuring the effectiveness and integrity of VRUs, fostering public trust and ensuring that resources are used effectively (Densley, 2011).

Concluding thinking

This thesis underscores the urgent need for a more nuanced, adaptive, and evidence-based framework for violence reduction in the UK. The current VRU model has shown promise in addressing the root causes of violence, but its potential remains constrained by a top-down, prescriptive approach that often overlooks the complexity and diversity of local contexts. The recommendations presented here advocate for a paradigm shift - one that embraces the collaborative, experimental, localised spirit that originally characterised successful violence reduction efforts in Scotland. Central to this shift is the adoption of the 'Chain Reaction' framework, which integrates Causal Theories of Change (ToCs) with rigorous, continuous evaluation methods. This approach encourages VRUs to develop interventions that are not only contextually relevant but also capable of evolving as new challenges emerge.

To realise these ambitions, a commitment from both VRU leaders and government policymakers is essential. Moving away from a rigid, uniform strategy towards a model that allows for local innovation and collaboration will require courage, flexibility, and a willingness to learn from both successes and setbacks. It involves recognising that while national oversight provides valuable direction, real impact is achieved through community engagement, tailored solutions, and responsiveness to local needs. By prioritising robust data collection, fostering a culture of continuous learning, and encouraging adaptive management, VRUs can maximise their impact and contribute to meaningful, sustained change.

While this thesis has focused on violence reduction, the proposed framework, strategy, and five recommendations offer valuable insights that could inform leadership across a range of public health programmes. By applying the

principles of adaptive management, Causal Theories of Change, and robust evaluation, public health leaders can better navigate complex challenges, enhance programme effectiveness, and foster sustainable outcomes. Embracing these approaches more widely could provide a pathway to stronger, more resilient public health systems capable of addressing diverse needs across the UK.

Chapter 8 - Contribution to Doctoral Scholarship

This doctoral study represents a significant and original contribution to the field of violence reduction and public health interventions. Through rigorous application of mixed-methods research, underpinned by realist evaluation and pragmatist epistemology, the research addresses critical gaps in understanding the effectiveness of Violence Reduction Units (VRUs). It interrogates systemic challenges, explores operational barriers, and delivers actionable insights that extend beyond violence reduction to inform broader public policy interventions.

At its core, this research addresses the pillars of doctoral scholarship: originality, depth, and impact. The study bridges the gap between programme design and practical outcomes by developing a new 'Critical Mass to Chain Reaction Theory' - a novel conceptual framework interweaving change management methodology with innovative applications of Causal Theory of Change and at the same time provides a replicable model for systematically embedding evaluation mechanisms from inception to impact. This innovation responds to the widespread deficiencies in evaluation practices within public health programming and sets a new standard for evidence-based decision-making.

Furthermore, the study's outputs include strategic and operational guidance, which have the potential to reshape how VRUs and similar public health organisations are designed, implemented, and evaluated in future. These frameworks offer a dynamic approach to integrating evidence-based practice, stakeholder engagement, and continuous improvement, addressing weaknesses in both micro-level individual interventions and macro-level programme strategies. The rigorous methodology ensures that the findings are both credible and applicable. By triangulating qualitative insights from practitioners, policymakers, and VRU staff with quantitative data on violence trends and programme outcomes, the research achieves a robust synthesis of evidence. The inclusion of grey literature and cross-regional comparisons further enriches the analysis, overcoming the limitations of a relatively narrow UK-focused evidence base.

The study not only aligns with the expectations of doctoral-level research but delivers outputs with real-world applicability. By offering actionable guidance to policymakers and practitioners, it positions the researcher as a subject matter expert in driving systemic change within public health programming. This work aims to exemplify how academic inquiry can inform and transform practice, contributing not only to the field of criminology but also to the broader discourse on public policy and public health.

Personal Impact

Having navigated complex initiatives like significant Organisational Change in the public sector, the implementation of the NHS Federated Data Platform and delivery of community-led violence reduction projects on the ground, the author's work reflects a deep commitment to tackling systemic challenges and driving meaningful change and a frustration at the wasted funding and lost opportunities still resulting from the high failure rates of public-centred programmes. The doctoral research builds on these experiences, focusing on

bridging theoretical insights with practical realities, particularly in the context of Violence Reduction Units (VRUs). The author's aim has always been to not only understand but also improve outcomes for vulnerable populations, and this study is a natural extension of that commitment.

As the research unfolded, the author has reflected more deeply on the gaps and challenges in the systems he has been working within for years. The critical examination of VRU strategies, especially their operational barriers and the absence of robust evaluation frameworks have reinforced the author's belief in the importance of careful, phased, incremental approaches to change. These findings echo through the researcher's professional philosophy - particularly in his current work on the rollout of Privacy Enhancing Technology (PET) as part of the European Health Data Space regulations across the European Union. The parallels are striking; just as the author advocates for small-scale pilots and proofs of concept in the EHDS to avoid overreach and ensure public trust, this research emphasises the risks of large-scale, top-down approaches that lack careful evaluation in violence reduction.

This connection feels deeply personal, as it demonstrates how closely the author's current professional practice and academic inquiry are intertwined. The research has certainly influenced the author's approach to shaping his strategy and delivery objectives, notwithstanding that 'data privacy' and 'violence reduction' might seem like unrelated sectors each with distinct challenges and goals. Insights into the importance of community trust and tailored interventions in VRUs, for example, have aligned closely with the emphasis on stakeholder-focused approaches in his data privacy programme leadership work. There is now a sense of continuity in the author's thinking, and an understanding that whether addressing violence reduction or data security, success lies in building trust, starting small, and iterating based on what works.

Perhaps the most significant impact of the research on the author has been the opportunity to reflect on his own approach to change and improvement. The challenges identified in the thesis - the systemic inefficiencies, the lack of robust evaluation, and the dangers of disjointed efforts - have strengthened the author's resolve to approach his professional work with greater care, intentionality and inclusivity. The author's advocacy for a measured, pilot-based approach in the EHDS rollout is an extension of the lessons learned through this research. It is not only about applying theory to practice but also about being willing to adapt, reflect, and learn continuously.

In this sense, the research has reaffirmed the author's belief in the power of evidence-based strategies and deepening his awareness of the complexities involved in achieving meaningful change. It's not just a question of "what works" but of understanding why it works and for whom. This reflexivity - an openness to learning and growth – is one of the most profound ways the research has shaped the author. It has reinforced his commitment to creating solutions that are both impactful and sustainable, not just in theory but in practice, and that carry the potential to make a real difference in people's lives.

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Appendices - Violence Reduction Programmes in England and Wales: the case for change

Appendix A – Figures and Charts

Figure 5.1 - Participant Responses to 'The VRU Strategy and VRU Needs Assessment for my Region provide a clear vision and set of priorities for the VRU.'
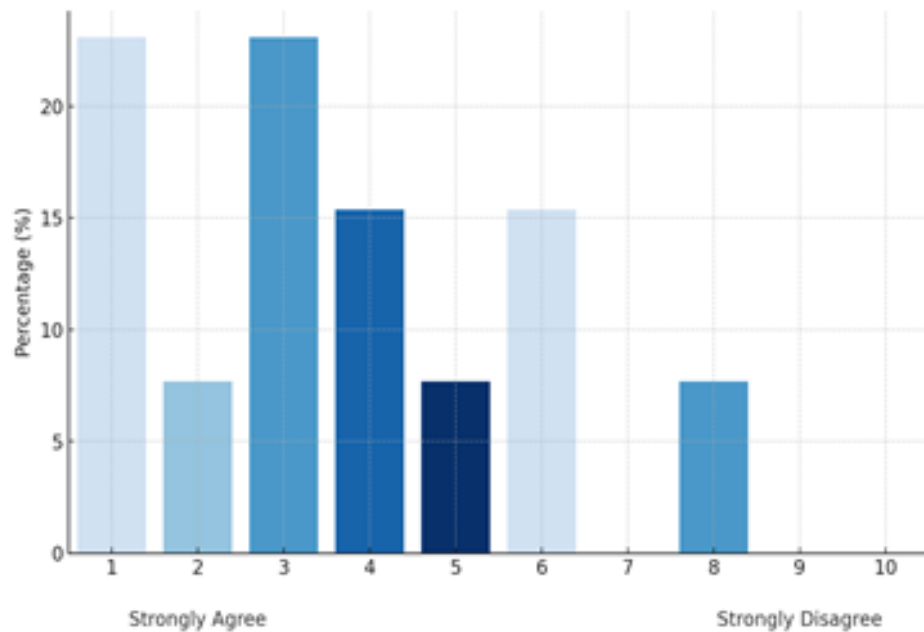

Figure 5.2 - Participant Responses to 'VRU staff were closely involved in the creation of the VRU strategy.'
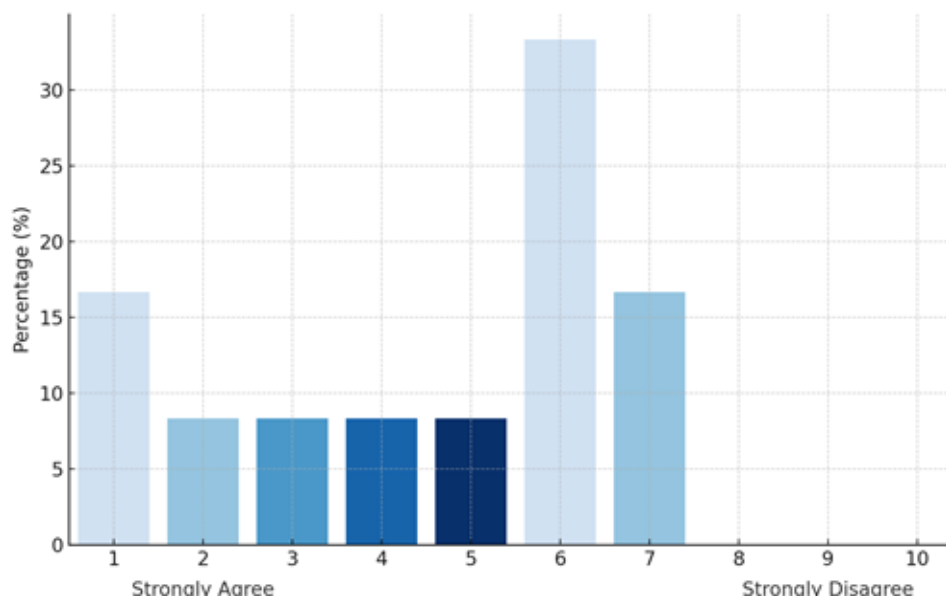
Figure 5.3 - Participant Responses to 'The VRU Response Strategy is underpinned by up to date, relevant local data.'
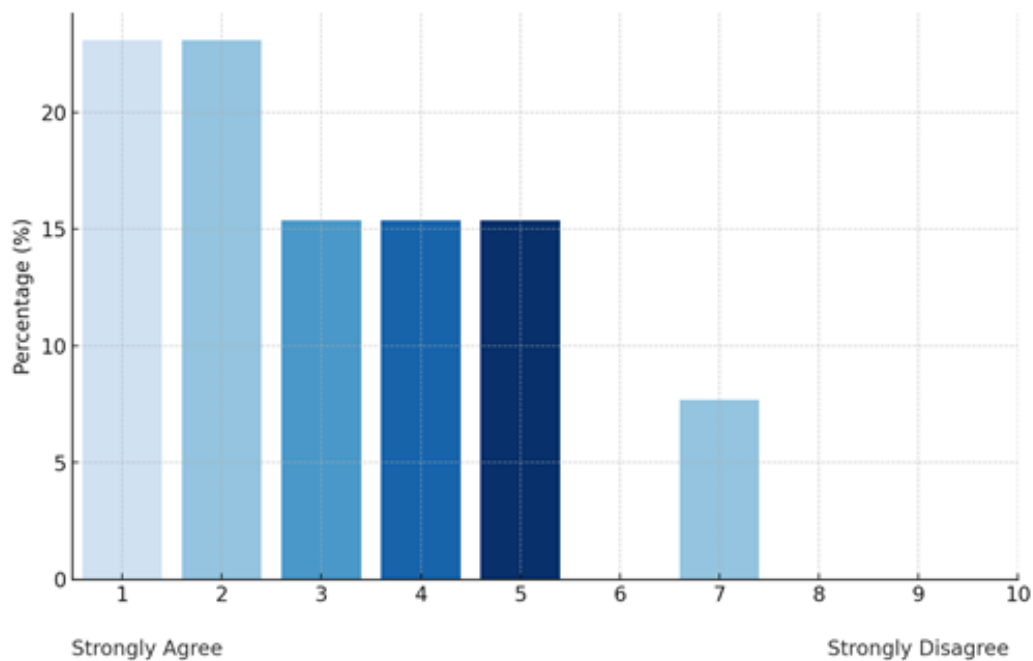

Figure 5.4 - Participant Responses to 'The VRU Strategy and the Strategic Needs Assessment were effectively communicated to VRU Stakeholders and Partners.'
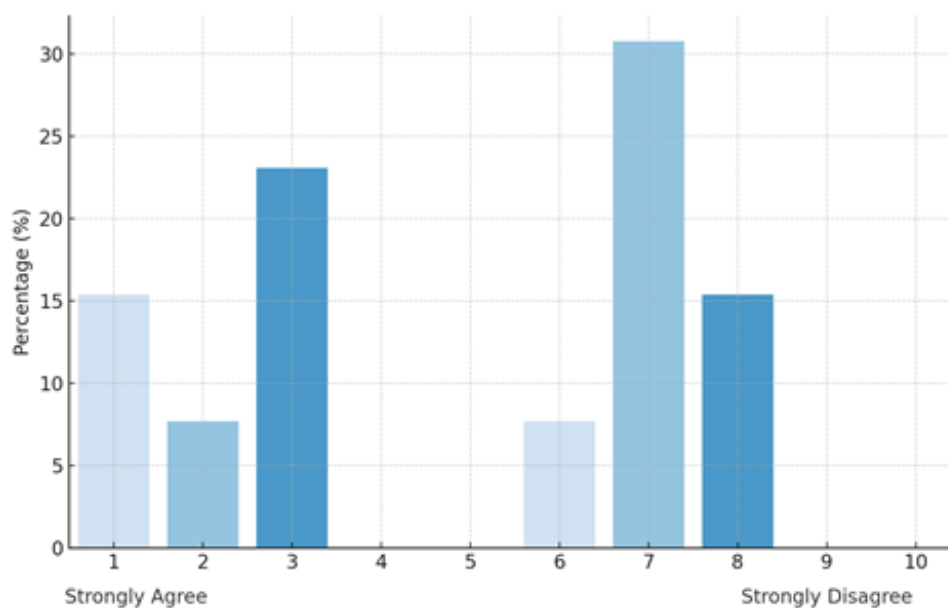
Figure 5.5 - Participant Responses to 'The Key external stakeholders are sufficiently engaged with the VRU strategy.'
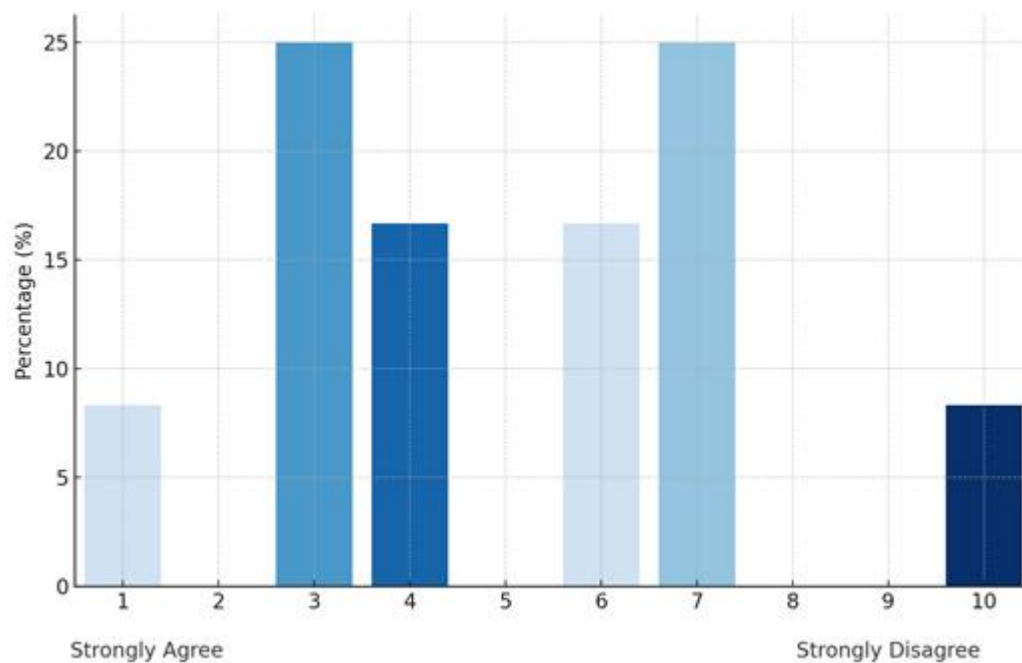

Figure 5.6 - Participant Responses to 'The VRU has a clear implementation plan to translate its strategic vision into action.'
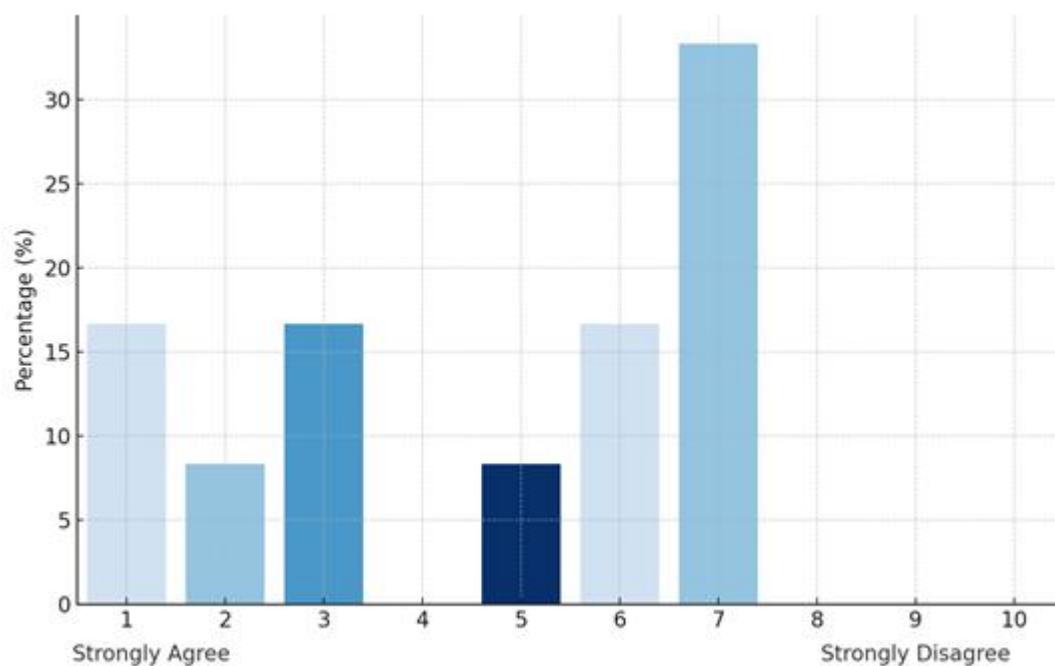
Figure 5.7 - Participant Responses to 'The VRU is delivering effectively against the milestones in the implementation plan.'
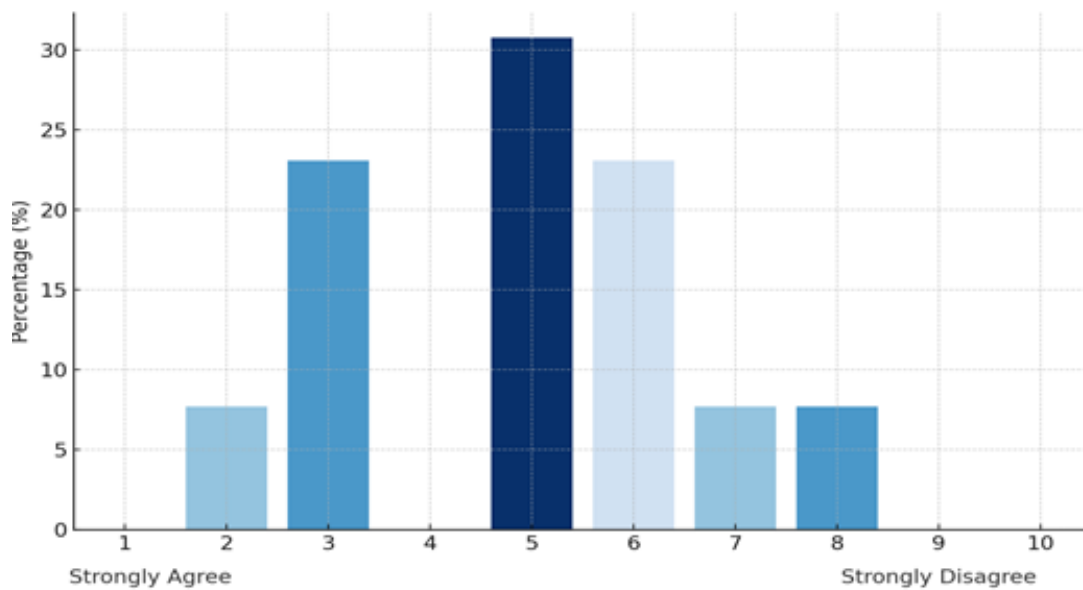
Figure 5.8 - Participant Responses to 'I am clear on the VRU's vision for delivering positive change locally.'
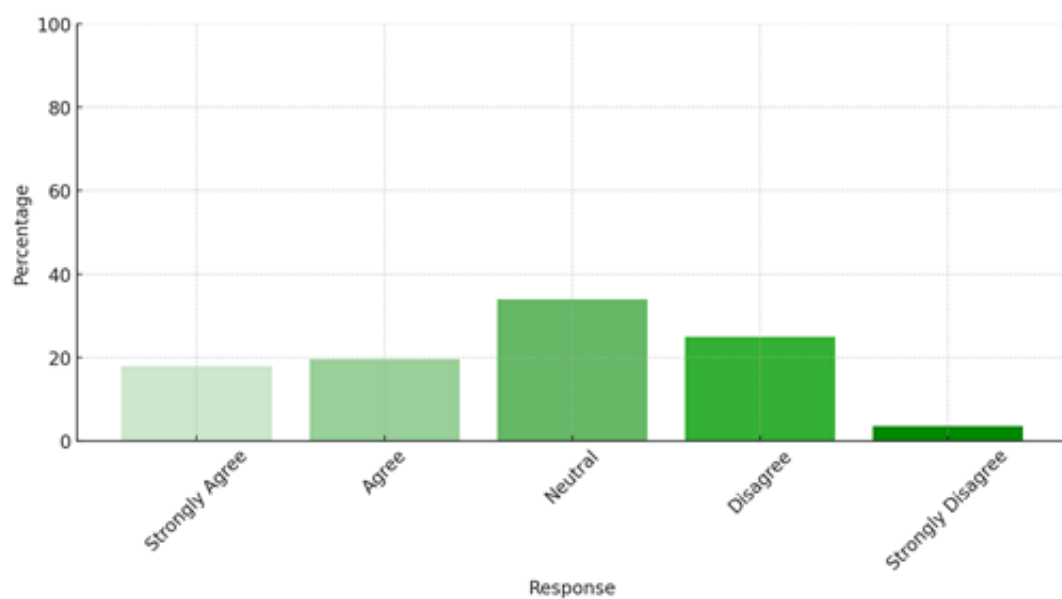
Figure 5.9 - Participant Responses to 'Local key stakeholders and partners were involved in the development of the VRU's strategy for tackling violence reduction in the region.'
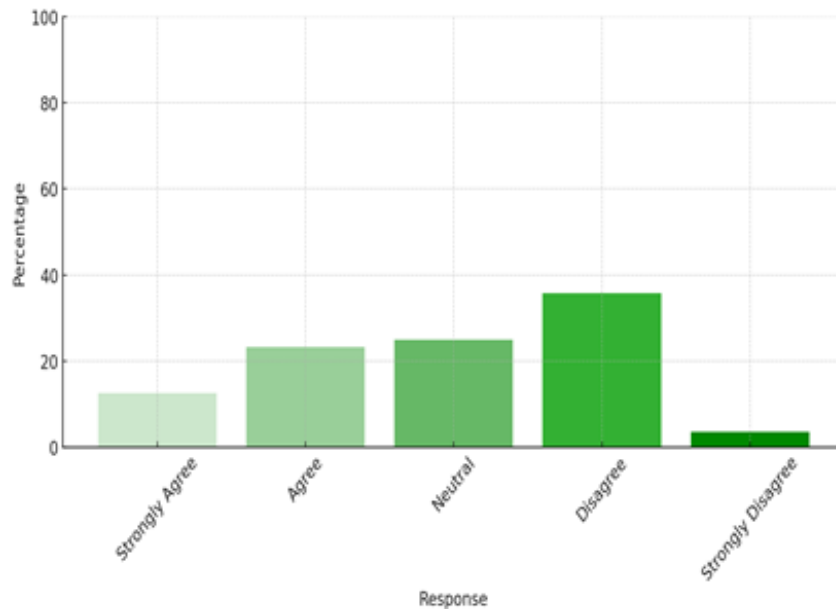
Figure 5.10 - Participant Responses to 'The VRU regularly communicates clearly with me and my team in relation to the violence reduction programme and progress against its strategy.'
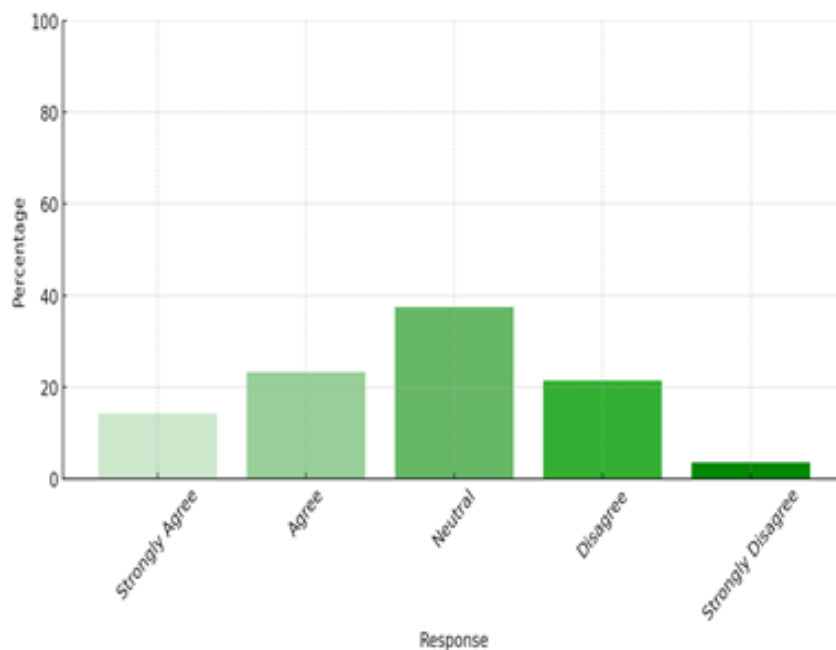
Figure 5.11 - Participant Responses to 'The VRU programme is well led.'
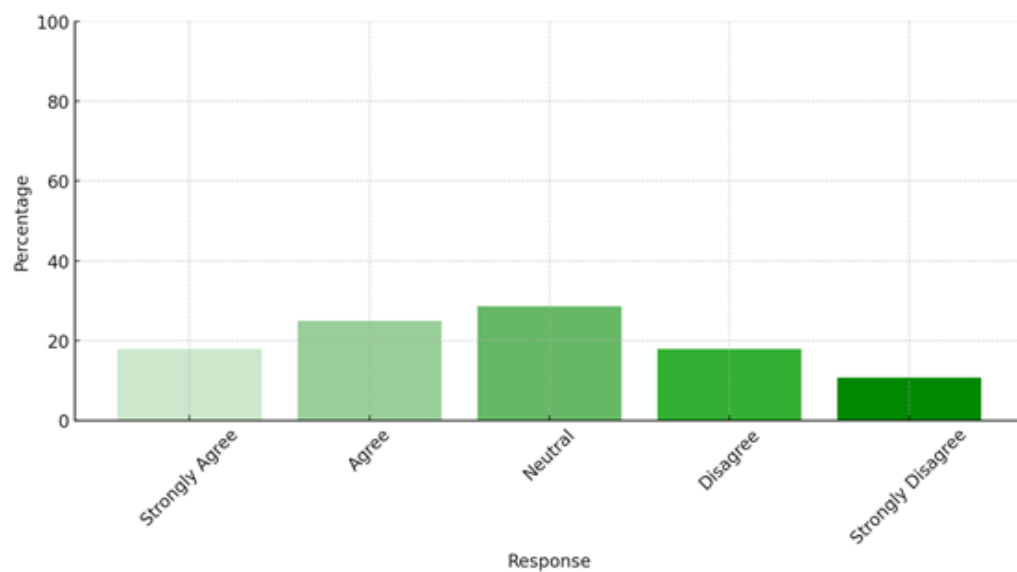
Figure 5.12 - Participant Responses to 'The VRU is effective in helping my team remove any barriers or obstacles adversely affecting delivery of our violence reduction project.'
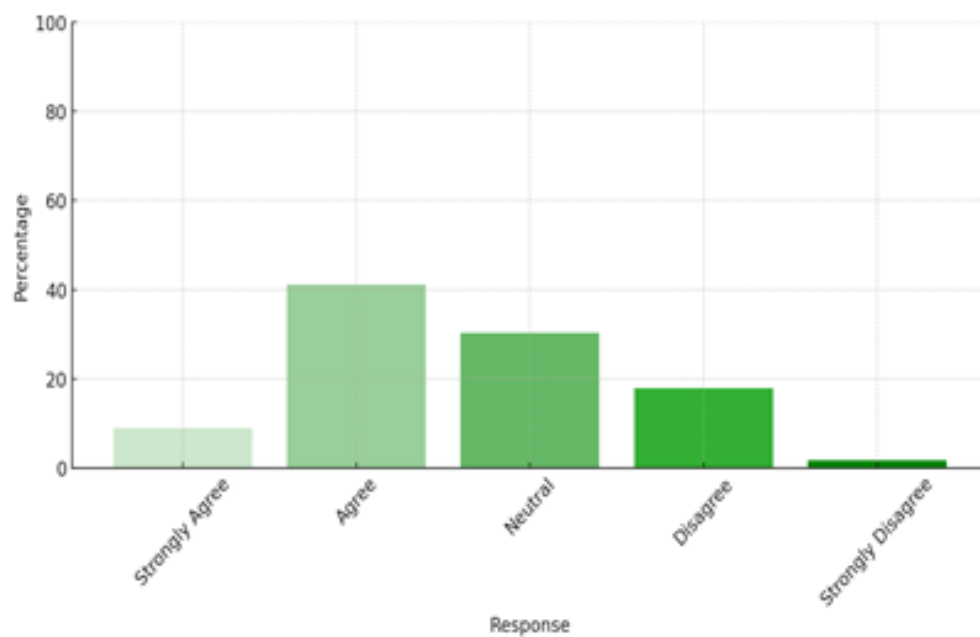
Figure 5.13 - Participant Responses to 'The VRU celebrates, promotes, and showcases short term wins in tackling violence in our region.'
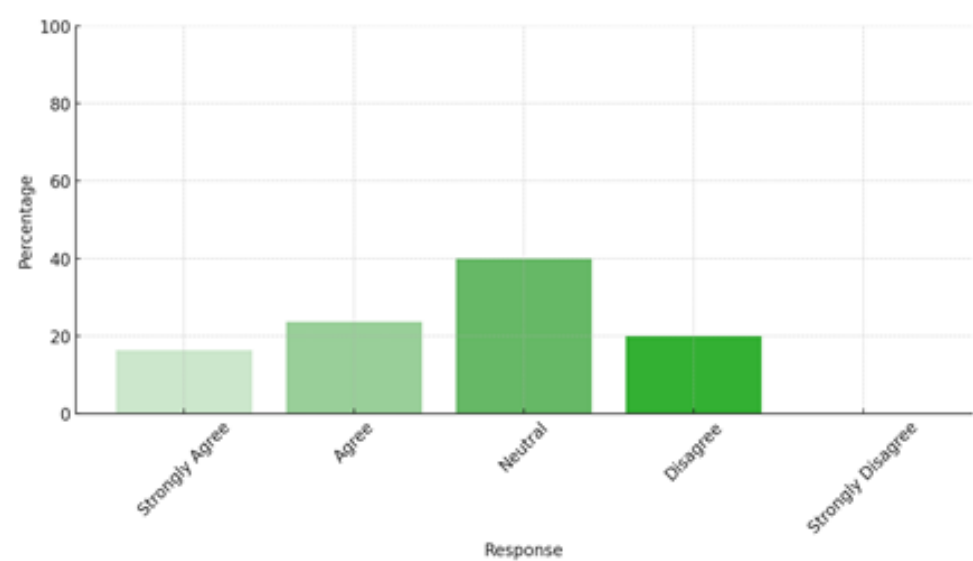
Figure 5.14 - Participant Responses to 'The VRU has been successful in sharing best practice and evidence of 'what works' in reducing violence in our region.'
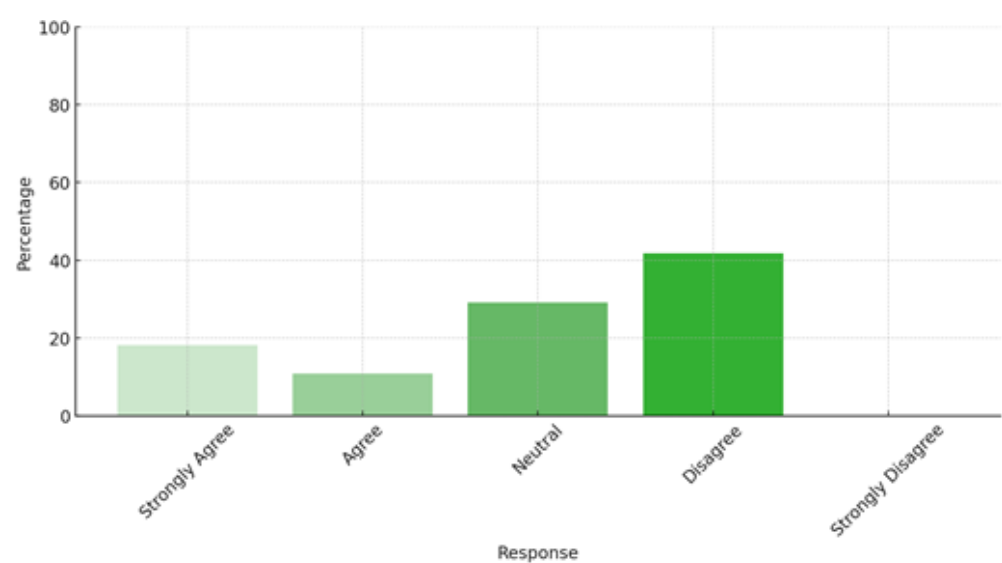
Figure 5.15 - Participant Responses to 'The VRU has effectively evaluated and understood the impact of my team's project in the last year.'
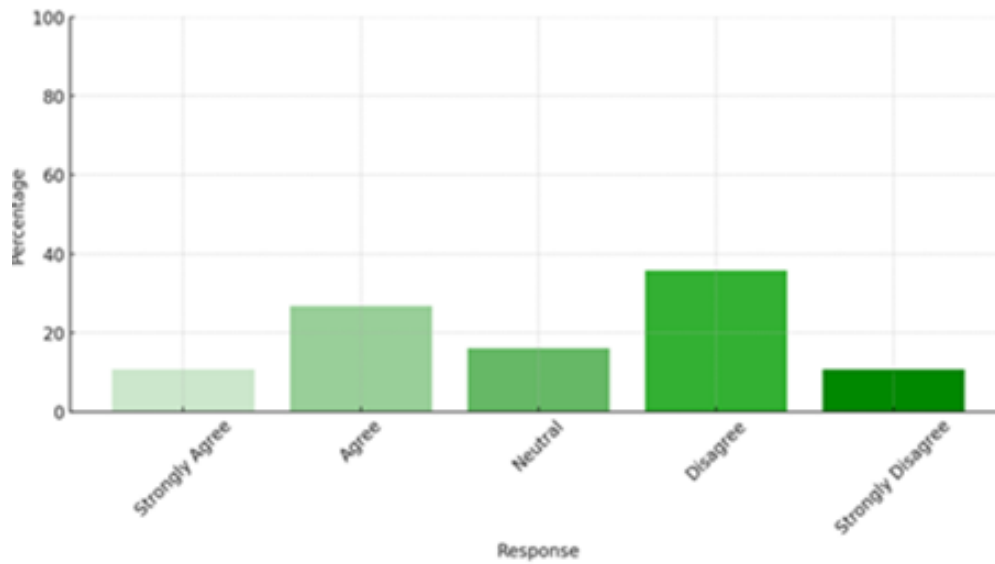
Appendix B - Introduction to the Author's Research Journey

Introduction

The researcher is a legal professional with a career also spanning programme management, evaluation, and continuous improvement across diverse sectors, including public health, justice, and social care. With a decade of expertise in leading complex, high-impact programmes, the author has demonstrated a commitment to addressing systemic challenges through comprehensive evidence-based, end-user focused strategy development, underpinned by rigorous change and project management discipline. The author's career has included leadership of transformative initiatives, such as the implementation of the National Health Service Federated Data Platform, significant organisational change in health and regulatory settings and the design and delivery of community-led violence reduction projects in collaboration with governmental and community stakeholders.

The author's doctoral research reflects a deep-seated commitment to understanding and addressing the systemic inefficiencies that lead to project and programme failure, particularly within contexts that serve vulnerable populations. The commonly cited statistic that 70-80% of projects fail due to deficiencies in strategy, design, engagement, and execution has long been a source of professional and academic concern for the researcher. Recognising the significant financial and societal costs of these failures, the study seeks to explore innovative approaches to reduce failure rates and improve programme outcomes.

The focus on Violence Reduction Units (VRUs) is underpinned by the researcher's practical and academic experience in this area. Prior roles as a part-time Research Associate and Lecturer at the University of West London, combined with contributions to the National Centre for Gangs Research, provided direct exposure to the day to day operational and strategic challenges faced by VRUs. These experiences highlighted the urgent need for robust, evidence-based evaluation frameworks capable of informing more effective public health interventions to address youth violence. The research also acknowledges the broader societal importance of VRUs, recognising their potential to positively impact individuals affected by violence and its consequences.

This doctoral study aims to bridge the gap between theoretical change management frameworks and their application in real-world violence reduction contexts. By employing innovative methodologies, including realist evaluation and mixed-methods design, the author seeks to develop actionable guidance for policymakers and practitioners. The study is designed not only to evaluate the effectiveness of current VRU strategies but also to propose a scalable, adaptable framework that can inform public health programming across various domains.

The researcher aspires to share these findings widely, contributing to academic discussion and influencing policy and practice at both strategic and operational levels. The outputs, including original theoretical frameworks and practical insights, aim to equip stakeholders with tools to design and implement interventions that are both impactful and sustainable. Ultimately, the study reflects the author's dedication to advancing systemic improvements in public health programming, with a particular focus on reducing failure rates and improving outcomes for society's most vulnerable groups.

The author will now set out below how the learning on the Doctorate taught course has shaped this study, improved the author's understanding of the field of research as well as addressing the research aims set out below. Over and above the aspirations set out above, the Conclusion section of the thesis sets out in detail how the insights gained here have already impacted his professional practice.

Appendix C - Integration of Taught Course Modules into the Research Process

The taught modules of the Professional Doctorate programme provided a comprehensive foundation that directly influenced the development and execution of this research into the effectiveness of Violence Reduction Units (VRUs). These modules not only introduced critical theoretical concepts and methodologies but also fostered the practical application of advanced academic skills, ensuring that the study was both methodologically sound and practically relevant.

The programme's initial focus on professionalism, reflexivity, and the ethical dimensions of research framed the study within a public health context, highlighting the societal and operational challenges faced by VRUs. Early discussions on professional practice encouraged a reflexive approach, ensuring that the research remained grounded in real-world applications while maintaining a critical lens. These principles were pivotal in addressing the complex and sensitive nature of evaluating VRU strategies, particularly in balancing stakeholder perspectives with measurable outcomes.

A strong emphasis was placed on the process of reviewing literature in Module 2 which was essential for building the study's theoretical framework. Through guidance on structuring literature reviews, synthesising evidence, and engaging critically with both academic and grey literature, the taught modules equipped the author with the skills to navigate a field where UK-based studies on VRUs are limited. For instance, while frameworks such as PRISMA were introduced for systematic reviews, the flexibility promoted during the sessions allowed for their adaptation. This ensured a broader inclusion of studies without compromising methodological rigour, particularly in synthesising grey literature from reputable organisations that provided critical insights into the UK context.

Module 3 also offered in-depth exploration of research design and methods, which directly informed the development of this study's methodological framework. The comparative analysis of qualitative and quantitative approaches ultimately led to the selection of a mixed-methods design, aligning with the dual aims of evaluating outcomes and understanding contextual mechanisms. Practical sessions on sampling strategies, ethical considerations, and interview techniques were invaluable in shaping the data collection process, particularly given the ethical sensitivities associated with studying violence reduction initiatives.

Equally impactful were the sessions in Module 4 on data evaluation and critical writing, which provided the tools necessary to analyse findings and communicate them effectively. Training in thematic analysis facilitated the synthesis of qualitative data, allowing for nuanced insights into the operational challenges and successes of the VRU model. Meanwhile, sessions on critical writing enhanced the researcher's ability to articulate these findings clearly and persuasively, ensuring that the study's outputs are accessible and actionable for policymakers and practitioners.

As the programme progressed, advanced modules emphasised the dynamic nature of literature reviews and the importance of engaging with emerging

research. This iterative approach was crucial in refining the study's theoretical foundation, enabling it to remain relevant in light of new developments in violence reduction strategies. Continuous engagement with literature ensured that the study bridged established knowledge with contemporary insights, providing a robust evidence base for its findings.

The capstone elements of the programme reinforced the integration of academic research with professional practice, emphasising the need for actionable outputs. Workshops on developing research proposals, ethical applications, and bridging theory with practical implementation were directly applied in crafting this study's dual focus: evaluating the effectiveness of existing VRU models and generating guidance for future public health programmes. These sessions underscored the importance of producing work that is not only academically rigorous but also practically impactful, contributing to the ongoing evolution of violence reduction strategies.

Overall, the taught modules were integral to the development of this research, providing a structured yet flexible framework that supported every stage of the process. From the initial formulation of research questions to the synthesis of findings and the production of actionable recommendations, the programme ensured that the study met the highest academic and professional standards.

The alignment between the taught content and the research objectives resulted in a piece of work that is both methodologically robust and practically relevant, offering meaningful contributions to the field of violence reduction.

Appendix D – Research Summary

Research Study – Delivering Change in the Violence Reduction Sector in England and Wales.

Introduction

Thank you for expressing an interest participate in this study. To help you to understand what the investigation is about, I would like to provide you with the following information.

Be sure you understand it before you formally agree to participate.

If you would like to clarify anything before you take part in the research study, please contact me using the details below.

What is the purpose of this study?

The research is designed to enhance our understanding what change strategies engaged by Violence Reduction Units (VRUs) and their partners in England and Wales are proving effective in reducing serious youth violence from the perspective of frontline VRU practitioners and partner organisations. It will examine what are the current barriers and operational challenges affecting VRU's and identify potential improvements which could be made to maximise effectiveness.

This study will enhance our understanding of what change management approaches are working well across VRUs and what are the challenges to delivery. My aim is to develop guidance for policy makers and programme leaders of future violence reduction strategy and operational delivery to ensure that the impact and effectiveness of violence reduction programming in England and Wales is maximised. In addition the research will develop guidance capable of being applied to other social value programmes, for example in health, education, and social care settings.

The key research questions include:

i. From the perspective of a range of VRU staff and those practitioners commissioned by them, what aspects of the VRU model could be improved to maximise change delivery?

ii. What theories of change underpin the VRU model of delivery, how these are applied and evidenced, and how could these theories be better applied?

iii. What are the current barriers to the effective delivery, embedding, and validation of change initiatives by VRUs?

iv. The perceived importance of typical interventions often included in VRU-led programmes aimed at reducing serious youth violence and the extent of evidence available to VRU's to support that view. For example, typical interventions may include school-based educational programmes, diversionary activities, or community-led outreach or street-based engagement services.

v. Are there other key characteristics which might contribute to the success of a violence reduction programme (for example, evidence base, sustainability, data analysis and evaluation)?

vi. What arrangements are in place for the governance and independent and in-house evaluation of VRU projects and programmes?

vii. What have been the most significant successes and challenges for VRU's in the last year and what improvements do VRU's need to make in the next year to further enhance their effectiveness?

Why have I been asked to take part in the study?

You have been identified as a practitioner representing a VRU or a partner organisation leading and managing the delivery of frontline violence reductions interventions. I am very interested in your views on the issues outlined above. Your views may be used to help understand the key issues outlined here and may inform future work in this area.

Do you have to take part?

It is entirely a question for you. You are free to withdraw at any time, without giving a reason. If you withdraw from the study, all data and information collected from you will be destroyed.

Key strands

In order to address these and other key questions, I will be delivering the following strands of work:

i. An initial online survey of staff across the eighteen VRU's in England and Wales to access and identify key themes. Completing the online survey will take no longer than 30-45 minutes.

ii. A programme of consultation with VRU practitioners who work directly on issues concerning serious youth violence involving direct interviews. Interviews will take no longer than 45 minutes.

iii. An online survey of VRU commissioned providers who work directly with VRU's in the delivery of youth violence reduction in England and Wales to access and identify further or corroborative key themes. Completing the online survey will take no longer than 30 minutes.

iv. A programme of consultation with VRU commissioned providers who work directly with VRU's in the delivery of youth violence reduction interventions involving online surveys and direct interviews. Interviews will take no longer than 30 minutes.

Research Team

The research is being conducted by Jonathan Green, a Doctoral Student at the University of West London (UWL) and supervised by Professor Simon Harding, Professor of Criminology at University of West London.

Timescale

The consultation and fieldwork set out above will take place between 15th September 2023 and 31st December 2023. A report on the research will be submitted to UWL by 30th September 2024.

Your Data

The data resulting from your participation may be used for purposes of publications and/or presentations, but no personal identifying information will be used for these purposes.

Will my taking part in this study be kept confidential?

All information which is collected about you during the course of the research will be kept strictly confidential. Data will only be made available to the research team directly involved in this study. All identifying documents will be destroyed in accordance with the UWL Research Data Management Statement (attached)

Who else will review the scope and findings of the study?

This research has been scrutinised by an independent group of people, the School Research Ethics Panel to protect your safety, rights, wellbeing, and dignity. Ethical approval has been issued for the study to go ahead.

The research will be supervised and overseen by Professor Simon Harding, Professor of Criminology at UWL, whose details can be found below.

Contact

If you or your colleagues have any questions at all about the research, please contact:

Jonathan Green (Lead Researcher)
University of West London, St Mary's Road, Ealing, London. W5 5RF
Email: Jonathan.Green@uwl.ac.uk
Mobile: 07792 742811

Professor Simon Harding (Research Supervisor)
University of West London, St Mary's Road, Ealing, London. W5 5RF
Email: Simon.Harding@uwl.ac.uk

Thank you.

Appendix E - Survey Questionnaires for VRU Staff and Project Practitioners.

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VRU Staff Survey Questionnaire: delivering change in the violence reduction landscape

Introduction

I am conducting a research study as part of a professional doctorate at the University of West London (UWL) designed to enhance our understanding of what change management approaches are working well across VRUs and what are the challenges to delivery. My aim is to develop guidance for policy makers and programme leaders of future violence reduction strategy and operational delivery to ensure that the impact and effectiveness of violence reduction programming in England and Wales is maximised. As part of that research, I am approaching all eighteen VRUs in England and Wales to ask for their open and honest feedback on their experience in delivering real change in this critical and challenging setting.

Who should complete this survey?

This survey aims to give a range of staff working in a roles across VRUs an opportunity to describe their experience, the challenges/frustrations, to showcase what works and to canvas their diverse views on how change management operates within their VRU. I would like everyone who receives a survey link and an information sheet in your VRU, to complete a survey if possible. I would welcome your candour on the challenges and what can be improved.

When should this survey be completed?

This survey should be completed as soon as possible - and definitely by 20th September. It will take about 30-45 minutes of your time to complete the survey. If you wish to receive a paper copy of the survey, please contact me at Jonathan.Green@uwl.ac.uk.

Why should I complete the survey?

Your views and experiences are a very important part of the study and will help me not only to understand what works well and what needs to improve to help you deliver change for young people and their communities but to make recommendations about steps that might be taken in the future to address some of these issues. Without your frank feedback, it would be more difficult to understand some of the day to day challenges you face, what changes

would make delivery more seamless and the impact these changes might have in VRU strategy and operational delivery in future.

Confidentiality

Please note completed surveys will be treated as confidential and will only be seen by the research team. Neither individual participants nor their VRU will be identified in any findings. Although your responses will be anonymised and treated as confidential, there is an option at the end of the questionnaire for you to supply a contact email address and telephone number, if you would be interested in taking part in an interview to expand on your responses here.

Who can I contact if I have any questions about the survey?

If you have any questions about the survey, please feel free to contact me. My mobile number is 07792 742811 and my email address is Jonathan.Green@uwl.ac.uk.

Thank you for your time completing this questionnaire.

VRU Response Strategy

Please confirm how much you agree or disagree with the following statements. Please use the text box after each statement to make any clarifying comments or to give examples which support your view.

1. The VRU Response Strategy and VRU Needs Assessment for my region provide a clear vision and set of priorities for the VRU?

	1	2	3	4	5	6	7	8	9	10	
Strongly Agree	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Strongly Disagree

Please use this response box to comment on any gaps in the strategy or to expand on your score

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2. My day to day role is clearly aligned to delivery of one of the Response Strategy's priorities.

	1	2	3	4	5	6	7	8	9	10	
Strongly Agree	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Strongly Disagree

Comments

[ ]

3. VRU staff were closely involved in the creation of the VRU strategy.

	1	2	3	4	5	6	7	8	9	10	
Strongly Agree	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Strongly Disagree

Comments

[ ]

4. The VRU Response Strategy is underpinned by up to date, relevant local data?

	1	2	3	4	5	6	7	8	9	10	
Strongly Agree	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Strongly Disagree

Comments

[ ]

5. The Response Strategy and Strategic Needs Assessment were effectively communicated to VRU staff?

	1	2	3	4	5	6	7	8	9	10	
Strongly Agree	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Strongly Disagree

Please use this response box to comment on how you feel communication could have been improved or to expand on your score:

[ ]

6. The Response Strategy and Strategic Needs Assessment were effectively communicated to the VRU's stakeholders and key partners?

	1	2	3	4	5	6	7	8	9	10	
Strongly Agree	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Strongly Disagree

Please use this response box to comment on how you feel communication could have been improved or to expand on your score:

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7. I believe that key external stakeholders are sufficiently engaged with the strategy.

	1	2	3	4	5	6	7	8	9	10	
Strongly Agree	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Strongly Disagree

Comments:

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8. The Response Strategy is reviewed regularly.

	1	2	3	4	5	6	7	8	9	10	
Strongly Agree	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Strongly Disagree

Please use this response box to comment on the review process. Has the Response document improved as a result of any review? Is the review process the 'right one' involving the 'right members' of the team? How could the review process be improved?

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9.The Strategy was last reviewed:

Putting the strategy into action

10. The VRU has a clear implementation plan to translate its strategic vision into action/delivery.

	1	2	3	4	5	6	7	8	9	10	
Strongly Agree	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Strongly Disagree

Please use this response box to comment on how you feel the implementation or programme plan could be improved or to expand on your score :

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11. The implementation plan is primarily focussed on project/change management activity internally only (i.e. how the VRU manages its own activities).

	1	2	3	4	5	6	7	8	9	10	
Strongly Agree	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Strongly Disagree

Comments:

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12. The implementation plan also effectively manages project/change management activity of our external partners (i.e. how commissioned project providers will manage their activities).

	1	2	3	4	5	6	7	8	9	10	
Strongly Agree	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Strongly Disagree

Comments:

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13. The implementation plan is easily accessible to all members of the VRU team?

	1	2	3	4	5	6	7	8	9	10	
Strongly Agree	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Strongly Disagree

Comments:

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14. The VRU is delivering effectively against the milestones in the implementation plan.

	1	2	3	4	5	6	7	8	9	10	
Strongly Agree	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Strongly Disagree

Please use this response box to expand on your score:

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15. The VRU monitors delivery of the implementation plan well.

	1	2	3	4	5	6	7	8	9	10	
Strongly Agree	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Strongly Disagree

Please use this response box to expand on your score or to suggest how monitoring/review could be improved:

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16. I consider that delivery of the implementation is led well.

	1	2	3	4	5	6	7	8	9	10	
Strongly Agree	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Strongly Disagree

Please use this response box to expand on your score or to suggest how this could be improved:

[   ]

17. I consider that delivery of the implementation resourced appropriately.

	1	2	3	4	5	6	7	8	9	10	
Strongly Agree	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Strongly Disagree

Please use this response box to expand on your score or to suggest how this could be improved:

[   ]

18. The content of the Implementation plan is reviewed regularly.

	1	2	3	4	5	6	7	8	9	10	
Strongly Agree	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Strongly Disagree

Please use this response box to comment on the review process. Is the review process the 'right one' involving the 'right members' of the team? How could the review process be improved?

[   ]

19. The Implementation Plan was last reviewed:

20. The content of the Implementation plan is audited regularly.

	1	2	3	4	5	6	7	8	9	10	
Strongly Agree	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Strongly Disagree

Please use this response box to comment on the audit process. Is the audit process the 'right one'? How could any audit process be improved?

[   ]

21. The Implementation Plan was last audited:

22. I believe the VRU manages challenges/blockers affecting delivery of the implementation plan effectively.

	1	2	3	4	5	6	7	8	9	10	
Strongly Agree	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Strongly Disagree

Please use this response box to expand on your score and to give any examples to support your view:

Day to day decision making in relation to VRU delivery

23. I believe that day to day decision making in relation to the implementation of VRU strategy is made with full knowledge of the facts, right first time, with a range of solutions in mind as part of an orderly decision making process.

	1	2	3	4	5	6	7	8	9	10	
Strongly Agree	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Strongly Disagree

Please use this response box to expand on your score and to give any examples to support your view:

24. I believe that day to day decision making in relation to the implementation of VRU strategy is Made by intuition or hunches, occasionally missing optimum solutions i.e. the outcome is 'good enough' in the circumstances rather than ideal.

	1	2	3	4	5	6	7	8	9	10	
Strongly Agree	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Strongly Disagree

Please use this response box to expand on your score and to give any examples to support your view:

25. I believe that day to day decision making in relation to the implementation of VRU strategy is politically driven, not as part of an orderly process of decision making, where decisions happen by chance.

	1	2	3	4	5	6	7	8	9	10	
Strongly Agree	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Strongly Disagree

Please use this response box to expand on your score and to give any examples to support your view:

Training and Development for VRU staff

26. I believe that the VRU is effective in providing training and development to help staff deliver the VRU strategy.

	1	2	3	4	5	6	7	8	9	10	
Strongly Agree	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Strongly Disagree

Please use this response box to expand on your score, to give any examples to support your view or to suggest how the training and development support provided could be improved?

Other comments

27. If you have any other comments/observations, please set them out here:

Your details

28. Your details

Name
(optional): [   ]

Email
Address
(optional): [   ]

Role
(optional): [   ]

29. VRU where you are based (mandatory): *

30. I am happy to be contacted in the future to discuss my survey responses or to take part in an interview. *

☐ Yes
☐ No

VRU Project Provider Survey Questionnaire: Delivering change in the Violence Reduction landscape

Introduction

I am conducting a research study as part of a professional doctorate at the University of West London (UWL) designed to enhance our understanding of what change management approaches are working in the violence reduction landscape and what are the challenges impacting delivery. The aim is to develop guidance for policy makers and programme leaders of future violence reduction strategy and operational delivery to ensure that the impact and effectiveness of violence reduction programming in England and Wales is maximised. As part of that research, as well as approaching all eighteen VRUs in England and Wales to ask for their open and honest feedback on their experience in delivering real change in this critical and challenging setting, I am also eager to hear the views of those working with VRUs as commissioned providers, projects seeking funding and community interest groups.

Who should complete this survey?

This survey aims to give a those working in partnership and alongside VRUs an opportunity to describe their experience, the challenges/frustrations, and to canvas their diverse views on how change management operates within their VRU region. I would like everyone who receives a survey link and an information sheet to complete a survey if possible. I am eager to hear as many views as possible; so please cascade the questionnaire survey link to others who you think would be interested in contributing to the research study. I would welcome your candour on the challenges and what can be improved. Its only with that level of candour that we can identify the changes that may be needed to support delivery in this critically important area.

When should this survey be completed?

This survey should be completed as soon as possible - and definitely **by 25th September** when the survey will close. It will take about 15-30 minutes of your time to complete the survey. If you wish to receive a paper copy, please contact me at Jonathan.Green@uwl.ac.uk.

Why should I complete the survey?

Your views and experiences are a very important part of the study and will

help me not only to understand what works well and what needs to improve to help you deliver change for young people and their communities but to make recommendations about steps that might be taken in the future to address some of these issues. Without your frank feedback, it would be more difficult to understand some of the day to day challenges you face, what changes would make delivery more seamless and the impact these changes might have in VRU strategy and operational delivery in future.

Confidentiality

Please note completed surveys will be treated as confidential and will only be seen by the research team. Individuals (nor their VRU region) will not be identified in any findings. Although your responses will be anonymised and treated as confidential, there is an option at the end of the questionnaire for you to supply a contact email address and telephone number, if you would be interested in taking part in an interview to expand on your responses here.

Who can I contact if I have any questions about the survey?

If you have any questions about the survey, please feel free to contact me. My mobile number is 07792 742811 and my email address is Jonathan.Green@uwl.ac.uk.

Thank you for your time completing this questionnaire.

VRU Response Strategy

Please summarise the project or service you deliver as part of your local violence reduction partnership:

How long have you been delivering the service in partnership with the VRU?

Please tell me how you rate your experience of the following:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
The VRU was effective at the outset in creating a sense of urgency and momentum in reducing violence in my region.	☐	☐	☐	☐	☐

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
The VRU has been effective in creating a powerful coalition of interested partners who are committed to delivering positive change.	☐	☐	☐	☐	☐
I am very clear on the VRUs vision for delivering positive change locally.	☐	☐	☐	☐	☐
Local key stakeholders and partners were involved in the development of the VRUs strategy for tackling violence reduction in the region.	☐	☐	☐	☐	☐
The VRU regularly communicates clearly with me and my team in relation to the violence reduction programme and progress against its strategy.	☐	☐	☐	☐	☐
The VRU reviews its progress, performance and strategy regularly.	☐	☐	☐	☐	☐
The VRU is effective in helping my team remove any barriers or obstacles adversely affecting delivery of our violence reduction project.	☐	☐	☐	☐	☐
The VRU celebrates, promotes and showcases short term wins in tackling violence in our region.	☐	☐	☐	☐	☐
The VRU has been successful in sharing best practice and 'what works' in reducing violence in our region.	☐	☐	☐	☐	☐
The VRU has been successful in embedding best practice and strong ways of working in the 'culture' of the local violence reduction partnership/programme.	☐	☐	☐	☐	☐

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
The VRU has effectively evaluated and understood the impact of my team's project in the last year.	☐	☐	☐	☐	☐
The VRU has provided valuable training and development opportunities for me and my team in the last twelve months.	☐	☐	☐	☐	☐
The training and development opportunities provided by the VRU have enhanced service delivery of our project.	☐	☐	☐	☐	☐
The VRU Programme is well led.	☐	☐	☐	☐	☐
The VRU programme is well resourced.	☐	☐	☐	☐	☐

One aspect of the VRU programme that 'works well' in the violence reduction programme/partnership is:

One issue which needs to be improved to improve service delivery within the VRU or the programme is:

Other comments

If you have any other comments/observations, please set them out here:

Your details

Your details

Name

Email
Address

Sector: Education / Local Authority/ Community Safety/ Police/Voluntary/ Health/ Housing/ Employment Services/ Probation/ Youth Offending/ Consultancy/ Other

Your Role:

Region where your activity is targeted:

Avon/ Beds/ Essex/ Hampshire/ Kent/ Lancs/ Leics/ London/ Manchester/ Merseyside/ Northumbria/ Notts/ S Yorks/ W Yorks/ Sussex/ Thames/ W Mids./ Wales

I am happy to be contacted in the future to discuss my survey responses and to be interviewed

☐ Yes

☐ No

Appendix F - Semi-structured Interview Questionnaire

EVALUATING THE EFFECTIVENESS OF CURRENT VIOLENCE REDUCTION STRATEGY - STRUCTURED INTERVIEW OUTLINE

PRE-INTERVIEW:

Personal introduction.

My name is Jonathan Green. I am calling from University of West London, further to an email that I sent you regarding research I am conducting as part of my professional doctorate which is examining the effectiveness of measures to address serious youth violence. I sent a project summary with that email outlining how the study is being conducted.

As part of the study, we're obviously very interested to hear the views of key people who've have experience of working directly with violence reduction initiatives and interventions. I'm ringing just to ask you a few questions focusing on some of the things mentioned in the email, and to hear your views about some of the key issues.

Confidentiality

Just to confirm before we start - I'm going to take whatever you say to me as being confidential, which means no one else will know what you've said, unless you tell me that you or someone else is in danger, in which case I might need to discuss that with someone else.

Notes from the interview will be written up for computer-assisted analysis, but these will be anonymised, and no comments will be attributed to specific individuals.

I would like to record the interview if you are agreeable to that. Recording allows me to concentrate more effectively on what you say and respond with follow up questions. My recordings will be stored with number titles and then destroyed following transcription or after writing-up my research.

Where recordings are transcribed, names will be removed from transcripts and replaced by numbers. References to people and places will be replaced with aliases.

All recordings/ transcripts will be kept electronically on encrypted drives used by members of the research team.

Overall research findings will be published in reports which may be publicly available. Any quotations used in any report/ publications will not be attributed to individual respondents.

It would support the research if you felt able to speak frankly when giving your views, but if there are things that you do not want to talk about, then you don't need to.

As we mentioned in the email, the discussion should last approximately 45 minutes.

Do you have any questions before we start?

INTERVIEW

Background and role

    i.   What has been your own role in violence reduction work?

Recent trends in youth violence in your region?

    ii. Have the problems with serious youth violence in the area where your work is focused changed at all in recent months or years? (Examine the pre and post COVID19 trend)

    iii.   Why do you think that is the case?

Interventions

    iv. What measures are being taken by your VRU to address these issues?

    v. Do you think these interventions have been effective? **Probe** - reason for saying this and what could be done to strengthen these interventions?

    vi. Can you comment on the way in which your interventions are managed or led?

    vii.   What is missing in terms of the interventions offered by your VRU?

Partnership and multi-agency working

    viii.Some of the work you've described involves other partners. How effective do you think local partnership working has been in relation to these issues?

ix. In your view are there any clear gaps in participation or involvement from across stakeholders? (i.e. Are there key stakeholder interests not represented?)

x. How regular is your liaison with key members of relevant partnerships, and what form does this liaison take (e.g. daily liaison or limited to attendance at relevant group/sub-group meetings)?

xi. How does your VRU keep in touch with local public concerns about serious youth violence and how do you prioritise them?

xii. How have local partnerships handled issues concerning information-sharing?

Effectiveness of change management approach locally

xiii. How effective do you feel that the VRU sponsoring your project/service has been in:

a. Creating a sense of urgency and momentum in reducing violence in your region at the outset of its Violence Reduction Programme. (**Follow Up Question**: Why? Can you give me an example?)

b. Creating a powerful coalition of interested partners who are committed to delivering positive change. (**Follow Up Question**: Why? Can you give me an example?)

c. In developing the VRUs vision for delivering positive change locally with stakeholders/partners?

d. Regularly communicating clearly with you on the violence reduction programme and progress?

e. Reviewing its progress, performance, and strategy regularly and learning from its work as it develops?

f. Helping your team remove barriers or obstacles adversely affecting delivery of our violence reduction project. (**Follow Up Question**: Why? Can you give me an example?)

g. Celebrating, promoting, and showcasing short term wins in tackling violence in your region. (**Follow Up Question**: Why? Can you give me an example?)

h. Sharing best practice and 'what works' in reducing violence in our region? (**Follow Up Question**: Why? Can you give me an example?

i. Embedding best practice and strong ways of working in the 'culture' of the local violence reduction partnership/programme. (**Follow Up Question**: Why? Can you give me an example?)

j. Evaluating and understanding the impact of your team's project in the last year.

k. Providing valuable training and development opportunities for you and your team in the last twelve months, which has enhanced service delivery.

Impact of your work

xiv. In general, what sort of impact do you think that work to reduce violence has had in your area? What factors are responsible for any successes?

xv. On what basis would you feel able to say that any specific intervention type is working effectively in addressing youth violence e.g., mentoring, educational programmes, diversion schemes?

xvi. Can you comment on the way in which your VRU evaluates its projects or initiatives?

xvii. Do you think that violence reduction work in your VRU has had any unintended or negative impacts?

Future improvements

xviii. Do you think the approaches taken to address serious youth violence within your VRU could be improved at all?

xix. Are there any specific improvements that you think would make sense to roll out more widely across all VRU's?

xx. More generally, what in your view are the key components of effective approaches to dealing with some of the problems that you've described to me concerning serious youth violence?

xxi. What will be the biggest challenges for the VRU over the next twelve months?

Concluding Comments

xxii. Do you have any other comments that you'd like to make about serious youth violence and the way VRU's are set up to address it?

Thank you for your time today and for supporting my research project.