

**VIOLENCE  
REDUCTION  
NETWORK**

**LEICESTER, LEICESTERSHIRE  
& RUTLAND**

**Serious Violence Annual  
Strategic Needs Assessment**

**Executive Summary**

**Leicester, Leicestershire  
and Rutland**

**January 2022**



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The Violence Reduction Network (VRN) produces a Strategic Needs Assessment (SNA) on an annual basis to provide a comprehensive assessment of serious violence across Leicester, Leicestershire and Rutland (LLR). This document is a publicly accessible summary aimed at providing an overview of the main findings and recommendations.

The aim of the SNA is to increase understanding of the types, distribution and extent of serious violence in the local area and to help local partners to identify the people and groups who are most vulnerable to being or becoming victims or perpetrators of violence. The full SNA should be used to inform strategic planning including resource allocation.

The definition of serious violence used within the SNA is the one adopted by the VRN partnership which is ‘public place violence resulting in significant physical injury with or without weapons’.

**VIOLENCE REDUCTION NETWORK**  
PREVENTION THROUGH CONNECTION

**SERIOUS VIOLENCE DEFINITION**

**PUBLIC PLACE VIOLENCE RESULTING IN SIGNIFICANT PHYSICAL INJURY WITH OR WITHOUT WEAPONS**

**CRIME GROUPS**

- Homicide
- Violence with injury
- Robbery

**INITIAL PRIORITY FOCUS**

Serious violence by or against a person under 25 years old

**HOME OFFICE COUNTING RULES CRIME TYPES**

Murder | Manslaughter | Attempt murder | Assault with intent to cause serious harm | Endangering life | Assault with injury | Racially or religiously aggravated assault with injury | Robbery of business property | Robbery of personal property

The SNA aligns with the World Health Organization’s four-step process for implementing a public health approach to violence which includes:

1. Defining the local problem of serious violence through systematic data collection
2. Identifying the risk and protective factors through evidence and research
3. Developing and evaluating interventions
4. Scaling up effective policy and programmes



The following data sources are used in this document:

- **Crime data** – Leicestershire Police recorded crime
- **Healthcare data** – Midlands and Lancashire Commissioning Support Unit (A&E attendances and hospital admissions) and the East Midlands Ambulance Service
- **Social care data** – Leicester City Council
- **Education data** – Leicester City Council and partial dataset from Leicestershire County Council
- **National data** – Data from the Department for Education, Public Health Profiles and the Office for National Statistics
- **Community and young person insights** – An LLR Community Safety Survey administered in 2020 and an LLR Young People’s Safety Survey conducted in 2021, along with targeted surveys in ‘hotspot’ areas

## Population Profile of Leicester, Leicestershire and Rutland

- Leicestershire and Rutland are counties within the East Midlands with approximately 1.1 million residents
- The main urban area in Leicestershire is the city of Leicester
- There are significant cultural, economic and political disparities between the more rural areas of Leicestershire and Rutland and the urban and densely populated city of Leicester
- Over half of Leicester’s population are from a minority ethnic background compared to less than 10% of Leicestershire’s and 5% of Rutland’s population

- Leicester has a comparatively younger population than the national average largely as a result of two universities, similar to Charnwood in Leicestershire which is also home to a university
- Out of 152 local authorities, Leicester ranks 14<sup>th</sup>, Leicestershire 136<sup>th</sup> and Rutland 148<sup>th</sup> on the Indices of Multiple Deprivation



*Map of Leicester, Leicestershire and Rutland*

# Profile of Serious Violence

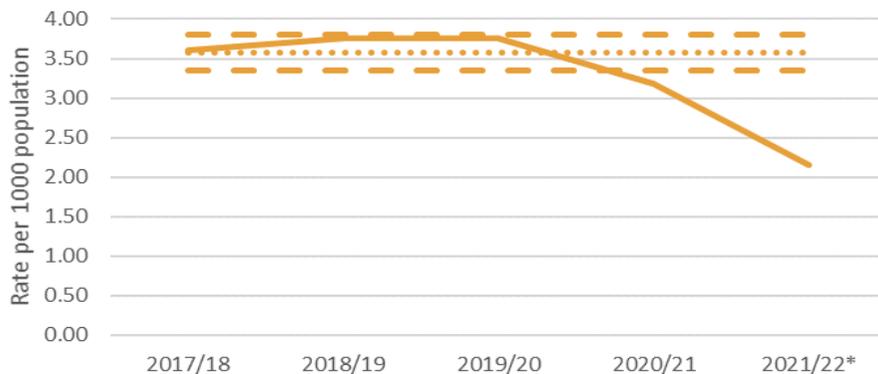
The vast majority of residents in Leicester, Leicestershire and Rutland (LLR) have not directly experienced serious violence over the past four years. However, the SNA demonstrates that serious violence is not distributed evenly across the population and significant inequalities exist. Certain groups and geographical areas within LLR are at much higher risk

**0.5% of LLR residents were a victim and 0.3% were a perpetrator of serious violence in the last 18 months**

of exposure to and involvement in serious violence. Understanding the local profile of serious violence is important so that responses are targeted and tailored in a way which will tackle these disparities and ultimately secure sustainable reductions.

## Extent of Serious Violence

3,529 offences were recorded in 2020/21 which is a decrease of 14.6% compared to the previous financial year. There has been a significant decrease in serious violence over the past 18 months (April 2020-September 2021) which coincides with the Covid-19 pandemic and the lockdown restrictions imposed.



Rate (per 1000 population) of all reported serious violence offences in public places across LLR (2017/18 - 2021/22\*)  
 (Source: Leicestershire Police) \*please note: 2021/22 represents April 2021 - September 2021

Despite the decline, the rate of offences seen in the past six months (April 2021-September) is currently 67.7% of the rate seen for 2020/21 indicating that if the volumes for this year continue at this rate then the levels of serious violence will exceed volumes seen in previous years.

While the volume of serious violence committed by those aged under 25 decreased by 15.7%, the volume involving over 25s has increased by 12.3%.

65.7% of offences committed by under 25s were against a person also aged under 25.

**The rate for under 25s was 1.6 times the rate for over 25s – a slight decrease from previous years**

In 2020/21 there were 650 assault-related attendances to A&E recorded for residents from LLR (a decrease of 52.9%) and 178 assault-related hospital admissions (a decrease of 24.3%). Rates for patients under 25 and over 25 are very similar.

## Nature of Serious Violence

Crime data shows 'Assault with Injury' has the highest rate across all areas and makes up 78.4% by volume of the total number of serious violence offences across LLR.

The majority of offences within the 'Assault with Injury' group were 'S47 – AOABH assault occasioning actual bodily harm' (ABH) (89.3%).

The next highest offence group was 'Robbery of Personal Property', followed by 'Assault with Intent to Cause Serious Harm'. Under 25s have a higher rate of offences across all crime groups with the exception of 'Robbery of Business Property'.

Whilst overall numbers are very small, for ‘Murder’ and ‘Attempt Murder’ the rates for under 25 are roughly double that of those committed by over 25s. The greatest variation between age groups is seen with ‘Robbery of Personal Property’ where the rate for under 25s is almost 3.5 times the rate seen for over 25s.

**1 in 10 offences involved a knife or sharp object**

The majority of serious violence offences did not involve a weapon. Police data indicates 1 in 10 offences involved a knife or sharp object with 68% of offences occurring in Leicester City (April 20–September 21).

The Table below shows the rate (per 1000 population) of the five most frequent diagnosis descriptions for assault-related A&E attendances for LLR residents:

Diagnosis Description	All ages
Contusion/abrasion	0.24
Laceration	0.19
Dislocation/fracture/joint injury/amputation	0.18
Head injury	0.17
Sprain/ligament injury	0.05

*Rate (per 1000 population) of assault-related A&E attendances by diagnosis description - all ages (April 20 - September 21) (Source: Midlands and Lancashire Commissioning Support Unit)*

For assault-related hospital admissions, a diagnosis group is also recorded. ‘Assault by bodily force’ and ‘assault by sharp object’ were the two diagnosis groups with the greatest rate of admissions.

Ambulance service data shows that the most common chief complaint was ‘Stab / Gunshot / Penetrating Trauma’.

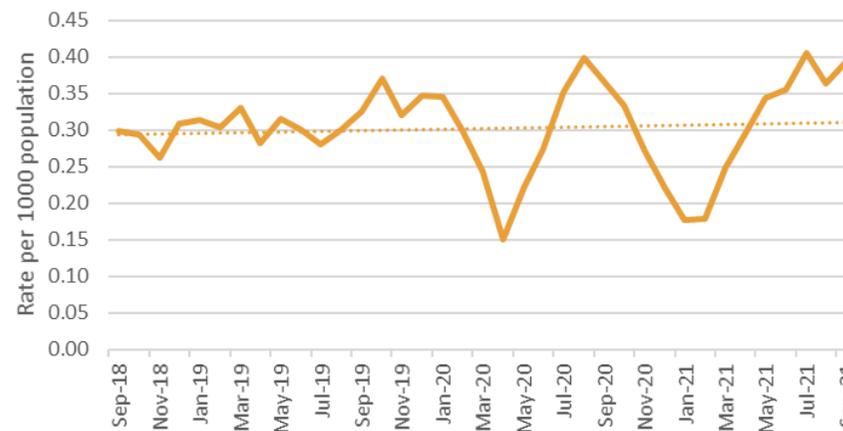
Under 25s represent almost 75% of callouts resulting in conveyance to A&E indicating that higher harm incidents were experienced by this age group.

**75% of ambulance callouts for the most serious injuries and which also required conveyance to hospital was for under 25s**

## Timings

The monthly trends shown over the most recent 18 months are reflective of the evolving lockdown restrictions observed throughout the Covid-19 pandemic. Significant decreases can be seen in the months in which lockdown restrictions were imposed in April 2020, November 2020 and January 2021. Following lockdowns, rates of serious violence increased to peak levels in August 2020 and July 2021.

Trends in monthly A&E attendances, admissions and ambulance call outs were similar with significant peaks and troughs in line with the changing lockdown restrictions.



*Rate (per 1000 population) of serious violence in public places across LLR defined by all ages (September 2018 - September 2021) (Source: Leicestershire Police)*

**31.3% of serious violence between April 2021-September 2021 was committed in the NTE (between 22:00 and 05:00).**

Both crime and health data show similar trends with increased levels of serious violence at the weekend although it is more evenly spread across the week for under 25s.

- Police data shows offences are most frequently committed in the afternoon through to the late evening. The most prevalent time of the day is 15:00-15:59. This is consistent with previous SNA findings and coincides with the end of the school day.
- A&E attendances have a higher rate between the hours of 11:00-11:59.
- Ambulance data reveals a peak at 23:00-23:59 with a general increase in rates between 18:00-00:59.

## Night Time Economy (NTE)

Given that almost a third of serious violence is thought to occur within the night time economy, a 'deep-dive' was conducted into these offences as part of the SNA - a summary of which is provided opposite. The analysis is based on offences committed between 22:00 and 05:00 from April 2020 to September 2021. It should be noted that Covid-19 restrictions were in place for periods within this time frame.

## Cohort Analysis: Serious Violence in the Night Time Economy

The most common offences in the NTE are:

- Actual Bodily Harm (71%)
- Robbery of Personal Property (14%)
- Grievous Bodily Harm (10%)

Over half of offences take place on a Saturday (27%) and Sunday (25%) followed by Friday (12%)

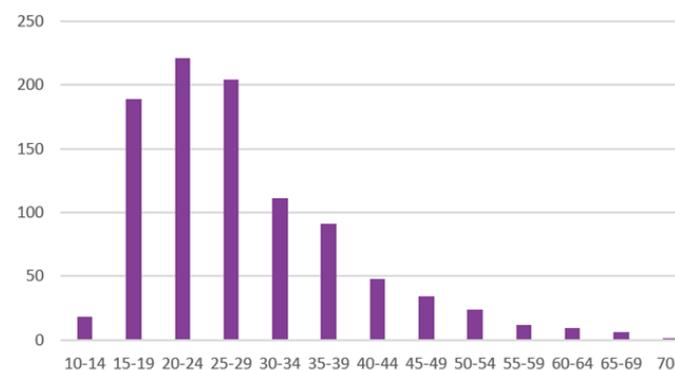
22:00-23:00 is the peak time, followed closely by 23:00-00:00

74% of perpetrators were identified as White, 14% were Black and 11% were Asian

Eight in ten perpetrators in the NTE are male

The majority of perpetrators came from West Leicester (19%), followed by East Leicester (16%) and Charnwood (13%). More specifically, perpetrators most commonly resided in Riverside, New Parks, Beaumont Leys, Fosse and Whitwick & Ibstock

Age of perpetrators



Peak ages of victims are 20, 21 and 19

77% of victims are male

72% of victims in the NTE were identified as White, followed by Asian 17% and Black 9%

Victims were most likely to live in East Leicester (19%), followed by West Leicester (17%) and Charnwood. More specifically, victims commonly reside in Westcotes, Beaumont Leys, Braunstone & Rowley Fields, New Parks and Stoneygate

## Geography of Serious Violence

Leicester saw the highest rate and volume of serious violence in 2020/21. Charnwood saw both the highest volume and rate per 1000 population of offences in the County.

Area	Rate per 1000 population	% of LLR total
Leicester	9.47	56.7%
LLR	5.34	100.0%
Charnwood	4.22	13.4%
Melton	3.89	3.4%
North West Leicestershire	3.62	6.4%
Hinckley and Bosworth	3.58	6.9%
Leicestershire	3.43	41.3%
Oadby and Wigston	3.02	2.9%
Rutland	2.94	2.0%
Harborough	2.84	4.6%
Blaby	2.16	3.7%

Rate (per 1000 population) and proportion of serious violence offences across LLR and district/borough areas for all ages (April 2020 - September 2021) (Source: Leicestershire Police)

Looking at the Leicestershire Police Neighbourhood Policing Areas, 18.5% of all serious violence occurred in Central Leicester, followed by West Leicester (16.8%) and East Leicester (15.0%). For under 25s across LLR, 19.2% of serious violence occurred in West Leicester, followed by Central Leicester (16.0%) and Charnwood (13.0%).

73.8% of public place serious violence occurred in a public/open place (e.g. street, park etc) followed by a shop (6.3%) and hospitality settings (6.3%).

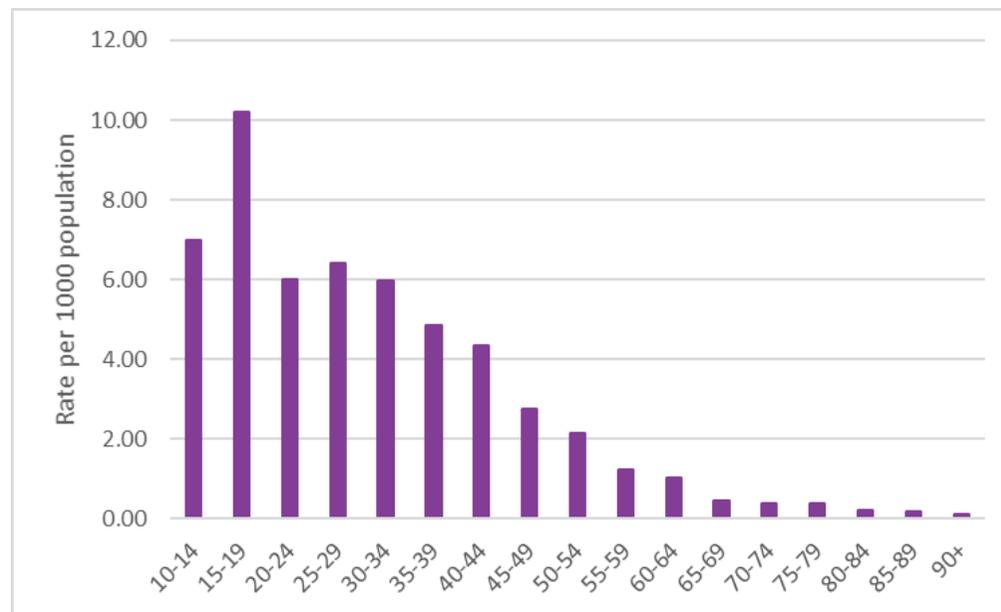
## Perpetrators

The vast majority of young people in LLR are not involved in serious violence, with just 0.4% of the LLR under 25 population being perpetrators of serious violence.

**Serious violence perpetrators represent 0.4% of the LLR population aged under 25**

**15-19 year olds boys/men are most at risk of being involved in serious violence across LLR**

However, 15-19 year olds are the age group most at risk of being involved in serious violence across LLR – this is the same peak age group as identified in previous years. The next age group committing the highest rate of offences is 10-14 years old.



Rate (per 1000 population) of offences by suspected perpetrator age (at date of offence) of serious violence in public places across LLR (April 2020 - September 2021) (Source: Leicestershire Police)

The majority of offenders are male (75.9%). Male perpetration is most likely to involve a male victim. Males are considerably more likely to be involved in higher harm offences.

Whilst they represent a minority, women and girls make up a significant proportion of the cohort. Analysis highlights several notable differences. For example, 10-14 girls are the age group most at risk followed closely by 15-19 years. Women and girls are also significantly less likely to be involved in the commission of the most serious violence. Female perpetration is most likely to involve a female victim (72.3%).

Almost three quarters of perpetrators were identified as White (74.6%), followed by smaller proportions who were categorised as Asian (12.7%), Black (11.6%) and Other (1.1%).

Perpetrators are most likely to reside in Leicester, and more specifically 32% of serious violence offences were committed by those living in East and West Leicester.

**Repeat offenders contributed to 38% of all serious violence between April 2020 and September 2021, and 52% of all serious violence for under 25s**

## Cohort Analysis: Most Frequent Repeat Perpetrators of Serious Violence (all ages)

- Nearly four in ten repeat offenders live in West Leicester and two in ten live in East Leicester
- 78% were male and 79% were under 25 years old
- 47% were suspected of being habitual knife carriers
- Over half have a flag for having a mental disorder and for being involved in drugs
- 95% have been a victim of crime with nearly a third experiencing victimisation before committing their first offence
- Average age at the first offence was 13 and it was most commonly ABH

## Cohort Analysis: Murder / Attempt Murder (under 25s)

- Over half of the cohort who committed Murder or Attempt Murder (M/AM) in the past 5 years lived in West Leicester and a third lived in East Leicester
- Average age at the time of the M/AM was 19 years old and the average age of their first offence was 13 years old
- 100% were male
- Average of 6.2 years and 19.4 offences between the first offence and committing M/AM
- Over half were flagged as having a 'mental disorder',
- 90% had witnessed or been a victim of crime
- Nearly a third had either been a victim or witness of domestic abuse

## Victims

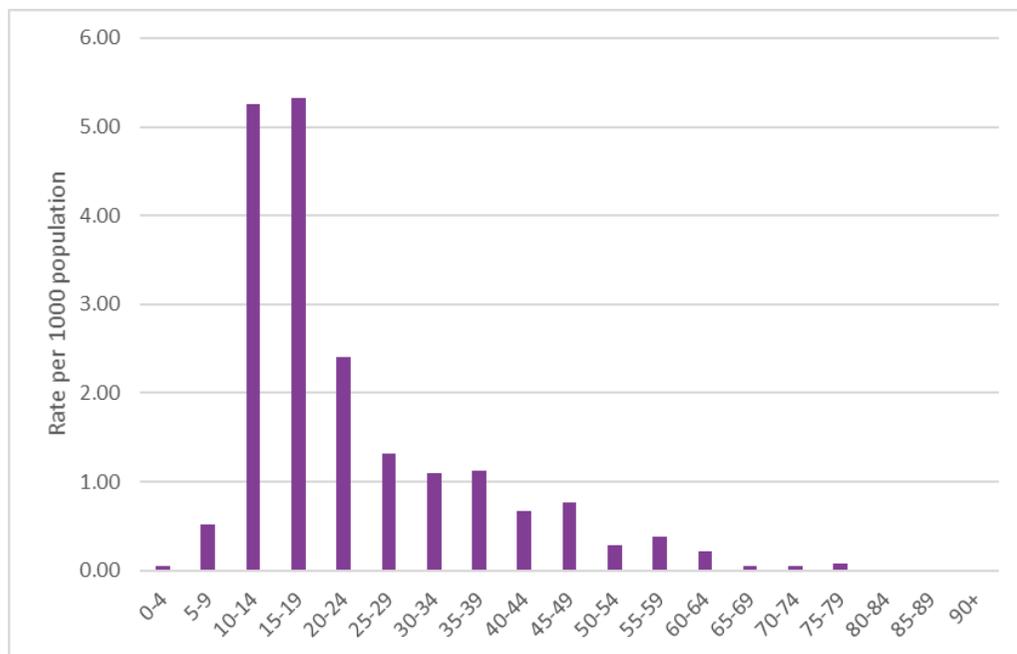
Police data shows that 15-19 year olds are most at risk of being a victim of serious violence across LLR. However, health data reveals that A&E attendances are higher for 20-24 year olds and inpatient data shows a peak for 35-39 year olds.

**0.3% of under 25s in LLR were a victim of serious violence in the last 18 months**

Almost three quarters of victims were identified as White (73.2%), followed by smaller proportions who were categorised as Asian (17.7%), Black (7.4%) and Other (1.8%).

**Nearly seven in ten victims were male**

30% of the victim cohort are female with 10-14 year olds, closely followed by 15-19 year olds, most at risk of victimisation. The vast majority of the female victim cohort were victims of lower harm serious violence offences compared to males.



Rate (per 1000 population) of victims by age (at date of offence) of serious violence in public places across LLR where the suspected perpetrator is aged under 25 (April 2020 – September 2021) (Source: Leicestershire Police)

# Risk & Protective Factors Associated with Serious Violence



The SNA examined the known risk and protective factors of serious violence and their prevalence across LLR.

The causes of violence are multiple and complex. It is important to understand that there is no single cause of serious violence – it arises from a complex interplay between a wide range of risk factors operating within and across individual, relationship, community and societal domains. The following diagram provides an overview of some of the risk and protective factors across the different domains.



*Risk and protective factors for violence involving young people*

A risk factor is a characteristic that increases the likelihood of a person becoming a victim or perpetrator of youth violence.

A protective factor is a characteristic that decreases the likelihood of a person becoming a victim or perpetrator of youth violence or buffers against the effects of risk factors.

Individual and contextual risk factors occur across an individual’s life course and are subject to change. They can be cumulative, additive and sometimes multiplicative in impact. The more risk factors that accumulate in an individual or in a particular setting, the higher the likelihood that the individual will become involved in violence as a victim and/or perpetrator. Importantly, risk factors are not deterministic and should not be used diagnostically at an individual level.

The following provides a summary of the prevalence of risk and protective factors in LLR where we have data available. **Rates in LLR are compared against the national average.**

## Individual-level risk factors

Special Educational Needs and Disabilities (SEND)

Neuro-developmental conditions

Social, emotional and mental health (SEM) needs

Early years development and educational attainment

Persistent school absenteeism and exclusions

Substance and alcohol misuse

Early involvement in crime and anti-social behaviour



- Leicester and Leicestershire have a higher proportion of children with a learning disability known to the school
- Children in schools in Leicester have poorer SEM health
- Leicester's residents are more likely to report a low satisfaction score when asked about their wellbeing
- A third of under 25s admitted to hospital for an assault-related injury had a mental health flag
- Children living in Leicester and Leicestershire are below the expected level in child development
- Educational attainment amongst 15 to 16-year olds in Leicester is below the national average
- Leicester has a significantly higher rate of absenteeism
- Rates of permanent exclusions and fixed period suspensions across LLR are below the national average

- The most common reason for exclusion or suspension in Leicester and Rutland was persistent disruptive behaviour followed closely by physical assault against a pupil
- Leicester and Leicestershire have a significantly higher proportion of young people who are not in education, employment or training
- Hospital admissions due to substance misuse are at a lower rate in Leicester and Leicestershire
- Leicester performs significantly worse for admissions for alcohol-specific and related conditions
- Leicester has significantly higher rates of admissions for mental and 'behavioural disorders' due to the use of alcohol
- Of the children who had a missing episode, the biggest volumes lived in Loughborough, North West Leicestershire or Hinckley
- Levels of first-time offenders, first-time entrants and children in the YJS in Leicester are significantly higher than the national average
- The number of Habitual Knife Carriers has steadily increased in the past 18 months, and nearly half reside in West Leicester and a quarter in East Leicester
- Levels of ASB committed by under 18s have increased slightly over the past three years. The number of young people engaging in ASB is highest in Hinckley & Blaby, followed by Charnwood and North West Leicestershire.

## Relationship Risk Factors



Disrupted family environments  
Poor parental or caregiver relationships  
Parental separation  
Children affected by parental or caregiver maltreatment  
Parents in alcohol and drug treatment  
Peer relationships and gangs

- LLR have lower rates of children who have been identified as in children need
- LLR also has lower rates of children who are on child protection plans
- The most common primary need for those identified as a child in need across LLR was abuse or neglect, followed by ‘family dysfunction’
- Leicester has a higher rate of children in care, and Leicestershire and Rutland have significantly lower rates
- LLR has lower rates of domestic abuse related incidents and crime
- Leicester has a higher proportion of adults in treatment at specialist drug misuse services
- The LLR Young People’s Safety Survey (2021) found that 22% of respondents knew someone who had carried a knife
- Another survey (2020) conducted with young people based within one of our priority areas – East Leicester – found that 98% of respondents had or knew of someone who had carried a weapon

## Community and Societal Risk Factors



Child criminal exploitation and county lines  
Bullying  
Economic inactivity, unemployment and income inequality  
Lack of confidence in authorities  
Deprivation  
Local environment  
Cultural and social norms supportive of violence

- Leicester is amongst the most deprived geographic areas in England
- Leicester is also amongst the most deprived 10% of local authorities for Income Deprivation Affecting Children.
- Economic inactivity and unemployment are higher in Leicester
- LLR is predominantly an importing area when it comes to County Lines – the National Crime Agency state that importing areas (areas where the drugs are taken to) are reporting increased levels of violence and weapons-related crimes
- The number of County Lines in LLR has declined in the past two years
- There are four established and two emerging Urban Street Gangs in LLR
- Over a quarter of children affected by CCE in the County live in Charnwood with Oadby and Wigston being the next most prevalent area. In the City, the highest volumes of children affected by CCE are seen in West Leicester and East Leicester.

- A locally-run Community Safety Survey (2020) found that 63% of respondents felt that their local area was a place where people from different backgrounds get on well together
- 84% of respondents felt that they could ask their neighbour for help, and half of respondents felt that people in their local area could be trusted.
- The vast majority stated that they feel safe at home during the day (86%) and during the night (67%). The figure declined when respondents were asked if they felt safe outside in their local area at night, with just 45% agreeing with this statement.
- The LLR Young People's Safety Survey (2021) found that 73% feel safe outside in their local area during the day but only 29% feel safe outside at night. 62% feel safe in their local park
- Leicestershire and Rutland have lower proportions of residents who feel safe when using services
- The LLR Community Safety Survey (2020) found that 60% of respondents had witnessed people using or dealing drugs in Leicester, Leicestershire and Rutland, with 27% stating that they had seen drug use or dealing on a frequent basis over the past 12 months.
- The LLR Young People's Safety Survey (2021) revealed that 32% of respondents felt drug use and dealing was a big problem within their local area
- The LLR Community Safety Survey (2020) found that the most common form of crime reported by respondents was street-based violence (25%)

# Preventing Serious Violence



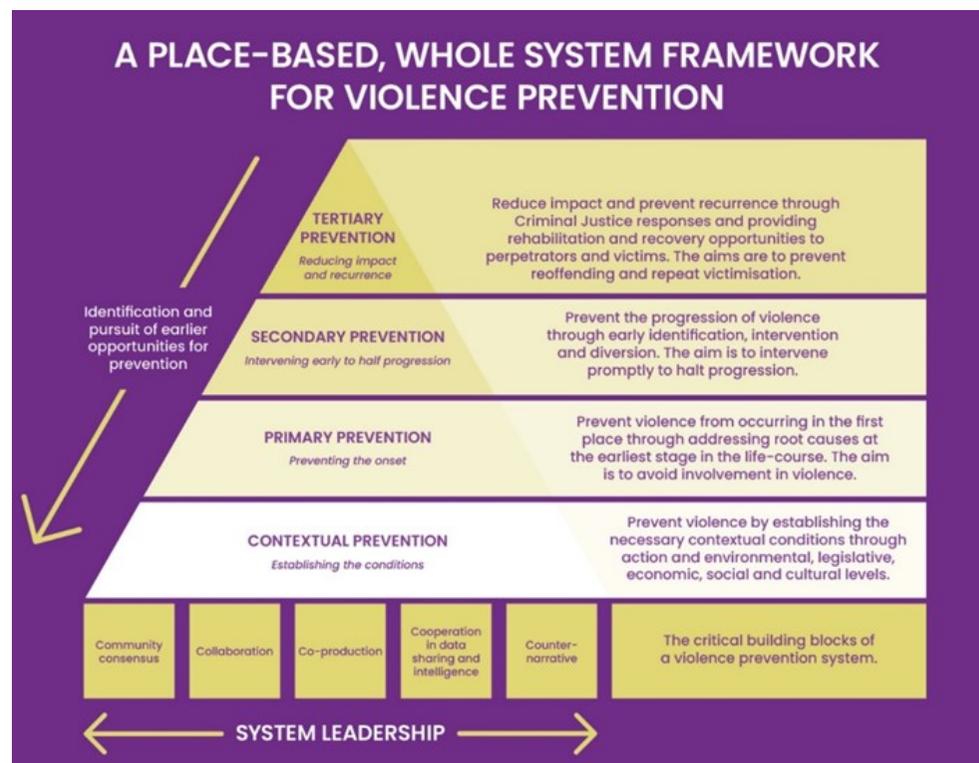
Central to a public health approach is the core belief that violence is preventable; that it is possible to prevent and reduce modifiable risk factors and to strengthen protective factors. The SNA synthesised the growing body of evidence, drawn from research, on the approaches and interventions which have demonstrated effectiveness in preventing and reducing serious violence.

Drawing on resources provided from Public Health England (2019), The VRN has developed a framework to support the design and delivery of comprehensive, evidence-based prevention programmes which tackle the complex and multi-layered nature of risk and protective factors. The 5 C's framework represents the critical building blocks of a violence prevention system and includes:

<b>Community consensus</b>	At the core of an effective approach to preventing violence, local responses should be 'with and for communities' to build trust and confidence and ensure that they are relevant and responsive.
<b>Collaboration</b>	Tackling serious violence requires system thinking and collaboration between a wide-range of groups, organisations and sectors often beyond organisational boundaries.
<b>Co-production</b>	Strategies and interventions should be coproduced with Young people, their families and communities.
<b>Co-operation in data</b>	A key enabler to preventing violence is the commitment of organisations to identify, share and analyse all relevant data.
<b>Counter-narrative</b>	Concrete and credible alternatives to involvement in violence are critical as is promoting hope rather than deficit-based approaches which can often perpetuate the problems we're seeking to address.

For prevention activity to be effective in the long-term, it should adopt a life-course approach which considers the critical stages, transitions and settings in which there are opportunities to reduce and manage risk factors and strengthen protective factors.

The following Framework embodies the life-course approach and is used by the VRN to understand, plan and take action to prevent and reduce serious violence:



There needs to be a broad programme of violence prevention activity which spans all four levels of prevention in order to have a sustainable impact on serious violence locally.

## Interventions and Approaches

Implementing high quality, evidenced-based interventions is key to preventing and reducing serious violence. The SNA, whilst acknowledging the gaps in the evidence-base, highlighted the strategies and interventions which are most likely to be effective.

The Centre for Disease Control and Prevention (2016) has identified six strategies for preventing violence involving young people which are underpinned by the best available evidence. They are presented alongside the key interventions and approaches which fall within these strategies.

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

The Youth Endowment Fund’s (YEF) Toolkit summarises the best available research evidence about different approaches to preventing young people from becoming involved in serious violence.

ESTIMATED IMPACT ON VIOLENCE	APPROACHES	EVIDENCE QUALITY	
		Low	High
High	Focused Deterrence	[High Evidence]	
	Social Skills Training	[High Evidence]	
	Cognitive Behaviour Therapy	[High Evidence]	
	A&E navigators	[Low Evidence]	
	Sport programmes	[Low Evidence]	
Moderate	Pre-Court Diversion	[High Evidence]	
	Mentoring	[High Evidence]	
	Multi-Systemic Therapy	[Low Evidence]	
Low	Parenting Programmes	[Low Evidence]	
	Interventions to Prevent School Exclusions	[Low Evidence]	
	Anti-Bullying Programmes	[Low Evidence]	
	After-School Programmes	[Low Evidence]	
Unclear	Police in Schools	[Low Evidence]	
Harmful	Boot Camps	[Low Evidence]	

In particular, focused deterrence, social skills training, CBT, A&E navigators and sport programmes are thought to have a high impact on preventing violence.

An absence of evidence of impact does not necessarily mean an approach or intervention is ineffective, it may be due to insufficient high quality research to demonstrate effectiveness. In such circumstances, the SNA highlights the importance of building a Theory of Change and investing in evaluation including when introducing approaches which have had a demonstrable impact elsewhere but are new to our area.

The SNA made 14 recommendations for The Violence Reduction Board to consider when refreshing the VRN Response Strategy. These build on previous SNA recommendations and do not represent a change in focus or direction but rather a strengthening of work underway. However, as our understanding of the data improves and the evidence-base evolves, it is important to ensure that there is sufficient focus on the populations most at risk and that all interventions are developed and delivered in a way which is consistent with the evidence base.

## Strategic-level recommendations

The strategic recommendations are those which will require cross-sector collaboration and chief officer/senior manager support.

1. Continue to discharge the VRN's core function in ensuring it operates across the system and connects and collaborates with other relevant strategic and operational developments.
2. Continue to improve both access to and quality of multi-agency data particularly in relation to known risk and protective factors.
3. Work with the Strategic Partnership Board to increase future capability in data sharing through improving connectivity between systems.
4. Increase the use of VRN data and evidence products in strategic planning and operations within partner organisations and Community Safety Partnerships.
5. Ensure that data is used to identify high harm and at risk cohorts and that multi-agency management is consistent with the available evidence-base.
6. Continue to prioritise the under 25 age group and the geographical areas identified as most at risk of serious violence (City: East, West and Central, and County: Charnwood)
7. Continue to enhance understanding around serious violence

occurring during the after-school peak and strengthen the VRN's partnership with schools to address known education-related risk and protective factors.

8. Strengthen the focus on preventing and reducing serious violence within the existing partnership work around the Night-Time Economy (NTE).
9. Strengthen strategic and operational work to tackle the higher prevalence of risk factors identified in the cohort analysis (e.g. mental health, substance misuse and early involvement in offending).
10. Collaborate with wider partnership work underway in relation to Violence Against Women and Girls (VAWG), ensuring that public place serious violence affecting women and girls is part of the local strategy. VRN funded interventions should also ensure that there is tailored provision for this group.
11. Continue to embed evaluation and learning across the system.

## Intervention-level recommendations

The intervention-level recommendations build on the evidence-informed approach that the VRN is already taking in relation to intervention design and delivery.

12. Continue to design and test primary and early intervention approaches.
13. Continue to invest in 'teachable moment' interventions and progress to the evaluation phase.
14. Build on evaluation findings to strengthen local out of court/diversionary and ETE interventions across the partnership.
15. Continue to invest in and test the community mentoring programme.
16. Undertake a feasibility study and potentially test a local focused deterrence intervention with a suitable cohort.

If you have any questions in relation to this summary or would like to find out more about the Violence Reduction Network, you can contact us at:

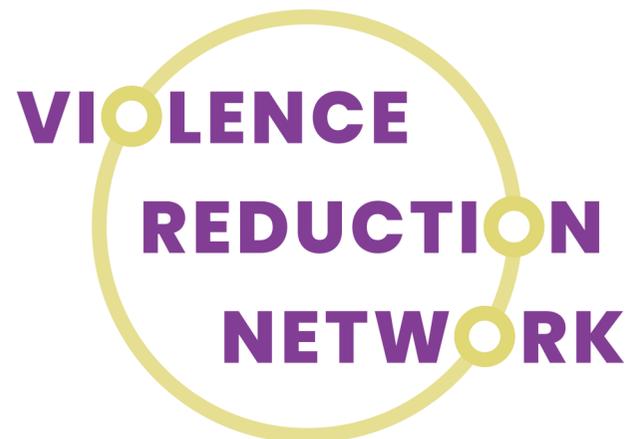
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You can also find details of our work at:

[\*\*www.violencereductionnetwork.co.uk\*\*](http://www.violencereductionnetwork.co.uk)

You can keep up-to-date with VRN developments at:

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