

TIIG EVENT 2022 SPECIAL

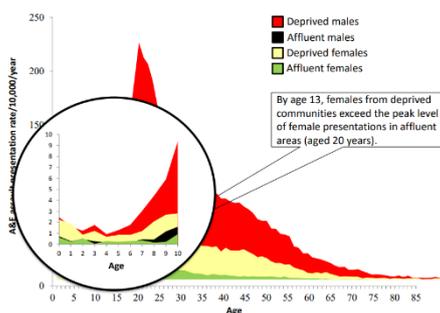
On the 12th July 2022, TIIG hosted a event inviting partners working across injury and violence prevention to join us for a series of presentations. The event had over 150 attendees from across England and Wales with presentations from each of our partner Violence Reduction Units (VRUs) as well as the North West Coast Clinical Network, NHS England, NHS Digital and LJMU. This newsletter focuses on some of the main themes from the TIIG event.

PUBLIC HEALTH APPROACH TO VIOLENCE PREVENTION

[Professor Zara Quigg](#) from LJMU opened the event with a presentation titled ‘adopting a public health approach to violence’. Within this presentation, a whole systems approach to violence prevention was advocated for utilising four key approaches:

- 1) **Who** (Surveillance to identify the size and scope of the problem)
- 2) **Why** (Identifying underlying causes)
- 3) **What** (Implementation of interventions and effective practice)
- 4) **Why** (Identifying what works).

Zara also discussed key risk factors for violence including those at a societal, community, relationship, and individual level concluding that the more risk factors, the greater the risk for being involved in violence.



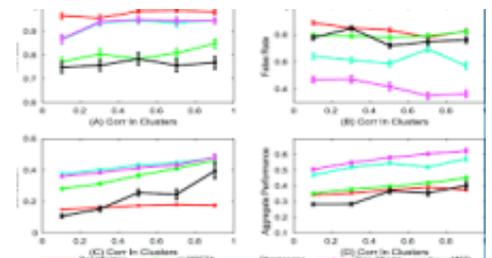
Direct and indirect costs of violence were also discussed with violence costing Merseyside an estimated £185.4 million per annum through costs to the healthcare system, police and criminal justice system, and in lost productivity. The session concluded by discussing the public health approach to violence being implemented across the UK and the need for this approach to take a long term view as whilst evidence on impact is emerging, societal change may not be realised for many years.

USING DATA TO INFORM INTERVENTIONS

There were a series of presentations exploring the use of data within violence prevention. [West Yorkshire VRU](#) discussed this broadly; turning data into wisdom and creating a knowledge hub which brings together data but also insight and research, partnership-working and an understanding of the root causes of violence. [Merseyside VRP](#) gave a specific example of how arson and education data had been used to inform the location of a targeted invention (Beacon Project run by Merseyside Fire and Rescue). [Northumbria VRU](#) discussed their YOLO project (a 1:1 mentoring programme aiming to divert young people from becoming involved in serious youth violence) with young people in this programme identified due to their being involved a knife/serious incident and the presence of ACES. There was a session on the Bystander Approach from [Wales VPU](#). Bystander programmes empower community members to recognise and safely challenge harmful social norms and cultural micro-aggressions. Within Wales, this work has been carried out particularly within the context of Violence Against Women, Domestic Abuse and Sexual Violence, a problem which is particularly prevalent but also preventable. [Nadia Butler](#) from LJMU presented on Violence against women and children (VAWC) during Covid-19, noting that whilst there was a decrease in demand on health services during this period, there was an increase to NGO services such as a National Child Helpline. This research highlighted a lack of reliable data on VAWC and the importance of NGOs in accessibility and trusted relationships. [Greater Manchester VRU](#) discussed how there is an increasing recognition that police action should not be the only response to violence. Furthermore, when violence is treated as a criminal justice issue, understanding has relied primarily on criminal justice data. However, looking at health data incidents allows for an understanding of how many victims are ‘missing’ from police data. [Lancashire VRN](#) discussed the use of data within the context of being trauma informed and highlighted the need to draw together intelligence on data from multiple different sources including education, housing, and drug and alcohol services. Finally, there was a presentation from [North West Coast Clinical Network](#) on the use of data within suicide prevention. Real time alerts and surveillance make suicide prevention everyone’s business, allowing for increased learning through data sharing, intelligence led interventions, multi-disciplinary working and the rapid delivery of local responses to local problems.

IMPROVING DATA QUALITY

The last presentation came from [NHS England and NHS Digital](#) and discussed the national roll out of the Emergency Care Dataset (ECDS). Whilst ECDS is primarily used within hospital planning through improved patient care, better planning of health care services and improved communication between health care professionals, it has a secondary role in injury and violence prevention through better identification and standardisation of key injury groups.



Joined up training events between NHS England, NHS Digital and TIIG have been delivered across the North West with the aim of improving the collection and completion of injury and violence data. This has now led to similar work planned (in September 2022) across North East and Yorkshire.

The TIIG team would like to thank all the speakers and attendees for their time; slides and recording of the day are available [here](#).

MEET THE TEAM



- Mark Whitfield** Intelligence and Surveillance Manager
- Jen Germain** TIIG Project Lead
- Jane Webster** Data Quality Lead
- Petra Collins** Data Analyst
- Ann Lincoln** Data Analyst
- Howard Reed** Intelligence and Surveillance Systems Manager
- Karen Critchley** Criminal Justice Project Lead

Public Health Institute
 Liverpool John Moores University
 Exchange Station
 Tithebarn Street
 Liverpool, L2 2QP

Phone: 0151 231 4500
Email: J.S.Germain@ljmu.ac.uk
Website: <https://tiig.ljmu.ac.uk>
Twitter: www.twitter.com/TIIG_PHI