

Evaluating a violence prevention programme currently being used in hospital A&E departments

Submission date 27/01/2023	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 13/03/2023	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 26/10/2023	Condition category Other	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

Accident and Emergency (A&E) departments in hospitals can be an important setting for stopping violence. This is because staff in A&E have access to people who have been injured because of violence. Those who have injuries will usually go straight to A&E and the police and other services, also involved with stopping violence, may be unaware of what's happened. It is possible that work to try and stop violence in A&Es may help stop someone becoming a victim again. Violence and stopping violence (also called violence prevention) is a priority for the UK government and the NHS, police and other groups are asked to work together to help stop violence. To do this, A&Es in Swansea and Cardiff set up Violence Prevention Teams (VPTs). Violence Prevention Teams (VPTs) are led by nursing staff, who find patients who go to A&E because of violence. The nurses work with these patients to identify the reasons why they have been involved violence and they support and send patients to other groups within and outside of the NHS who can offer the best support for patients. Despite violence prevention teams often being set-up in A&Es in the UK, there is not much information on how and if they work.

Our team, based at Cardiff University, is funded by the Youth Endowment Fund (YEF) to find out how the Violence Prevention Teams (VPTs) in Cardiff and Swansea work. We aim to understand how the Violence Prevention Teams (VPTs) have been set-up and how they are currently working. We also aim to find out what impact the Violence Prevention Teams (VPTs) are having on the other areas of violence prevention. Because Violence Prevention Teams (VPTs) will probably work best if they respond to local needs, we will also try to find out what's the same and what's different between the teams in Cardiff and Swansea. We hope this will help policy makers' decision making on if and how Violence Prevention Teams (VPTs) should be used in other A&Es across the UK.

Who can participate?

All adults (aged 18+ years and any gender) who consent to take part and work in groups linked with the interventions in Cardiff and Swansea or who are linked with work on violence. This could include health (the NHS), police, or third sector groups like charities.

What does the study involve?

In order to meet our study aims we will speak with (interview) 60 people who work in areas linked to violence and the staff working on the violence prevention teams in Cardiff and Swansea to find out how the Violence Prevention Teams (VPTs) are working and what people think of them. We will also read all the key documents and information (document analysis) that talks about the Violence Prevention Teams and how they work. We will also collect information on patients age and gender who attend A&E and see if these people are supported by the Violence Prevention Teams (VPTs). We are also looking at what other information is available on Violence Prevention Interventions (VPTs) (Scoping Review) to find out what works in different settings and what type of patients and staff it works for.

What are the possible benefits and risks of participating?

Due to the type of our study, there are no direct benefits for participants. But, participants professional insights will help us understand how the Violence Prevention Team (VPT) interventions in Cardiff and Swansea are being delivered, explore potential areas where improvements could be made and whether it could be used in other A&Es.

The only small risk for participants is that we will be speaking to professionals in key jobs linked to work on violence prevention. Because there are a small number of these type of jobs some people may be able to find out who we have spoken to. We will work very hard to protect everyone's privacy and remove any information that could allow someone to find out who we spoke to and tell all participants about this small risk.

Where is the study run from?

The study is being run from the Centre for Development, Evaluation, Complexity and Implementation in Public Health Improvement (DECIPHer), SPARK, Cardiff University, UK

When is the study starting and how long is it expected to run for?

September 2022 to November 2023

Who is funding the study?

Youth Endowment Fund (YEF) (UK)

Who is the main contact?

Jordan Van Godwin, vangodwinj1@cardiff.ac.uk

Contact information

Type(s)

Principal investigator

Contact name

Prof Simon Moore

ORCID ID

<https://orcid.org/0000-0001-5495-4705>

Contact details

Violence Research Group
Security, Crime & Intelligence Institute
SPARK

Maindy Road
Cardiff
United Kingdom
CF24 4HQ
+44 (0)7540825513
moorec2@cardiff.ac.uk

Type(s)

Scientific

Contact name

Mr Jordan Van Godwin

ORCID ID

<https://orcid.org/0000-0001-5288-6614>

Contact details

DECIPHer
SPARK
Maindy Road
Cardiff
United Kingdom
CF24 4HQ
+44 (0)2922510091
vangodwinj1@cardiff.ac.uk

Additional identifiers

Clinical Trials Information System (CTIS)

Nil known

ClinicalTrials.gov (NCT)

Nil known

Protocol serial number

Nil known

Study information

Scientific Title

Implementation and process evaluation of South Wales hospital-based violence intervention programmes

Acronym

PREVIP

Study objectives

As a process evaluation, the research is guided by a series of research questions that have been co-produced with key stakeholder partners.

The primary research questions are:

1. To what extent have Violence Prevention Teams (VPTs) become embedded within broader hospital systems?
2. To what extent do implementers adhere to the intended delivery model?
3. How much of the intended intervention has been delivered?
4. How well are the different components of the intervention being delivered?
5. To what extent does the intervention reach cover the entirety of all assault-related ED attendances?
6. To what extent do patients engage with the intervention?
7. How were in-hospital referral pathways developed for patients, and to what extent were patients supported across institutional transitions
8. What is the perceived need for and benefit of the intervention amongst the implementers and related stakeholders?
9. What strategies and practices are used to support high-quality implementation?

Our secondary research questions are:

10. What adaptations were undertaken to use the VPT model in Swansea following its establishment in Cardiff, and why?
11. What are stakeholders' views on the types of setting to which the model is likely to be more or less transferable?

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved 25/11/2022, School of Dentistry Research Ethics Committee (School of Dentistry, Cardiff University, Heath Park, Cardiff, CF14 4XY; +44 2920742470; lippettce@cardiff.ac.uk), ref: 2213

Study design

Process evaluation

Primary study design

Observational

Study type(s)

Prevention

Health condition(s) or problem(s) studied

The study aims to understand the functioning of the existing Violence Prevention Team intervention model through the examination of implementation, impact mechanisms, and context by utilising qualitative interviews, document analysis and examining routine data. The focus on context will also allow us to understand questions regarding transferability and local adaptation.

Our participants are those who deliver the intervention and who have links to the intervention. At the current time we are conducting one off semi-structured interviews with participants, these are scheduled to take place between January-September 2023.

Interventions

Violence Prevention Team, referring patients with assault-related injuries attending the Accident & Emergency (A&E) services (e.g. drug and alcohol teams) able to support vulnerabilities (e.g. drug, alcohol misuse) thereby reducing future exposure to violence.

Intervention Type

Other

Primary outcome(s)

One off semi-structured interviews to answer the following questions:

1. To what extent have VPT's become embedded within broader hospital systems?
2. To what extent do implementers adhere to the intended delivery model?
3. How much of the intended intervention has been delivered?
4. How well are the different components of the intervention being delivered?
5. To what extent does the intervention reach cover the entirety of all assault-related ED attendances?
6. To what extent do patients engage with the intervention?
7. How were in-hospital referral pathways developed for patients, and to what extent were patients supported across institutional transitions?
8. What is the perceived need for and benefit of the intervention amongst the implementers and related stakeholders?
9. What strategies and practices are used to support high quality implementation?
10. What adaptations were undertaken to use the VPT model in Swansea following its establishment in Cardiff, and why?
11. What are stakeholders' views on the types of setting to which the model is likely to be more or less transferable?

Key secondary outcome(s)

Scoping Review

1. What strategies and practices are used to support high quality implementation?

Document Analysis

1. To what extent have VPT's become embedded within broader hospital systems?
2. To what extent do implementers adhere to the intended delivery model?
3. How much of the intended intervention has been delivered?
4. How well are the different components of the intervention being delivered?
5. To what extent does the intervention reach cover the entirety of all assault-related ED attendances?
6. To what extent do patients engage with the intervention?
7. How were in-hospital referral pathways developed for patients, and to what extent were patients supported across institutional transitions?
8. What is the perceived need for and benefit of the intervention amongst the implementers and related stakeholders?
9. What strategies and practices are used to support high quality implementation?
10. What adaptations were undertaken to use the VPT model in Swansea following its establishment in Cardiff, and why?

Completion date

30/11/2023

Eligibility

Key inclusion criteria

All individuals professionally associated with the interventions in South Wales, either within the health or police estates, or non-statutory partners will be eligible

Participant type(s)

Mixed

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

Does not meet the inclusion criteria

Date of first enrolment

08/12/2022

Date of final enrolment

30/09/2023

Locations**Countries of recruitment**

United Kingdom

Wales

Study participating centre

DECIPHer

Prifysgol Caerdydd / Cardiff University

Sbarc / Spark

Heol Maendy / Maindy Road

Cathays

Cardiff

United Kingdom

CF24 4HQ

Sponsor information

Organisation

Cardiff University

ROR

<https://ror.org/03kk7td41>

Funder(s)

Funder type

Charity

Funder Name

Youth Endowment Fund

Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study will not be made available as the participants did not give written consent for their data to be shared publicly and due to the sensitive nature of the research and in order to protect participant anonymity, supporting data is not available.

IPD sharing plan summary

Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article		25/10/2023	26/10/2023	Yes	No
Protocol file	version 2.0	23/01/2023	13/09/2023	No	No
Study website	Study website	11/11/2025	11/11/2025	No	Yes