### london_councils_colourBriefing note for SYV seminar on 8 June 2018

### Overview

While youth homicide remains very rare in London, there has nonetheless been a marked statistical increase in frequency since 2016. Last year, the number of under-25s murdered, usually in fatal stabbings, increased by 83% to 35. Between January and May this year, at least 60 homicides, many of them under-25s and related to gang culture, have been committed in London.

The London Knife Crime Strategy which was launched in June 2017 sets out the Mayor’s plan for a partnership approach to tackling knife crime.

London Directors of Children’s Services and Heads of Community Safety have been gathering local approaches in response to the increase in serious knife crime.

### Public Health and Youth Violence

The causes of youth violence are multifactorial and include familial, social, and economic factors. While the potential influence that parents, family members, and other adults can have in pushing a young person toward violence is important, the influence of schools and in particular of peer groups is also significant in shaping the attitudes and behaviours of children toward violence.

Those who perpetrate violence or experience violence are often subject to significant health inequalities and there are frequently some underlying mental and physical health factors, as well as issues related to the wider-detriments of health – such as housing, unemployment, domestic violence and substance misuse.

## Why is a ‘Public Health Approach’ important and why are people talking about it?

Violence has a devastating impact on individuals, families and communities. The World Health Organisation acknowledges that “violence of all sorts is strongly associated with social determinants”, therefore highlighting that a different approach to tackling the problem of violence needs to be developed.

Rather than taking a procedural justice approach dealing with the consequences, working with partners to better understand the root causes of violence, yielding a whole-system response, has met with success in a number of high profile cases – some are detailed below.

This is what is meant by a ‘Public Health approach’ to violence: developments in public health methodologies mean that integrated multi-agency working, with a focus on prevention and the wider determinants of health that sit outside the direct remit of the health system (such as deprivation) have become much more common.

While it must not be forgotten that violence has a health aspect, both in terms of cause and consequence, it is this whole-system approach, most commonly associated with public health, which is most effective for long-term violence reduction.

At its core a public health approach is an acknowledgement that no issue relating to violence has a single aspect or cause and that no single agency, service or organisation has all the answers.

A Public Health approach has 6 broad criteria:

* It is focussed on a defined population
* It is established with and for communities
* It is not constrained by organisational or professional boundaries
* It is focused on generating long term, as well as short term, solutions
* It is based on data and intelligence
* It is rooted in evidence of effective practice

Ultimately, changing a culture of violence takes time, as does strengthening collaboration and commitment from partners within Local Government, Police, the wider criminal justice system, health and voluntary sector organisations. A public health approach is not solely delivered by a public health team, or funded by the public health grant, or any one organisation, but is a shared endeavour.

## Case Studies

### Health & Violent Crime/Youth Gangs – Glasgow

The Violence Reduction Unit (VRU) was established by Strathclyde Police in 2005 as a reaction to the extremely high levels of violent crime in Glasgow, and it was the first major initiative of its kind in the UK to adopt a [public health](https://en.wikipedia.org/wiki/Public_health) approach. This programme was highly successful in driving down violence in Glasgow and has since been adopted across all of Scotland – this is considered one of the reasons why Scotland is largely unaffected by the recent increase in violent crime occurring in England and Wales.

The VRU’s aims were to reduce violent crime and behaviour, achieving long-term societal and attitudinal change by working with agencies in fields such as health, education and [social work](https://en.wikipedia.org/wiki/Social_work).

Significantly, a multi-agency approach was taken to initial intelligence gathering and identification. It was only when gathering information from Schools, Social Services and the Police was it noted that their lists of young people at risk of violence were all different, as different agencies looked at different criteria.

#### Violence Reduction Unit – Key Themes

The VRU’s ‘Public Health’ approach to violence reduction included several key themes:

* A&E focus

Throughout the course of the programme, the measure of violent crime, and thus the measure of success in violence reduction, was the number of coming through A&E with knife related injuries. In this way, there was at least a tacit acknowledgement that police figures are not accurate (in Glasgow, it was estimated that only 30% of violence was reported).

It was in Glasgow’s hospitals that initial interventions were made with those involved in violence and gang-culture. This entailed some training for nurses, to help them identify and begin engagement with those involved.

* School focus

As part of the overarching aim to bring the people who are most effected in to the solution, the VRU engaged with teachers and schools in the area. This involved arranging speakers with lived experience to talk to pupils, but especial emphasis was ultimately placed on listening to young people to gain a better understanding of their difficulties as they saw them.

Notably, this also entailed a Zero Exclusion policy across the city, with the emphasis on keeping children in school – and thus out of gang culture, which was the only alternative for many.

* Focus on Early Years

As it was noted that children from troubled homes were more likely to engage with violent behaviour, identifying and paying attention to young children from troubled homes was considered a priority by the Unit. Once identified, early interventions could then be made – including offers of support, counselling etc.

* Focus on community

There was a clear focus on engagement with the community, both in terms of including the general public in the solution - gathering intelligence on gang activity and violent behaviour on the ground, as well as input in to possible solutions to keep young people out of violent behaviour – and to build trust. Together with a series of public events, investment was put into keeping community officers on the streets long-term to get to know people and build trust with communities.

#### Enforcement and Prevention

The launch of ‘Community Initiative to Reduce Violence’ (CIRV) in 2011 very much represented the culmination of work since 2005. From here, the VRU ultimately settled in to two key parts: Enforcement; and Prevention.

* Prevention
  + Offer help
    - Identified young people considered at risk were offered help and support via a collection of services – jobs and other employment services, counselling, housing, schools and education, or health services.
  + ‘Exit pathways’
    - For those who were already involved in gang culture or violent behaviour, help was offered through carefully tailored ‘Exit Pathways’. If this help was accepted, then services would intervene to develop a programme for the individual. However, if this offer was refused, a zero tolerance approach was adopted.
* Enforcement
  + Increased sentences for knife crime from 2 years to 4
  + Possession of a knife results in being kept in custody and not liberated until trial

Please see: <http://www.actiononviolence.org.uk/sites/default/files/CIRV_2nd_year_report.pdf>

### The West Midlands Violence Prevention Alliance

In June 2015 the Office of Police and Crime Commissioner (OPCC), the West Midlands Police, the West Midlands Combined Authority and Public Health England launched the West Midlands Violence Prevention Alliance (WMVPA).

By adopting a public health approach of identifying and addressing root causal factors, the Alliance sought to influence, encourage and support partners in playing a part in preventing violence and abuse, improving health, wellbeing and safety across the region.

WMVPA partners do this through implementing evidence based interventions, as well as testing and evaluating new approaches.

The Alliance has initially focused on 4 priorities:

* Advocacy: Identifying and supporting partners to become more preventative, using evidence and evaluating work including developing communications to reinforce messaging on shifting social norms and promoting prevention

The WMVPA have been integral to influencing the work of the National Consensus Statement – a national commitment between the Home Office, Public Health England, NHS England and Policing. The West Midlands Combined Authority has also been central influencing the Public Sector Reform programme, helping to articulate the necessity to work across the life course and develop the conversation around the return on investment of early intervention.

* System Leadership: Developing the Alliance as a network of organisations and professionals who take responsibility for leadership across the wider public service system

This has principally involved a series of events across for leaders and key influencers in the area. A particular success was the launch of ‘Craig’s Story’ - a part of the Alliance’s narrative, which showed the life course of an individual who had experienced violence and adversity throughout his life and highlighted the influence of early experience and their impact on future behaviours’ and outcomes.

* Understanding Violence: Development of a surveillance system to collate and analyse data on injury as recorded by partners within the West Midlands

Working with Public Health England, the Alliance has developed of a short-term surveillance system that collects data on assault-related injuries from hospital emergency departments (ED) in line with the Department of Health guidance on Information Sharing to Tackle Violence. This is a first step in the development of a more long-term and comprehensive system, which will include other services such as ambulance dispatch and Police datasets.

* Developing Primary Prevention: Working with others to identify and develop interventions specifically focusing on young people and domestic abuse.

The Alliance has helped to develop a number of initiatives:

* + Mentors in Violence Prevention (MVP)

The MVP is a peer mentor programme for schools. Able to be embedded throughout a school or college, the programme is focused on developing young people as leaders with the aim of promoting respect and positive relationships, whilst preventing violence and bullying. Notably, Scotland’s Violence Reduction Unit was commissioned to train staff to run MVP programmes in their schools.

* + Navigators Programme: Intervening in acute health settings and work in hospitals

This initiative involves placing an Independent Domestic Violence Advisor at Queen Elizabeth and Heart of England Hospitals. With the aim of strengthening engagement and violence prevention across Health Services, this programme is focused on youth domestic and sexual violence.

* + IRIS: Responding earlier to domestic abuse in Primary Care

IRIS is a national scheme for identifying victims of domestic abuse earlier in the primary care system[[1]](#footnote-1). In 2016, it was agreed to implement this programme within primary care in the area.

* + Domestic Violence Perpetrator Programme

The OPCC funded Domestic Violence Perpetrator Programme was launched in 2017. It offers a 26 week course to identified perpetrators across Birmingham, via a referral pathway that will enable to programme to change behaviour of the perpetrator while also monitoring and supporting the victim (and any children involved).

Please see: <http://violencepreventionalliance.org/wp-content/uploads/2015/03/Protecting-people-and-promoting-healthy-lives-in-the-West-Midlands_WMVPA-June-2015.pdf> ; <http://violencepreventionalliance.org/about/>

### Hackney’s ‘public health’ approach

Established in May 2018 as a direct response to the recent increase in violence, Hackney Council’s ‘Public Health’ approach includes 5 main elements:

1. The Integrated Gangs Unit

This unit brings together the Police, the council and other partners to divert people away from gangs. While the majority of the 150 people the unit deals with yearly are over the age of 25, it still takes a multi-agency approach that includes providing support, housing, education and mentoring, proving family support and embedding the probation service in their work.

1. Early Intervention

Hackney’s broad early intervention method involves a number of important local programmes. For example, the Young Black Men programme, launched by the Council in 2015, sets out to improve the health and professional outcomes, and reduce inequalities, for young black men in the area. This includes ways to improve educational attainment, ultimately leading young men away from violence.

In addition, Hackney’s Children & Families Service (CFS) is also developing a contextual safeguarding approach to address risk outside of the family context. This recognises the role that peer groups play in crime; young people face particular risks outside of a familial context, including peer abuse and sexual or criminal exploitation.

1. Youth Justice

Hackney seeks to incorporate the justice system in to their approach. For example, the Safer Young Hackney Board strategically coordinates the delivery of all youth crime and disorder related priorities across the borough, as well as proving oversight to the Youth Justice Partnership. By including the Board in this plan, they can ensure that youth crime priorities in the area are reflective of the ‘Public Health’ approach.

1. The Young Hackney Service

This service offers help and prevention services to young people aged 6-19 years. Specifically, this service is aimed at young people identified as being at risk of falling out of education and employment, as well as those who have offended or considered at risk of offending.

1. Supporting Young People and Families

Hackney also highlights the additional services they provide or support in the area. For example, the Fast Access and Screening Team (FAST) is a phone service for anyone concerned about the safety of a child or young person in the area; while professionals (teachers, GPs etc) can refer young people to the Children and Young People’s Partnership Panel (CYPPP) for multiagency early help and support services.

Notably, Hackney also highlights the work of Redthread, who are set to start in Homerton Hospital in July 2018. Redthread support young people aged 11-25 who attend hospital as a result of serious violence, abuse or sexual assault through hospital-based support workers. Redthread aims to help young people pursue positive change, move away from violence and better engage with their communities.

Please see: <file://docserver/UsersFlderRedirect/JackEddy/Downloads/approach-to-violent-crime%20(1).pdf>

## Defining a Public Health approach to Youth Violence

Tackling violence cannot be done through enforcement alone. The inherent complexity of factors related to violence therefore means that any successful move towards violence reduction requires a comprehensive approach, focused on early intervention and prevention, as well as multi-agency working.

The nature of the issue also means that the underlying reasons why a young person becomes involved in violence or gang related activity varies and must be taken on a case by case basis.

### Outline of a Public Health approach

From the case studies detailed above, a number of common factors become apparent. Broadly speaking, a successful ‘Public Health’ approach to violence combines ‘zero tolerance’ , with engagement and tailored support with a means to escape from the circumstances that has led to gang activity or violence .

This requires close cooperation and coordination between Local Authorities, Schools, the Police and emergency services, the NHS and the voluntary sector.

#### Zero-Tolerance

***Enforcement***

One of the first steps to preventing violence is to take knives (and other stabbing weapons[[2]](#footnote-2)) off the streets and have tougher penalties to act as a deterrent. This can include increased sentencing for both possession and violence with a knife.

***Limiting opportunity***

It is also important to limit the opportunities for violence to take place. This can be done by making improvements in street lighting, CCTV coverage and police visibility. Intelligence gathering and data analysis is vital in this regard.

#### Engagement and Support

***Intelligence and Community***

It is key to incorporate local multi-agency intelligence on gang activity and the community in the development of an effective local response to violent crime. Understanding the key issues, the extent of the problem – including where, when and how it is occurring, and by whom - and the impact on the local community is essential.

***Prevention and early intervention***

Recognising the needs and the circumstances of particular young people that can lead to them offending requires work in schools to hold discussions and engage with those at risk. It is also important to engage with employers to improve pathways into apprenticeships and jobs, and find effective alternatives to custody

***Developing Routes Out***

It is important to recognise that sustained improvement is only brought about by lifestyle change. A key element of an effective approach to youth violence is the development of an ‘exit pathways’ system for identified individuals.

The effected young person must understand the types of support on offer and for them to make clear, informed choices about their behaviour and potential consequences.

1. <http://www.irisdomesticviolence.org.uk> [↑](#footnote-ref-1)
2. It is important to remember that many stabbings are not carried out with a knife - stats [↑](#footnote-ref-2)