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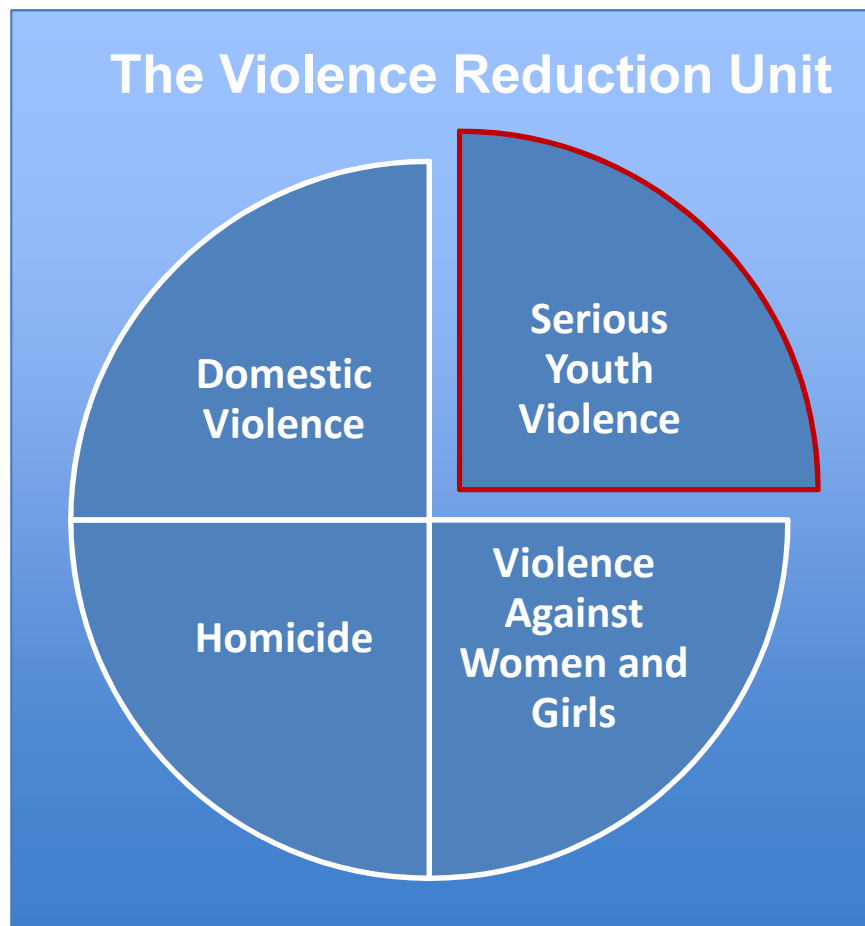# Item 4d, Appendix A
Serious Violence Affecting Young People in London

Progressing a Public Health Approach to Violence Prevention and Reduction

GLA Health Team, GLA Strategic Crime Team, and MOPAC

This report focuses on one aspect of violence

The Violence Reduction Unit

Domestic Violence

Serious Youth Violence

Homicide

Violence Against Women and Girls

Main report
- A public health approach
- Understanding SYV in London
- Organisations and partnerships
- Opportunities for further research

Appendices
- Our key lines of enquiry
- Institutional mapping
- Summary of interventions
- Key sources of evidence
- Detailed data pack

This report does **not** provide a formal strategic needs assessment.

Serious Youth Violence : A public health issue

Serious Youth Violence is a Public Health issue:

- It causes ill-health through fear, injury and loss, affecting individuals and communities
- It is contagious, with clusters of incidents linked in time, by place, or by the groups of people affected
- It is distributed unequally across population groups, and contributes to health inequalities (as identified in the London Health Inequalities Strategy)
- Risk factors for involvement in violence, which overlap with risk factors for other adverse physical and mental health outcomes
- It has **root causes**, it can be **treated**, it can be **prevented**.

Serious Youth Violence: A public health approach

A public health approach towards Serious Youth Violence:

- Uses data and intelligence
- Quantifies the burden at population-level and identifies inequalities and risks
- Identifies and focusses on defined populations, who may share certain risks
- Seeks evidence of effectiveness to tackle the problem
- Generates both long-term and short-term solutions
- Works with and for communities
- Is not constrained by organisational or professional boundaries, but seeks out system-level solutions delivered through system leadership

Understanding SYV: Current & future resources

Current resources

- WHO: 2011 review of the evidence base

- Police College Crime Reduction Toolkit

- DH Protecting People Promoting Health

- Early Intervention Foundation

- UK Drug Situation

- Lambeth Needs Assessment 2015

- Scottish Public Health Network Violence Prevention: A Public Health Priority 2014

- Children and Young people in London with Offending Behaviour – A scoping review – Public Health England Health & Justice Team

- Creating Safe Places to Live through Design, the Design Council

Resources in development

- Public Health England : Improving outcomes in vulnerable children

- Public Health England : Preventing Reoffending in Children

- The Youth Violence Commission – two reports due imminently

Epidemiological lines of enquiry into SYV

Developing a picture of Serious Youth Violence in London to identify opportunities to **prevent** initial involvement, **prevent** escalation and to **mitigate** harmful outcomes.

Case definition and incidence
- Defining 'Serious Youth Violence'
- Types of Serious Youth Violence in London

Time
- Incidence and trends over time
- Temporal patterns

Place
- Distribution of incidents across London

Person
- Demography of those involved
- Social, economic and health factors

Risk & protective factors
- Risk factors and protective factors – prevalence and distribution

Next steps
- Identify gaps in the evidence
- Opportunities for prevention

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Key epidemiological findings

Developing a picture of Serious Youth Violence in London to identify opportunities to **prevent** initial involvement, **prevent** escalation and to **mitigate** harmful outcomes.

Case definition and incidence
- 55% of SYV are Serious Wounding Offences
- 46% increase in incidence of SYV 2013-17 (police data)
- 42% increase sharp object assaults 2013-17 (hospital)

Time
- School age children: highest incidence 3pm – 10pm on weekdays
- 18-24 year olds: 6pm -12pm all days, clear peaks on Saturday and Sunday nights

Place
- Variation in incidence between boroughs and wards
- Correlation with night-time economy, e.g. Westminster
- Perpetration in own borough varies from 49% to 83%

Person
- 86% SYV hospital admissions are male
- Black young people are over-represented as both victims and perpetrators of SYV
- Ethnicity data is incomplete.

Risk factors
- Childhood adversity
- Contact with CJS
- Looked After Children
- Adolescence
- Poverty
- Emotional / conduct needs

Next steps
- More sophisticated geographical analysis
- Clearer understanding of demographic factors
- More detailed local modelling of risk factors

A public health framework for prevention

Primary prevention: Tackling root causes

- Early years enrichment programmes
- Parenting support programmes
- Positive school environments
- Improving community resilience
- Good housing
- Safe streets and places to go
- Promoting mental wellbeing
- Tackling drug supply chains

Secondary prevention: Managing risk factors

- Reducing fear for own safety
- Improving trust in authority
- Not tolerating school exclusion
- Managing conduct disorder
- Tackling child maltreatment
- Treating substance misuse

'Escalator moment' prevention

- Diversion from gang involvement
- Engaging bystanders
- County Lines work
- Agile responses to intelligence from authorities
- Contextual safeguarding – safe places and environments
- Safe havens
- Tackling triggers for violence

Tertiary prevention: Reducing the effects

- Supporting bystanders
- Supporting victims to prevent recurrence
- Reducing availability of weapons
- Supporting ex-offenders through probation and other services
- Criminal Justice System response
- School policies on response to violence
- Data gathering to inform place-based responses.

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London's institutional landscape is complex

London Partnerships

Government Departments & Agencies

London wider review of 2017 knife crime homicides

Academia

Inspection & Standards agencies

Local Authorities

NHS Organisations

Voluntary & Community Sector
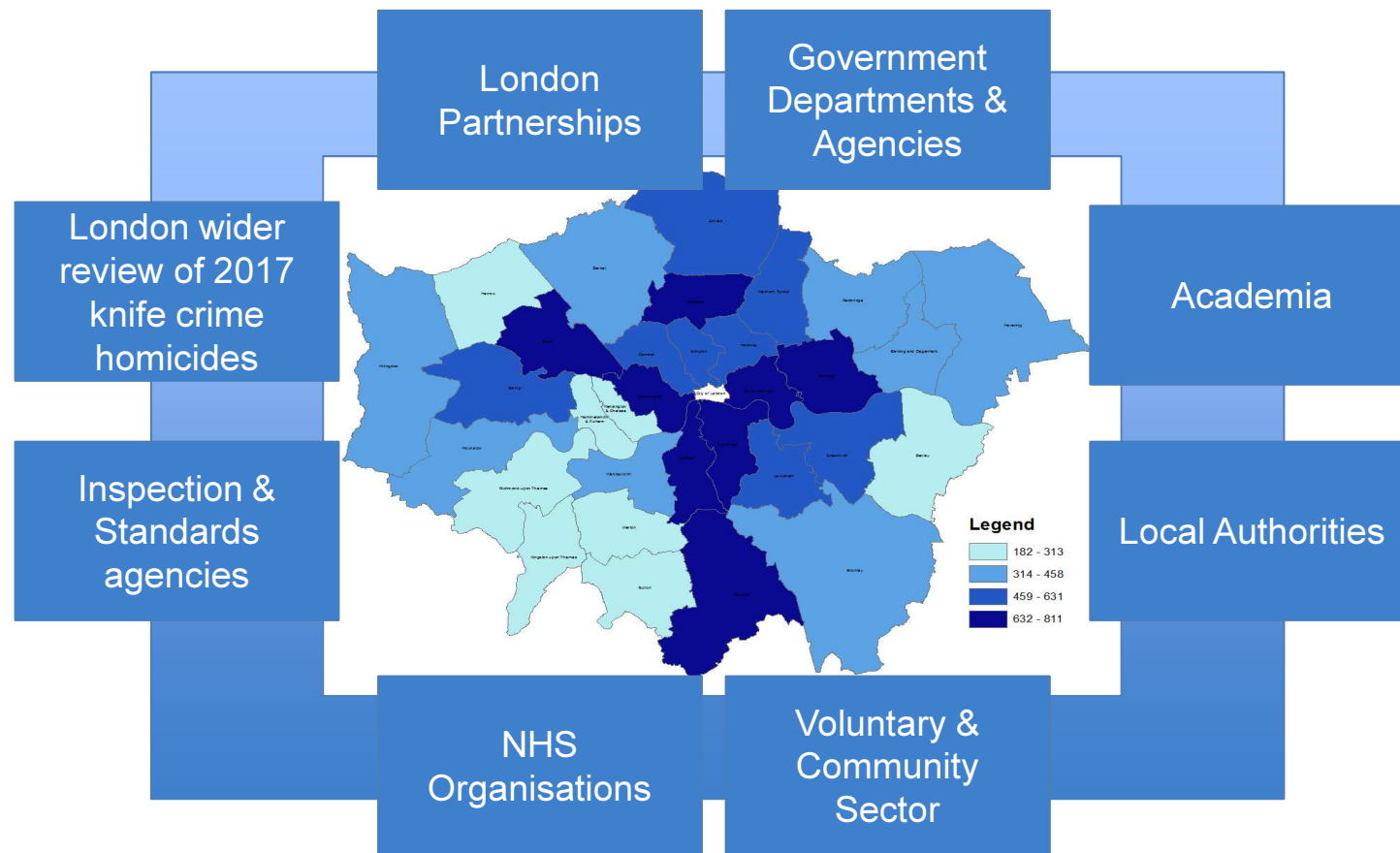
Legend
- 182 - 313
- 314 - 458
- 459 - 631
- 632 - 811

Image: Borough SYV levels 2017-18

Existing work around Serious Youth Violence

Existing workstreams around Serious Youth Violence agenda include:

Prioritisation of knife and gun crime within MOPAC's Police and Crime Plan, including:
- Improved data sharing between the emergency services
- Insight – consultation with victims and with academic partners
- Working with Child and Adolescent Mental Health Services and peer outreach
- Supporting local authorities to develop local action plans

Interventions
- Understanding and preventing knife carriage
- Trauma centre outreach – the 'teachable moment'
- Criminality diversion programmes – Young Londoners

Cross-cutting workstreams within statutory and commissioning organisations at borough-level including:
- Child and Adult Safeguarding Boards
- Health and Wellbeing Boards
- Local commissioners and service providers

Needs assessment and strategy development:
- Violence against women and girls
- Child sexual exploitation
- Gang-related violence

Community-level projects
- A multiplicity of local groups and projects are operating in communities London-wide

A partnership approach to violence reduction

Common features of the violence-reduction programmes that have made an impact:

Coherence of interventions and partner organisations towards achieving the common goal

Intensity of work towards achieving the common goal

Scale of delivery of work towards achieving the common goal

Recommended priority work areas

The narrative
- Creating a confident narrative around serious violence in London and working with the media to promote ethical reporting that avoids harm

Targeted interventions
- Continue action to understand and prevent knife carriage
- Extending teachable moment interventions in A&E to visiting peers
- Support the use of evidence-based 'diversion from criminality' programmes (This is a focus of the Young Londoners Fund work).
- Out of school and holiday activities for young people
- Keeping young people in education and tackling exclusions.

Resources
- Increasing dedicated capacity to support further development of the public health approach to serious youth violence
- Developing a definition of and response plans for clusters of incidents.

Data
- Coordinated analysis of data and intelligence, including lower level data, record linkage and the new Emergency Care Dataset (ECDS)
- Improved hospital A&E data-sharing quality and use
- London Councils resource hub