

Serious Youth Violence and Vulnerability

The Crime Paradox and a Public Health Approach

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07 July 2020

Agenda Item 10

Overview

- Public Health Approach to violence
- Scope of the report
- Trends in youth violence
- Risk factors
- Causal factors
- What works?
- What's missing?
- What needs to change?

Youth Violence and Vulnerability: *The Crime Paradox and a Public Health Response*

Annual Report of the Director of Public Health 2019/20



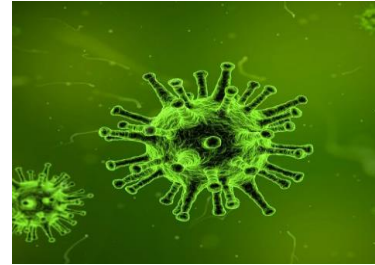
Author: Ian Wake, Director of Public Health, Thurrock Council

Public Health Approach to Tackling Violence

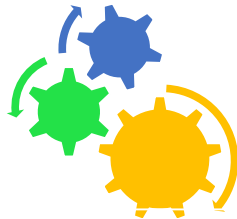
An approach that seeks to improve the health and safety of all individuals by addressing underlying risk factors that increase the likelihood that an individual will become a victim or perpetrator of violence.

By definition, public health aims to provide the maximum benefit for the largest number of people. Programmes for prevention of violence based on the public health approach are designed to expose a broad segment of a population to prevention measures and to reduce and prevent violence at population level.

WORLD HEALTH ORGANISATION



Communicable Disease



Whole Systems Approach



Data and Intelligence

1. Surveillance

What is the problem?

Define the violence problem through systematic data collection.

2. Identify risk and protective factors

What are the causes?

Conduct research to find out why violence occurs and who it affects.

4. Implementation

Scaling up effective policy and programmes

Scale-up effective and promising interventions and evaluate their impact and cost effectiveness.

3. Develop and evaluate interventions

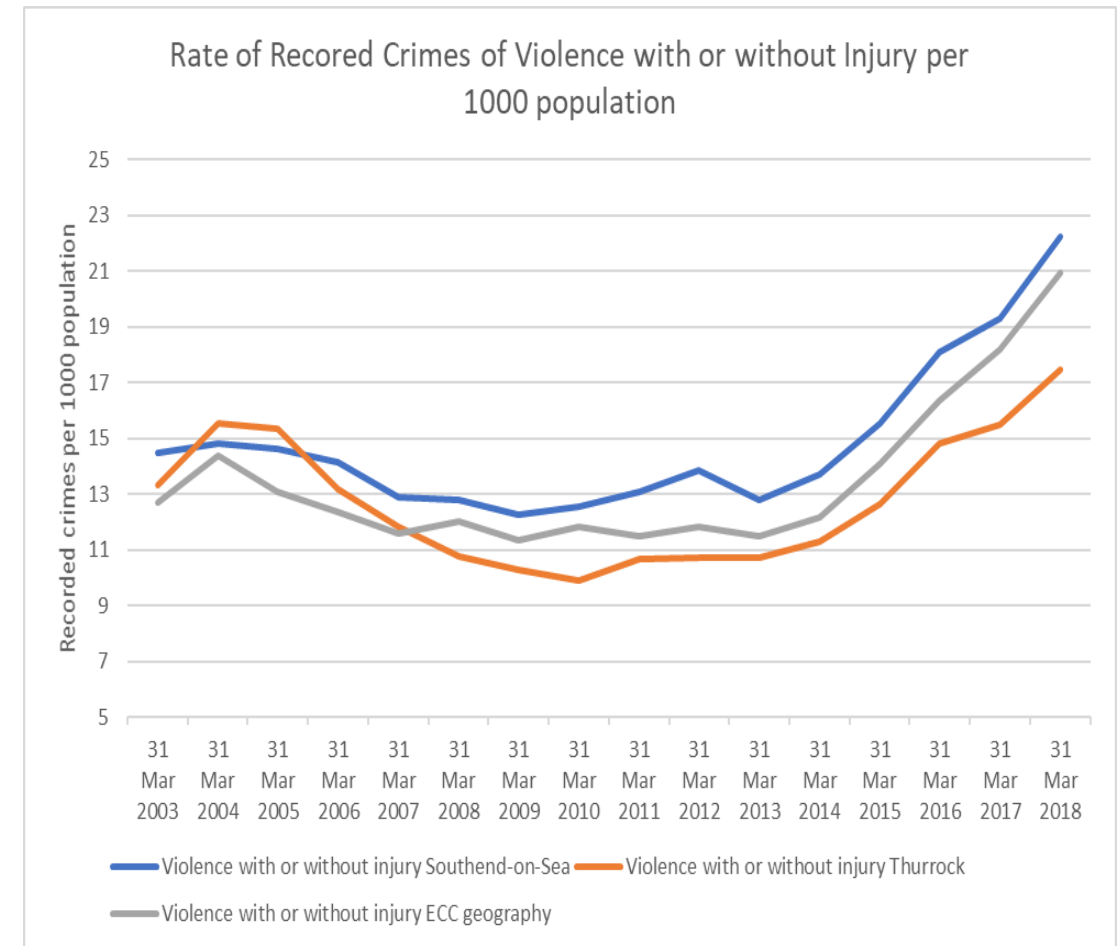
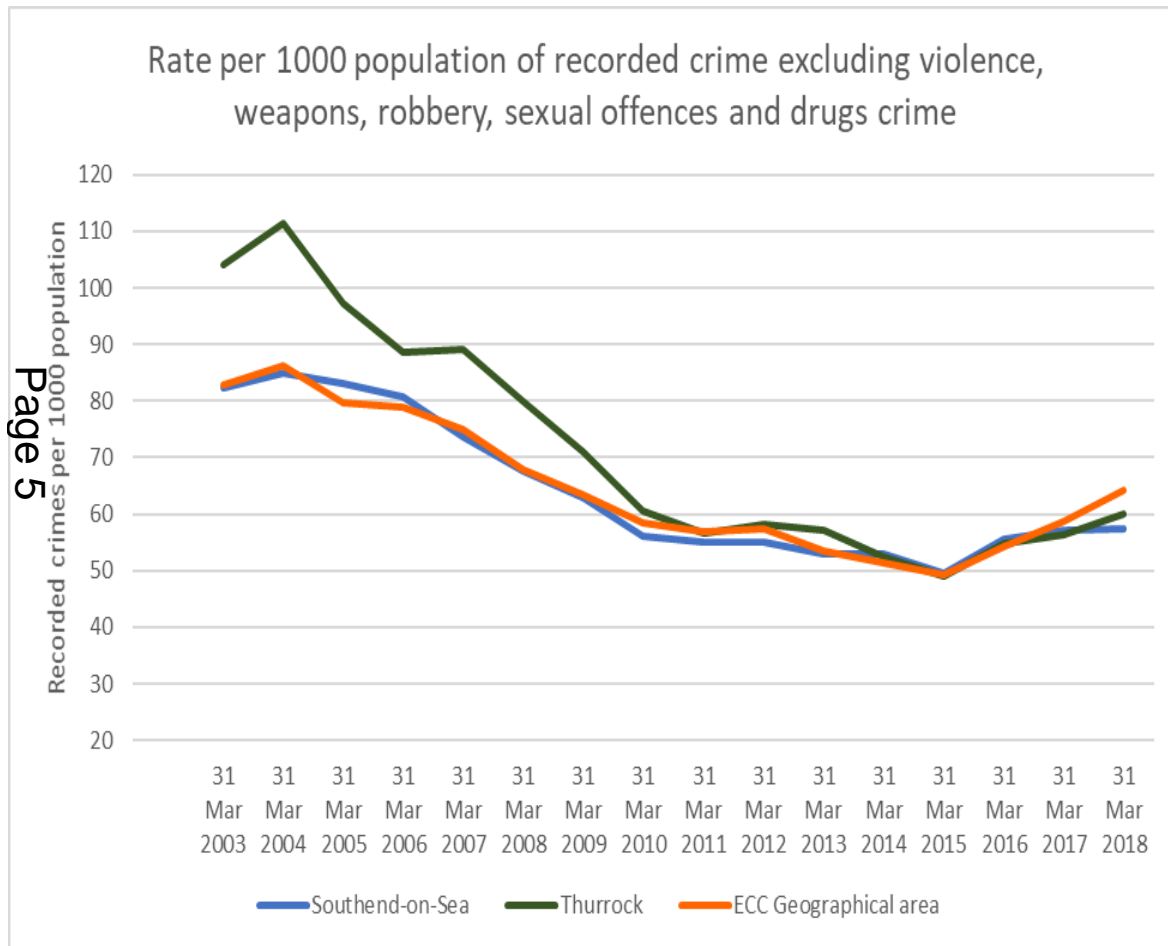
What works and for whom?

Design, implement and evaluate interventions to see what works.

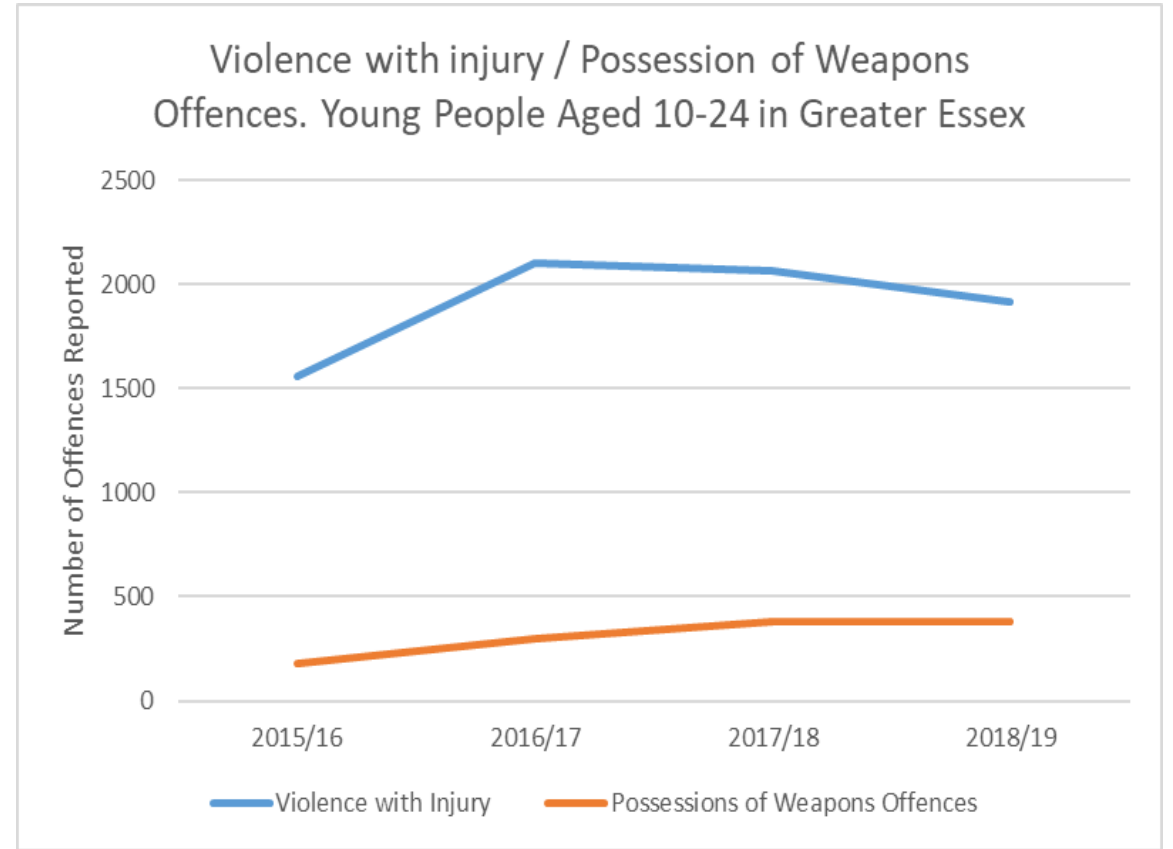
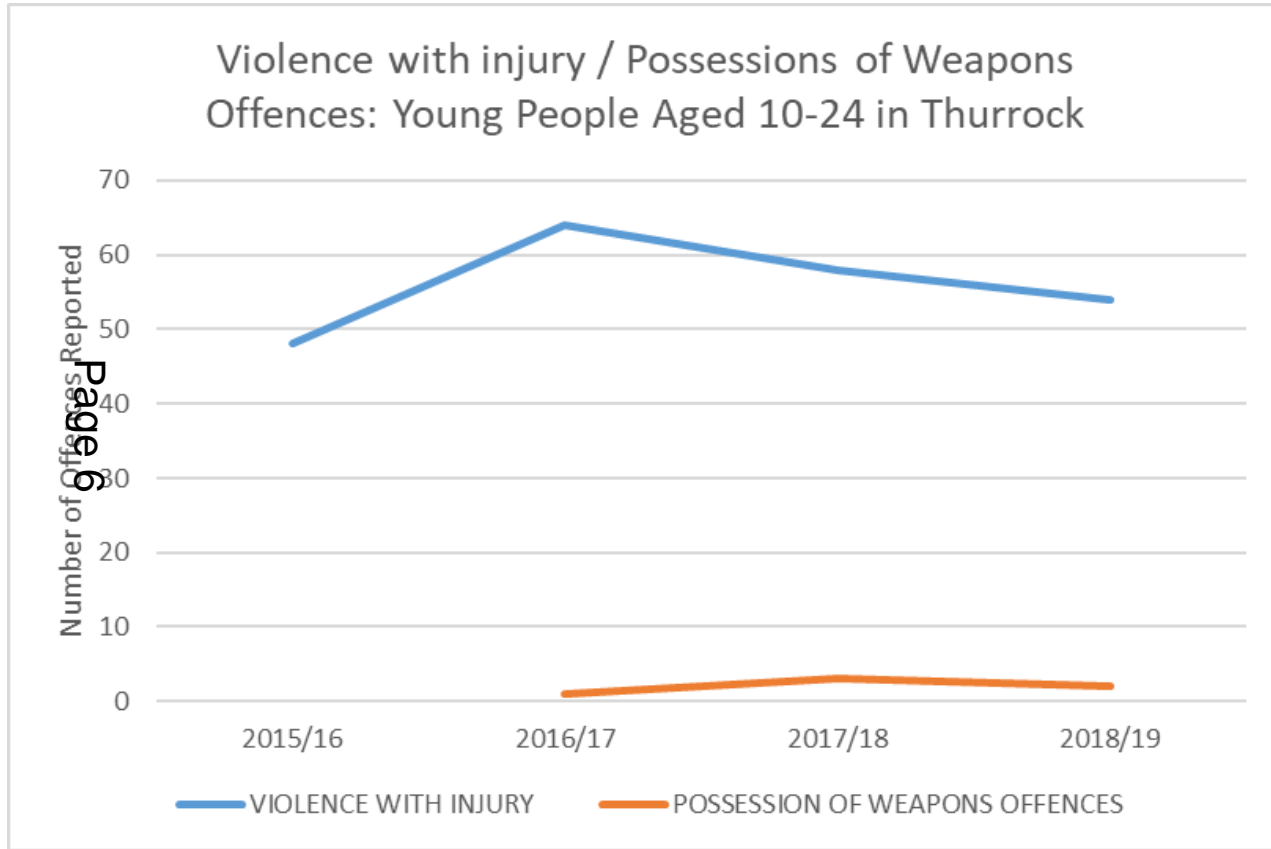
Source: WHO, 2017

Violence

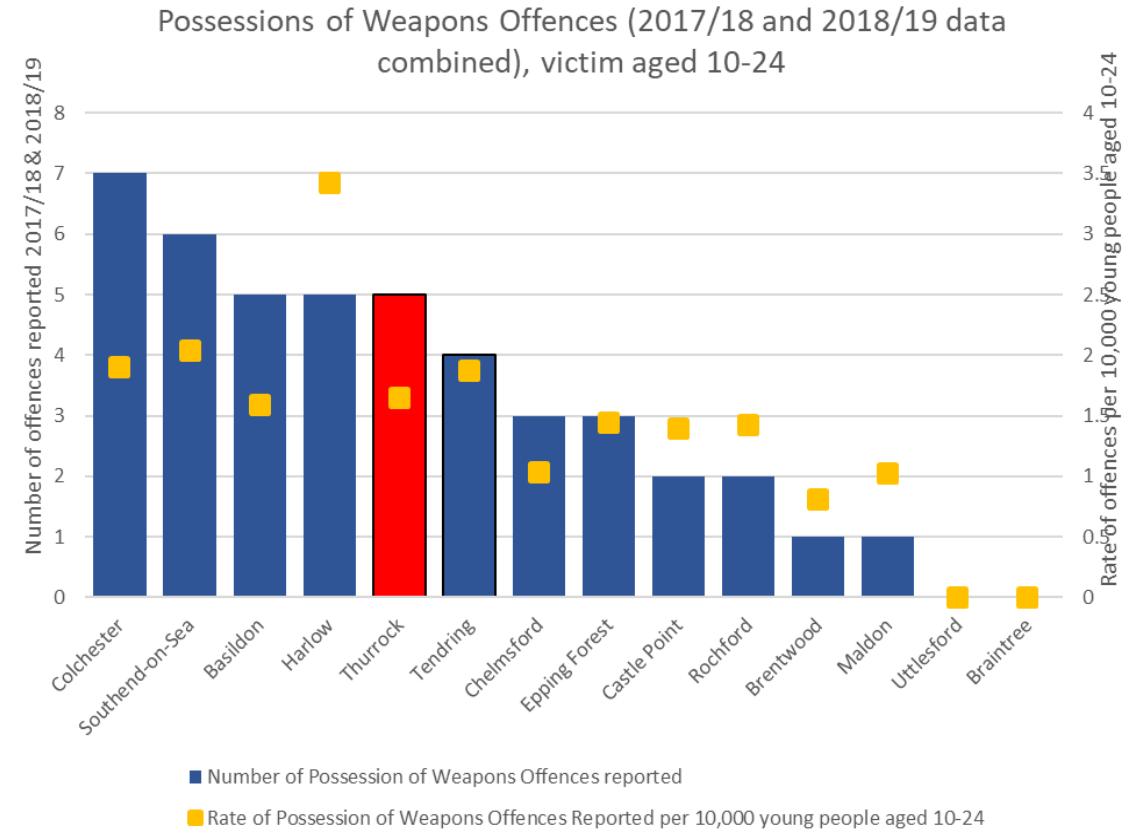
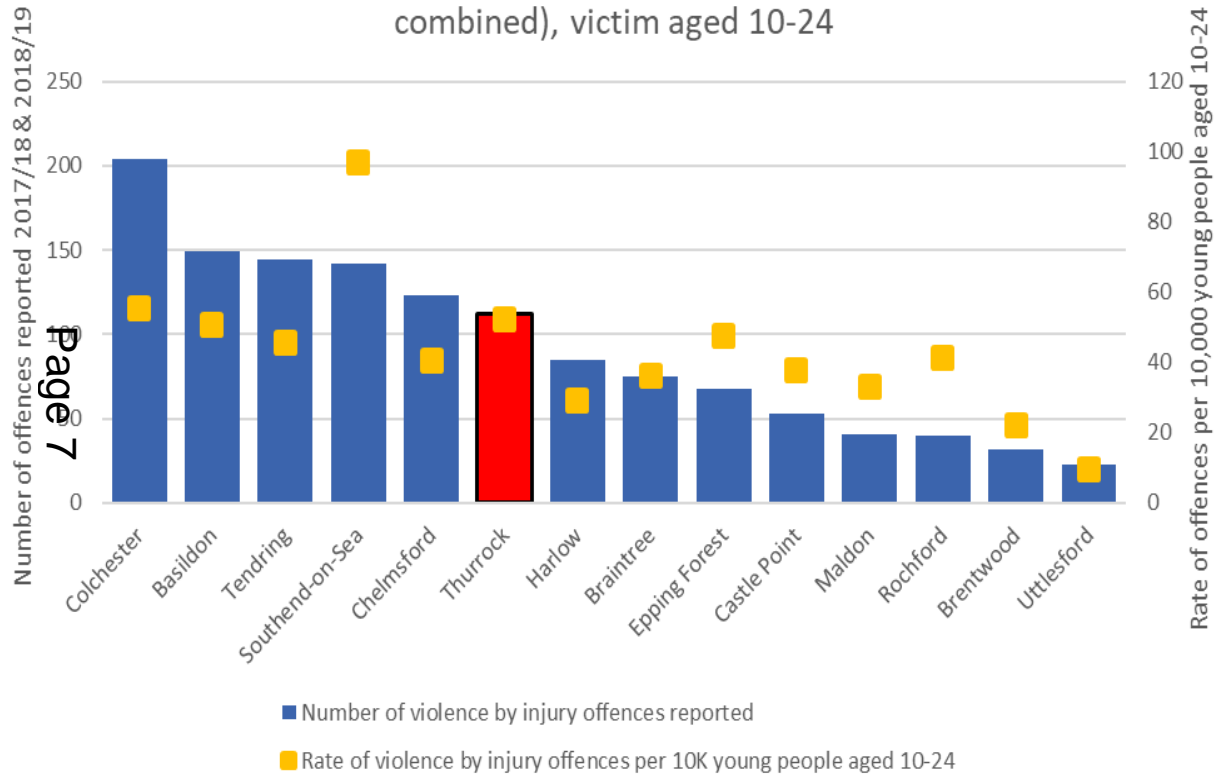
Trends in Violence



Trends in Youth Violence and Weapons Offences

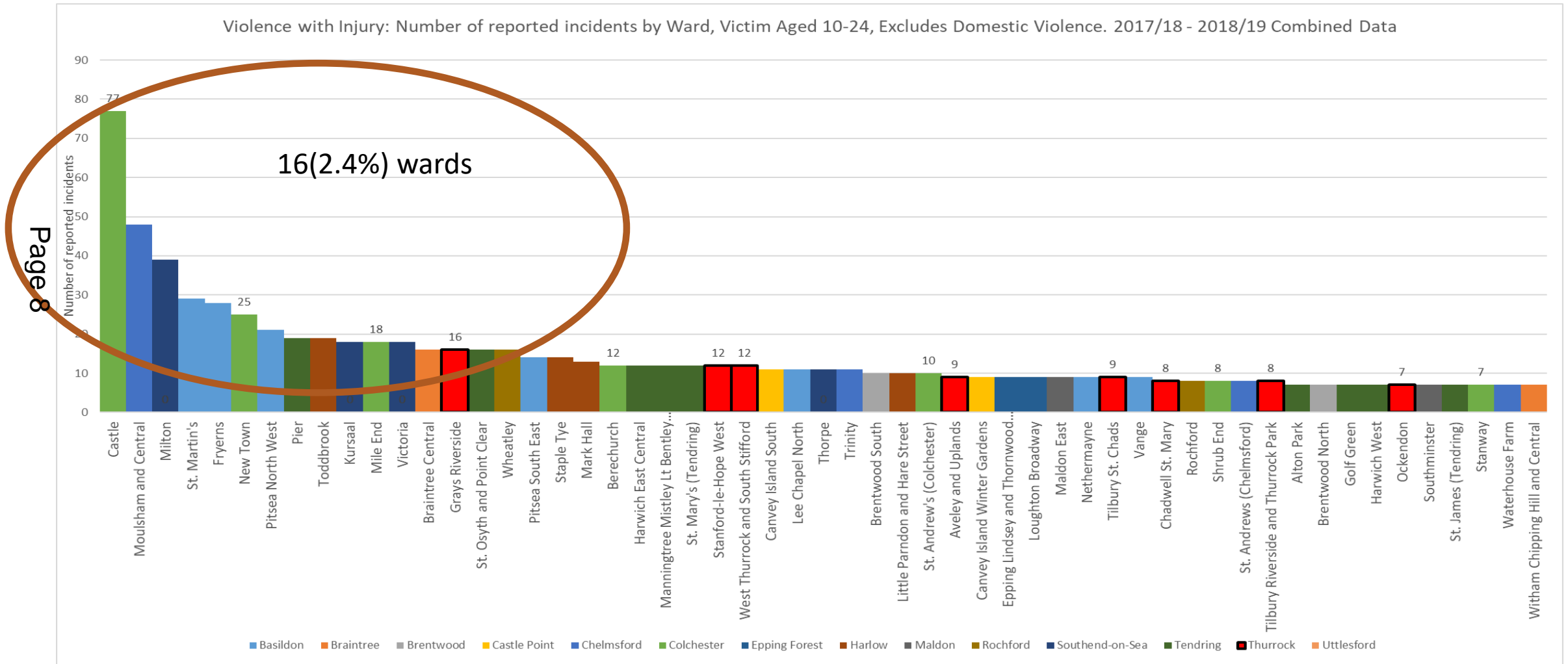


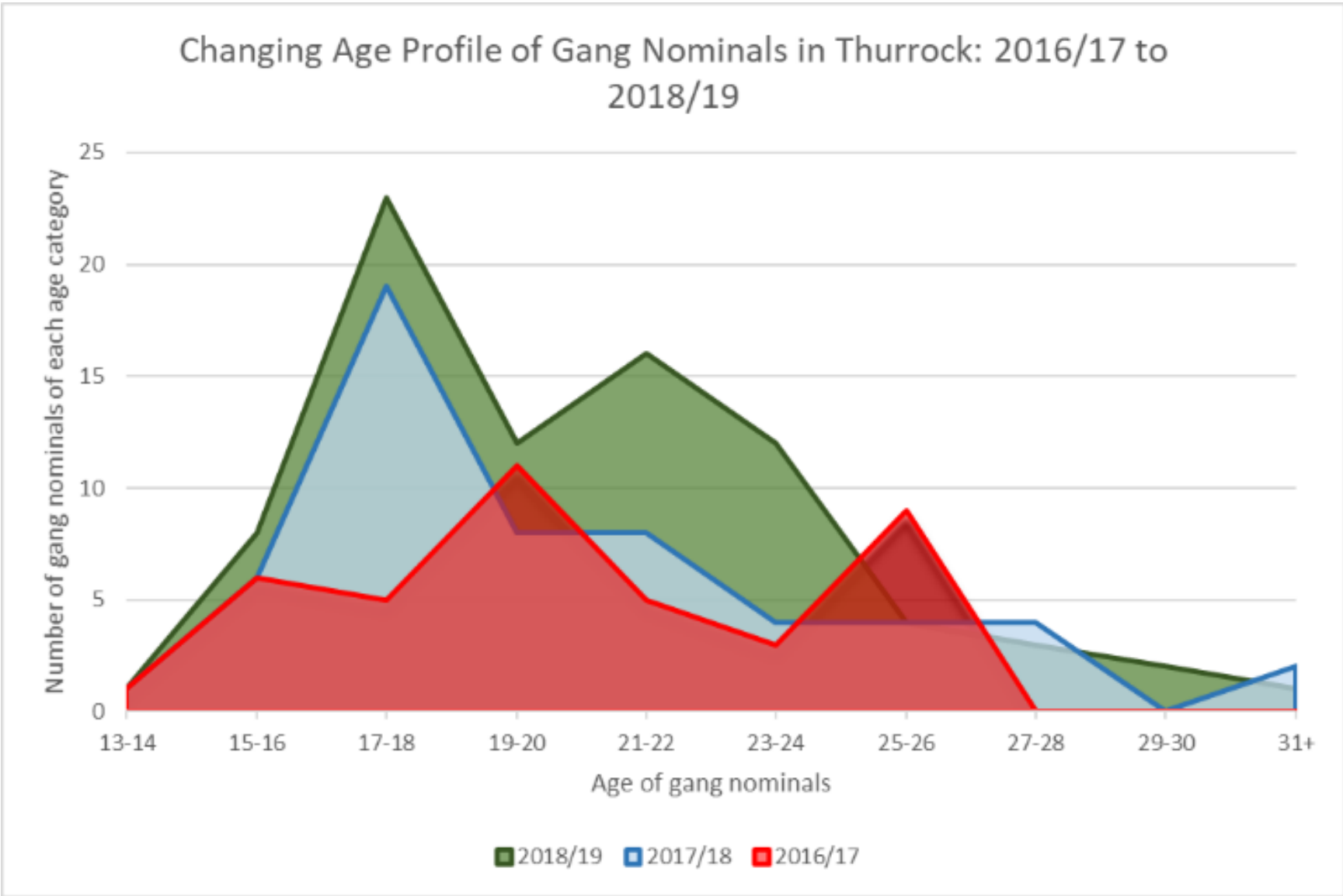
Youth Violence and Weapons Offences by District



Youth violence is still highly concentrated in small geographical areas

237/665 wards (35.6%) had one or more reported incidents in the last two years





Vulnerabilities

Gang Involvement

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Individual

- Cannabis Use (ages 10-12)
- Displaced aggression traits (ages 13-15)
- Anger Traits (ages 13-15)

- Conduct disorders (ages 0-6)
- Hyperactivity (ages 0-2 and 7-9)
- Lack of guilt and empathy (ages 3-9 and 13-25)
- Physical violence and aggression (ages 3-12)
- Anti-social beliefs (ages 7-12 and 16-25)
- High alcohol/drug misuse (ages 7-9 and 16-25)
- Delinquent behaviour (ages 16-25)



Family

- Family poverty (ages 0-2 and 7-25)
- Broken home/change in care giver (ages 7-9)
- Poor parental supervision (ages 7-12)
- Delinquent siblings (ages 13-25)
- Poor parental supervision (ages 13-25)
- Low parental aspirations for child (ages 16-25)



School

- Low academic achievement in Primary School (ages 7-12)
- Learning Disability (ages 10-12)
- Frequent Truancy (ages 7-15)
- Low academic aspirations (ages 7-9)
- Low school attachment (ages 7-25)
- Low school commitment (ages 10-15)



Peer Group

- Delinquent peers (ages 7-25)
- Association with gang involved peers (ages 16-25)
- Association with friends with behavioural problems (ages 10-12)
- Peer rejection (ages 7-25)



Community

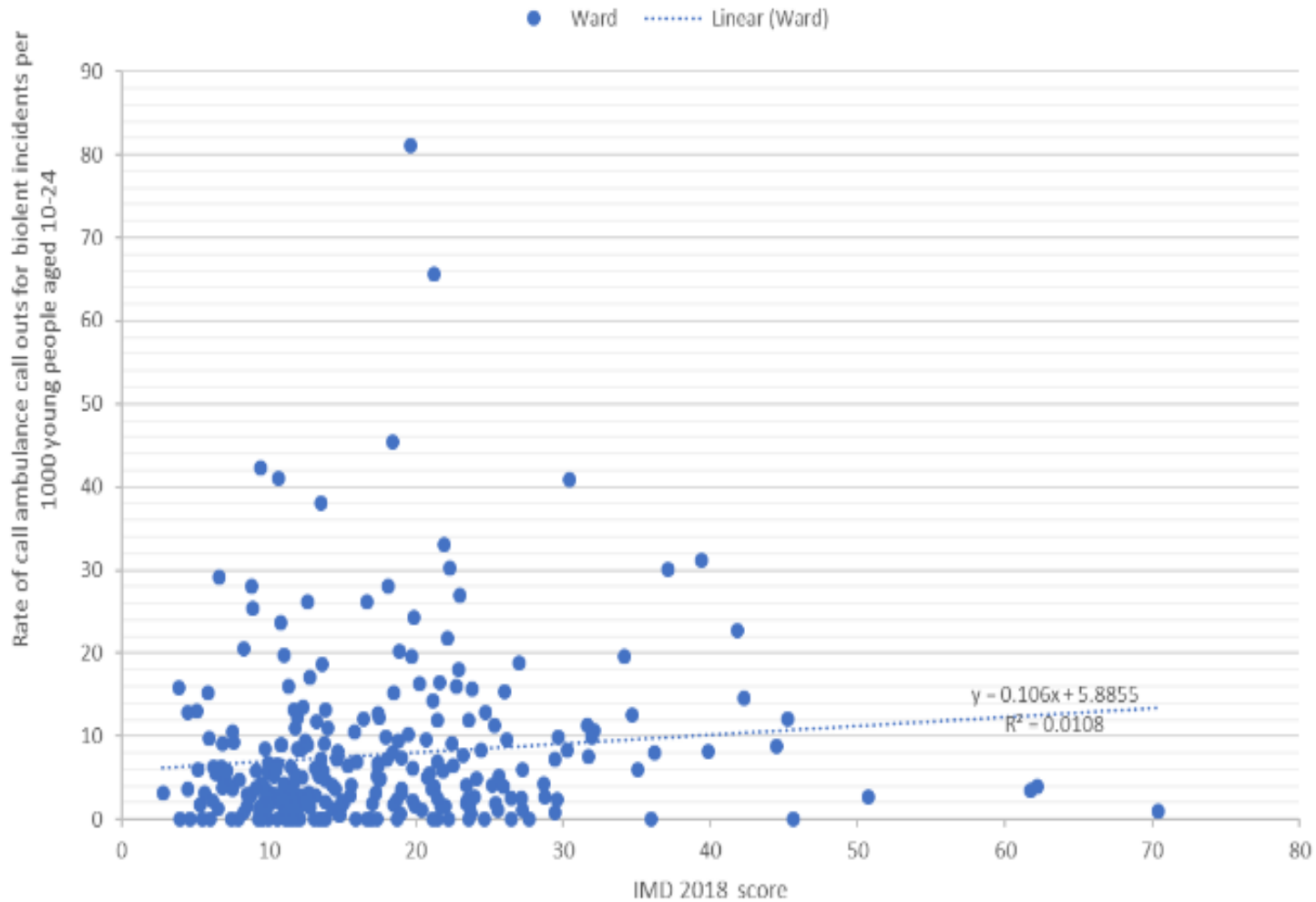
- Cannabis availability (ages 10-12)
- Living in a neighbourhood with many youths in trouble (ages 10-12)
- Availability of/exposure to/use of drugs in the neighbourhood (ages 13-25)
- Low neighbourhood attachment (ages 16-25)
- Economic deprivation of neighbourhood (ages 16-25)

Predictors of future violence at ward level

Ward deprivation is a very poor predictor of violence

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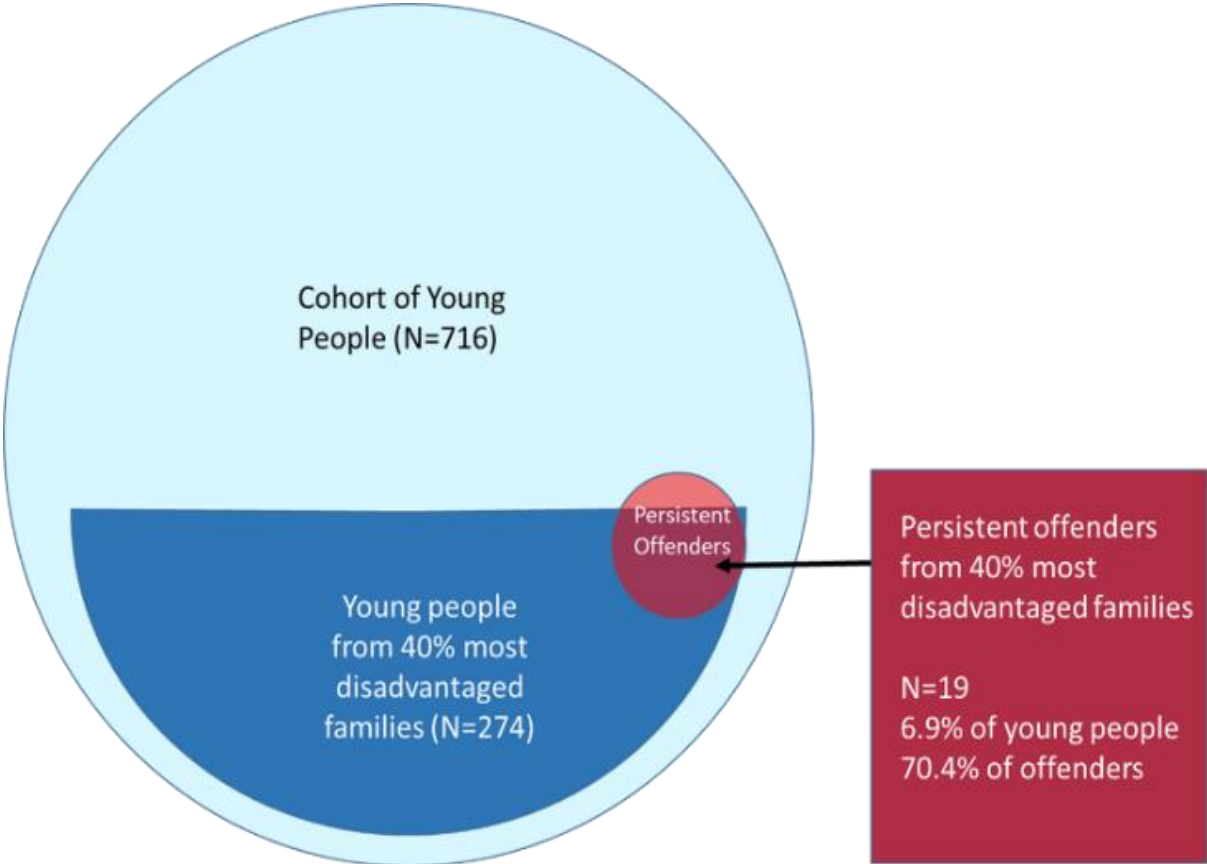
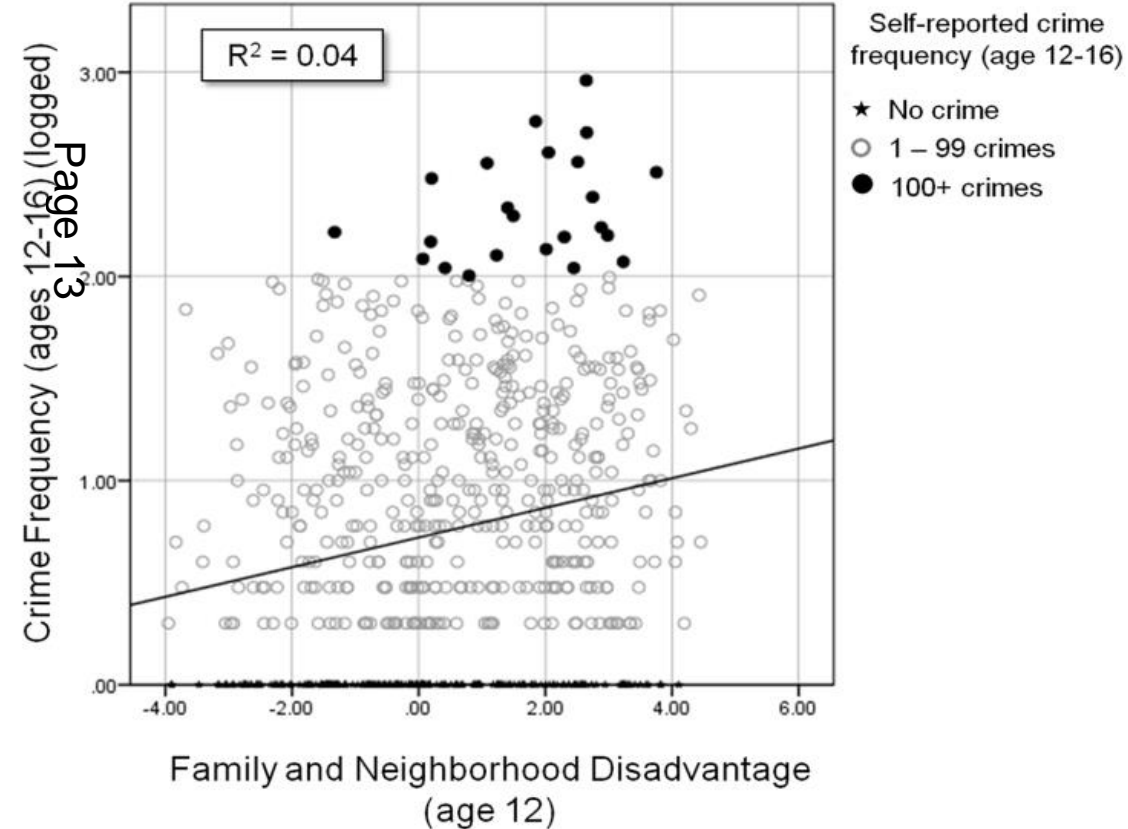
Association between Ward Level Deprivation Score (IMD ,2018) and Rate of Ambulance Calls for victims of Assault, Assault with Serious Injury and Gun/Knife/Stabbing aged 10-24. (Combined Data 2014/15 - 2018/19)



Causal Factors: Deprivation and The Crime Paradox

What is the crime paradox?

Peterborough Longitudinal Study



Being exposed to a criminogenic environment

Unstructured / unsupervised time spent in city centres/other locations with poor community cohesion or lack of positive social values

- School exclusion /truancy (ages 7-25)
- Neighbourhood disorganisation (ages 10-12)
- Poor quality housing (ages 13-15)
- Poor family supervision (ages 7-25)
- Low level of family supervision (ages 10-12)

Having peers who have an existing propensity to involvement in crime

- Delinquent peers (ages 7-25)
- Association with gang involved peers
- Gang membership (ages 13-25)

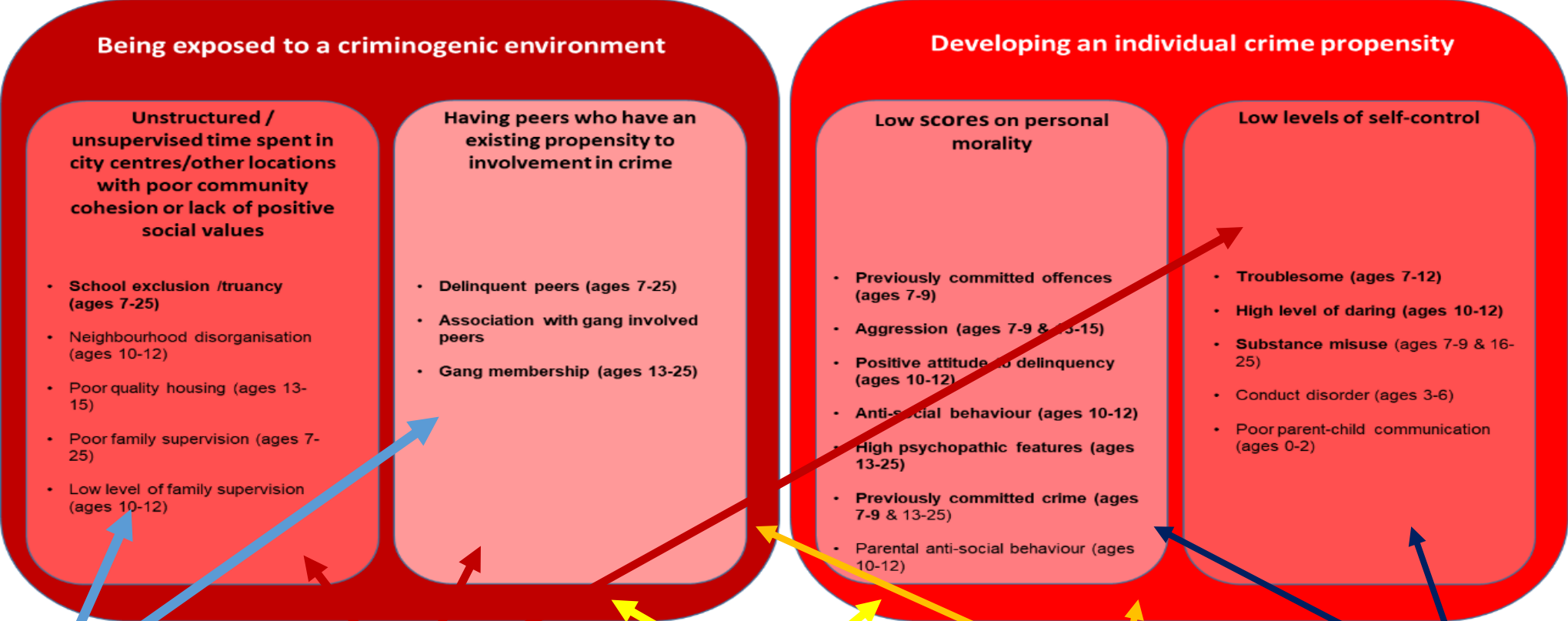
Developing an individual crime propensity

Low scores on personal morality

- Previously committed offences (ages 7-9)
- Aggression (ages 7-9 & 13-15)
- Positive attitude to delinquency (ages 10-12)
- Anti-social behaviour (ages 10-12)
- High psychopathic features (ages 13-25)
- Previously committed crime (ages 7-9 & 13-25)
- Parental anti-social behaviour (ages 10-12)

Low levels of self-control

- Troublesome (ages 7-12)
- High level of daring (ages 10-12)
- Substance misuse (ages 7-9 & 16-25)
- Conduct disorder (ages 3-6)
- Poor parent-child communication (ages 0-2)



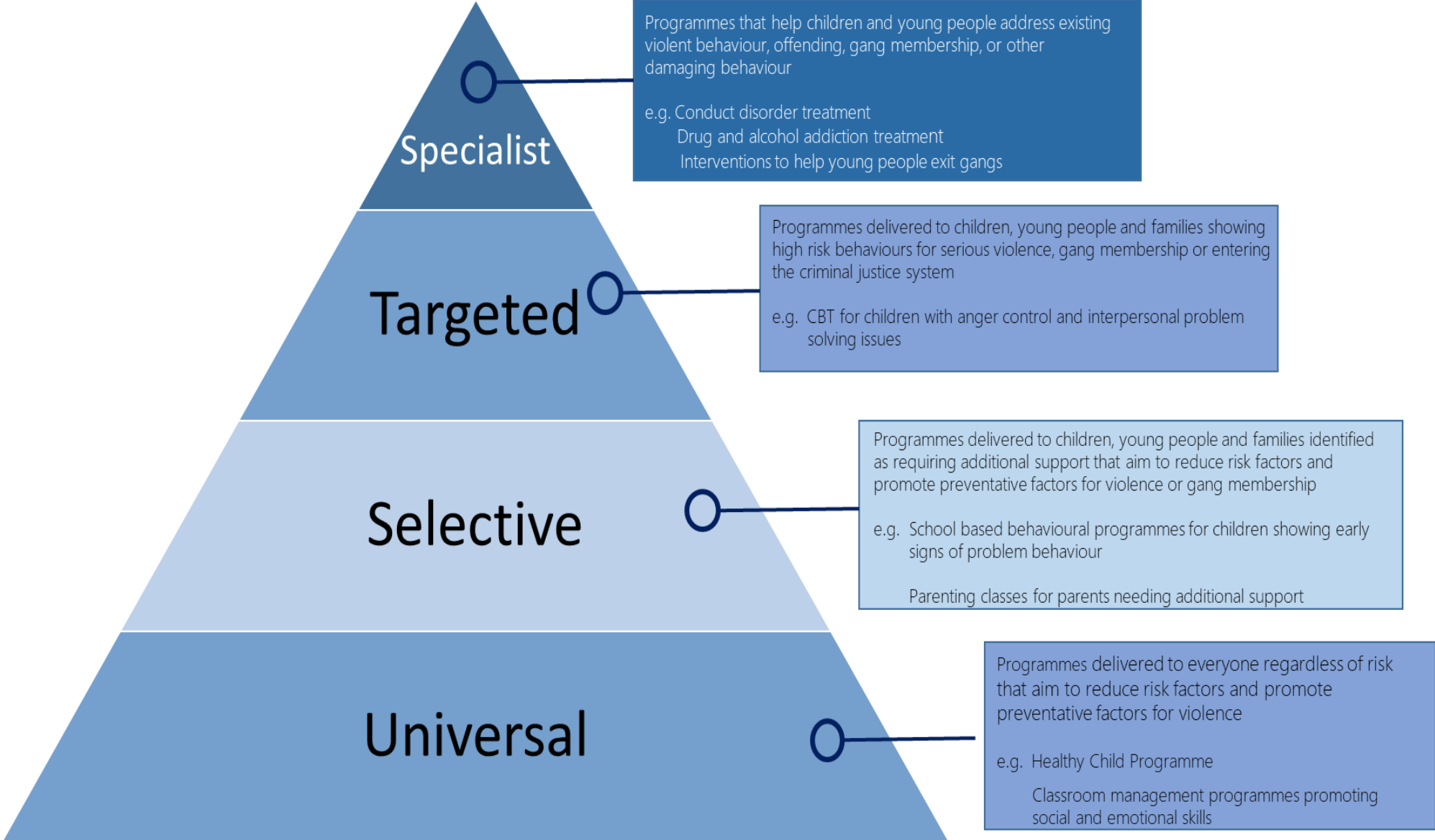
Detachment from Education

Drugs (especially neighbourhood)

Previous criminal history / exposure

Family dysfunction

Individual Cognitive /Behavioural



UNIVERSAL

SELECTIVE

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Promote family environments that support healthy development

Provide quality education early in life

Strengthen youth skills in communication, empathy, problem solving, conflict resolution and EI

Connect youth to adults and activity that role model positive behaviour

Address the wider determinants of serious youth violence and gang membership

Intervene early to reduce harms of exposure to violence and violence risk behaviours

Prevent gang membership and crime caused by gangs

Enforce the law to disrupt and deter violent offenders and crime connected with gangs

High quality early years education for children and families
• *Perry Pre-school Programme*
• *Healthy Child Programme*

Universal based classroom programmes to develop skills
• *Incredible years Teacher Classroom Management*
• *PATHS Elementary Curriculum*
• *Positive Action emotional learning programme*
• *The Good Behaviour Game (classroom management)*

Development of universal access meaningful activity for young people out of school hours

Enhance and maintain the built environment including increased lighting, improved accessibility to social spaces, increased security, creation of green space

Upskill professionals and parents to better engage young people on the dangers of social media

Early childhood home visiting programmes:
• *Family Nurse Partnership*

Parenting skill and family relationship programmes
• *Family Foundations*
• *Incredible School Years*
• *Triple P (level 3-4)*
• *Strengthening Families Programme 10-14*

Support for children with additional identified development needs
• *Doodle Den*
• *Let's Play in Tandem*

Skills development programmes targeted at children and young people with additional identified needs.
• *Helping the non-compliant child*
• *Incredible Years Dinosaur School Child Training*
• *Treatment Foster Care Oregon Adolescent (TFCO)*

After-school activity programmes aimed at young people with additional needs
• *LA BEST Programme*
• *After School Matters (ASM)*

Reduce the concentration of retail outlets selling alcohol in geographical areas with a high prevalence of violent crime

Mentoring Programmes for youth at risk of / engaged in violence/gang related activity
• *BBBS*

Community development and street outreach activity with high risk youth, gang members and wider communities affected.

Monitoring social media platforms to gain intelligence on youth violence, together with intervention through outreach

Intervention to address high risk abusive behaviour in parents
• *Level 5 Pathways Triple P*

A&E based assessment and onward referral for young people admitted for injury linked to youth violence/gang activity

Opportunities Provision including tutoring, supplementary education, job training and preparation, job development and other programmes designed to increase economic or educational opportunities available to gang involved youth.

Highly targeted stop and search activity with the purpose of detecting crime

Drug Addiction/treatment

Action to disrupt or take down harmful social media content including that which promotes or glamorises violence, drug dealing or gangs.

Clinical intervention to reduce harms from violence exposure
• *Trauma focused CBT*

Screening/support for neuro-disability including traumatic brain injury

Specialist support for adolescent violent offenders/those at risk of offending
• *Multi-systemic therapy*
• *Family functional therapy*

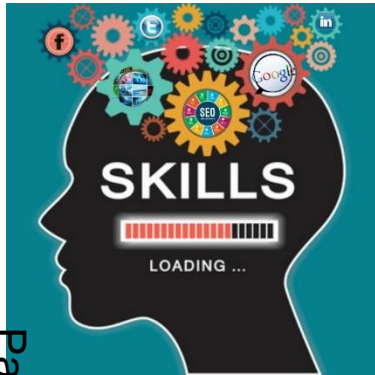
Pulling Levers whole system approach to gang disruption.
• *Gang Injunctions*

Gang Injunctions.

TARGETED

SPECIALIST

Key Gaps in Service Provision



Breadth and reach

- EI
- Conflict resolution
- Impulse control
- Behaviour management

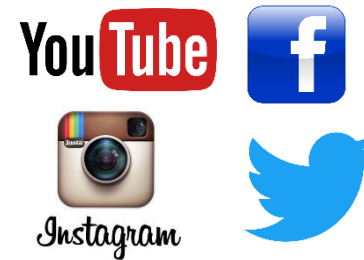


Links with built environment
- Strategic but not reactive

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Reach



Individual initiatives but no
comprehensive strategic
approach



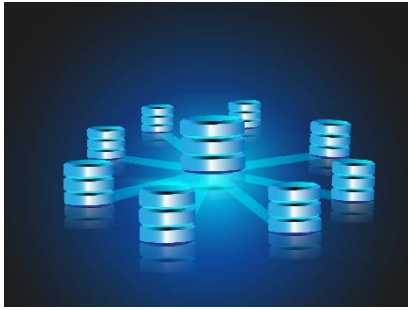
Reach



Breadth and reach

Integration

Other key findings



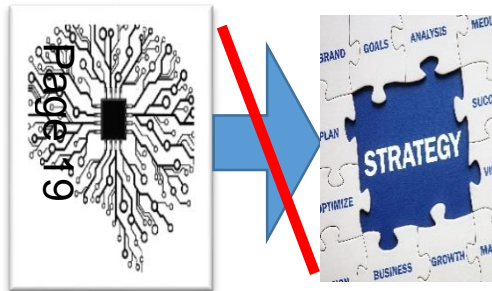
Inadequate data integration

Inadequate systematic surveillance



Targeted approach too “downstream”

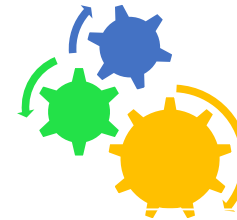
- Thresholds set too high
- Too reactive
- Lack of proactive approach to risk



Lack of strategic response

Geographical targeting?

Evidence base?



Lack of Whole Systems Approach

“Interventionitis”

Poor evaluation

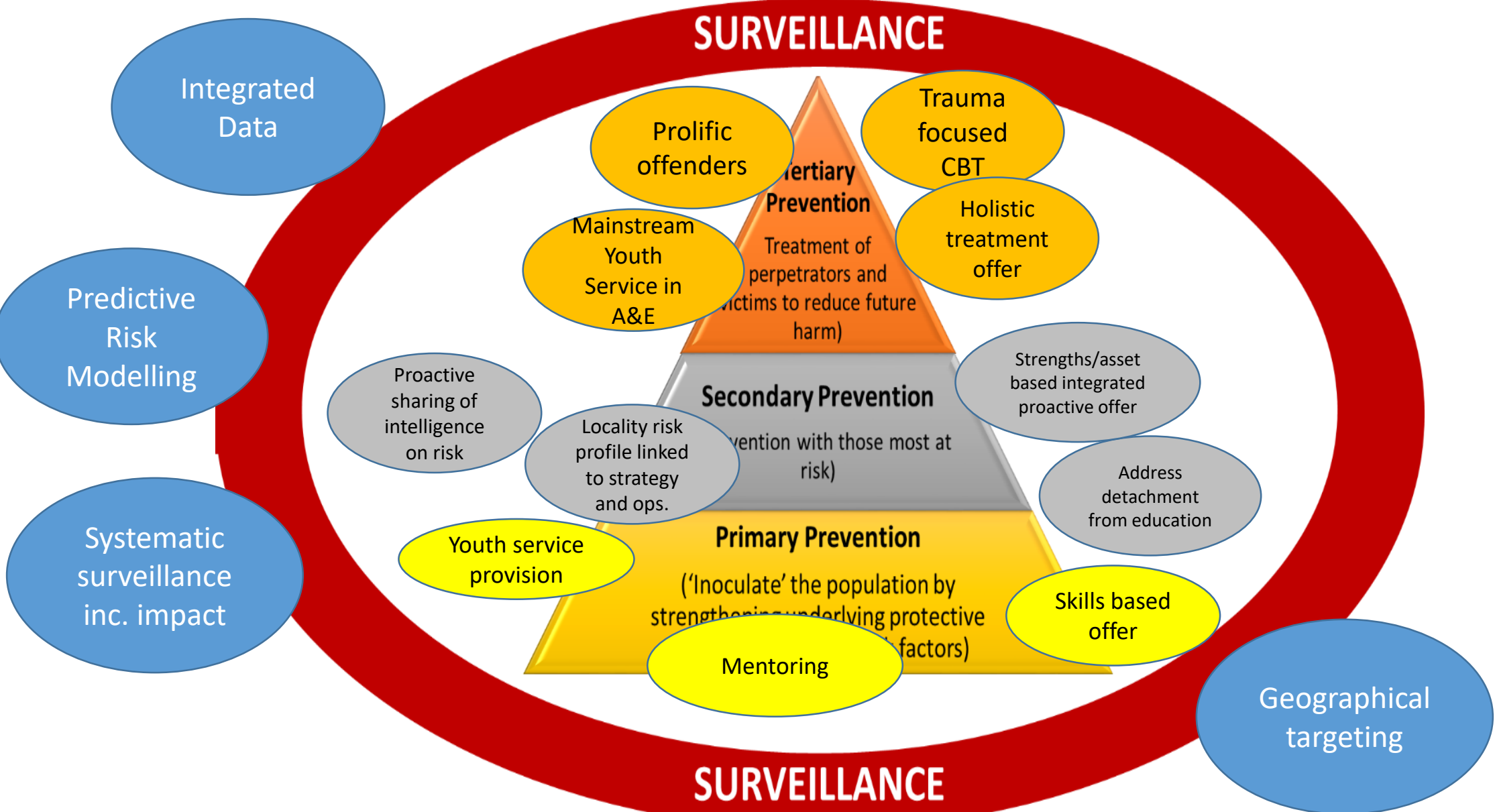
Individual treatment focus

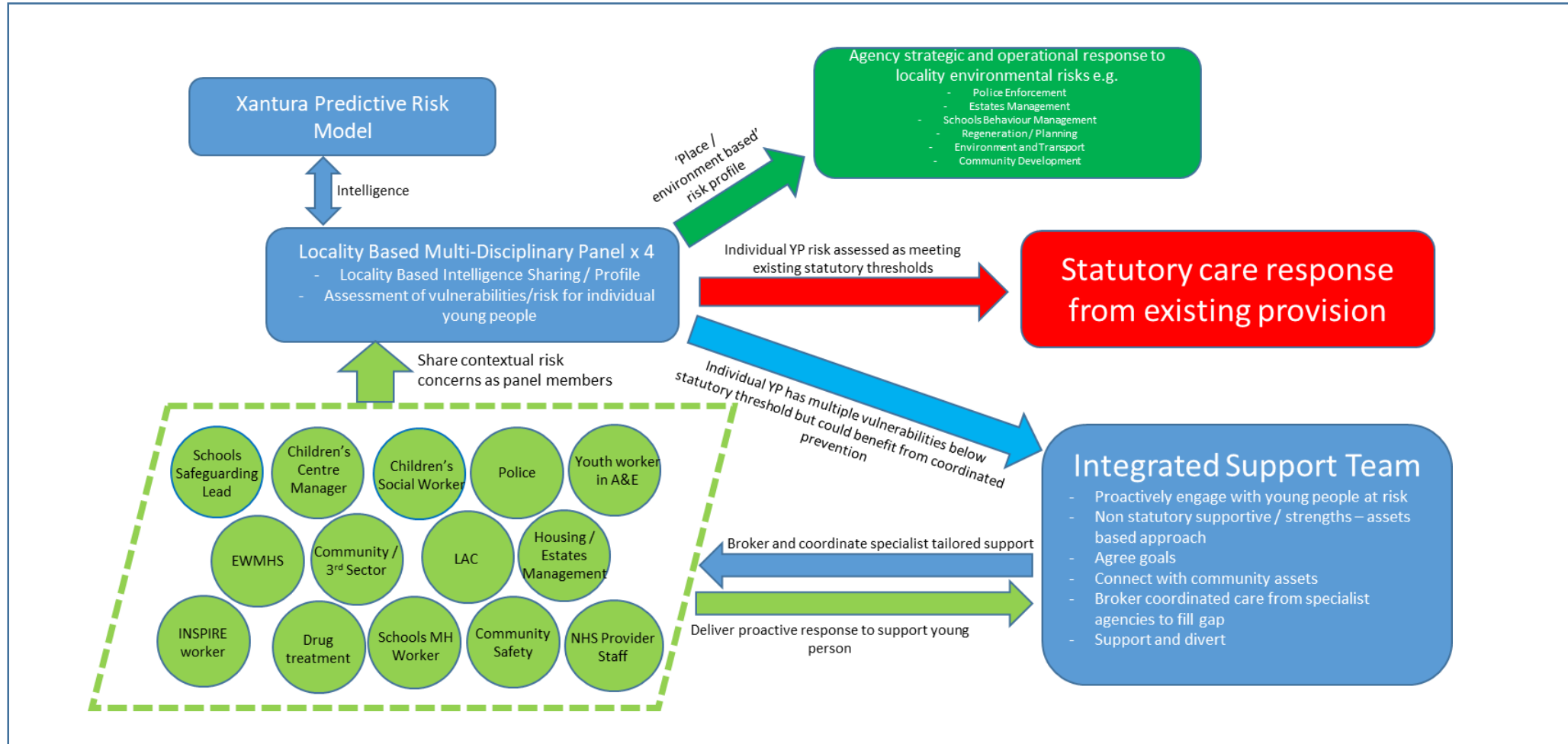
Silo’d services



Inadequate sharing of intelligence on risk between agencies

Inadequate ‘place based’ risk profile





“When a flower doesn’t bloom, fix the environment in which the flower grows, not just the flower”

Alexander den Heur



Questions

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