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

Annual Report of the Director of Public Health 2019/20

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"When a flower doesn't bloom, fix the environment in which the flower grows, not just the flower"

Alexander den Heur

Acknowledgements

Foreword

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Chapter 1: Introduction

Violent crimes, such as murders and gun and knife crime, account for around one per cent of all crime; but the impact of them on society is huge in terms of lives and communities destroyed. Youth violence, particularly related to knife and gang crime has frequently been subject of media attention over the past five years. Whilst crime has fallen rapidly over the last 20 years, some types of serious violent crime including homicides, knife and gun crime recorded by the police have shown increases since late 2016. These increases have been accompanied by a shift towards younger victims and perpetrators.[1]

Knife and gun crime increases have been linked to street crime and the illegal drugs market; particularly crack cocaine and heroin. *County Lines* is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more areas within the UK using dedicated mobile phone lines or other form of 'deal line'. The gangs exploit children and vulnerable adults to move and store drugs and money using coercion, intimidation, violence and weapons.[1]

Serious violent crime and Class A drug supply connected to street gangs has a devastating impact on the lives of the individuals, families and communities affected. Street and organised crime gangs operating the *County Lines* model target the most vulnerable young people and adults through a grooming process and then trap and exploit them through threats or actual experience of serious physical, psychological and sexual violence.[2]

Although the consequences of violence have a serious and long-lasting negative impact on health,[3] violence in itself is not inevitable and can be prevented.[4] [5] Interventions can not only prevent individuals from developing a propensity for violence but also can improve educational outcomes, employment prospects and long-term health outcomes.[6]

However, the published evidence base suggests a number of issues are hampering an effective response: Silo'd working between agencies has been identified as an issue where Community Safety Partnerships and the police drive enforcement, but Local Community Safeguarding Boards take responsibility for safeguarding responses; young people and vulnerable adults exploited by gangs often straddle the responsibilities of both of these statutory responses in that they are both offenders and victims.[7] Furthermore, local child safeguarding responses have historically focused on responding to abuse within families and may not be adequately geared to responding to the issue of exploitation of children and young people by gangs. The trafficking of young people by gangs within the UK means that young people arrested on suspicion of possession of drugs with intent to supply are usually released pending further investigation and sent back to their home area which is usually not the same location of their arrest, hampering effective response from local children's social care teams.

The targeting and exploitation of young people who have been excluded from secondary school is a major feature in the profile of 'county lines' and gang exploitation. School exclusion, whether being placed on a reduced time table, putting in place home schooling arrangements or placing young people in a Pupil Referral Unit has been shown to increase their vulnerability to child criminal exploitation and gang involvement.

Published evidence also highlights the need for an increased focus on activities that prevent young people and vulnerable adults becoming involved in serious violence and gang culture. Whilst there is a reasonably strong evidence base relating to effective prevention, national evidence suggests that there is inadequate 'upstream' provision and that thresholds of intervention are set too high; in short, we are waiting until young people get arrested for serious crime before intervening.

The *Public Health Approach* to tackling serious violence

In 2019, the then Home Secretary – Savid Javid announced a new legal duty on public bodies including the police, local authorities, the NHS, education and youth offending services to adopt a *Public Health Approach* to tackling serious youth violence. In addition, the government announced its intention to amend the Crime and Disorder Act to ensure that serious violence is an explicit priority for Community Safety Partnerships including a legal duty to have a strategy in place to tackle violent crime.

> *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*

The *Public Health Approach* has been recognised as an effective response to serious youth violence, with the interventions in Glasgow often cited in the media as being successful in significantly reducing knife related violence. Box A shows The World Health Organisation definition of a public health approach to reducing serious violence.[8]

The Public Health Approaches can recognised by the following characteristics:

- It adopts is a whole population, whole systems approach involving multiple stakeholders and datasets.

- It conceptualises violence as a communicable disease that if not addressed 'infects' and spreads outwards within defined communities, but which also can be 'treated' through prevention, intervention and recovery.

- Through using data and intelligence, it defines and monitors the problem to understand the 'who', 'what', 'where' and 'how' associated with it.

- It identifies the risk and protective factors, seeking to minimise the former and strengthen the latter.

- It develops and tests prevention strategies and then ensures widespread adoption through coordinated multi-agency action.

- It implements at scale, effective and promising interventions whilst continuing to monitor their effects, impact and cost-effectiveness. (Figure X)

Figure 1.1: A Public Health Approach to Tackling Serious Violence

Source: WHO, 2017

Scope of this report

This report focuses on the issue of serious youth violence and urban street gang activity using the *Public Health Approach* methodology to identify and address the vulnerabilities of the young people concerned. For the purposes of this report 'young people' generally refers to the population of Thurrock aged 10-24 unless otherwise specified as our intelligence suggests that it this is this group of youth that are most likely to become involved in serious violence and gangs. However, prevention activity with younger children is also discussed. The following issues are considered by this report:

- Serious youth violence against the person including assault, serious assault, actual bodily harm, grievous bodily harm, stabbing/knife crime and gun crime and street robbery.
- Urban street gangs including gang related violent crime and drug related crime
- Local drugs markets
- County Lines
- Child criminal exploitation through gangs

The following issues (although important) fall outside the scope of this report as they have been subject to other Joint Strategic Needs Assessments:

- Domestic and sexual violence where not associated with gang activity

In this report we aim to answer the following five key questions:

1. What is the nature, extent and trends in serious youth violence, gang related activity and drug related crime in Thurrock?

2. What is the nature, extent and trends in vulnerabilities within the population of young people involved in or at risk of involvement in serious violence and gang related activity?

3. What are the risk and protective factors relating to involvement in serious youth violence and gang involvement?

4. What has been shown to been shown to be effective in the published evidence base in preventing and reducing serious youth violence and gang related activity and the harms caused by both?

5. How effective is our current multi-agency response to the above three issues and what additional actions need to occur to further disrupt and prevent serious youth violence and gang related activity and the harms that they cause?

How this report is structured

Chapter 2 discusses the nature and trends of youth violence at Thurrock and Greater Essex level.

Chapter 3 discusses the nature and impact of gangs and gang culture in Thurrock

Chapter 4 discusses the nature and impact of County Lines activity

Chapter 5 considers the issue of illicit drugs and their connection to youth and gang violence. It also examines the effectiveness of local addiction treatment services

Chapter 6 considers the risk factors (or vulnerabilities) linked to youth violence and gang culture, both from the published evidence base and by undertaking analyses of Thurrock datasets

Chapter 7 considers the factors shown to be protective against serious youth violence and gang membership

Chapter 8 summarises the published evidence base on what has been shown to work in preventing serious youth violence and gang membership

Chapter 9 critically analyses current service provision in Thurrock against the published evidence and undertakes a 'gap analysis' to identify areas where current provision could be improved

Chapter 10 draws conclusions from the findings of chapters 1-9 and makes recommendations on strategic action to address the issue of serious youth violence and gang membership in Thurrock including proposing a high level new strategic integrated model.

Chapter 2: Youth Violence

Key Findings

Whilst overall rates of crime have fallen over the last 25 years, rates of recorded crimes of violence in Thurrock, Southend and Essex have risen sharply since 2013. Rates of reported crimes of violence with injury and weapons offences where the victim was aged 10-24 in Thurrock rose from 2015/16, peaking in 2016/17 but have since dropped back slightly. Ambulance data suggests that call outs to young people aged 10-24 for assault and stabbing/gunshot wounds have fallen from 2014-15 to 2018-19 but call outs for assault with serious injury have risen. However, Youth Offending Service Records indicate that violence against the person offences and weapons offences committed by young people in Thurrock have risen sharply since 2013-14 to a peak in 2016-17 and fallen back only slightly.

Thurrock has the second highest rate of recorded violence with injury offences against young people aged 10-24 in Essex and the fourth highest rate of ambulance call outs to young people because of violence. Where the suspect was identified, just over half of all suspects were also aged 10-24. The majority of victims and suspects were the same sex, with just over 63% of recorded violent incidents being male on male and a further 23% being female on female.

Violence with injury offences are not uniformly distributed across either Essex or Thurrock. Only 35.6% of wards in Essex had one or more reported incidents of violence against young people recorded in the last two years with a small number of 16 wards (2.4%) having high (>14) numbers of reported incidents of violence. The most violent wards in terms of number of reported incidents against young people aged 10-24 in Thurrock over the last two years were Grays Riverside, Stanford-le-Hope West, West Thurrock and South Stifford, Aveley and Uplands, and Tilbury St. Chads with nine or more recorded incidents. Where the suspect was recorded as aged 10-24, the majority (80%) lived in Thurrock with 20% recorded as living in an area outside Essex.

All deprivation indices at ward level are a very poor predictor of violence and weapons crime. Conversely, previous history of violence at ward level is a very strong predictor of the likelihood of future violence. 100% of wards across Essex with six or more ambulance call outs in 2016-17 to 2017-18 for a stabbing/knife/weapons injury had at least one ambulance call out for the same injuries in 2018-19. Similarly, over 70% of wards with three to five ambulance call outs for these injuries in the previous two years had at least one ambulance call out in the subsequent year. These data could be used to predict the geographical location of future youth violence and better target enforcement and prevention activity and we predict that there is a 70% chance of at least one ambulance call out for a knife/stabbing or gunshot injury in 2019/20 in East Tilbury ward, Chadwell St. Mary Ward, Stanford East and Corringham Town ward and Tilbury St. Chads ward.

The majority (82.7%) of young people who access Thurrock Youth Offending Service because of violence against the person offences do not re-offend. This suggests YOS has a high degree of success in terms of preventing future offending. However there is a small cohort (18%) who commit two or more violence against the person or robbery offences and a very small cohort (3.3%) who commit three or more offences. Our data suggests that this small cohort of offenders committing multiple offences also commit offences relating to supply of class A drugs and could also be more likely to be involved in organised gang activity.

Introduction

In this chapter, we examine the issue of serious youth violence and its public health impact on the perpetrator, victim and wider communities.

We discuss trends in serious youth violence using police reported crime datasets, ambulance service data and undertake detailed analyses of data held by the Thurrock Youth Offending Service (YOS).

Recorded crime in England and Wales and Essex fell significantly since 2003 to 2014, although in the last four years has seen this trend begin to reverse. (Figure 2.1).

Figure 2.1: Rate of all recorded crime per 1000 population, England and Wales, Thurrock, Southend-on-Sea and the geography covered by Essex County Council.
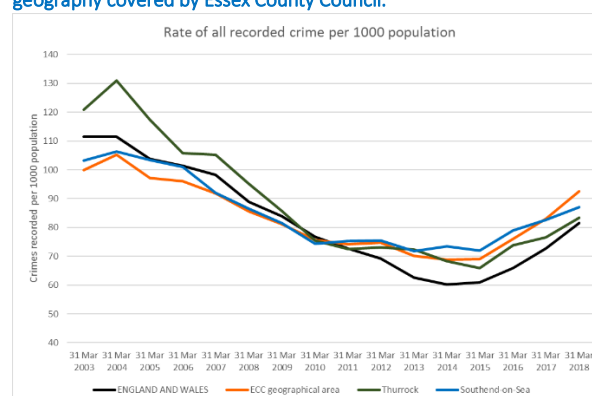
Whilst the dramatic decrease in recorded crime is welcome, the more recent increase can be attributed to rises in certain

types of offences, particularly violence and sexual offences. Figure 2.2 shows the trend in recorded crime where violent crime, robbery against the person, weapons offences sexual offences and drugs offences are excluded.

Rate per 1000 population of recorded crime excluding violence, weapons, robbery, sexual offences and drugs crime
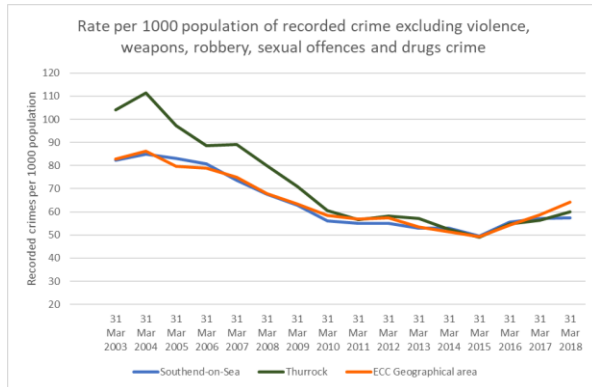
Conversely, figure 2.3 shows the trend in rate of recorded violent crime per 1000 population which has increased significantly from 2013 onwards.

Rate of Recored Crimes of Violence with or without Injury per 1000 population
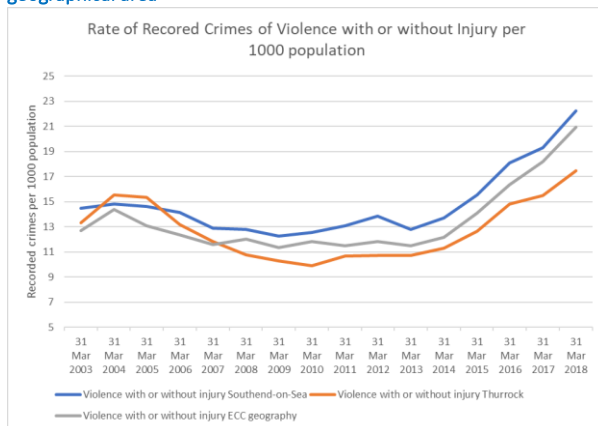
Estimating the absolute number of incidents of serious youth violence is difficult. There are three potential sources of data: police records on reported crime, ambulance service data on call outs for violent incidents and youth offending service for young people charged with violent assaults. Each has its advantages and limitations and will be discussed in turn.

Police Data on Reported Crime

Trends and Incidence of Reported *Violence with Injury* and *Possession of Weapons* Offences

Figures 2.4 and 2.5 (overleaf) show the trend in absolute numbers of *Violence with Injury* and *Possession of Weapons* offences in Thurrock and Greater Essex from 2015/16 to 2018/19

We analysed an anonymised dataset provided by Essex Police on reported crime. The dataset provided records of reported crimes recorded as *Violence with Injury*, *Possession of Weapons Offences*, *Rape*, *Other Sexual Offences*, *Trafficking of Drugs and Possession of Drugs* between the fiscal years of 2015-15 and 2018-19. The data set also provided details of location of reported offence down to ward level, sex and 'ethnic appearance' of the suspect and victim, whether or not the victim was aged between 10 and 24 and whether or not the suspect was aged under 25. Crucially, unlike the Ambulance Data Set (discussed later) a field was provided that allowed us to exclude crimes committed in a domestic setting (which although important, fall outside the agreed scope of this report).

We also excluded records of crimes relating to rape and sexual violence as it was not possible to determine whether or not they related to gangs and as such could largely fall outside the scope of this report. This provided a total number of records (crimes reported) of 11,446.

Caveats on the dataset and analyses we have conducted:

As with all datasets that we analysed for this report, the police data also has limitations. We believe that the analyses undertaken using this dataset are likely to *underestimate significantly* the true incidence and prevalence of serious youth violence for two reasons:

Firstly not all incidents of youth violence will be reported to the police. Young people involved in gang related violence may be unwilling to report it both due to fear of reprisals from other gang members and because they may be involved in criminal activity themselves.

Secondly, the age of the victim is poorly recorded within the dataset with 4198 (36.7%) of the original 11,446 having no record Because of this, we have had to also exclude all of these records from our analyses. This exclusion has meant that drugs offences recorded at Thurrock level are so low in number that we have not been able to undertake useful analysis on this type of crime using the police dataset. However we have analysed the remaining records for the crime categories of *Violence with Injury* and *Possessions of Weapons* offences.

Finally, for the majority of crimes recorded in the dataset, a suspect is not recorded, presumably because the police were unable to identify one. As such, analyses of data on suspects only represents a relatively small cohort of the offenders who perpetrated the crimes recorded. We are unable to say with certainty that this sample is representative of the overall population of perpetrators.

Figure 2.4

Violence with injury / Possessions of Weapons Offences: Young People Aged 10-24 in Thurrock

Figure 2.5

Violence with injury / Possession of Weapons Offences. Young People Aged 10-24 in Greater Essex
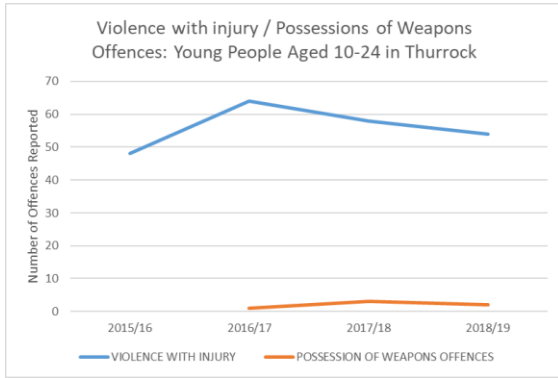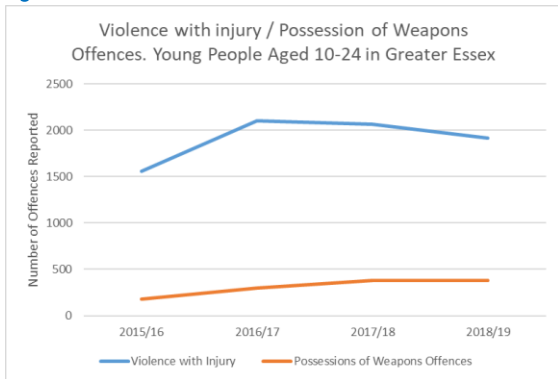
Although different in scale, both charts show a similar trend with a rise to a peak in 2016/17 of *Violence with Injury* followed by a slowly decreasing trend in subsequent years. The trend for *Possession of Weapons* offences in Thurrock shows a different trend to Greater Essex with numbers falling from 2017/18 whilst Essex remains static. However due to the numbers of records we have had to exclude because of lack of victim age data recorded, the absolute numbers of records analysed for Thurrock is very small.

Figure 2.6 compares the absolute numbers of *Violence with Injury* offences reported to Essex Police in each district, combining the last two fiscal years of data available where the victim was aged 10-24. As reported earlier, incidents that occurred in a domestic setting have been excluded. Because the population of young people aged 10-24 is not evenly distributed across Essex, we have also presented this data as a rate per 10,000 young people living in each district.

Figure 2.6

Violence with Injury Reported Offences (2017/18 and 2018/19 data combined), victim aged 10-24
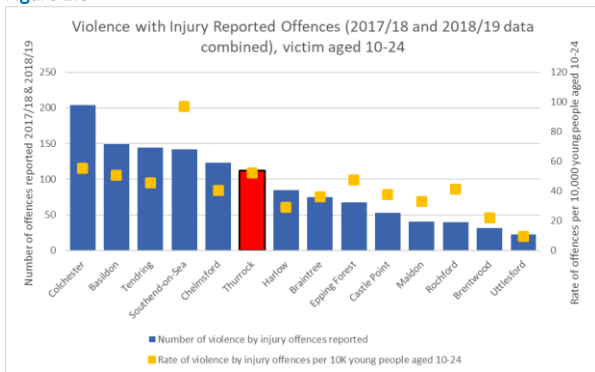
In terms of absolute numbers of *Violence with Injury* incidents reported by young people, Thurrock ranks sixth out of 14 districts in Essex. However when rate of reporting per 10,000 young people living in each district is considered, Thurrock has the second highest rate of reported incidents in Essex. It is unclear from the data the extent to which this is caused by a genuinely higher underlying incidence of violence against young people, or because of a greater willingness to report violence compared to young people in other districts.

Figure 2.7 shows similar absolute numbers and rates of reporting of *Possession of Weapons* offences.

Figure 2.7

Possessions of Weapons Offences (2017/18 and 2018/19 data combined), victim aged 10-24
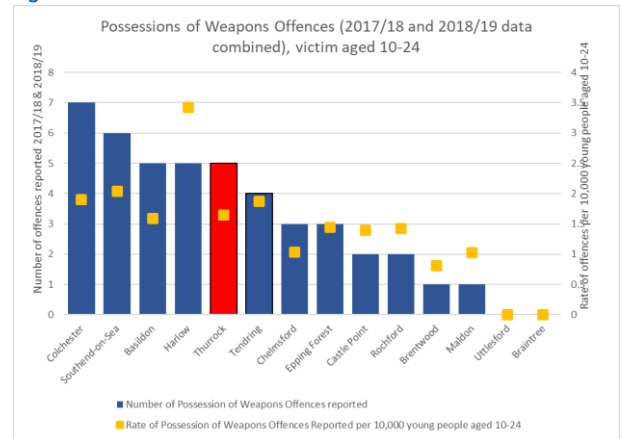
Thurrock is ranked the fifth highest district in Essex in terms of both absolute numbers and rate per 10,000 young people aged 10-24 for reported *Possession of Weapons* offences.

Figure 2.8 shows the recorded investigation outcome for reported offences for Violence with Injury against young people in Thurrock aged 10-24 between 2015/16 and 2018/19.

Figure 2.8

Investigation Outcome: Violence with Injury, Thurrock Young People Aged 10-24, 2015/16 - 2018/19
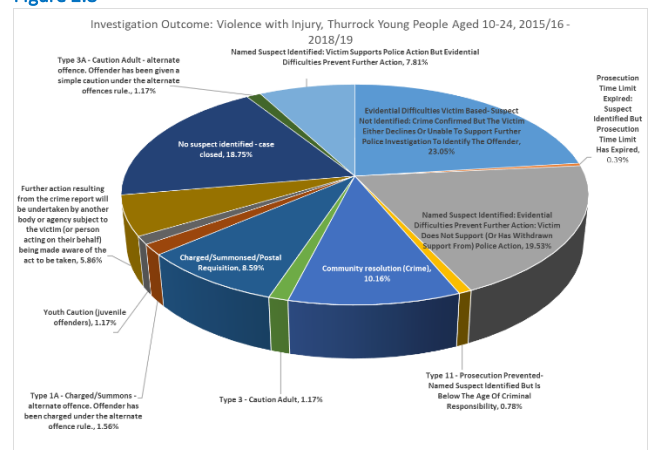
Only 8.59% of reported offences resulted in a formal charge/summons or postal requisition. The main reasons for this were an inability to identify a suspect, the victim withdrawing support for the police action, a community resolution, and further action being taken by another body or agency. Assuming all reports are genuine, this suggests

that the vast majority of offenders who commit violence with injury offences against young people in Thurrock will never face conviction.

Individuals recorded as suspects for involvement in *Violence with Injury Offences.*

Figure 2.9 shows the number of incidents of *violence with injury* and number where the suspect's details appear in the dataset and where the suspect is also under 25 by district in Essex. These data are likely to be a combination of the underlying incidence of violence where both the suspect and victim is aged under 25, the willingness of victims to report violence incidents to the police and the police's ability to identify a suspect. Thurrock ranks seventh out of 16 district areas in Essex for number of suspects identified in 2017/18 and 2018/19.

Figure 2.9

Reports of Violence with Injury: Number and age of suspects identified (2017/18 and 2018/19 data combined), victim aged 10-24. Domestic Violence Excluded
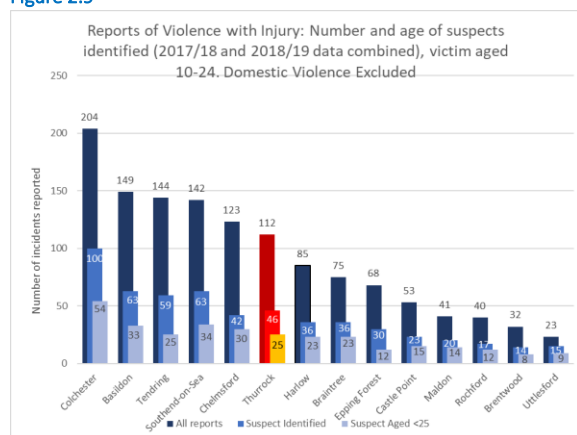
Of the 112 incidents of *Violence with Injury* reported to Essex police (excluding domestic incidents) in 2017/18 and 2018/19 where the victim was under 25, 46 records (41.1%) had details of an identified suspect and of these, 25 records (54.3%) show that the suspect was also aged under 25. This suggests that only just over half of incidents of violence against young people in the borough are committed by other young people under the age of 25.

Sex of suspects and victims of violent crime with injury

Tables 2.1 and 2.2 show the recorded sex and ethnic appearance of victims and suspects recorded in the police records from 2015/16 to 2018/19 for Thurrock and Greater Essex. Records with no suspect recorded were excluded from this analysis.

Table 2.1: Sex of Suspects and Victims in Thurrock

		SUSPECTS ↓	
		Male	Female
VICTIMS →	Male	63.16%	3.51%
	Female	10.53%	22.81%

Table 2.2: Sex of Suspects and Victims in Greater Essex

		SUSPECTS ↓	
		Male	Female
VICTIMS →	Male	58.70%	5.60%
	Female	11.65%	24.04%

The majority of reported incidents of *violence with injury* in both Thurrock and Greater Essex has the sex of both the victim and suspect as *male* but with a greater percentage in Thurrock than Essex. The next most common category is where both the victim suspect is female. Incidents of male violence against females makes up circa 11% of records in both Thurrock and Greater Essex and incidents of female suspects committing violence against male victims is rare.

Ethnicity of suspects and victims of violent crime with injury

We analysed the recorded 'ethnic appearance' fields within the police data for victims aged 10-24 and suspects aged under 25 for incidents of *violence with injury* reported in Thurrock between 2015-16 and 2018/19. (Figure 2.10)

Figure 2.10

Ethnicity Analyses, Victims and Suspects of Violent Crime and Weapons Offences, Thurrock Young People, 2015/16 - 2018/19
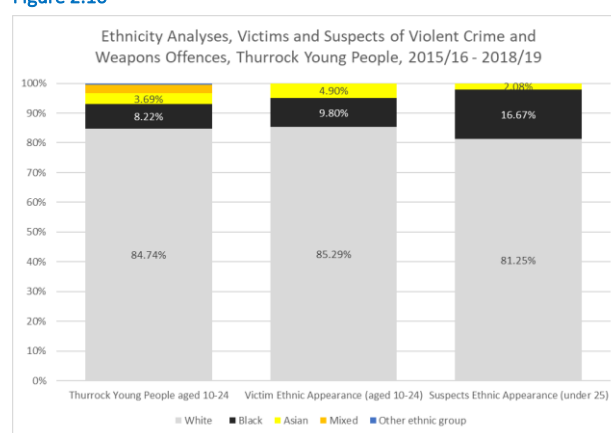
The ethnicity structure of the cohort of victims reporting crimes of *violence with injury* in Thurrock is broadly in line with ethnicity structure within the general population of young people aged 10-24 in the borough. However, within the cohort of suspects, black young people are over-represented with approximately double the proportion of black suspects compared to the general population. The reasons for this are unclear from the data and are likely to be complex. It is worth noting that 'mixed race' was not recorded in the police data which may over-inflate the numbers of young people recorded as having a black ethnic appearance.

Location of suspects in relation to victims

The police dataset records the district in which the suspect resides. We analysed the dataset to determine whether suspects were likely to live in the same district as victims. This provides a sense of whether suspects are committing violence within their own district or travelling across or into Essex from other districts to commit violent acts against young people.

Table 2.3 (overleaf) shows this location analyses for records containing suspects aged 25+ and table 2.4 shows the same analyses for records containing suspects aged under 25.

Each row shows the percentage of incidents of violence with injury committed in that district in Essex committed by

suspects who live in every district in Essex and outside of the county. The last two full fiscal years of data that were provided (2017/18 and 2018/19 are combined). Boxes where the location of the crime and the location of the suspect are the same are highlighted in red.

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Table 2.3: Location of *Violence with Injury* reported crimes and Address of Suspects (Victims aged 10-24, Suspects aged 25+) 2017-18 and 2018-19 Combined Data

CRIME LOCATION (Victim aged 10-24) ↓	SUSPECTS' (aged 25+) LOCATION ↓↓															CRIME TOTALS
	Basildon	Braintree	Brentwood	Castle Point	Chelmsford	Colchester	Epping Forest	Harlow	Maldon	Rochford	Southend-on-Sea	Tendring	Thurrock	Uttlesford	Area outside Essex	
Basildon	80.00%										3.33%		10.00%		6.67%	100%
Braintree		76.92%							7.69%						15.38%	100%
Brentwood			83.33%												16.67%	100%
Castle Point				87.50%							12.50%				0.00%	100%
Chelmsford					91.67%										8.33%	100%
Colchester			2.17%			91.30%						2.17%			4.35%	100%
Epping Forest							83.33%								16.67%	100%
Harlow								100.00%							0.00%	100%
Maldon	33.33%								50.00%						16.67%	100%
Rochford			20.00%	20.00%						60.00%					0.00%	100%
Southend-on-Sea											93.10%				6.90%	100%
Tendring		3.03%			3.03%							87.88%			6.06%	100%
Thurrock													100.00%		0.00%	100%
Uttlesford		20.00%			20.00%									60.00%	0.00%	100%

Table 2.4: Location of *Violence with Injury* reported crimes and Address of Suspects (Victims aged 10-24, Suspects aged under 25) 2017-18 and 2018-19 Combined Data

CRIME LOCATION (Victim aged 10-24) ↓	SUSPECTS' (aged under 25) LOCATION ↓↓															CRIME TOTALS
	Basildon	Braintree	Brentwood	Castle Point	Chelmsford	Colchester	Epping Forest	Harlow	Maldon	Rochford	Southend-on-Sea	Tendring	Thurrock	Uttlesford	Area outside Essex	
Basildon	96.97%				3.03%											100%
Braintree		91.30%				4.35%					4.35%					100%
Brentwood			62.50%												37.50%	100%
Castle Point	6.67%			93.33%												100%
Chelmsford		3.33%	3.33%		80.00%				6.67%				3.33%		3.33%	100%
Colchester		5.66%				81.13%						11.32%			1.89%	100%
Epping Forest							83.33%								16.67%	100%
Harlow							4.35%	78.26%							17.39%	100%
Maldon									92.86%						7.14%	100%
Rochford										66.67%	33.33%					100%
Southend-on-Sea			2.94%							2.94%	91.18%				2.94%	100%
Tendring						4.00%						84.00%			12.00%	100%
Thurrock													80.00%		20.00%	100%
Uttlesford														88.89%	11.11%	100%

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Both tables show that the majority of records with a recorded suspect show that suspect also lived in the district that they were suspect of committing the crime in. This suggests a low level of mobility of suspects when committing violent incidents. Interestingly, unlike many other districts has a lower proportion of suspects aged under 25 (80%) who also live within the borough that they committed the crime, whilst conversely 100% of suspects aged 25+ lived within Thurrock. 20% of reported incidents of *violence with* injury where the suspect was aged under 25 had records of suspects living outside Essex. This may reflect anecdotal evidence that young people are travelling into the borough from the Metropolitan Police area to commit violence against other young people.

Ward level analyses on police dataset

The police dataset contained details of the ward in which the reported incident occurred. We analysed this dataset using records from 2017-18 and 2018-19 across greater Essex, excluding domestic violence incidents.

Figures C shows the distribution of reported incidents for *Violence with Injury* at ward level, by local authority and with Thurrock wards highlighted. Figure D shows the same data but only highlighting wards with seven or more reported incidents of *Violence with Injury*.

Figure 2.11: Number of incidents reported for *Violence with Injury* by Ward across Greater Essex 2017-18 and 2018-19
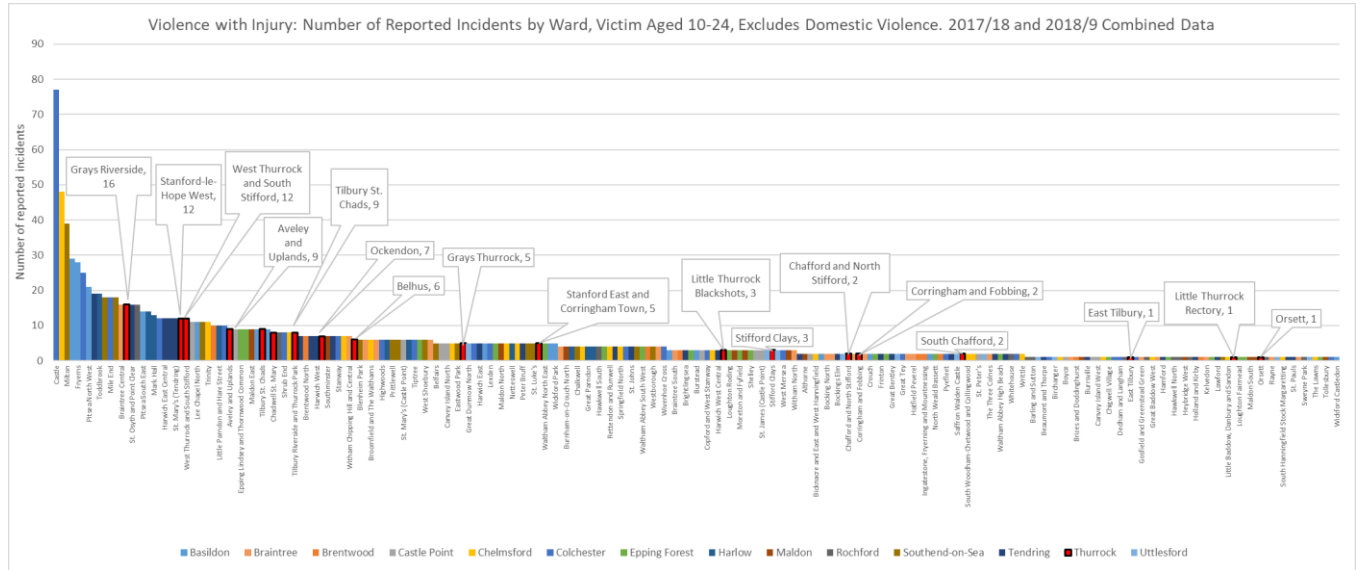
Figure 2.12: Number of incidents reported for *Violence with Injury* by Ward across Greater Essex 2017-18 and 2018-19 (Wards with seven or more incidents)
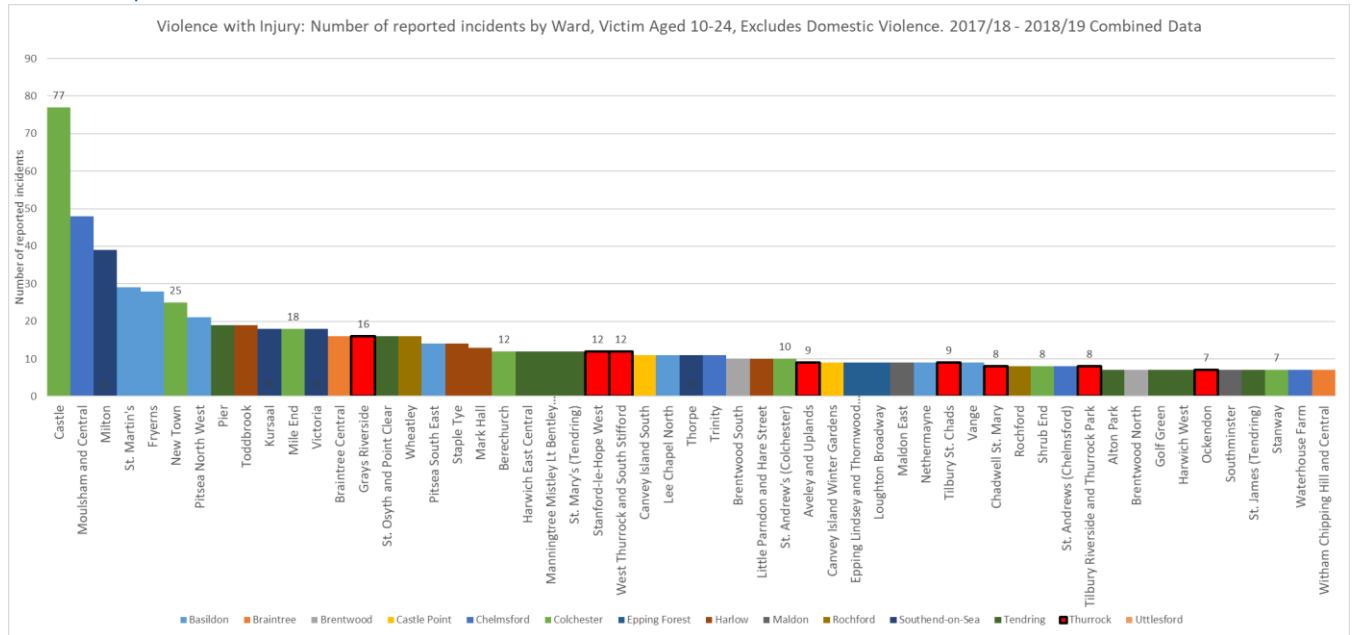
The ward with by far the highest number of reported incidents of *violence with injury* against young people aged 10-24 in the last two years in Greater Essex is *Castle Ward* in Colchester. *Grays Riverside* is the ward in Thurrock with the highest number of reported incidents with 16 in the last two years. It is ranked 14th highest out of 665 number of wards in Greater Essex. Thurrock has eight wards with seven or more reported incidents of *violence with injury: Grays Riverside, Stanford-le-Hope-West; West Thurrock and South Stifford; Aveley and Uplands; Tilbury St. Chads; Chadwell St. Mary; Tilbury Riverside and Thurrock Park; and Ockendon.*

Figures E and F show similar analyses but only with records where a suspect has been identified who was under 25. As such, these figures show confirmed incidents of youth-on-youth serious violence. Because many records have no suspect data figure E and F show analyses across the longer time period of 2015-16 to 2018-19 Figure F shows only wards where there were five or more reported incidents. All but one wards with five or more reported incidents of *violence with injury* where the suspect was also under 25 were in the Tilbury and Chadwell locality of the borough.

Figures C-E shows that reporting of *violence with injury* is concentrated to specific geographical locations in Essex. In total, 237 of 665 wards (35.6%) in Greater Essex had one or more reported incidents of *Violence with Injury* where the victim was aged 10-24 and only 103 (15.4%) had five or more incidents reported in the last full fiscal years for which we have data. This intelligence has implications for better targeting of both future enforcement and possibly prevention activity.

Figure 2.13

Violence with Injury: Number of Reported Incidents by Ward, Victim Aged 10-24, Suspect Aged <25, Excludes Domestic Violence and Incidents with no recorded Suspect. 2015-16 to 2018-19 Combined Data

Figure 2.14

Violence with Injury: Number of Reported Incidents by Ward, Victim Aged 10-24, Suspect Aged <25, Excludes Domestic Violence and Incidents with no recorded Suspect. 2015-16 to 2018-19 Combined Data

Distribution of Possession of Weapons Offences

If reporting of *violence with injury* offences can be said to be relatively localised to specific wards in the county, *possession of weapons offences* is extremely localised. Figure 2.15 shows the number of incidents of *possession of weapons offences* across Greater Essex in 2017-18 and 2018-19 where the victim was aged 10-24. In total, 63 separate reported incidents were recorded across only 33 of the 655 wards (4.96% of all wards). Again, this intelligence could be used to target enforcement and potentially secondary prevention activity.

Thurrock had six wards where *Possession of Weapons Offences* were reported in 2017/18 – 2018/19: *Tilbury St. Chads; Belhus; Little Thurrock and Blackshots; Orsett; Tilbury Riverside and Thurrock Park; and West Thurrock and South Stifford.*

Analyses of records where a suspect under 25 was recorded has not been included as the number of records were too small to make the analyses meaningful.

Figure 2.15

Possession of Weapons Offences: Number of Reported Incidents by Ward, Victim Aged 10-24, Excludes Domestic Violence 2017-18 to 2018-19 Combined Data
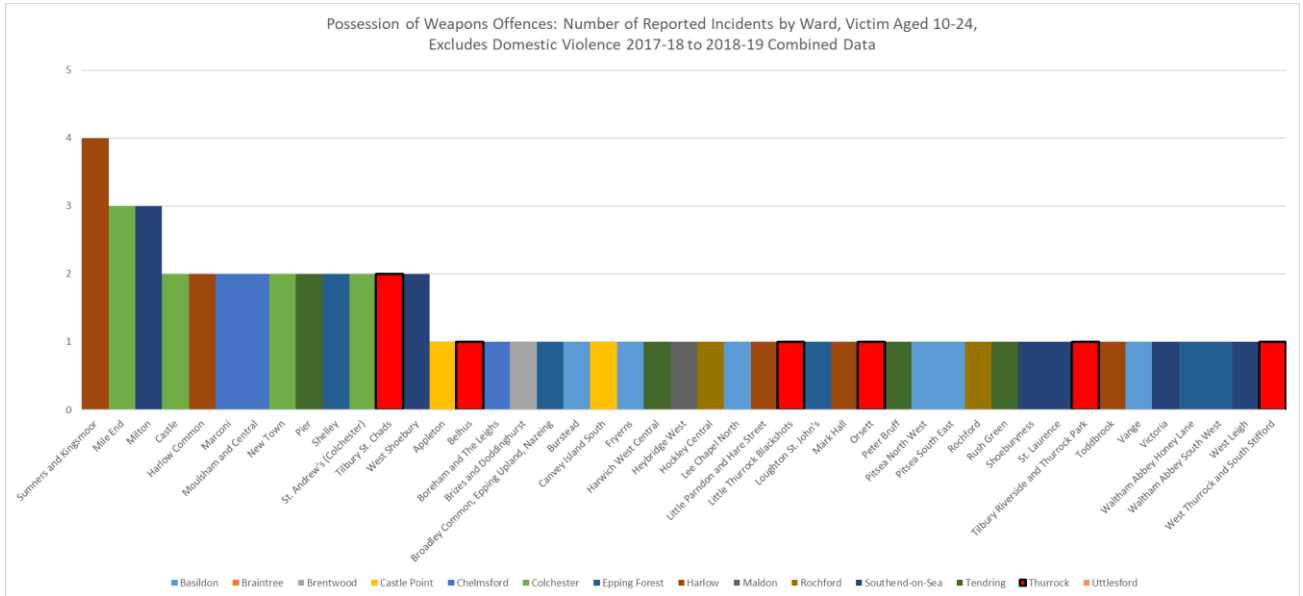
Ambulance Data

The Essex Ambulance Service provided their dataset from 2014/15 to 2018/19 for ambulance call outs for patients experiencing injury due to violence. Ambulance data included the age of the patient and the location at ward level of the call out. The recording of ward provides a highest level of geographical granularity on where violent incidents may be occurring in Essex. We analysed the subset of this dataset relating to patients aged 10-24. Injuries caused by violence were categorised into those caused by assault, those caused by serious assault with injury and those caused by a gunshot/knife or other stabbing. We excluded all records relating to sexual assault, where the injury was self-inflicted or where we were not able to determine from the data whether or not the assault was sexual or the injury was self-inflicted. Unlike the police data, the Ambulance dataset is more likely to give an accurate picture of need, both because it will not suffer from an unwillingness to report the incident, and because the age of the patient is very well recorded, meaning that we have been able to identify accurately patients who were in the age group 10-24.

Caveats on the dataset and analyses we have conducted

The ambulance dataset does however contains limitations when considering youth violence.

Firstly, the dataset is concerned only with victims of violence who sustain injuries serious enough for an ambulance to be called. As such it is likely to *under-estimate* the overall numbers of young people who are victims of violent attack in the population.

Secondly, the dataset does not record any information on the perpetrators of violence and as such we cannot determine whether or not the perpetrators were also young people. As such it is likely to also include many incidents relating to domestic violence which whilst important are

beyond the scope of this report. In that sense, it is highly likely to *over-estimate* the scale of youth violence that this report concerns itself with in its agreed scope.

Trends in ambulance call outs for young people who have been victims of violence

Figures 2.16 and 2.17 show the trend in absolute numbers of ambulance call outs for assault, assault with serious injury and stabbing/knife/gunshot wounds in young people aged 10-24 between 2014/15 and 2018/19 in Greater Essex and Thurrock.

Figure 2.16

Ambulance Call Outs: Youth victims of violence (aged 10-24) in Greater Essex, 2014-15 to 2018-19

Figure 2.17

Ambulance Call Outs: Youth victims of violence (aged 10-24) in Greater Essex, 2014-15 to 2018-19
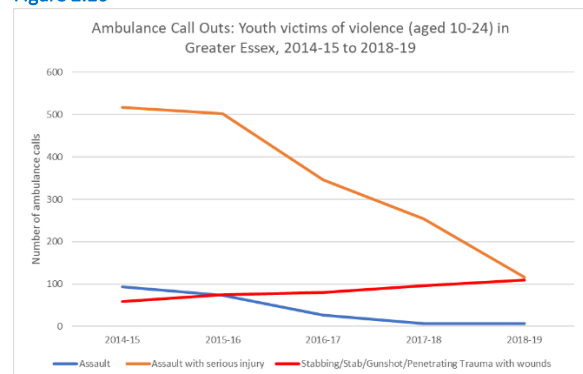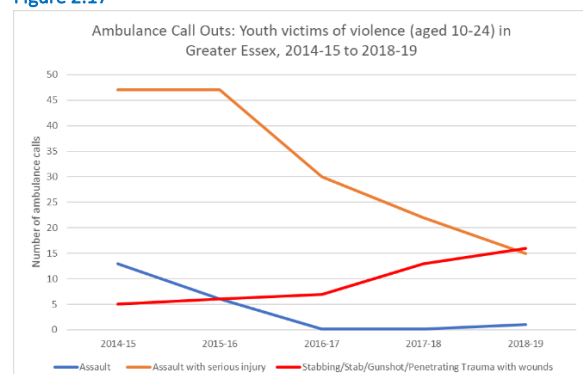
Both graphs show a similar pattern; ambulance call outs for assaults/assault with serious injury have a downward trend whilst ambulance call outs for knife/stabbing/gunshot wounds have risen sharply, particularly over the last three years in Thurrock.

Ambulance Callouts by District

Figure 2.18 shows the total number of ambulance call outs for all violence (excluding self-inflicted/sexual violence) and knife/stabbing/gunshot wounds by district across greater Essex in 2017/18 and 2018/19 for patients aged 10-24.

Thurrock had the third highest numbers of ambulance call outs for violence and the second highest number of ambulance call outs for stabbing/knife/gunshot wounds in Essex over the last two years of recorded data.

Number of ambulance calls for injury caused by all violent assaults and stabbing/knife/gunshot wounds in young people aged 10-24 by district in Essex (combined 2017/18 and 2018/19 data)
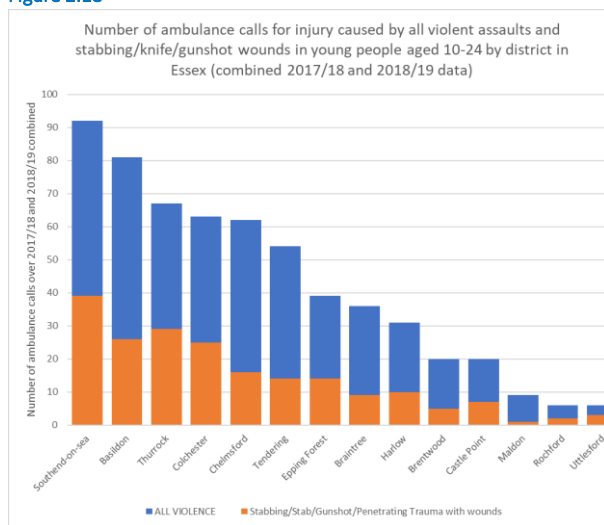
However, we know that the population of young people in Essex is not evenly distributed across the county. In order to control for this, we calculated the rates ambulance call outs for injuries caused by all violence (excluding sexual violence) and injuries caused by stabbing/knife/gunshot wounds per

100,000 young people aged 10 to 24 living in each district in Greater Essex. (Figure 2.19). These data give an indication of the *risk* that a young person aged 18-24 has of experiencing a violent attack requiring an ambulance in different geographies across Essex.

The rate of ambulance call outs for injuries caused by violence per 100K young people aged 10-24 in Thurrock is the fourth highest in Essex, and for ambulance conveyances for stab/knife/gunshot wounds, is the second highest in Essex.

Rate of ambulance calls for injury caused by violence and stabbing/gunshot per 100K young people by district in Essex (combined 2017/18 and 2018/19 data)
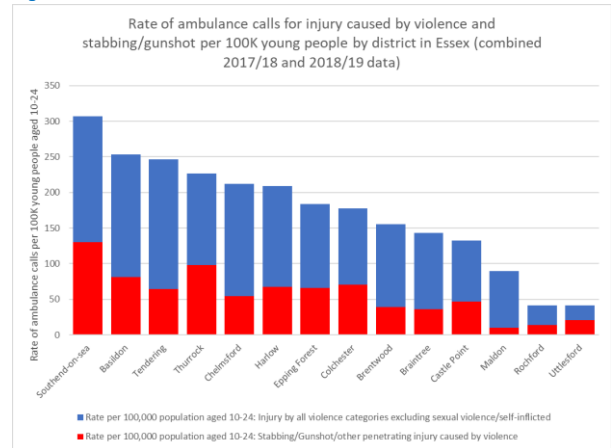
Ambulance Call-Outs for Violence by Ward

We analysed ambulance data at ward level for assault/assault with serious injury and stabbing/knife/gunshot wounds for young people, combining the five years of data between 2014/15 and 2018/19 both in absolute numbers and as a rate per 1000 population of young people aged 10-24 in each ward.

Figures 2.20 and 2.21 show absolute numbers of ambulance call outs for violence by ward for all wards in Essex and the wards with the highest numbers of call outs (8 or more calls). Thurrock wards are shown in red with a black border.

Number of Ambulance Calls for Violence Against Young People Aged 10-24 by Ward: 2014/15 - 2018/19

Figure 2.22

Number of Ambulance Calls for Violence Against Young People Aged 10-24 by Ward: 2014/15 - 2018/19. (Wards with 8 or more calls)
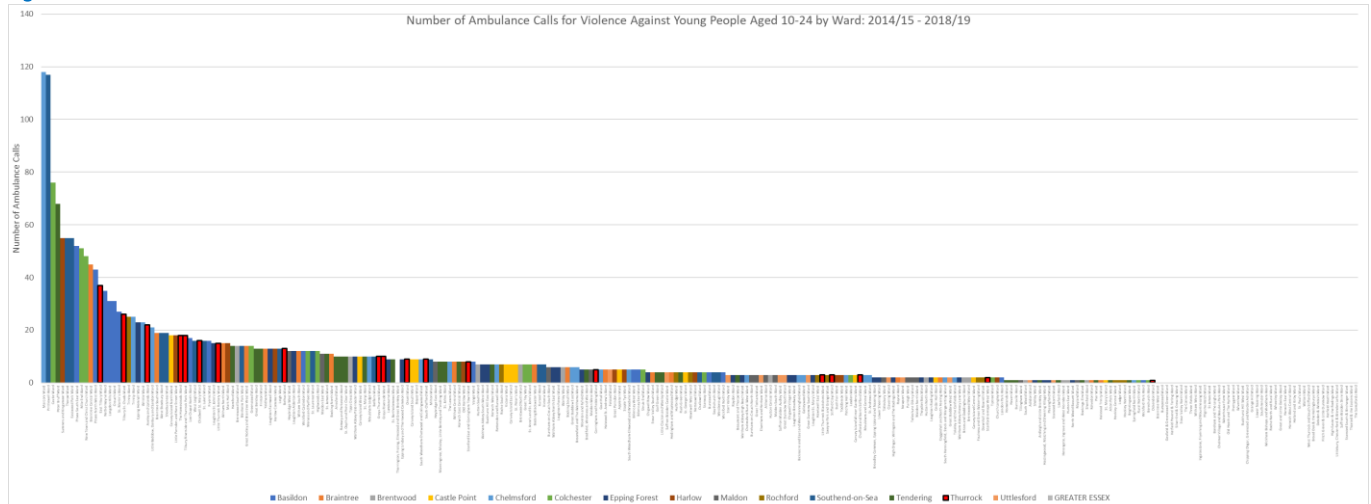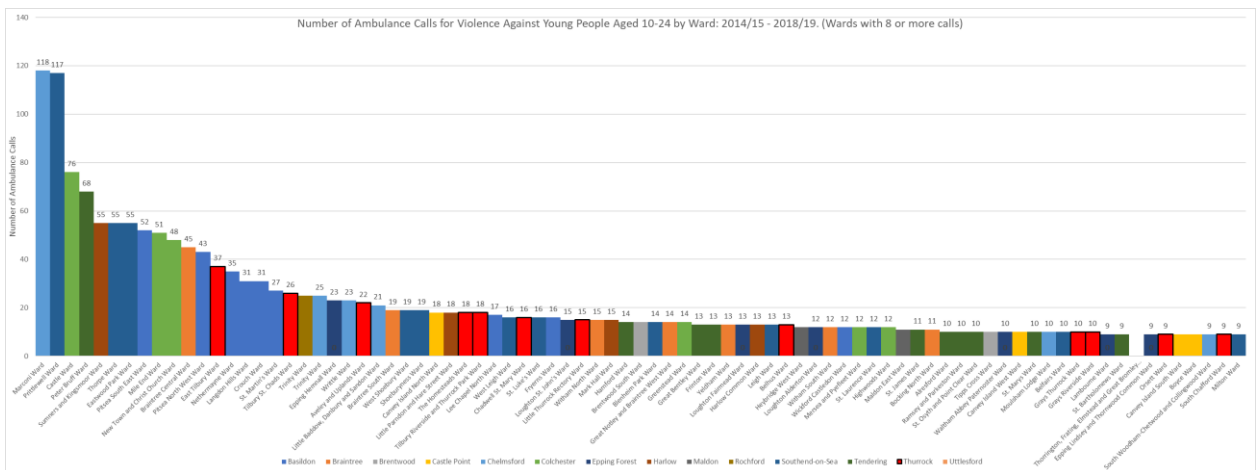
Ambulance call outs for injuries caused by violence in young people are not evenly distributed across wards in Essex. Of the 279 wards in Essex, 42 (15.1%) received no ambulance call outs for injuries caused by violence in young people in the last five years. Conversely, there were 118 ambulance call outs in the ward with the highest level of ambulance use (Marconi). In Thurrock, East Tilbury received the most ambulance call outs for injuries caused by violence in young people aged 10-24 over the last five years, followed by Tilbury St. Chads and Aveley and Uplands ranking them 13th, 18th and 23rd respectively across Essex for ambulance call outs for victims of youth violence. These data have implications for targeting of both future enforcement and prevention activity.

We also calculated the rate of ambulance call outs for victims of violence aged 10-24 per 1000 young people resident in each ward. This analyses attempts to control for the fact the population of young people is not distributed evenly between wards, and aims to calculate the *risk* a young person aged 10-24 living in each ward has of requiring an ambulance due to injury caused by violence. However some caution needs to be attached to this analyses as young people may not be victims of violence in the ward that they live. Figure 2.23 shows this analyses for the 50 wards with the highest rate of ambulance call outs for violence in young people aged 10-24 per 1000 young people resident in that ward. Eight wards in Thurrock have rates of ambulance call outs for violence greater than the Essex mean: *East Tilbury, Tilbury St. Chads, Little Thurrock and Rectory, Aveley and Uplands, The Homesteads, Tilbury Riverside and Thurrock Park, Orsett, and Chadwell St. Mary's.*

Figure 2.23

Rate of Ambulance Calls for Victims of Violence Aged 10-24: 2014/15 - 2018/19 by Ward Population Aged 10-24. 50 Wards with highest rates
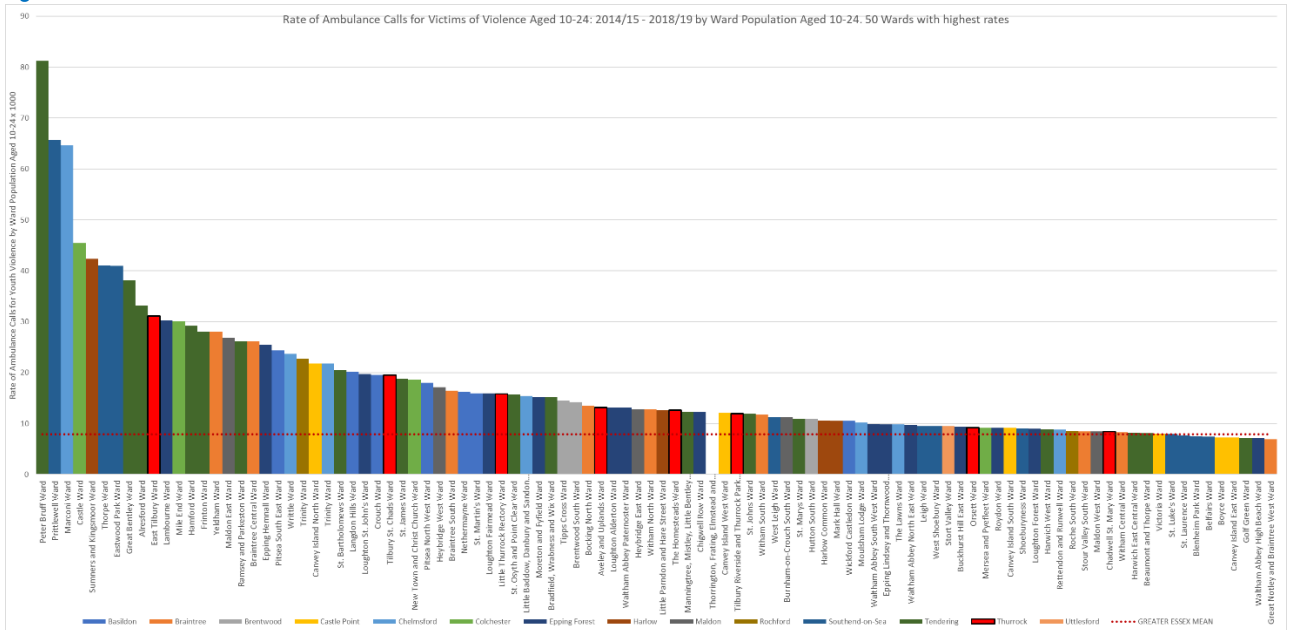
Figures 2.24 and 2.25 (overleaf) show the rate of ambulance call outs for stab/knife/gunshot injuries by ward in patients aged 10-24 per 1000 young people aged 10-24 living in each ward between 2014/15 and 2018/19. Figure A shows an even greater clustering of ambulance call outs for stab/knife/gunshot wounds compared to all injuries caused by violence. Of the 279 wards in Essex, 139

(49.8%) received no ambulance call outs for stab/knife/gunshot wounds in young people aged 10-24 between 2014/15 and 2018/19. Conversely, the ward with the highest rate of callouts (Peter Bruff ward in Tendering) had a rate 19 times that of the lowest.

Figure 2.24

Rate of Ambulance Calls for Victims of Knife/Stab/Gun Violence 10-24 2014/15 - 2018/19 by Ward Population Aged 10-24 x 1000

Figure 2.25

Rate of Ambulance Calls for Victims of Knife/Stab/Gun Violence, patients aged 10-24 2014/15 - 2018/19 by Ward Population Aged 10-24 x 1000. 100 Highest Wards
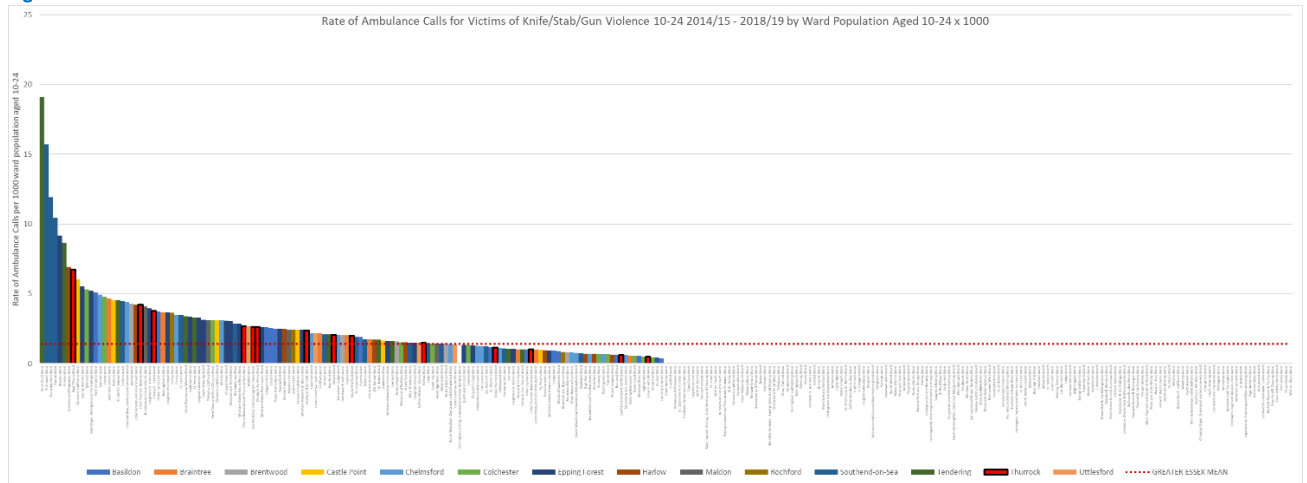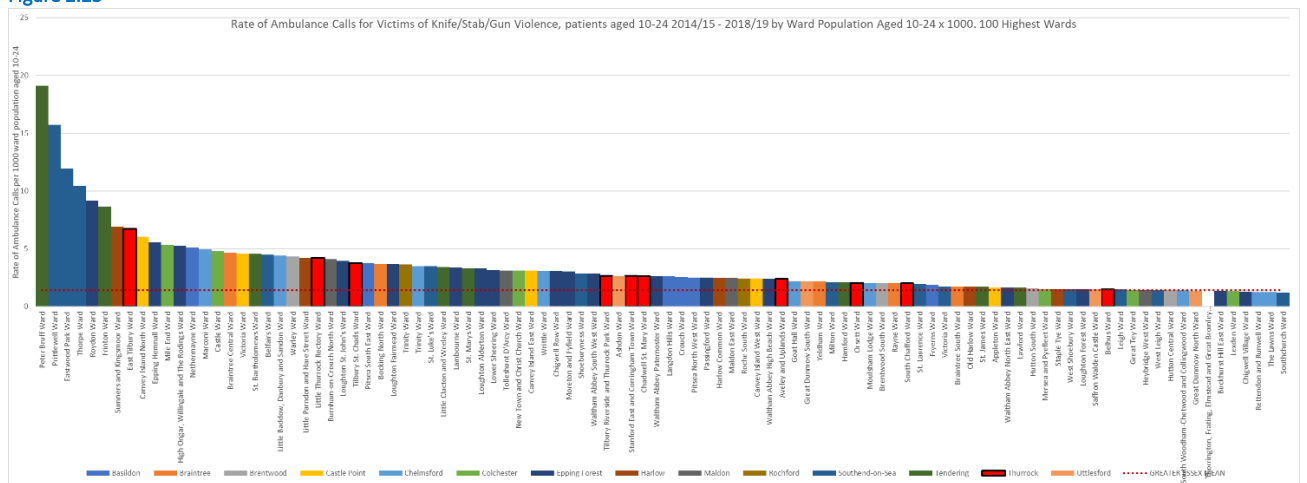
Thurrock had 10 wards with rates of ambulance call outs for stab/knife/gunshot wound injuries in patients aged 10-24 above the Essex mean. These were: *East Tilbury, Little Thurrock and Rectory; Tilbury St. Chads, Tilbury Riverside and Thurrock Park, Stanford East and Corringham Town, Chadwell St. Mary, Aveley and Uplands, Orsett, South Chafford, and Belhus*.

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Predicting future incidents of youth violence that require an ambulance call out.

As the previous sections have demonstrated, ambulance call outs for youth violence are not evenly distributed but clustered in specific wards. We can use these patterns to predict future incidents of youth violence that require an ambulance.

We examined the association between rates and numbers of ambulance call outs for youth violence and deprivation at ward level using ward level Index of Multiple Deprivation (IMD 2018) and Index of Childhood Deprivation (IDAC 2018) for all violent incidents and stab/knife/gunshot injuries but

found no significant association, suggesting the overall deprivation of the ward is a very poor predictor of levels of violence. (For example, figure 2.26)

Figure 2.26

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)

$y = 0.106x + 5.8855$
$R^2 = 0.0108$

However, we found that the number of ambulance call outs for stab/knife/gunshot wound injuries in the previous two years in youth (aged 10-24) at ward level was a strong predictor of ambulance call outs for the same injuries in the

subsequent year. This is shown in figure X. The greater the number of ambulance call outs in the previous two years, the greater the risk of a call out in the subsequent year. For example, as figure 2.27 shows, 100% of wards with six or more ambulance call outs for stab/knife/gunshot wound injuries in the previous two years received two or more ambulance call outs for the same injuries in the subsequent year. Similarly 72% of wards that received three to five call outs in the previous two years received at least one call out in the subsequent year.

We can use these data to predict future ambulance call outs for knife/stab/gunshot injuries in the future. This prediction may be useful as a means of targeting future prevention and enforcement activity at ward level.

Figure 2.27 — Relationship between previous ambulance call outs for youth (aged 10-24) stabbing/gun/knife wounds in 2018/19 and number of ambulance call outs for the same injuries in the previous two years at ward level
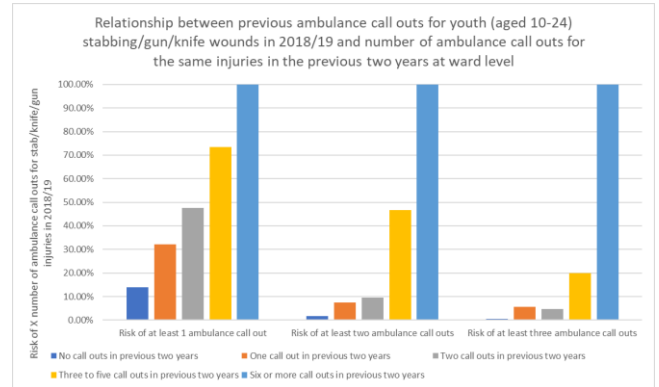
Figure 2.28 demonstrates this by using historical data to predict the risk of at least one ambulance call out for a young person aged 10-24 for a knife/stab/gunshot injury in 2019/20. Wards with a risk of 30% of greater are shown.

Thurrock wards are shown in red with a black boarder.

Figure 2.28 — Future Predicted Risk of Ambulance Call for Knife/Stab/Gunshot Injury in Youth aged 10-24 by Ward and Local Authority in Essex
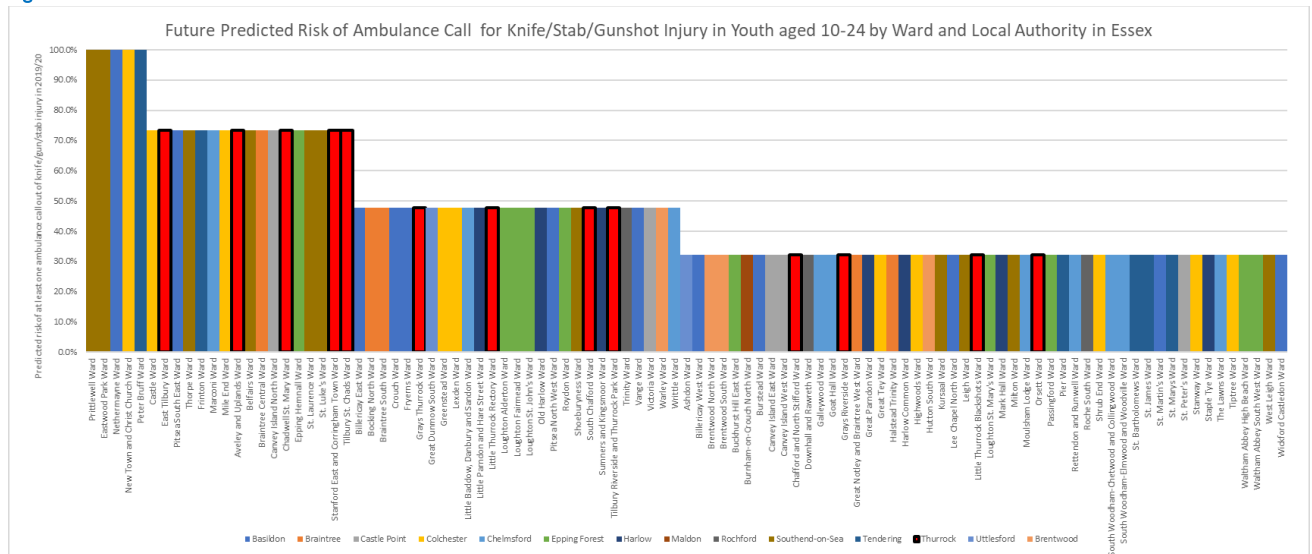
Thurrock has five wards with a predicted risk of 70% of at least one ambulance call out for a knife/stab/gunshot wound in 2019/20. These are *East Tilbury, Aveley and Uplands, Chadwell St.Mary, Tilbury St. Chads, and Stamford East and Corringham Town*.

A further four wards have almost a 50% predictive risk of at least one ambulance call out in 2019/20: *Grays Thurrock; Little Thurrock Rectory; South Chafford; and Tilbury Riverside and Thurrock Park*.

This intelligence can be used to target prevention and enforcement activity more effectively.

Youth Offending Service Data

We analysed the dataset held by the Thurrock Youth Offending Service for the years 2014/15 to 2018/19. We can be confident that the records contained within this dataset pertain to young people (aged <18) guilty of the offences

described. However the data is likely to under-estimate the total level of offending in Thurrock as it relates only to young people who have been caught and entered the criminal justice system.

In order to reduce the number of offence categories, we grouped offenses recorded in categories shown in Table 2.5 overleaf.

Figure 2.29 (overleaf) shows the number of each category of offence dealt with by the Thurrock YOS between 2014-15 and 2018-19. Total offending across all categories has risen considerable from 2014-15 to 2018-19 with a slight reduction in 2017-18. Robbery against the individual (likely to be largely street based robbery) shows the fastest increase, with no offences dealt with by the YOS in 2014-15 compared to 84 in 2018-19.

Knife/blade/firearm/offensive weapons offences have also risen sharply since 2013-14 although fell back slightly in 2018-19. (figure 2.30 overleaf)

APHR Category	Crimes included
Robbery	All robbery / attempted robbery/ conspiracy to commit robbery against the person. (Excluded all other types of theft including burglary, shoplifting, vehicle/cycle theft)
Violence Against the Person – Common Assault	All common assault categories including attempted assault
Violence Against the Person – Serious Assault	Assault / attempted assault by beating, battery, assault of a police officer, assault resulting in actual bodily harm.
Violence Against the Person – GBH	All actual or attempted acts of violence causing grievous bodily harm. Wounding with intent (section 18)
Violence Against the Person – Knife/Blade/Firearm/Offensive Weapon	All offences relating to possessing and/or threatening an individual with a knife, blade, offensive weapon or fire arm
Violence Against the Person – Other	Resisting Arrest and other offensive relating to obstructing a police officer. Using violence to gain entry to a premises. False imprisonment. Interfering with a motor vehicle with the intent of endangering life.

Figure 2.29
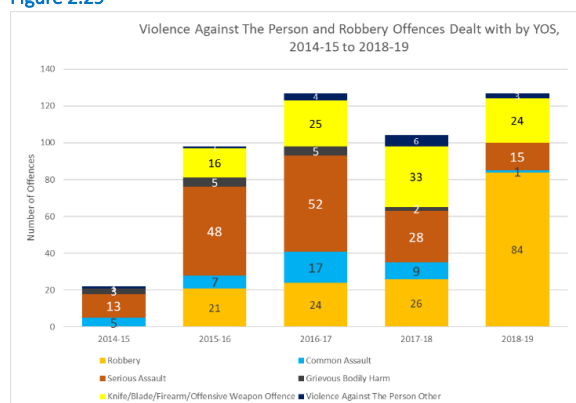
Figure 2.31
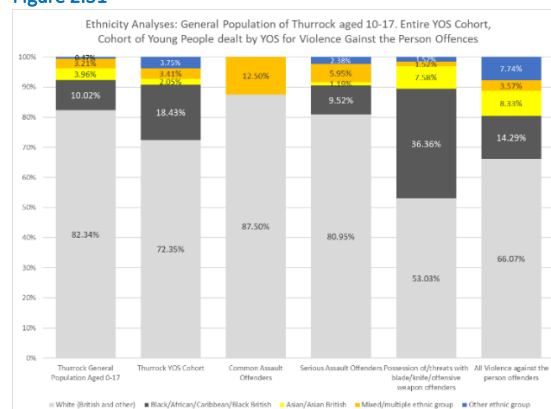
Figure 2.30
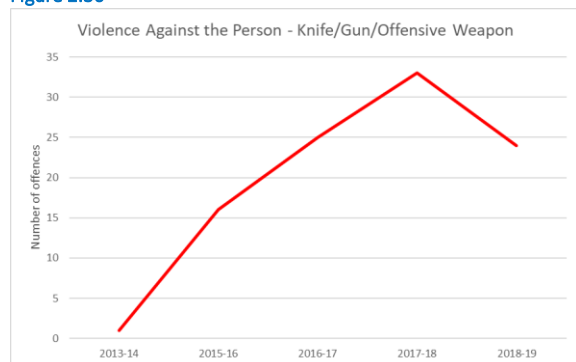
We conducted ethnicity analyses of the cohorts of young people accessing the Thurrock YOS because of different categories of violent offences in 2013-14 to 2018-19. This is shown in figure 2.31 and compares these cohorts to the entire cohort of young people the accessed YOS and the ethnicity breakdown of the Thurrock general population aged 10 to 17.

The ethnicity analyses highlights differences in the ethnic makeup of the different cohorts. Young people accessing YOS due to committing *Common Assault* offences are more likely that the entire YOS cohort of the general population of Thurrock to be white or mixed ethnic group. Conversely those accessing YOS because of *Offensive Weapons* offences are disproportionally Asian and particularly Black compared to both the entire YOS cohort and general population of Thurrock aged 10-17. Over all categories of violence against the person, non-white young people are disproportionally over-represented.   The reasons behind this are unclear and likely to be complex but could include differences in arrest/conviction rates between different ethnic groups or an underlying difference in the proportions of young people from different ethnic groups committing different types of violent crime. An entire range of differing risk factors faced by different ethnic groups could in turn be driving this phenomenon and the data may have implications for how best to target prevention activity.

Single vs Repeat Offenders

We wished to explore how many offences for youth violence and robbery were committed by the same offender. Figure 2.32 (overleaf) shows the distribution of offenders to offences for all violence against the person categories of offence plus robbery.

Figure 2.32

All VAP plus Robbery - Distribution of Offenders to Offence Incident days (offences committed on same day count as one incident)
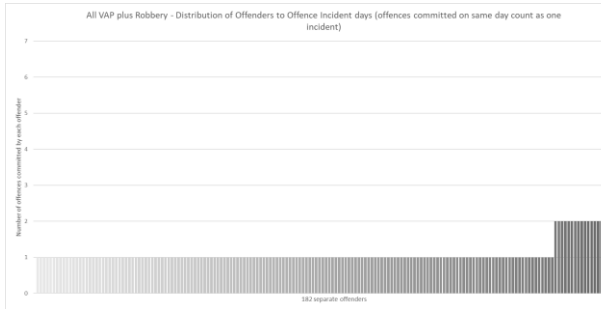
Over the five years analysed within the YOS dataset, 220 offences for all categories of *violence against the person* plus robber were committed by 182 separate young people. As such, the majority of young people accessing the YOS (82.7%) committed only one violence against the person or robbery offence over five years. This would suggest that the YOS was successful in the majority of cases of offenders in preventing repeat offending behaviour for this type of crime, although this doesn't account for previous offenders who don't get caught for subsequent offences. 18% of young people were referred to YOS for two offences for violence against the person/robbery and 3.3% for three or more offences of this nature.

We conducted similar analyses for the sub categories of *Knife/Gun/Offensive weapon* and *Serious Assault* (figures 2.33 and 2.34)

Figure 2.33

Knife/Gun/Offensive Weapon: Distribution of offenders to offences. 2013-14 to 2018-19

Figure 2.34

Serious Assault: Distribution of offenders to offences. 2013-14 to 2018-19.
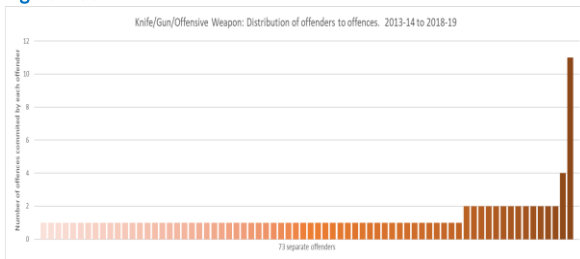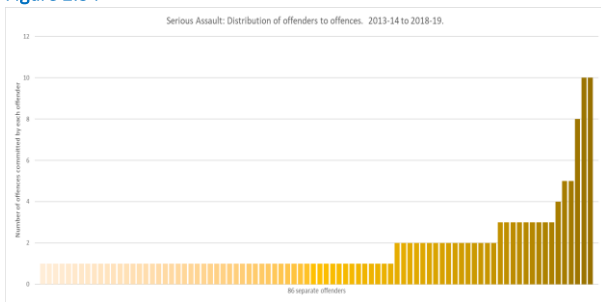
In both categories of *Knife/Gun/Offensive Weapon* and *Serious Assault*, once again the majority of offenders (79.4% and 65.1% respectively) committed only one offence. However for *serious assault* there is a larger cohort of young people committing multiple offences despite YOS intervention.

Association with other crime

We wished to explore the relationship between committing all sub-categories of *Violence Against the Person/Robbery* and committing other types of crime amongst the YOS cohort. This can be represented by Venn Diagram 1. In total over the years 2013-14 to 2018-19, the YOS worked with 299 separate offenders (Large blue oval). Of those, 182 committed at least one *Violence against the Person/Robbery* category of offence (Red oval – A).

The section of the Red Oval (D) represents the number of young people in the cohort who committed a Violence against the Person/Robbery offence (any category) but not another type of offence. Similarly, the proportion of the green circle (F) represents the numbers of young people who committed other specific types of offences (given in table X) but not one in the *Violence Against The Person/Robbery* categories.

The Overlap between the Green and Red Ovals (E) represents the numbers of young people who committed both other categories of crime and *Violence Against the Person/Robbery*.

The section of the blue oval 'C' represents the YOS cohort who committed neither the specific offence represented by the green oval B nor *Violence Against The Person/Robbery*.

Venn diagram 1
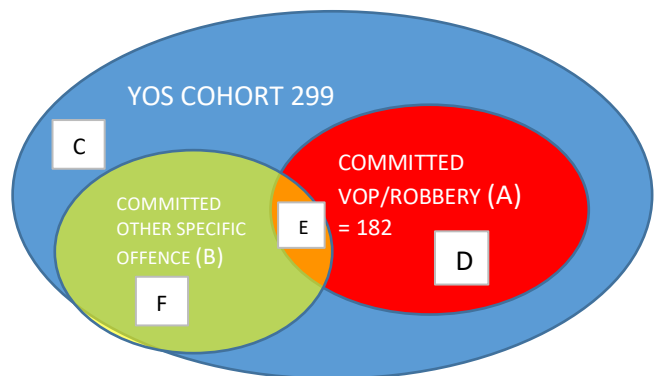
We calculated Odds Ratios to show the level of increased likelihood that committing a range of other types of offence has on committing a *Violence Against the Person/Robbery Offence*. We did this using the remainder of the YOS cohort group (C) as a control. An Odds Ratio of 2 would signify that committing another type of offence means that the offender was twice as likely as the remainder of the YOS cohort to commit a *Violence Against the Person/Robbery* offence.

The results of this analyses are shown in table 2.6 (overleaf).

Table 2.6

Specific other offence committed (Green Oval B)	Total Number of YOS Offenders Committing this category of offence (Number Green Oval B)	Number of YOS offenders also committing VOP/Robbery (Overlap E)	Number of YOS Offenders Committing this offence who did not commite VOP/Robbery (Section F of green oval)	% of offenders committing this offence ALSO committing VOP ROBBERY	Number of Offenders committing VOP/Robbery but not this specific other offence (Section D of red oval)	Number of YOS Cohort who did not commit either VOP/Robbery nor this specific offence (Section of blue oval C)	Odds Ratio (Increased risk of committing VOP/Robbery if committed this offence)	95% Confidence Interval	p value
SUPPLY OF A CLASS B DRUG	9	8	1	88.90%	174	116	5.33	0.658 to 43.21	0.12
BREACH OF BAIL	10	8	2	80%	174	115	2.64	0.55 to 12.67	0.2241
POSSESSION OF A CLASS A DRUG	10	7	3	70%	175	114	1.52	0.3851 to 5.99	0.55
SUPPLY OF A CLASS A DRUG	10	7	3	70%	175	114	1.2	0.571 to 2.534	0.63
POSSESSION OF CLASS B DRUG	47	32	15	68.09%	150	102	1.45	0.75 to 2.82	0.27
CRIMINAL DAMAGE	63	41	22	65.08%	141	95	1.26	0.70 to 2.24	0.441
BREACH OF STATUTORY ORDER	34	22	12	64.70%	160	105	0.98	0.45 to 2.12	0.961
PUBLIC ORDER	30	18	12	60%	164	105	0.96	0.44 to 2.08	0.96
BREACH OF CONDITIONAL DISCHARGE	6	3	3	50%	179	114	0.66	0.13 to 3.30	0.61
BURGLARY	16	8	8	50%	174	109	0.63	0.23 to 1.72	0.365
THEFT AND HANDLING STOLEN GOODS	65	31	34	47.70%	151	83	0.501	0.288 to 0.873	0.0148
MOTORING OFFENCES	35	11	24	31.40%	171	93	0.2493	0.1169 to 0.53	0.0003

Table 2.6 shows a high degree of 'overlap' between some other types of offence category and committing *Violence Against The Person/Robbery* amongst the YOS cohort of young people. 88.9%, 80%, 70% and 70% of young people committed offences of Supplying Class B drugs, Breach of Bail, Possession of Class A drugs and Supplying Class A drugs respectively also committed VOP/Robbery offences. It is worth noting that which offence preceded the other cannot be determined from this analyses. The Odds Ratios signify that those young people who committed Possession and Supply of Class A and B drugs offences, those committing criminal damage and those who breached bail were all at greater risk than the rest of the YOS cohort of

committing *violence against the person/robbery* offences, although none of the Odds Ratios were statistically significant at 95% confidence, largely because the relatively small numbers of young people involved in both category of offence meant there was insufficient statistical power to the calculation.

Two statistically significant odds ratios were identified, shown in green. Young people committing theft/handling stolen goods and motoring offences were 50% and 24.9% less likely than the entire YOS cohort of also committing *Violence Against the Person/Robbery* offences.

We also calculated odds ratios using the entire population of young people aged 10-17 in Thurrock as the control group rather than the rest of the YOS cohort of young people. The results are shown in Table 2.7 and are striking and all statistically significant at 95% confidence.

Table 2.7

Specific other offence committed	Odds Ratio. (Increased risk of also committing VOP/Robbery compared to the Thurrock General Population aged 10-17)	95% Confidence Interval	p value
SUPPLY OF A CLASS B DRUG	1674.97	211.19 to 13300	<0.0001
BREACH OF BAIL	1489.75	185.33 to 11975.	<0.0001
POSSESSION OF A CLASS A DRUG	432	110.8 to 1684.27	<0.0001
SUPPLY OF A CLASS A DRUG	432	110.8 to 1684.27	<0.0001
POSSESSION OF CLASS B DRUG	460.63	244.36 to 868.30	<0.0001
CRIMINAL DAMAGE	427.99	248.47 to 737.20	<0.0001
BREACH OF STATUTORY ORDER	371.15	180.60 to 762.75	<0.0001
PUBLIC ORDER	296.26	140.45 to 264.92	<0.0001
BREACH OF CONDITIONAL DISCHARGE	181.01	36.28 to 902.87	<0.0001
BURGLARY	186.18	69.09 to 501.68	<0.0001
THEFT AND HANDLING STOLEN GOODS	195.48	117.09 to 323.36	<0.0001
MOTORING OFFENCES	86.79	41.85 to 179.97	<0.001

Young people referred to YOS for the other specific offence categories listed in table 2.7 are between 86.8 and 1675 times more likely to also commit *Violence Against the Person/Robbery* offences suggesting that violence secondary prevention activity needs to be targeted at the entire YOS cohort.

Desistence Analyses

YOS record whether each young person has any of 18 risk factors that make desisting from future offending less likely. We analysed the cohort of young people who had been referred to YOS for all categories of *Violence Against the Person* crimes plus robbery. Figure 2.35 shows the results of the analyses for the sub-categories of *Common Assault, Serious Assault and GBH*. Figure 3.36 shows the results for *Robbery and Knife/Blade/Firearm/Offensive Weapon Offences* showing the percentage of offenders in each crime category with each desistence risk factor.

What is striking in the spider diagrams in figure 2.35 and 3.36 is the shapes produced across all crime categories are very similar, suggesting the most common risk factors against desistence from future offending (present in >50% of offenders) for all *Violence Against the Person* and *Robbery* crime categories for the cohort of young people that the Thurrock YOS works with are:

- *Emotional Development and Mental Health*
- *Features of Lifestyle*
- *Learning, Education, Training and Employment*
- *Parenting, Care and Supervision*
- *Substance Misuse*
- *Thinking and Behaviour*

Emotional Development and Mental Health is also a risk in a lower proportion of young people who committed *Robbery* or *Knife/Blade/Firearm/offensive weapon* offences compared to common or serious assault.

The high proportion of young people in the cohort committing violence against the person/robbery offences with the above six risk factors suggests future prevention activity needs to be targeted at addressing these six issues. It is worth noting that the six risk factors relate to both individual, family and wider societal drivers of wellbeing, suggesting future prevention activity requires a multi-agency, multi-systemic and coordinated approach.

One additional risk factor doesn't follow the same pattern across all offence sub-categories; *Resilience and Goals*. 100% of young people who committed GBH had this risk factor whilst it was present only in very low numbers of young people who committed other types of violent crime/robbery.

Risk Factors to Desistence of Violence Against the Person: Knife/Gun/Offensive Weapon Crime and Robbery

Risk Factors to Desistence of Violence Against the Person: Common Assault, Serious Assault and GBH in Thurrock YOS Cohort of Offenders
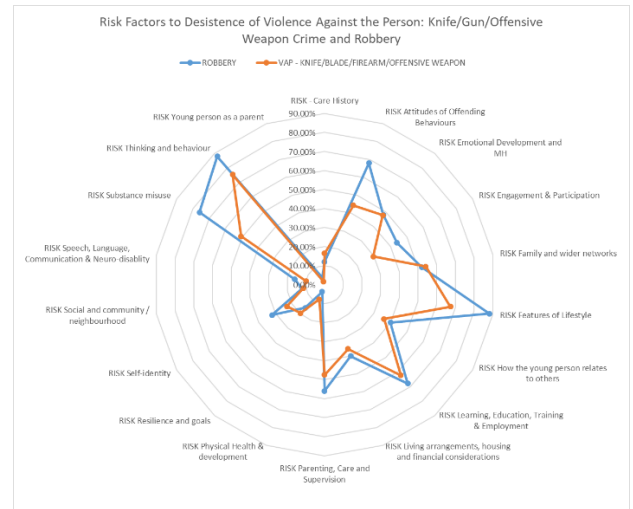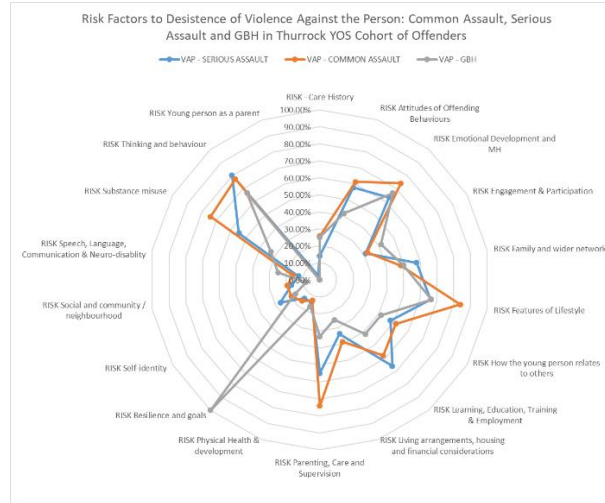
Chapter 3: Gang Culture in Thurrock

Key Findings

Evidence suggests serious consequences for both young people who join gangs and their wider communities. Gang membership is strongly associated with risk of both committing and being a victim of serious violence, school exclusion, difficulty gaining meaningful employment, criminal activity including drug dealing, robbery and sexual offences, drug/alcohol dependency and serious mental ill-health.

The numbers of young people becoming involved in gangs in Thurrock remains relatively small as a proportion of our population of the total population but has increased significantly year on year since 2016/17. Black young people are significantly over-represented in the cohort of young people known to be gang nominals in Thurrock. The reasons for this are likely to be complex and not entirely understood but may have implications for the targeting of future prevention activity. The age at which young people become involved in gangs is also reducing year on year over the past three years within the borough.

Gang related activity in Thurrock is centred around the geographical areas of Grays, Chafford Hundred and Purfleet, with three gangs known as C17 (Grays), C100 (Chafford) and P19 (Purfleet) operating. There is evidence of association between established London gangs and gang activity in Thurrock and this could be one explanation for the over-representation of black young people in Thurrock gangs.

Introduction

This chapter examines the issue of youth gangs and gang culture in Thurrock.

Although there is no standard definition of what constitutes a gang, the Centre for Social Justice in 2009 offered a practical description which incorporates five key criteria[9] shown in box 3.1

Box 3.1

> Definition of a youth gang
>
> Gangs are a relatively durable, predominantly street-based group of young people who:
>
> - See themselves and are seen by others as a discernible group.
> - Engage in criminal activity and violence
> - Identify with or lay claim over territory
> - Have an identifying structural feature
> - Are in conflict with other, similar gangs

Youth gangs are not a new social problem and have been reported in literature since the 19th Century, but the last 15 years British society has seen an increase in gang culture and its associated violence. Evidence suggests that up to 6% of 10-19 year olds in the UK self-report belonging to a gang. [10]

Impact of Gang Membership

The consequences of joining a gang are potentially very serious, both for the youth involved and for their wider communities.

Violence

The frequency with which someone commits serious and violent acts typically increases whilst they are gang members compared with periods before and after gang involvement. Adolescents who are in a gang commit many more serious and violent offences than non- gang affiliated young people.[11] [12] One UK Study found that 90% of male gang members (aged 18 to 34) had been involved in violence in the past five years with 80% reporting at least three violent incidents. Compared with non-gang members, they were more likely to have perpetrated violence, been a victim of violence and fear future victimisation.[13]

Frequent association with other gang members encourages and reinforces violent responses to situations and retaliation against others. This in turn elevates the risk of violent victimisation in gangs.[14] [15]

Exclusion

The majority of gang members either self-exclude (truant) or have been officially excluded from school[16] and are likely to be spending large amounts of time unsupervised on the streets. Gang members subsequently have little, if any, qualifications and are unlikely to gain meaningful employment. This in turn makes criminal activities such as drug dealing appear an attractive alternative.

Involvement in crime and delinquency

Gang involvement encourages more active participation in delinquency and criminal activity. Research suggests that gang members tend to be engaged in a wide range of criminal activities: drug dealing, robbery, assault and rape.[17] Drug use, drug trafficking and violence, and in turn increases the risk to gang members of violence, arrest, conviction and incarceration. [18] [19] These effects of gang involvement also bring disorder to the life course in a cumulative pattern of negative outcomes including school dropout, teenage parenthood and unstable employment

which becomes particularly severe when the young person remains an active member of the gang for several years. [12 18]

Poor mental health

There is a bi-directional relationship between poor mental health and gang membership. Poor mental health makes young people more vulnerable to joining gangs[20], whilst gang membership can have an adverse effect on mental wellbeing. [13 21 22] Exposure to violence and other trauma associated with gang membership damages mental health. Gang members may be under extreme pressure to suppress feelings of fear and anxiety to avoid being ostracised by the gang. [23] Similarly substance misuse often associated with gang membership can further damage mental health. [24]

Long-term exposure to violence associated with gangs has been linked to a range of psychological problems including depression, anxiety, behavioural problems and post-traumatic stress disorder (PTSD).[25 26 27]

Analyses of health screening initiatives with young people (aged 10-18) found that at the point of arrest almost 40% of those who were gang members had signs of severe behavioural problems before the age of 12 compared with 13% of youth justice entrants.[28] Around a quarter had a suspected mental health diagnosis and over a quarter were suffering sleeping or eating problems (compared with less than 10% for general entrants). A study of older males (aged 18 to 34) found that those who were gang members had significantly higher levels of mental illness than both men in the general population and non-gang affiliated violent men. (Figure 3.1)[13]

Figure 3.1

Prevalence of psychiatric morbidity in male gang-members, non-gang affiliated violent men and non-violent men in the UK (Coid et.al, 2013)
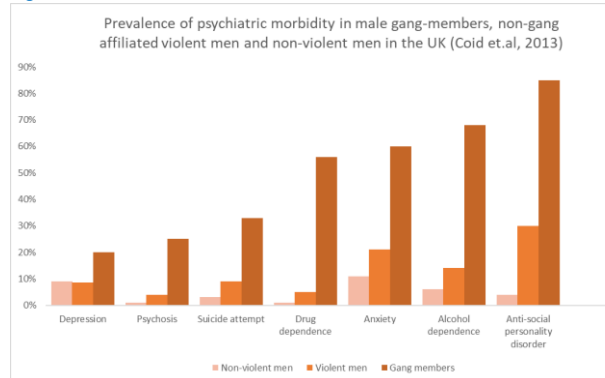
Community impact

Fear of crime and gangs are immediate, daily experiences for many people who live in neighbourhoods where gangs are most prevalent[29]Negative impacts of gangs on communities include economic loss including loss of property values, neighbourhood businesses and tax revenue; weakened informal social-control mechanisms; and the exodus of families from gang-ridden neighbourhoods resulting in a downward spiral of neighbourhood decline.[30]

Gangs may also intimidate non-gang members of the community who witness gang related crime making it difficult for law enforcement to maintain order in gang-impacted areas. [31]

Gang Activity in Thurrock

Thurrock's close proximity and good transport links to London and its comparatively cheaper rent has made it vulnerable to significant displacement of gang associated children and adults from the capital into the borough. Thurrock Council's Gang Related Violence Group monitors gang activity within the borough. Figure 3.2 shows the numbers of new referrals, gang nominal managed and gang nominal removed for the group's monitoring data for the years 2016/17 to 2018/19. It shows increasing numbers of new nominal referred and total nominal managed year on year and a decreasing number of gang nominal removed from the register suggesting that gang activity in the borough has increased. In total, there has been a 33% increase in nominals identified and monitored by the Gang Related Violence Operational Group in 2018/19 compared to 2017/18. This fits with previous trends of increasing knife crime and violence discussed in the previous chapter.

Figure 3.2

Gang Nominal 'Throughput', Thurrock Gang Related Violence Group: 2016/18 to 2018/19
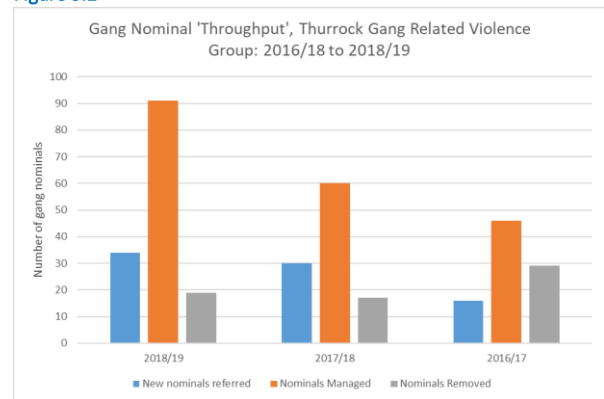
Figure 3.3 shows changes in the ethnicity of gang nominals managed through the Gang Related Violence Group between the years 2016/17 and 2018/19 together with the modelled ethnicity of the population of Thurrock young people aged 10-24.

Figure 3.3

Changes in Ethnicity Breakdown of Gang Nominals 2016/17 to 2018/19
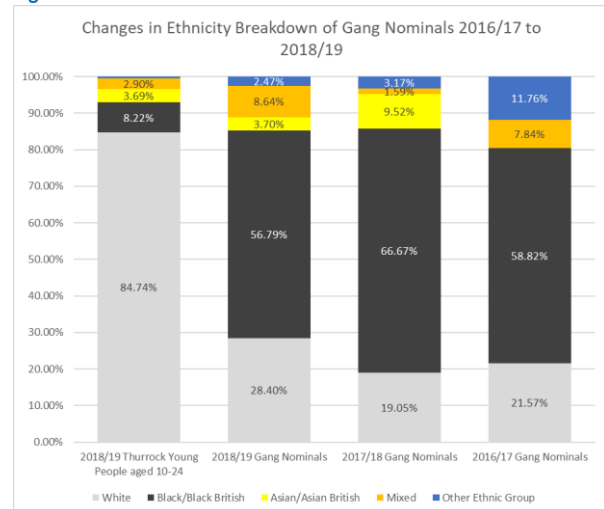
Black/Black British young people are significantly over represented in the population of gang nominals in Thurrock

when compared to the general population of Thurrock young people aged 10-24. This mirrors previously presented data in Chapter 2 on ethnicity breakdown and violent offenders. The reasons for this are unclear but one possible explanation could include the migration of black gang involved young people into the borough from London. Overrepresentation of young black youth in Thurrock gangs also has implications for how future prevention work may need to be focused. However the data shows that the over-representation has become less pronounced when comparing 2018/19 data to 2016/17 data suggesting that greater numbers of white young people are becoming involved in gangs in Thurrock.

Figure 3.4
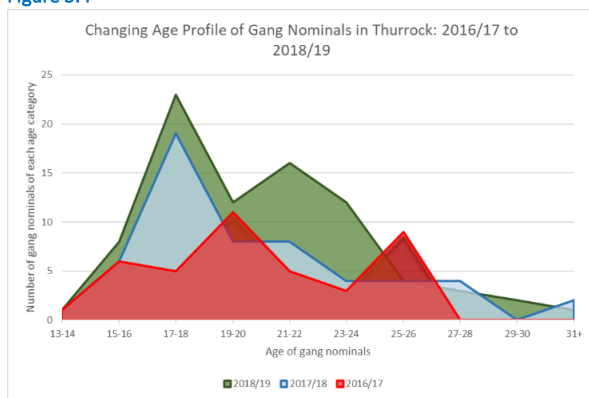
Figure 3.4 shows the age profile of gang nominals monitored through the Thurrock Gang Related Violence Group for the years 2016/17 to 2018/19.

Whilst the larger 'green' plot area of 2018/19 reflects the increasing number of gang nominals being monitored, it also suggests that the age of gang nominals is also getting younger with large increases in the 17-18 age category between 2016/17 and 2018/19 and reductions in gang members over 24. Numbers of gang nominals under the age of 15 is minimal suggesting that future prevention activity aimed dissuading young people from joining gangs, needs to be targeted at the age group under 16

Figures 3.5 and 3.6 show the approximate home area of each of the gang nominals identified and monitored by the Thurrock Council Gang Related Violence Group for 2016/17 and 2018/19. Figure B also shows the name of the gang that the nominal is believed to belong to.

The public health conceptualisation of violence as a communicable disease that 'spreads' from index cases is clearly demonstrated in these two maps. The number of gang nominals increases from a few index cases over three years, particularly in Purfleet, Chafford, Grays and South Ockendon which are the four areas where the majority gang nominals now reside.

Figure 3.5: Approximate Address of Gang Nominals 2016/17
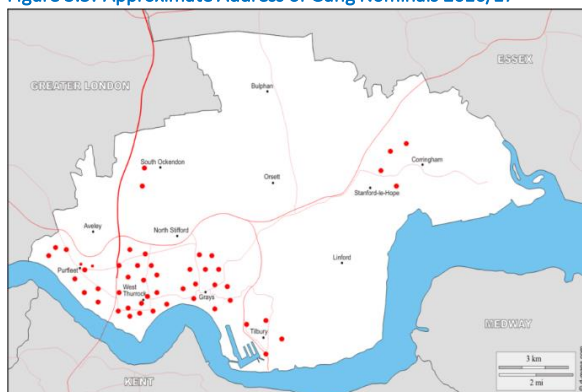
Figure 3.6: Approximate Address of Gang Nominals 2018/19
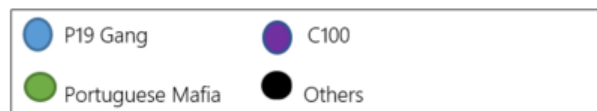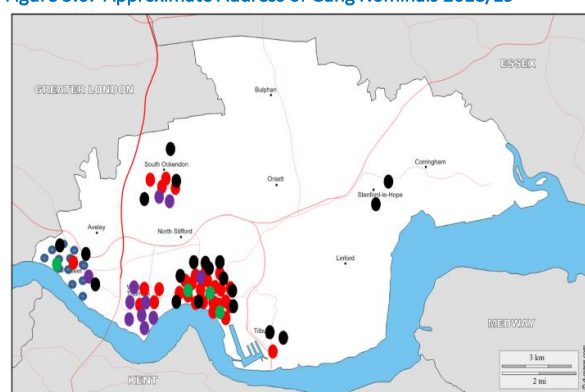
Figure 3.7 shows the affiliation of nominals to gangs in Thurrock.

Gang Affiliation in Thurrock: 2018/19

Three main Thurrock gangs operate: C17/7 in Grays, C100 in Chafford Hundred and P19 in Purfleet. Figure C also shows ongoing location of gang affiliates linked to London gangs being located in Thurrock. These gang nominals then align

themselves with a Thurrock based gang. Consequently, gangs like C17/7 have members from various London gangs who would not normally associate with each other in their originating borough. It is believed that the purpose of this arrangement is to maximise earning potential from the existing drugs trade and to be associated with the emerging 'drill music' scene.

Chapter 4: County Lines

Key Findings

County Lines is a term used to describe gangs and organised criminal networks who export drugs into one or more locations within the UK using a dedicated mobile phone line. They systematically exploit children and vulnerable adults whom they use to move, store and sell class A drugs (largely crack-cocaine and heroin) using a threats of violence, making such exploitation a form of modern day slavery. County lines gangs recruit victims through a process of grooming that involves identifying young people with existing vulnerabilities and exploiting them. County Lines activity is associated with increasing availability and prevalence of cocaine and crack-cocaine use.

The grooming process typically follows a three stage process of *targeting, testing* and then *trapping* the young person, the final stage involving debt bondage, threats or experience of extreme physical, psychological or sexual violence. Victims may be transported hundreds of miles from their home borough and forced to work in trap houses dealing drugs.

Historical approaches to child safeguarding that are designed to protect against child abuse in domestic settings have been shown to be inadequate in the face of the County Lines threat which crosses multiple disciplines including the police, probation, youth offending teams, education and adults/children's social care, and because lines often cross multiple geographical agency boundaries. Young people exploited through County Lines activity are both perpetrators of serious crime and victims of exploitation, but strategic oversight of enforcement/community safety and wellbeing/vulnerability and safeguarding have historically sat in separate multiagency forums. As County Lines are a relatively new phenomenon, child criminal exploitation has not been historically assessed or recorded on local authority Children's Social Care systems.

Where prevention activity is undertaken, national research reports that it is often undertaken too far 'down-stream' once children and young people have been exploited; thresholds for accessing statutory children's social care and youth offending services are set too high. Children's Social Care practitioners report that historical interpretation of child protection policies did not allow them to accept cases on the sole basis of debt enslavement or entrapment and there was a tendency of statutory safeguarding agencies to view young people's behaviour when being criminally exploited, as a sign of criminality or lifestyle choice rather than as evidence of a vulnerable child in need of protection.

Accurately ascertaining the extent of County Lines activity in Essex and Thurrock is difficult due to their covert nature and recent emergence. Data from the National Referral Mechanism set up to monitor the extent of modern day slavery suggests a sharp increase in under 18 referrals from 2014 to 2018/19 although absolute numbers remain low. Intelligence from Essex police suggest that 20 County Lines are known to be operating in Essex of which three operate in the West Essex Local Police Area which encompasses Thurrock.

Introduction

County Lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move and store the drugs and money and will often use coercion, intimidation, violence (including sexual violence) and weapons.Error! Bookmark not defined.

The National Crime Agency[32] describe a typical *County Lines* methodology as having the following components shown in Box A.

County lines gangs recruit victims through a process of grooming that involves identifying young people with existing vulnerabilities and exploiting them. County Lines activity is associated with increasing availability and prevalence of cocaine and crack-cocaine use.

The grooming process typically follows a three stage process of *targeting, testing* and then *trapping* the young person, the final stage involving debt bondage, threats or experience of extreme physical, psychological or sexual violence. Victims may be transported hundreds of miles from their home borough and forced to work in trap houses dealing drugs.

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The National Crime Agency have published three reports that provide an insight into the nature and scale of county lines. [32] [33] [34] The latest suggests that there are over 2000 individual deal line numbers in the UK, linked to approximately 1000 branded county lines. The Children's Commissioner for England in 2018 warned that up to 50,000 young people could be affected based on the National Crime Agency's estimation that as many as 50 children can be involved in any single county line. [35]Although demand for and supply of drugs underpins county lines offending, exploitation remains integral to the business model. Offenders continue to recruit, transport and exploit individuals including children to carry out low-level criminal activity essential to their operation.

Drugs supplied

Heroin and crack cocaine remain the drugs most commonly supplied through county lines. Cannabis is generally not supplied through County Lines. Offenders use mass marketing text messages to advertise the supply and availability of drugs and offer free samples (particularly of crack cocaine) in exchange for the contact details of potential customers in order to expand their customer base and increase the number of addicts in the local population.[34]

The County Lines model has revolutionised the supply chain for Class A drugs in recent years. Establishment of a drugs supply business in a new year presents inherent risks for criminals, not least the threat of violence from rival suppliers, and enforcement by the police. By forcing exploited children and vulnerable adults to 'run' the substances for them free of charge, criminal gangs are able to both maximise profits and minimise risks to themselves. The model also allows a minimal number of 'middle men' between the international criminal cartels who import the drugs and the end user, meaning that the quality of the product is high allowing the gang to undercut existing drug suppliers and capture the market.[2]

Vulnerabilities and Harm

The County Lines business model thrives on the exploitation of vulnerable adults and children to deliver drugs and money in what could be described as a type of modern day slavery. The National Crime Agency identified eight main areas of harm caused to children and vulnerable adults exploited through County Lines gangs (Figure 4.1)

Figure 4.1

HARM ASSOCIATED WITH COUNTY LINES

Linked to Child Sexual Abuse and Exploitation 2%
Access to Firearms 10%
Trafficking (all) 16%
Serious Physical Violence 10%
Cuckooed addresses 17%
Local juveniles trafficked or criminally exploited 11%
Vulnerable adults trafficked or criminally exploited 21%
Out of force juveniles trafficked or criminally exploited 13%
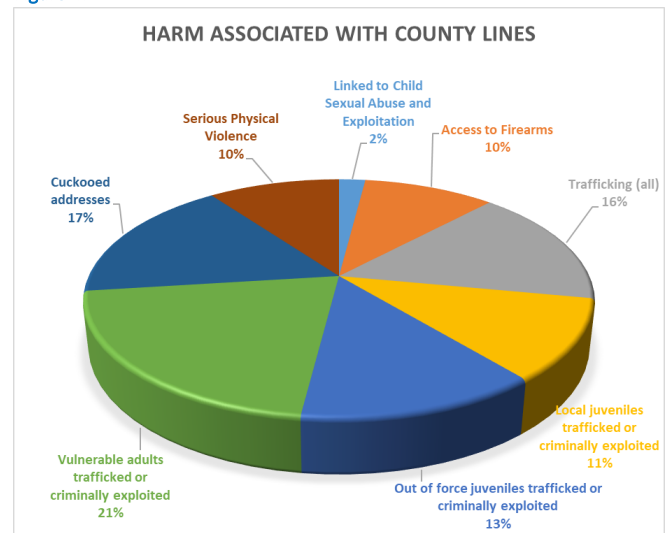
Source: NCA, December 2018

The National Referral Mechanism (NRM) was established by government to identify, monitor and refer potential victims of modern slavery and ensuring they receive the appropriate support. Data from the NRM on individuals exploited through the County Lines model suggest that the majority

of victims are aged between 15 and 17. Individuals within this age group are likely to be targeted as they provide the level of criminal capability required by the offending model, but remain easier to control, exploit and reward than adults. Adult victims of exploitation by county lines gangs are most frequently vulnerable due to an existing drug addiction and often have extensive criminal histories, generally in low-level offending such as shop lifting related to their drug addiction. Mental health conditions such as depression, anxiety and psychosis, and learning and development disorders are often identified in adult victims of exploitation in county Lines activity. [34]

Recruitment of victims

The recruitment of victims can be explained through a three stage process:

1. Targeting
2. Testing
3. Trapping

Figure 4.2 taken from the Children's Society Report into Child Criminal Exploitation and County Lines[Error! Bookmark not defined.] demonstrates the process

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Figure 4.2

A child's journey through child criminal exploitation
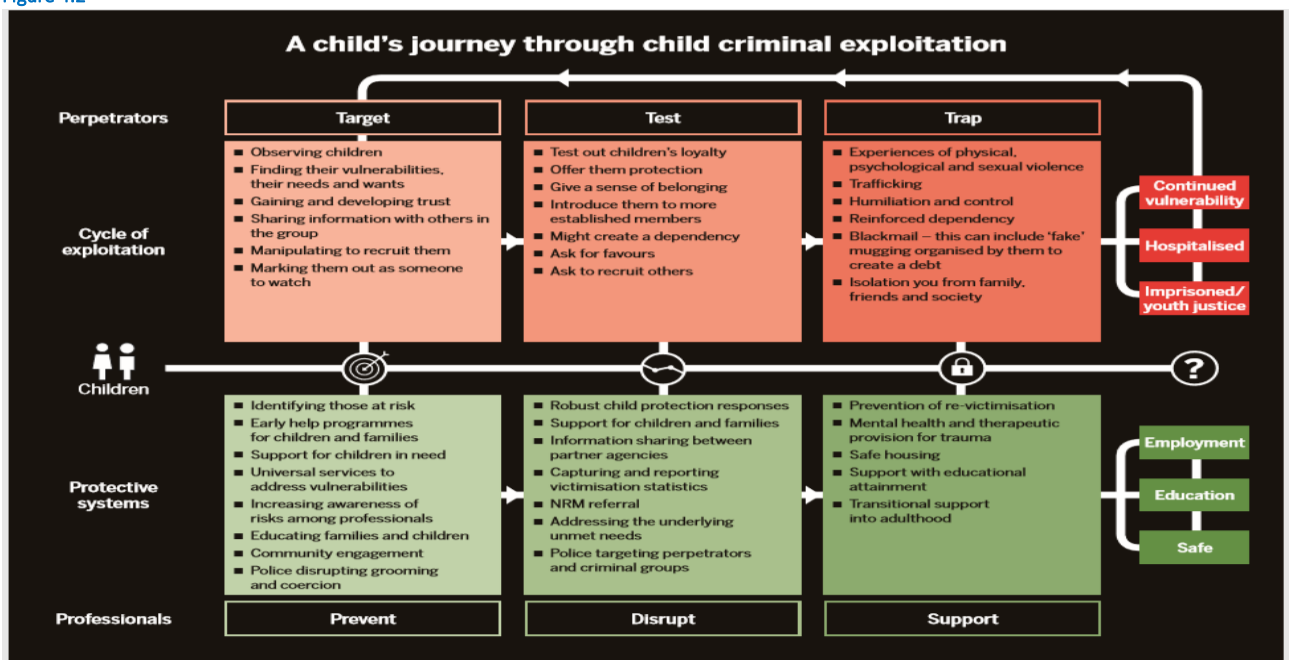
Source: Children's Society, 2018

The first two stages of recruiting victims exploited by county lines gangs is a process of *grooming*. In the first *targeting* phase, gang members build a relationship with the victim that they then go on to exploit. Children displaying vulnerabilities such as poverty, family breakdown, intervention by social care especially looked after children, being excluded from mainstream education or truancy are most frequently targeted by county lines offenders. In some areas middle class children have also been targeted where the gang can identify a vulnerability. The initial targeting phase typically involves the gang member making initial contact and providing something that the victim wants or needs. This can be material things such as phones or trainers that have perceived status, money, or a relationship/emotional support acting as a replacement "family" that is often absent.

Gangs also targeted young people through on-line grooming, opening advertising monetary benefit on social media to becoming involved. Gangs also produce *drill music* videos which are published on YouTube and portray a

glamourous lifestyle offered by gang membership as a mechanism to recruit victims.

In the second *testing* phase, the gang seeks to ascertain whether the victim is 'trustworthy' and does not pose a risk to the wider organisation. Victims are often asked to undertake 'minor tasks' which then escalate rapidly in terms of their demand and risk. In the testing phase, the victim is often asked to hold something of value for a period of time such as drugs, cash or weapons. Unbeknown to the victim, the gang then arranges for these to be robbed, placing the victim in 'debt bondage' to the gang.

In the final *trapped* phase, the victim is forced to work for the gang under threat or experience of extreme physical, sexual and psychological violence in return for being unable to pay the debt. Victims are required to traffic drugs/money around the county which may involve having to 'plug' or 'stuff' packages anally or vaginally within their own bodies. A major feature of the county lines model is the movement or trafficking of young people, often over hundreds of miles from urban hubs to rural locations to operate the line. Young people are forced to work in 'trap houses' controlled

by the gang for the purposes of selling drugs, either rented through sites like AirBnB or taken over from vulnerable adults (a process known as 'cuckooing'). The young person is left isolated and prevented from accessing education, family contacts and appointments. Threats may be made to the victims' families and victims may be compelled to groom younger siblings.

Problems with current statutory agency responses to exploitation through county lines

The Violence and Vulnerability Unit which is funded jointly by the Home Office and Mayor of London's Office for Police and Crime (MOPAC) published a national summary and guide to emerging best practice on county lines in May 2018 based on extensive interviews with practitioners and managers and the findings of 70 locality reviews and local three strategic frameworks on county lines activity and the exploitation of young people through them.[36] It identified a range of commonly repeated issues and concerns in the context of partnership working, the criminal justice system, schools and colleges, early help and intervention, and financial exploitation.

Partnership working

The issue of County Lines and gang activity does not fit neatly into historical partnership work programmes or structures that have been set up in local areas. It crosses multiple disciplines and agency accountabilities including the police, probation, youth offending teams, education, adults' and children's social care, adults and children's safeguarding boards, the NHS and public health. This allows gangs to exploit these differences and service gaps to target vulnerable populations with relatively ease and impunity, exacerbated by the fact that county lines run across large geographies not coterminous with the geographical footprints of individual statutory services.

Criminal justice response: common issues

When young people exploited through county lines are arrested by the police for possession of drugs or possession of drugs with intent to supply, they are often released pending further investigation and returned to their home area which may be different to the geography that they were arrested in. Police reported struggling to get emergency children's social care duty teams to engage with the young person, resulting in them being returned home with a drug debt to the gang and inadequate engagement of services.

Nationally Youth Offending Team staff reported inadequate court sentences being given to young people arrested with large quantities of drugs, and young people being sentenced only for possession in cases where the drugs were clearly not for personal use, but held with intent to supply. This sends a message to young people that the consequences of drug dealing were minimal compared to

the severe potential consequences of being disloyal to their gang.

There was a persistent call from YOT practitioners that government should change the law to make the grooming of young people in this context illegal and for it to incur stiff penalties. Staff felt older gang members were operating in urban areas to recruit young people with little fear of the legal consequences.

A common concern was that young people were coming to the attention of YOTs at crisis point when their criminal behaviour was entrenched because service access thresholds were set too high and there is inadequate early intervention provision. This was underpinned by a common theme of reported increases in antisocial behaviour (ASB) which is not being challenged. This lack of ASB interventions was linked to a lack of proactive/early intervention youth services and outreach work.

Schools and colleges: common issues

The targeting of pupils excluded from mainstream education is a major feature of county lines. The report suggested an increasing trend in exclusions for a wider range of behaviours and a lack of evidence for effective reintegration into education of pupils who had been excluded even when this is temporary. The exclusion of young people from full time education, whether by placing them on reduced time tables, placing them in home schooling arrangements or removing them to Pupil Referral Units (PRUs) exacerbates their vulnerability and increases the risk of them being targeted by gangs for exploitation. PRUs in particular were highlighted as recruiting grounds for county lines gangs.

Early intervention and help: common issues

There was a common call for more outreach and positive activities for young people arising from the realisation that a reduction in these services has left a vacuum into which gangs are moving. The reviews also highlighted inadequate recording of and response to risks highlighted through conversations between front line youth staff and young people, for example being bought trainers or phones by gang members.

When young people become involved in 'county lines', offering diversion away from these activities will inevitably need to involve their entire family. This can be particularly complex when money from county lines activity is used for paying household bills in cases where families have few resources. The report identified that some parents were struggling to maintain boundaries at home, especially if substance users themselves and that some young people are being brought up in a home environment where crime is normalised. The need for parenting programmes that provide practical support to parents was highlighted.

Adult and child safeguarding: common issues

Like YOT thresholds, the review highlighted that thresholds set by Adult and Children Safeguarding teams for a statutory intervention were often too high. 'Cuckooing' is a

common feature of county lines activity where the home of a vulnerable adult is taken over by the gang from which to sell drugs. However, if the adult is said to have capacity to make their own decisions (and is not suffering from a recognisable/diagnosed mental health condition or learning disability) services felt they could not or would not take further steps unless to move to eviction proceedings.

There was a growing view that this issue of capacity needed to be re-examined in cases of 'cuckooing' and that legislation covering 'coercive control' could be used when deciding what powers or tools could be employed to safeguard vulnerable adults.

Housing support services were felt to have been reduced and whilst in the past gangs would be deterred by professionals' regular visits to properties, it was reported that gangs now felt able to control properties with impunity.

The safeguarding of children and young people involved in county lines was felt to be challenging as statutory safeguarding systems were designed to protect children within a domestic setting not county lines context. Children's social care practitioners reported that the interpretation of current child protection policy does not allow workers to accept cases on the sole basis of debt enslavement and entrapment. In consequence, referrals to agencies where young people were showing signs of involvement in criminal exploitation are often not accepted and there was a need to re-examine what constitutes 'neglect' for this cohort of young people.

Furthermore the evidence review identified a tendency of statutory safeguarding agencies to view (particularly in the case of boys), young people's behaviour as a sign of criminality or lifestyle choice rather than as evidence of a vulnerable child who needs protection from exploitation.

There has been a call for a new type of power to manage/protect young people caught up in 'county lines': an urgent need to explore a type of *Child Criminal Exploitation Protection Order*.

Financial Exploitation

There is evidence that there is a new dimension of financial exploitation where young people have their bank accounts controlled for the purpose of laundering money earnt by the gang from drug dealing. The report identified reports from the reviews that large sums of money being deposited into children's bank accounts had alerted agencies to the presence of gangs in children's lives. This highlights the need to undertake prevention strategies that work with financial institutions and police fraud services.

Local Intelligence on County Lines Activity

The emerging and covert nature of County Lines activity and the fact that recording of Child Criminal Exploitation is relatively recent makes accurately ascertaining the true extent and impact of County Lines locally difficult. However, there are a couple of sources of intelligence:

National Referral Mechanism (NRM) Data

The National Referral Mechanism (NRM) is a process set up the central government to identify and support victims of modern day slavery trafficking in the UK and also the mechanism through which the *Modern Slavery and Human Trafficking Unit (MSHTU)* collects data about victims. As such, victims of child criminal exploitation through County Lines would be eligible for referral to the NRM, although referrals would also encompass other forms of modern day slavery (for example, domestic servitude). This information aims to help build a clearer picture about the scope of human trafficking gin the UK. A range of 'first responder' agencies can refer both adults and children/young people aged under 18 to the NRM. These include UK Police forces, local authorities, Home Office Immigration enforcement and a number of third sector organisations specialist in safeguarding adults and children, e.g. Barnardo's and the Salvation Army.

Figure 4.3 shows a rapid increase in the number of under 18 referrals to the NRM from Thurrock between 2014 and 2017/18. In 2017/18, 11 of the 34 referrals were for criminal exploitation and nine of these related to exploitation for drug dealing, suggesting an increasing issue of child criminal exploitation due to County Lines activity in Thurrock.

Figure 4.3

Thurrock referrals (under 18) to the National Referral Mechansim
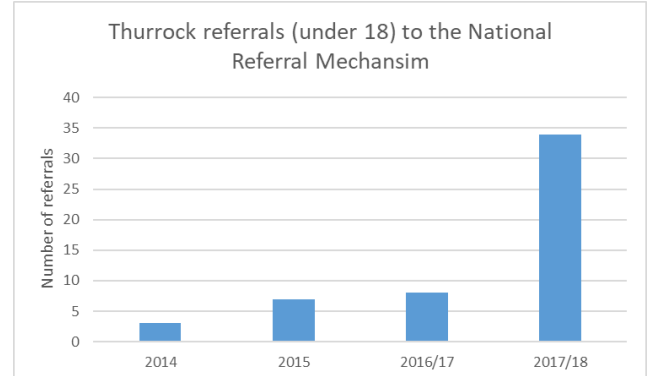
Essex Police Gangs and County Lines Thematic Assessment

In 2018-19, Essex Police published a thematic assessment on Gangs and County Lines activity[37]. Essex Police maintain an *Individual Harm Matrix* that is a list of individuals who meet the following criteria:

- The person shows a level of loyalty to a gang or county line
- The person has links to Essex within the last six months.
- The person is not part of an Essex Organised Crime Group
- The person is a willing participant (not a victim or vulnerable person).

Figure 4.4 shows the number of people on the Individual Harm Matrix in 2018/19.

Figure 4.4

Number of people on the Essex Police Indiviual Harm Matrix
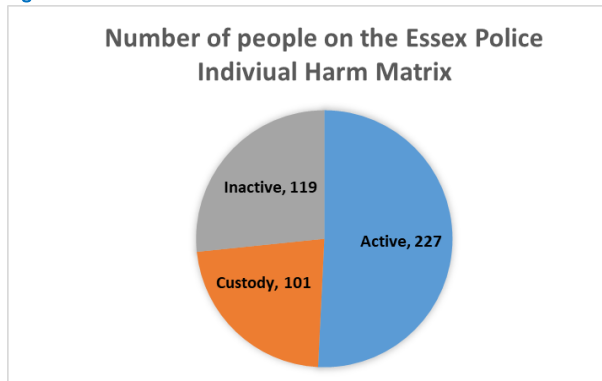
Police Intelligence suggests that the 227 active individuals represent 58 different gangs and 49 different County Lines. Their average age was 23. The Matrix scores gangs and county lines on drugs and violence to allow analysts to produce tables showing those groups potentially posing the greatest risk in Essex. It is maintained by the Essex Police Gangs and County Lines Analysts and takes information from two key places:

- The Essex Individual Harm Matrix (scoring on violence and/or drugs)
- Athena Intelligence about gangs or county lines

The thematic assessment suggests that 20 county lines are operating Essex, three of which operate in the West Local Policing Area which encompasses Thurrock. These are ranked 7th, 10th, and 11th in terms of overall harm of all county lines operating in Essex.

Chapter 5: Illicit Drugs and their connection to youth and gang violence

Key Findings

There is a rising trend in opiate and crack cocaine use in those aged between 15 and 64 in Thurrock between 2010/11 and 2016/17. The estimated number of crack cocaine users in Thurrock has more than doubled over the past five years and this increase and that for the estimated numbers of users of both crack cocaine and opiates is statistically significant. Estimated number of young people aged 15-24 in Thurrock using crack cocaine also rose sharply between 2010/11 and 2016/17 with estimated numbers in 2016/17 being more than twice those of 2010/11, however numbers of opiate users in this age group have fallen slightly and numbers of dual users remain similar to 2010/11 baseline. The reasons behind the increase in crack cocaine use are unclear but one explanation could be increased availability through County Lines activity.

There has been a significant drop in the number of service users accessing the service for drug treatment in the age group 18 to 29 since a peak in 2015/16. The reasons for this are unclear but do not relate to a lack of treatment places being available. A reduction in numbers of residents accessing treatment coupled with an increase in the prevalence of crack-cocaine use amongst the population has a resulted in a significant drop in the proportion of both opiate and crack cocaine users in treatment. The public health consequences of a rising prevalence of crack cocaine use in Thurrock and a drop of the proportion of users in treatment are serious, both for the users themselves and more widely for the community. Crack cocaine use significantly increases the risk of serious physical and mental health conditions and is associated with increased crime. This drop in the 'reach' of drug and alcohol treatment services into the cohort of residents who are users warrants further investigation and action to reverse the trend.

The association between drug use and crime is complex and multi-directional. There is evidence that crime leads to drug use, drug use leads to crime and that both crime and drug use have other common causes including wider socio-familial factors. Thurrock Youth Offending Service (YOS) data suggests a rising trend in young people committing Class A drugs related offences in Thurrock both in terms of possession and supply although the absolute numbers remain small. Black young men are very significantly over-represented in the cohort of offenders dealt with by Thurrock YOS for offences relating to the supply of Class A drugs. The reasons for this are unclear and likely to be complex, but this cohort also tend to differ from the majority of young people who access YOS in the sense that they have multiple records of repeat offending. Further work is required to understand and implement a more effective approach with this cohort to assist and deter them from reoffending.

Introduction

This chapter discusses illegal drug misuse in Thurrock and its connection to youth and gang violence. The previous chapter highlighted the intrinsic connection of County Lines activity with the illegal drug trade. This chapter includes analyses of the estimated prevalence of drug use and the success of our drug treatment services.

Prevalence of drug users in Thurrock

The illicit nature of drug taking makes it difficult to estimate accurately the number of drug users in Thurrock particularly in young people. We do however have Public Health England commissioned synthetic estimates, produced by Liverpool John Moores University[38] for the estimated number of opiate, crack cocaine and dual opiate/crack cocaine users in our local population. The modelled prevalence of these two specific drugs are useful as they are the ones most associated with gangs, violence and County Lines activity.

The modelled estimates are derived by identifying from the published evidence base, the population factors linked to an increased risk of drug taking and local drug and alcohol service data and then applying them through statistical models to local populations. However the estimated numbers of users produced through the modelling have wide confidence intervals (the range of estimated values that the model is 95% confident that the true figure lies within).

Figures 5.1 to 5.3 show the estimated number of opiate, crack cocaine and dual crack cocaine and opiate users aged 15-64 in Thurrock from 2010/11 to 2016/17 respectively. Note that no modelled figures were produced for 2016/16.

Each graph shows an increasing trend in the prevalence of drug users in Thurrock. Whilst the increase is not statistically significant for opiate users, Figures Y and Z show statistically significantly greater prevalence of crack cocaine and crack cocaine/opiate users in 2016/17 compared to 2010/11 baselines.

Figure 5.1

Estimated Prevalence of Opiate Use in Thurrock per 1000 Population Aged 15-64

Figure 5.2

Estimated Prevalence of Crack Cocaine Use in Thurrock per 1000 Population Aged 15-64

Figure 5.3

Estimated Prevalence of Opiate and Crack Cocaine Use in Thurrock per 1000 Population Aged 15-64
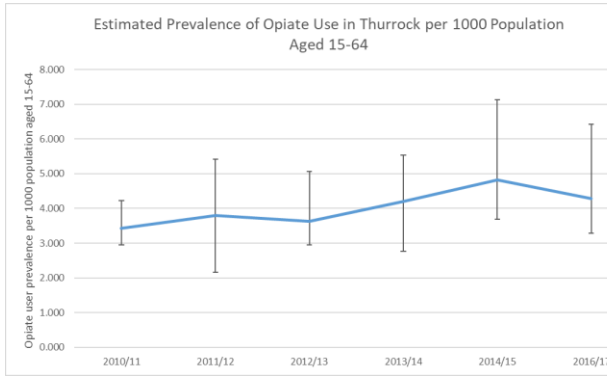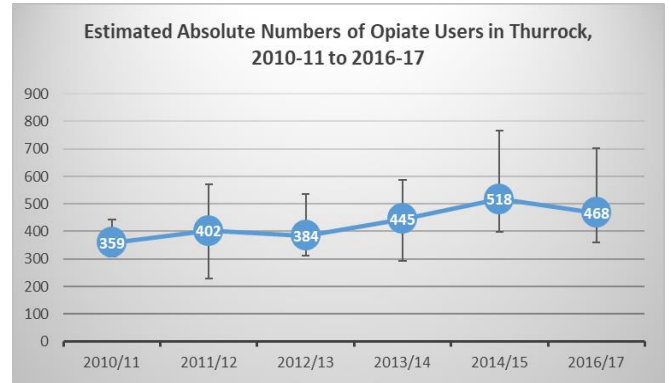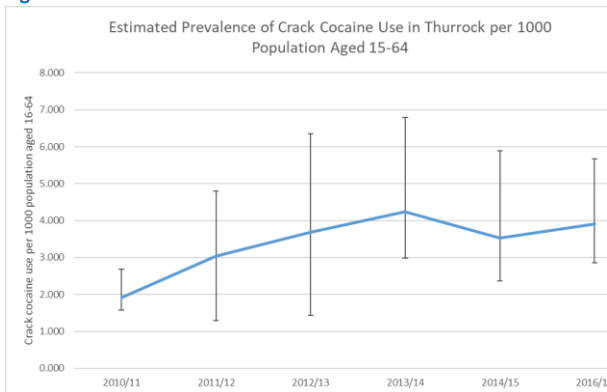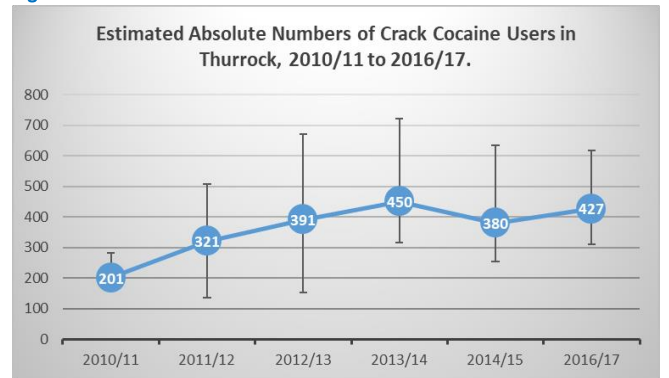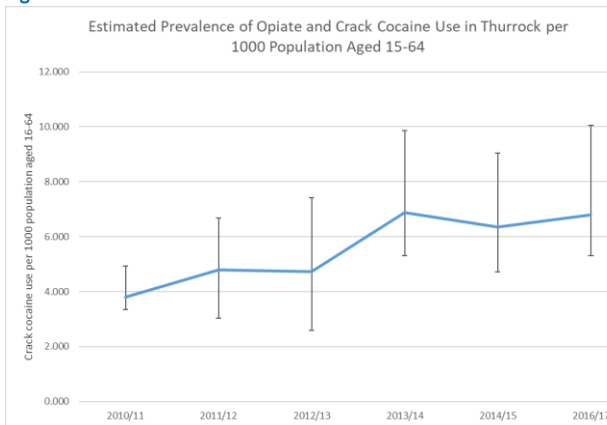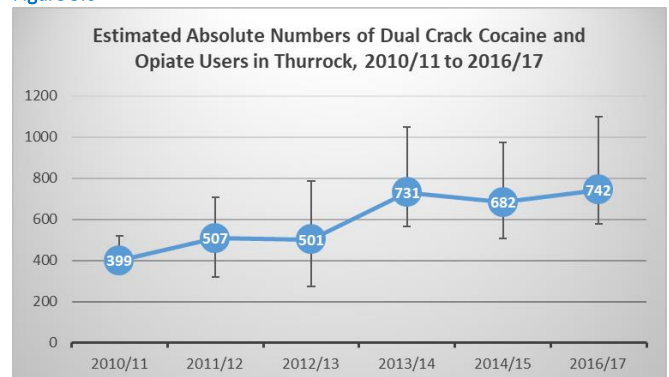
Figures 5.4 to 5.6 show the absolute estimated numbers of opiate, crack cocaine and dual Opiate/Crack Cocaine users in Thurrock respectively, from 2010/11 to 2016/17 (note no data was produced for 2015/16.

Figure 5.4

Estimated Absolute Numbers of Opiate Users in Thurrock, 2010-11 to 2016-17

Figure 5.5

Estimated Absolute Numbers of Crack Cocaine Users in Thurrock, 2010/11 to 2016/17.

Figure 5.6

Estimated Absolute Numbers of Dual Crack Cocaine and Opiate Users in Thurrock, 2010/11 to 2016/17

Figures 5.3 to 5.6 highlight the scale of the increase in users of opiates and crack cocaine in Thurrock over the last seven years. The absolute number of crack cocaine users is estimated to have more than doubled and the increase is statistically significant despite the wide confidence intervals of the modelling methodology. The number of residents using both crack cocaine and opiates has increased by 86%.

The local increase mirrors national trends. PHE found a statistically significant increase in the number of crack cocaine users in England between 2011/12 and 2016/17 and a 19% increase in the number of adults starting treatment for crack cocaine between 2015/16 and 2017/18.[39]

Prevalence estimates by age

Figures 5.7 and 5.8 (overleaf) show the estimated prevalence and estimated absolute of opiate and crack cocaine users in

Thurrock aged 15-24 between 2010/11 and 2016/17. (No modelled data is available for 2015/16).

Figure 5.7

Opiate and Crack Cocaine User Prevalence in Thurrock Population Aged 15-24

Figure 5.8

Estimated Absolute Numbers of Opiate and Crack Cocaine Users in Thurrock Aged 15-24
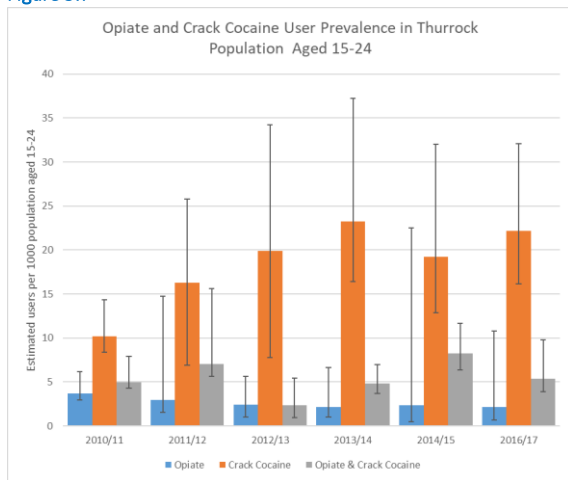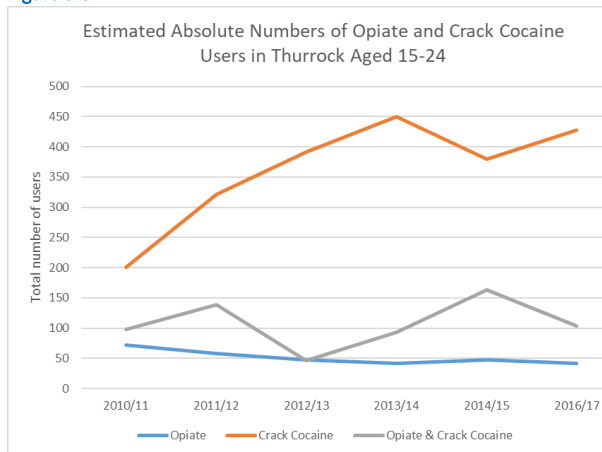
Whilst prevalence and overall numbers of young people have fallen, both prevalence and overall numbers of young people using crack cocaine has risen and the rate and numbers is statistically significantly greater in 2013/14 and 2016/17 compared to 2010/11 baseline. The drop in prevalence and numbers of crack cocaine users in 2014/15 compared to 2013/14 corresponds with an increase in use of both drugs in 2014/15 although this trend appears to have reversed again in 2016/17.

Impacts of drug misuse

The reasons behind these increases are unclear, but one explanation could be an increased availability of crack cocaine in Thurrock through County Lines or other drug dealing activity, as discussed in Chapter 3. Qualitative research by PHE identified that crack sales in the UK were being increased through aggressive marketing of the drug by dealers, particularly to existing heroin users.[39]

The public health impacts increasing numbers of crack cocaine and opiate users are serious. Addiction to crack cocaine and heroin has a devastating impact on an individual, their family and the wider community and places

additional financial and operation burdens on public services.

Crack cocaine

Crack cocaine is a strong stimulant and one of the most destructive drugs on the market and can cause dependence within the first few uses. One of the problems with crack cocaine is that the effects last a very short time whilst leaving the user with intense cravings for more of the drug. Within fifteen minutes the addict needs to smoke another rock of the drug.

The stimulant effects of crack cocaine places severe stresses on the heart, vascular system increasing the risk of arrhythmias, myocardial infarction (heart attack) and cardiomyopathy and strokes.[40][41][42] Smoking crack cocaine damages the lungs causing a range of pulmonary conditions and can cause pulmonary failure[43] and causes neurological damage to the brain including cerebral atrophy[44] and seizures[45][46][47]

Psychologically the crack user becomes paranoid, defensive, confused and depressed. Crack cocaine use is strongly associated with psychiatric comorbidities including personality disorders,[48][49][50] post-traumatic stress disorder[51][52] and depressive disorders.[53][54]

Heroin

Heroin in the most commonly abused opiate. Repeated heroin use changes the physical structure (13) and physiology of the brain, creating long-term imbalances in neuronal and hormonal systems that are not easily reversed.[55][56] The brain's white matter deteriorates in heroin users negatively impacting on decision making abilities and responses to stress.[57][58][59] Heroin also produces profound degrees of tolerance and physical dependency meaning that the user needs to take more and more of the drug to achieve the same effect and experiences very unpleasant physical withdrawal symptoms if drug taking is stopped or reduced abruptly. Chronic heroin use results in *heroin use disorder*; a chronic, relapsing disease characterised by uncontrollable drug-seeking, no matter what the consequences.[60]

No matter how they ingest the drug, chronic heroin users experience a variety of medical complications including insomnia, constipation, lung complications including pneumonia and tuberculosis, depression and anti-social personality disorder. Medical consequences of chronic injection of the drug include scarred or collapsed veins, bacterial infection in the blood vessels. Sharing of needles increases the risk of blood-borne virus infection including hepatitis B and C and HIV.[61]

The link between drugs and crime

There is undeniably a strong association between illicit drug use and criminal activity which is consistent across much of the empirical literature. However this association is also

complex and non-universal and various researchers have argued over its causal direction and association with other possible causal factors [62]

Drug use leads to crime

A number of researchers have suggested that psychopharmacological, economic motivation and systemic theory may cause drug users to commit crime.

Psychopharmacological theory asserts that the intoxicating effect of drugs makes users more likely to commit crime.[63] For example, one study identified that 34% of police detainees were under the influence of an illegal drug whilst they committed the offence and other found that 52.8% of robberies were committed by offenders who were already intoxicated through drugs with a further 5.7% suffering withdrawal effects.[64]

The economic motivation theory asserts that drug users are compelled to commit crime in order to fund their drug habit, with many studies concluding this phenomenon particularly in relation to property crime, shoplifting and street robbery. [65] [66] [67]

Systemic theory suggests that the offender's engagement in the illegal drugs market exposes them to other offenders including organised crime gangs and these associations increase their risk of becoming involved in crime themselves.[68]

Crime leads to drug use

Some researchers have suggested that offenders are more likely to become illegal drug users. Thus, individuals who are deviant are more likely to be involved or choose social situations where drug use condoned or encouraged. This theory may arise when deviant individuals use drugs to self-medicate or to provide and excuse to commit deviant or criminal acts or that income from criminal acts providing additional income enables the offender to purchase drugs. [62]

Crime and drug use have another common cause

This third theory suggests that crime and drug use are not causally linked to each other but share another causal variable. Researchers have suggested that a range of both social and family circumstances appear to be influences on young people's risk of becoming involved in both crime and drug use. When risk factors for both outweigh protective factors, a young person is more likely to both become involved in crime and take illegal drugs. [69] [70] (See Chapters 6 and 7 for further discussion on risk and protective factors).

In reality, all of the above theories may be correct or hold true for different sections of the population, although the economic motivation theory whereby the offender is motivated to commit crime to fund a drug addiction where other economic means are lacking probably has the strongest research base behind it.

Youth Offending Service Data

As discussed in Chapter 2, Thurrock Council's Youth Offending Service (YOS) records data on all crimes committed by young people that they work with. All the young people have had some form of statutory outcome, either pre-court or through the courts. As such we can assume that in every case, they have been convicted of the crime and/or admitted guilt.

We categorised all drugs related offences recorded by the youth service into four categories;

1. Supply (including attempt to supply or possession with intent to supply) of a Class A drug
2. Supply (including attempt to supply or possession with intent to supply) of a Class B drug
3. Possession of a Class A drug
4. Possession of Class B drug

Class A drugs are of interest because crack cocaine and heroin are most strongly associated with gang violence and county lines activity. Cannabis is also of interest as the evidence base and local analyses on risk factors (Chapter 6) identified availability of/exposure to cannabis as a risk factor for a young person becoming involved in serious youth violence and gangs.

Figures 5.9 and 5.10 show the number of recorded offences on the YOS database for possession and supply of Class A and Class B drugs between 2014/15 and 2018/19

Figure 5.9
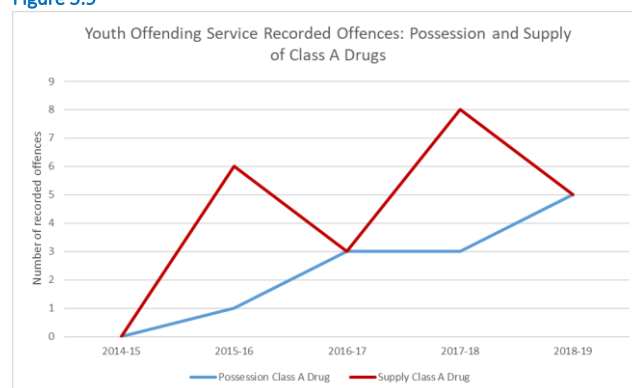
Figure 5.10
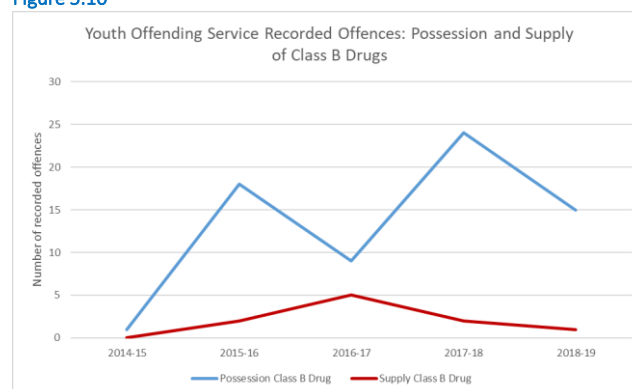
There has been an increasing trend in offences recorded on the YOS database for both possession and supply of class A drugs although the overall number of offences remains relatively small. This corresponds with the increasing trend in opiate and crack cocaine users aged 15-24 in Thurrock over the same period.

For class B drugs (likely to be overwhelmingly cannabis), there has also been an increasing trend in possession offences but offences for supply remain very low.

The vast majority of offenders were male with females only committing four drugs recorded offences over the past five years.

Connection between youth violence, gangs and drugs.

Without a single linked data set between YOS, drug treatment services and police data it is difficult to analyse definitively the connection between drugs offences recorded by YOS and youth violence/gang involvement. However, given that supply of crack cocaine and heroin is strongly associated with gang involvement and violence we undertook a detailed analyses of youth offenders involved in the supply of class A drugs.

In total only 10 offenders were responsible for the 22 offences recorded on the YOS database which we categorised as 'Supply of Class A'. All were male with an mean age of 16.3 and a median age of 16 years old. We conducted a detailed analysis of the ethnicity of the cohort of offenders involved in the supply of class A drugs that the YOS worked with. (Figure A)

Black African/Caribbean and Black British males are heavily over represented in this cohort of offenders, with 80% belonging to this ethnic group compared with 18.4% in the entire cohort of young people that YOS has worked with over the last five years and just 10% of the Thurrock population of young people. The reasons behind this are unclear.

All ten offenders had committed multiple offences with the mean number of recorded offences being 6.8 and the median being 7. This offending pattern is greater than that of all recorded offenders on the YOS data base where the mean number offences committed was 3.55 and the median was 2. 70% of the cohort this cohort were also recorded as having committed one or more violence against the person offences.

In an attempt to better understand the offending behaviour and success of the response of the criminal justice system to it for these 10 offenders, we created ten offending histories which map each offence committed and the intervention made by the system in response in chronological order. The 'x' (horizontal) axis shows the numbers of days elapsed since the first offence was committed. These are shown in figures 5.12 to 5.21 overleaf. It is worth remembering that these histories represent only offences dealt with through YOS. Each offender may have committed other offences that we do not know about and are therefore not recorded.

Figure 5.11

Ethnicity: General Population aged 10-17, Entire YOS Cohort, Cohort of Young People involved in the supply of Class A drugs. 2013-2018

Figure 5.12

Nominal 1 - Male, 15-17 years old

Figure 5.13

Nominal 2: Male 16-17 years old

Figure 5.14

Nominal 3 - Male, 15-17 years old

Figure 5.15

Nominal 4 - Male, 15-17 years old

Offences (red):
- Robbery
- Possess bladed article
- Use threat/abusive words with intent to cause fear
- Reference to court by Youth Offender Panel - Fail to attend
- Use threat/abusive words with intent to cause fear
- Concerned in the Supply of Drugs x4 (Cocaine/Heroin/Cannabis)

Outcomes (green):
- Youth Rehab. Order
- Referral Order
- Youth Rehabilitation Order
- Youth Rehab. Order
- Detention + Training Order (Custody) x4

Days since first offence: 0 16 32 48 64 80 96 112 128 144 160 176 192 208 224 240 256 272 288 304 320 336 352 368 384 400 416 432 448 464 480 496 512 528 544 560 576 592 608 624 640 656 672 688 704 720 736 752 768 784 800 816 832 848 864 880 896 912 928

Figure 5.16

Nominal 5 - Male, 15-16 years old

OFFENCE(S) (red):
- Possess with intent to supply a controlled drug of Class A - Heroin x2
- Drive motor vehicle under the influence of a controlled drug
- Reference by Youth Offender Panel - Breach of contract

OUTCOME (green):
- Youth Rehabilitation
- Referral Order
- Youth Rehabilitation Order

Days since first offence: 0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100 105 110 115 120 125 130 135 140 145 150 155 160 165 170 175 180 185 190 195 200 205 210 215 220 225 230 235 240 245 250

Figure 5.17

Nominal 6 - Male, 16 years old

OFFENCE(S) (red):
- Possess with intent to supply a controlled drug Crack Cocaine
- Failing to comply with the requirements of a youth rehab order
- Failing to comply with the requirements of a youth rehab order

OUTCOME (green):
- Youth Rehabilitation Order
- Youth Rehabilitation Order
- Curfew + Tag (Electronic Monitoring)

Days since first offence: 0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100 105 110 115 120 125 130 135 140 145 150 155 160 165 170 175 180 185 190 195 200 205 210 215 220 225 230 235 240 245 250

Figure 5.18

Nominal 7 - Male 16-17 years old

OFFENCE(S)

Possess with intent to supply a controlled drug X2 (Class A Cocaine/Class B Cannabis)

1. Acquire, use, possess criminal property
2. Possess with intent to supply a controlled drug X2 (Class A Cocaine/Class A Heroin)

OUTCOME

Referral Order X2

Detention + Training Order (Custody) X3

Days since first offence (0, 8, 16, 24, 32, 40, 48, 56, 64, 72, 80, 88, 96, 104, 112, 120, 128, 136, 144, 152, 160, 168, 176, 184, 192, 200, 208, 216, 224, 232, 240, 248, 256, 264, 272, 280, 288, 296, 304, 312, 320, 328, 336, 344, 352, 360, 368)

Figure 5.19

Nominal 8 - Male, 16-17 years old

OFFENCE(S)

Possess with intent to supply a controlled drug X2 (Class A Heroin) / Possession of Knife / Trespass on railway property

Reference to court by Youth Offender Panel - Fail to attend meeting

1. Possess with intent to supply a controlled drug x2 (Class A Cocaine/Class A Heroin)
2. Possession of controlled drug Class B Cannabis
3. Acquire, use, possess criminal property

Failing to comply with the requirements of a youth rehab order

OUTCOME

Youth Rehabilitation Order / Referral Order X3

Youth Rehabilitation Order

Youth Rehabilitation Order X4

Detention + Training Order (Custody) X3

Days since first offence (0, 6, 12, 18, 24, 30, 36, 42, 48, 54, 60, 66, 72, 78, 84, 90, 96, 102, 108, 114, 120, 126, 132, 138, 144, 150, 156, 162, 168, 174, 180, 186, 192, 198, 204, 210, 216, 222, 228, 234, 240, 246, 252, 258, 264, 270, 276, 282, 288, 294, 300, 306, 312, 318, 324, 330, 336, 342)

Figure 5.20

Nominal 9 - Male, 16 years old

OFFENCE(S)

Possess knife blade in public place

Handling Stolen Goods

1. Criminal Damage X2
2. Possess with intent to supply Class A Cocaine

1. Burglary Dwelling and Theft
2. Taking motor vehicle without consent

OUTCOME

Youth Rehabilitation Order

Youth Rehabilitation Order

Youth Rehabilitation Order X3

Youth Rehabilitation Order X2

Days since first offence (0, 4, 8, 12, 16, 20, 24, 28, 32, 36, 40, 44, 48, 52, 56, 60, 64, 68, 72, 76, 80, 84, 88, 92, 96, 100, 104, 108, 112, 116, 120, 124, 128, 132, 136, 140, 144, 148, 152, 156, 160, 164, 168, 172, 176, 180, 184, 188, 192, 196, 200, 204, 208, 212, 216)

Figure 5.21

Nominal 10 - Male, 14-16 years old

(Offence(s) row: Possess offensive weapon; Possess with intent to supply controlled drug - Class A; Possess with intent to supply controlled drug - Class B Cannabis)

(Outcome row: Referral Order; Youth Rehabilitation Order; Conditional DIscharge)

Days since first offence: 0, 9, 18, 27, 36, 45, 54, 63, 72, 81, 90, 99, 108, 117, 126, 135, 144, 153, 162, 171, 180, 189, 198, 207, 216, 225, 234, 243, 252, 261, 270, 279, 288, 297, 306, 315, 324, 333, 342, 351, 360, 369, 378, 387, 396, 405, 414, 423, 432, 441, 450, 459

What is striking when reading these ten offending histories is that the system interventions have largely been unsuccessful in changing offending behaviour. Youth rehabilitation orders are the most common outcome listed and yet repeatedly this cohort of offenders go on to commit other offences, often serious and also including failure to comply with the original rehabilitation order.

The persistent offending behaviour differentiates them from most young people who commit offences in Thurrock and are dealt with by the Thurrock YOS. Over the entirety of the cohort that YOS has worked with in the past five years; 59.2% of young people did not reoffend and another 4.3% only offended one more time.

Drug Addiction Treatment Services in Thurrock

Drug treatment services in Thurrock are commissioned by Thurrock Council from the Public Health Grant and provided by *Inclusion Thurrock* for adults (aged 18+) and *CGL Wise Up* for Children and Young People. As such, the cohort residents that this report discussed (young people aged 11 to 25) are seen by both providers.

Data for adults in drug treatment in Thurrock was analysed from the National Drug Treatment Monitoring System (NDTMS). This categories adults into three age bands; 18-29, 30-39 and 40-64.

Young adults in treatment

Figure 5.22 shows the numbers of young adults (aged 18-29 in treatment for drug problems in Thurrock from 2010/11 to 2017-18, for opiates, non-opiates only, no opiates and alcohol and overall.

Figure 5.22
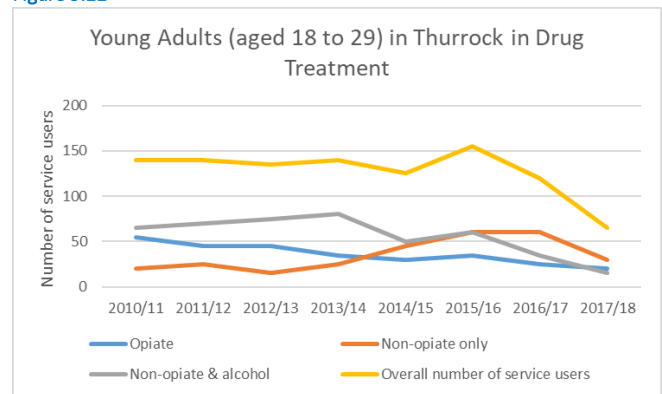
Young Adults (aged 18 to 29) in Thurrock in Drug Treatment

(Y-axis: Number of service users. X-axis: 2010/11, 2011/12, 2012/13, 2013/14, 2014/15, 2015/16, 2016/17, 2017/18. Legend: Opiate; Non-opiate only; Non-opiate & alcohol; Overall number of service users)

There has been a significant drop in the number of service users accessing the service for drug treatment in the age group 18 to 29 since a peak in 2015/16. The reasons for this are unclear as treatment places are available for any young adult that wishes to access the service. Regrettably the 18-29 age banding used by NTDMS does not correspond with the 15-25 age band used by Liverpool John Moores University to produce drug user prevalence estimates and so a direct comparison between trends in drug use prevalence and treatment is not possible for different age groups in Thurrock. However, it is worth noting that the rise in estimated prevalence of crack cocaine use in the 15-25 year old age group does not correspond with the trend in treatment access for non-opiate drugs in the 18-29 year old age group. This could mean that there are more young adults that remain untreated for non-opiate addiction than in previous years.

Figure 5.23 demonstrates the 'reach' of drug treatment services into the drug using population by showing the percentage of estimated of drug users in treatment. All ages between 15 and 64 are shown due to restrictions that differing age bands between prevalence estimates and treatment services place on more granular analyses.

For the all age cohort of residents, it can be seen that there a downward trend in the estimated percentage of drug users in treatment for opiate, crack cocaine and dual use

opiate/crack cocaine between 2011/12 and 2016/17. This mirrors a trend nationally and in Essex, the East of England although figures for the percentage of drug users in Thurrock are lower than national and regional figures and similar to Essex (data not shown on graph). The drop in crack cocaine users in treatment is particularly large (from just under 55% in 2010/11 to just under 25% in 2016/17). Again, the reasons for this drop are unclear and do not reflect any change in commissioning practice suggesting a genuine drop in demand. This could reflect a change in demographic profile or other factors in the lives of crack cocaine users. It is however worrying from a public health point of view, meaning that there are a greater proportion of untreated drug users risking their own health and possibly harming their families and wider society.

Percentage of drug users aged 15 to 64 in treatment
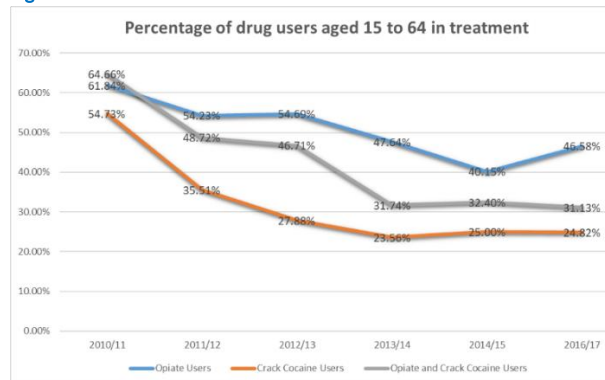
Figure 5.24 shows the numbers of young people (aged under 18) accessing the Thurrock Young People's drug treatment service from 2015/16 to 2018/19

Number of young people (aged <18) in treatment by substance
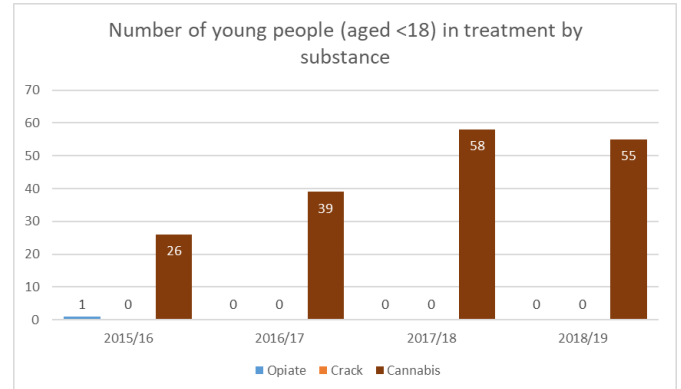
Unlike young adults (aged 18-29) the trend in access of young people under the age of 18 is increasing (albeit with a slight reduction from 2017/18 to 2018/19. With the exception of a single opiate user in 2015/16 all drug treatment for those aged under 18 was for cannabis. This would suggest either that the estimated prevalence and absolute numbers of opiate and crack cocaine users in the 15-25 age group relate mainly to young people over the age of 18 and/or that they are not accessing treatment.

We do not have estimated prevalence models for cannabis use so we are unable to ascertain the 'reach' of commissioned young people's drug treatment services into the population of young people using cannabis. The rising trend in treatment access could suggest a rising underlying prevalence in cannabis use, and/or are greater willingness of young people using cannabis to seek help.

Although sometimes portrayed by some in the media as a less 'innocuous' drug, cannabis use in young people remains highly concerning in public health terms, particularly as there is national evidence base that the strength of street cannabis has increased significantly over the past decade and is now often the highly potent 'skunk' form.

Chapter 6: Risk Factors (Vulnerabilities) for Violence and Gang Involvement in Young People

Key Findings

The published evidence base suggests a range of risk factors that are associated with youth violence and gang membership. These can be grouped under five categories of Individual, Family, School, Peer Group and Community. Different risk factors are important at different ages. The largest group of risk factors most strongly associated with youth violence fall in the 'individual category' and include cognitive-behavioural issues such as aggression, conduct disorder, running away and truancy, anti-social behaviour, low self-esteem and high psychopathic features. Disrupted family and poor family supervision, low commitment to school/school exclusion and poor relationships with peers/delinquent peers were also identified as strong risk factors for youth violence. Highly associated risk factors for gang membership include anger/aggression traits, low academic achievement, learning disability, association with delinquent/gang involved peers, living in a neighbourhood with many troubled use and cannabis availability within the neighbourhood. There is increasing evidence that social media is associated with youth violence and gang membership including the use of 'drill music' videos to glamorise gang lifestyle/drug dealing and violence, live broadcasting of violence and anti-police messages. Evidence suggests that the issue is largely hidden from adults who are often unaware what their children are viewing.

An associated risk factor cannot be claimed to be 'causal'. Despite often being cited by the media and politicians as a risk, poverty and deprivation are very poor predictors of crime in general and youth violence in particular both from national and local data. Whilst the majority of criminals come from deprived backgrounds, the vast majority of the population who live in deprived communities do not commit crime or violent crime. This is known as 'the crime paradox'. Longitudinal research demonstrated two causal variables for serious youth offending:

1. Exposure to a criminogenic environment which encompassed unsupervised time in city centre or other locations with low levels of social cohesion, and exposure to peers already involved in crime.
2. Developing an individual crime personality which encompassed low scores on standardised morality inventories and low scores on standardised self-control inventories.

Youth that scored highly on these two variables from both deprived and affluent backgrounds are much more likely to become prolific youth offenders whilst those who did not from both deprived and affluent backgrounds were not. The risk factors identified from the published evidence base can be mapped onto these two causal variables to explain the crime paradox.

Analyses using Thurrock's linked dataset provided by Xantura identified the following five risk factors as being the most significant associated and predictive factors for serious youth violence:

1. Previous Criminality or exposure to family/peers who commit crime
2. Substance Misuse, particularly availability of / use of drugs by others within the neighbourhood
3. Family dysfunction
4. Individual behavioural/cognitive factors including conduct disorder, aggression and troublesome behaviour
5. Being expelled or excluded from school or mainstream education.

Thurrock has high rates of fixed term Primary School exclusions compared to England but very low rates of fixed term secondary school exclusions. Rates of permanent primary and secondary school exclusions are generally in-line with England. There is a high variability of exclusion rates between different schools, with fixed term exclusion rates at the Pupil Referral Unit being exceptionally high. Further work to understand and address this variation is required. There may be opportunities to share best practice between schools to reduce exclusion rates.

Introduction

This chapter discusses the published evidence base on factors that increase the risk of young people committing violence and/or becoming involved in gangs. It is based on an evidence review commissioned by the Home Office[70] together with other published evidence. The Chapter also contains analyses on specific risk factors faced by Thurrock young people and their impact on increasing the risk of youth violence and gang membership.

A risk factor is defined as a variable that can usefully predict an increase in the likelihood that a young person will become involved in serious youth violence or gangs. It is important to remember that a predictive factor does not necessarily mean that the factor is *causal* in the development of violent behaviour or gang membership; simply that it is a reliable predictor of increased risk. For example, it cannot be said that low academic attainment *causes* a young person to become violent, simply that young people with low academic attainment are more likely to be

represented in the cohort of young people who participate in serious youth violence. Risk factors are grouped into five categories:

1) Individual
2) Family
3) School
4) Peer Group
5) Community/Society

Risk factors have a cumulative effect; that is, the greater the number of risk factors experienced by the youth, the greater the likelihood of involvement in youth violence or gang membership. For example, one study found that youth in

Seattle possessing seven or more risk factors were 13 times more likely to join a gang compared to youth with one risk factor. [71]

Youth Violence

Figure 6.1 summarises the evidence base[72 73 74 75 76 77 78 79 80 81 82 83 84 85]on risk factors for youth violence. Youth violence was defined as violence committed in a community or public space by a young person aged 25 or under. The factors with the strongest predictive value (a correlation coefficient greater than 0.3 and/or odds ratio greater than 2.5) are shown in bold.

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Figure 6.1: Risk Factors for Serious Youth Violence

Individual
- **Troublesome** (ages 7-12)
- **Previously committed offences** (ages 7-9)
- **High level of daring** (ages 10-12)
- **Aggression** (ages 7-9 & 13-15)
- **Positive attitude to delinquency** (ages 10-12)
- **Running away and truancy** (ages 7-25)
- **Anti-social behaviour** (ages 10-12)
- **Substance misuse** (ages 7-9, 16-25)
- **Gang membership** (ages 13-25)
- **Low self esteem** (ages 13-15)
- **High psychopathic features** (ages 13-15)
- Previously committed violent crime (ages 13-25)
- Conduct disorders (ages 3-6)

Family
- **Disrupted family** (ages 7-25)
- **Poor family supervision** (ages 10-12)
- Family violence, abuse and neglect (ages 0-6)
- Parental psychiatric disorder (ages 0-6)
- Anti-social behaviour in parents (aged 10-15)
- Maternal drug/alcohol misuse (ages 0-2)
- Poor parent/child relations or communication (ages 0-2)
- Having a teenage mother (ages 0-2)
- Low level of family supervision (ages 10-12)

School
- **Low commitment to school** (ages 7-15)
- Low school attainment/performance (ages 7-15)
- Low expectations of school (ages 13-25)
- Excluded or expelled from school (ages 16-25)

Peer Group
- **Delinquent peers** (ages 7-25)
- **Poor relationships with peers** (ages 7-25)

Community
- Culture of violence, norms and values which accept, normalise or glorify violence
- Lack of possibilities for recreation or insufficient infrastructure for needs and interests of young people
- Neighbourhood disorganisation (ages 10-12)
- Perceived availability of and exposure to cannabis (ages 13-25)
- Poor quality housing (ages 13-15)

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Across the majority of age categories, individual factors consistently represent the best predictors of youth violence. In particular, attributes such as aggression, risk taking and high psychopathic features such as a lack of guilt and high level of daring are strongly associated with risk of violent behaviour. Running away from home/truancy, misuse of drugs and committing previous criminal acts are also strongly correlated with serious violence.

Family related risk factors tend to be important in younger age groups but generally have a lower predictive value of serious violence, particularly as children age. The exception is 'living in a disrupted family' which was usually defined as the frequency with which children's primary care giver changes, which was an important risk factor up to age 25.

Peer related factors amongst young people aged 7 and above are also consistently found to be a strong predictor of youth violence. Factors predominantly relate to levels of peer delinquency, commitment to delinquent peers and poor relationships with peers.

School based factors also tended to have a lower positive predictive value than individual and peer based factors but included exclusion from school and low academic attainment.

Community and society factors generally have a lower level of predictive value for serious youth violence, however neighbourhood disorganisation, poor quality housing provision and available of/exposure to cannabis have been found to be associated.

Gang Involvement

A gang was defined in the evidence search as 'a relatively durable, predominantly street-based group of young people who:

- See themselves (and are seen by others as a discernible group)
- Engage in criminal activity and violence and may;

- Lay claim over territory (this is not necessarily geographical territory but can include an illegal economy territory);
- Have some form of identifying structural feature;
- Be in conflict with other, similar gangs'

Far fewer studies have investigated risk factors associated with gang involvement compared to those that have investigated serious youth violence. Figure 6.2 summarises the evidence base [77 81 83 86 87 88 89 90] on risk factors of gang involvement by young people aged 25 and under. The strongest predictive factors (a correlation coefficient greater than 0.3 and/or odds ratio greater than 2.5) are again shown first in bold.

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Individual	Family	School	Peer Group	Community
Cannabis Use (ages 10-12)		**Low academic achievement in Primary School** (ages 7-12)	**Delinquent peers** (ages 7-25)	**Cannabis availability** (ages 10-12)
Displaced aggression traits (ages 13-15)		**Learning Disability** (ages 10-12)	**Association with gang involved peers** (ages 16-25)	**Living in a neighbourhood with many youths in trouble** (ages 10-12)
Anger Traits (ages 13-15)				
Conduct disorders (ages 0-6)	Family poverty (ages 0-2 and 7-25)	Frequent Truancy (ages 7-15)	Association with friends with behavioural problems (ages 10-12)	Availability of/exposure to/use of drugs in the neighbourhood (ages 13-25)
Hyperactivity (ages 0-2 and 7-9)	Broken home/change in care giver (ages 7-9)	Low academic aspirations (ages 7-9)	Peer rejection (ages 7-25)	Low neighbourhood attachment (ages 16-25)
Lack of guilt and empathy (ages 3-9 and 13-25)	Poor parental supervision (ages 7-12)	Low school attachment (ages 7-25)		Economic deprivation of neighbourhood (ages 16-25)
Physical violence and aggression (ages 3-12)	Delinquent siblings (ages 13-25)	Low school commitment (ages 10-15)		
Anti-social beliefs (ages 7-12 and 16-25)	Poor parental supervision (ages 13-25)			
High alcohol/drug misuse (ages 7-9 and 16-25)	Low parental aspirations for child (ages 16-25)			
Delinquent behaviour (ages 16-25)				

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As with studies investigating risk factors for serious youth violence, *individual factors* are often cited as the best predictors of gang membership. Attitudinal factors (particularly) aggression and anger traits are strong predictors together with anti-social beliefs and lack of guilt and empathy. Cannabis use at age 10-12 is the strongest behavioural predictive factor, although other behaviours including conduct disorder, physical violence and aggression and delinquent behaviour have also shown to be associated.

Family factors have been found to have a lower predictive value on gang involvement compared to individual factors but include family poverty, attitudes of parents including pro-violent attitudes and low aspiration for children, delinquent siblings, and changes in care givers.

Much like youth violence, school-based factors are generally associated with poor academic attainment, low commitment to school and truancy. One study identified that children with learning disabilities were particularly vulnerable to gang involvement.[77]

Peer relations have been found to be strongly correlated with gang membership. Both a connection with peers associated with problem behaviours and a commitment to delinquent peers are found to predict gang involvement.

While community/society factors are often included in studies of gang involvement, the majority of studies found a relatively weak association. Availability of cannabis and living in a neighbourhood where many other youths are in trouble were the only two risk factors with strong associations.

Overlapping risk factors

Figure 6.3 (overleaf) shows risk factors that have been identified for both serious youth violence and gang involvement. It is worth noting that not all risk factors shown were identified as strong predictors (i.e. a correlation coefficient greater than 0.3 and/or odds ratio greater than 2.5) for both gang involvement and serious youth violence

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Individual

Hyperactivity

Lack of guilt and empathy

Physical violence / aggression

Positive Attitude to delinquency

Previous criminal activity

Family

Family poverty

Family violence / abuse

Broken home / change in primary carer

Anti-social parents

School

Low academic performance

Low commitment to school

Frequent truancy

Peer Group

Delinquent peers

Commitment to delinquent peers

Peer rejection

Community

Neighbourhood disorganisation

Exposure to drugs

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Social Media

Much has been written in the press about the link between social media and youth violence and gangs.[91] [92]

There is significant anecdotal evidence from law enforcement and youth offending professionals in the UK and US that disputes on social media can fuel and escalate youth violence, and of the link between 'Drill' music videos being used to glamorise gang membership, gang violence and material gain from drug dealing through gangs. However, the relatively recent emergence of this phenomenon means that robust published evidence on the topic is minimal. Dame Glenys Stacey, HM Chief Inspector of Probation in her 2017 report on UK Youth Offending Services concluded that in 25% of cases examined in her thematic inspection, there was a social-media component to the main offence, although the form varied widely. She reported gangs' use of social media to appeal to new members, stake their territory, and issue challenges and engage in provocation with other gangs.[93]

Researchers at University College London conducted a six-month analysis of the social media platforms *Twitter, YouTube, SnapChat, Instagram* and *Periscope*, together with focus groups and interviews with 20 front line professionals and an international review of the literature.[94] They made a number of concerning discoveries about the negative impact of social media on young people's risk for violence and gang membership including:

Anti-police. Social media content frequently depicted police officers in a negative and derogatory light which could lead to anger and resentment, and increased likelihood to commit crime and an increased difficulty for the police to be seen as legitimate

Music videos raising tension. 'Drill music' videos (a genre of rap music that originated in Chicago) were popular and often depicted displays of young people holding weapons,

remarks about recent incidents of violence, explicit threats to stab or shoot specific individuals or groups and acted as a call to violence. Many examples were also identified of young people using social media to video and post themselves 'trespassing' onto other gang territory, stealing property associated with rival groups or taunting individuals or rival gangs.

Live broadcasting of violence. Numerous episodes of acts of serious violence being uploaded to social media were identified that led to further reprisals in real life and enhanced the fear and status of individual gangs and gang members.

A growing issue that is hidden from adults. Because social media is commonly perceived to be hidden from adults, a virtual 'free-for-all' space has emerged in which a minority of young people share various forms of material that both displays and incites serious violence in real life unchecked. The explosion in smart phone use and social media and the reported little oversight that parents and teachers have of children's use of it make this an unregulated and harmful space which can be accessed by millions of young people. Many professionals described current e-safety training as either non-existent or narrowly focused on online chat rooms and as such out of date.

School Exclusion

Much has been written in the media about the connection between being excluded from school and youth violence/gang membership.

There is significant evidence of an association between both fixed term or permanent exclusion and becoming either a victim or perpetrator of crime. One study found that 63% and 42% of prisoners stated that they had been temporarily or permanently excluded from school respectively.[95] Of 16 and 17 year old young offenders receiving a custodial

sentence in 2014, 39% had been permanently excluded from school prior to sentence.[96]

The 2019 Timpson Review on School Exclusion in the UK, commissioned by the Secretary of State for Education[97] found that parents, schools and other front line professionals highlighted that exclusion increased other risk factors a child may have of being drawn into crime and suggested that children who have been excluded may face additional vulnerability for exploitation by gangs, with gang membership temporarily fulfilling a sense of belonging that they crave after being asked to leave their school community. OfSted has also highlighted in its research into how London schools are dealing with knife crime that *"gangs know that once children have been excluded, they are much more vulnerable and easier to groom. Gangs are taking advantage of this by, for example, getting children to take a knife into school or break another rule which gets them permanently excluded."*[96]

However, evidence on a *causal link* between school exclusion and crime is minimal and complex. A study by the Ministry of Justice, which found that 85% of young knife possession offenders who had offended prior to the end of Key Stage 4 had received at least one fixed period exclusion from school at some point, and that 20% had received a permanent school exclusion. However it also reported that there was an approximate 50/50 split between those whose first exclusion was prior to the offence, and those who were excluded at some point after the offence. As such, existing criminal behaviour could be the cause not the result of school exclusion for some young people.[98]

Other risk factors already highlighted in this chapter may also be the underlying cause of both school exclusion and serious youth violence or gang membership. The OfSted report into knife crime amongst pupils in London found that the common denominator of pupils found carrying bladed objects into school was their vulnerability, whether that is poverty, abuse neglect, troubled families, or other factors that may lead to exclusion.[Error! Bookmark not defined.]

Despite the lack of hard evidence that school exclusion is a *causal* factor leading children into serious crime or gang membership, the risk factors associated with exclusion need to be minimised. Being in education, whatever form that takes is likely to be a protective factor for children against violence and gang membership. One study found that 83% of young knife crime offenders were persistently absent from education in at least one of the five years prior to the offence they had committed.[98] Similarly, the prevalence of special educational needs (SEN) among the young offender population is striking; almost half of those young people sentenced to less than 12 months in custody in 2014 were recorded as having SEN without a statement and 28% were recorded as having SEN with a statement.[99] The Timpson Review highlights the need for schools to adopt a *public health approach* to crime by working with other agencies in partnership to minimise exclusion and the impacts of exclusion where it is unavoidable, minimising other risk factors and strengthening protective factors.

Causal Factors

As stated at the start of this chapter, whilst the risk factors identified can act as *predictors* for involvement in youth violence or gang involvement, it can not necessarily be claimed that they are *causal factors*. For example, whilst we may observe that young people who commit serious violent crime may be more likely to have experienced a disrupted family and misused drugs, we also observe that many young people with substance misuse problems or who come from broken homes do not commit youth violence.

The difference between association and causality in this context can perhaps be best demonstrated by the link between poverty and crime. Poverty and coming from a disadvantaged background is often cited by politicians and in the media as being causal to youth offending because without question, the vast the majority of young people who are persistent offenders and enter the youth criminal justice system come from socially disadvantaged backgrounds. However, it is equally true that the vast majority of young people who come from socially disadvantaged backgrounds never commit criminal offences and that social disadvantage in and of itself is a poor predictor of future criminality leading some researchers to question whether a causal relationship exists at all. This has been labelled by criminologists as *the crime paradox*.[100 101 102 103 104]

A study by researchers at Cambridge University[105] aimed to investigate this paradox using the Peterborough Adolescent and Young Adult Development (PADS+) Study, a longitudinal study that followed a random sample of 716 young people who were living in Peterborough since they were 12 in 2002, through adolescence into young adulthood in 2015. Across the entire cohort, their research identified only a very weak link ($R^2 = 0.04$) between members of this cohort of young people who went on to be prolific offenders (committing more than 100 crimes) and family/neighbourhood disadvantage. (Figure 6.4).

Figure 6.4

The vast majority (93%) of the 274 young people in the 40% most disadvantaged didn't go on to become persistent offenders however, the PADS+ study equally identified that 19 of the 27 (70.4%) of young people who became

persistent offenders were from the 40% most disadvantaged in the cohort. The *crime paradox* is demonstrated in figure B.

standardised scores on personal morality and levels of personal self-control.

The study found a strong relationship between scoring highly on these two measures and persistent offending behaviour in young people and also demonstrated that the relationship between these two measures and persistent criminal offending was strong in young people from all levels of family disadvantage within the overall cohort.

They therefore concluded it is being exposed to a criminogenic environment (unstructured peer activity in locations with low social cohesion/contact with peers with existing crime involvement) and individual crime propensity (morality/self-control) that were the causal factors in persistent youth crime involvement and not social disadvantage per se. They also concluded that the reason that most persistent offenders come from disadvantaged backgrounds could be explained by the fact that they have a higher likelihood of developing a high crime propensity and/or being exposed to criminogenic environments.

It is worth remembering that the Cambridge study had as its outcome variable all persistent offending as opposed to serious youth violence or gang involvement. However applying its findings to the risk factors identified previously, figure 6,5 attempts to show how the previously identified risk factors for serious youth violence may contribute to being exposed to the two causal factors identified in the research of *Being Exposed to a Criminogenic Environment* and *Developing an Individual Crime Propensity* and their composite measures. The risk factors identified as the strongest (a correlation coefficient greater than 0.3 and/or odds ratio greater than 2.5) are shown in bold.

Figure 6.4

From detailed analyses of the cohort, the researchers identified two variables that seem to be causal factors in persistent and prolific offending:

1. Being exposed to a criminogenic environment which was a composite measure of two factors:

- Exposure time spent in unstructured and unsupervised peer-oriented activities in local city centres or other locations with poor collective efficacy, i.e. without strong social norms around community cohesion and positive social values
- Having peers who had an existing propensity to involvement in crime

2. Developing an individual crime propensity. This was defined as scoring highly on an index made up of

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Figure 6.6 (overleaf) suggests how the previously identified risk factors for gang involvement may be linked to the two identified causal factors and their composite measures for persistent youth offending. The strongest risk factors (a correlation coefficient greater than 0.3 and/or odds ratio greater than 2.5) are shown in bold.
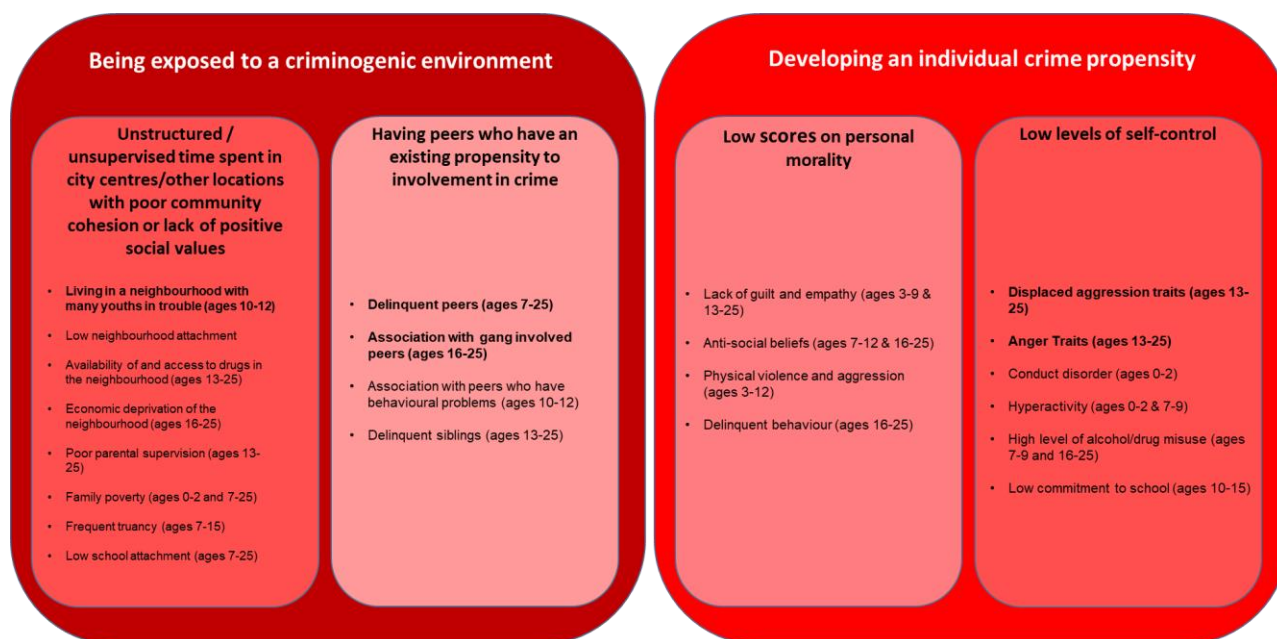
Analysis of Risk Factors faced by Thurrock Young People and their impact on prevalence of violence and gang membership.

Xantura has been commissioned by Thurrock Council to create and maintain a linked dataset of different data held on young people and their families. The linked dataset currently joins the following datasets at resident level:

- Youth Offending
- Chronology
- Children's Social Care case notes
- Anti-social behaviour victims data
- Missing persons
- School attendance and exclusions
- Domestic Violence
- Child Safeguarding datasets including Children In Need, Child Protection, CLA, EH
- EDUPRU
- Child missing education
- Benefits data
- Debt including tenancy, council tax, housing benefits over payment.

To date, the main use of the Xantura linked data is to provide a *single view* of an individual child and their parents that displays information from multiple datasets for front line children's social care professionals. However, the system that Xantura has created also provides opportunities to use linked data to ascertain the impact that the risk factors identified in this chapter have had on the likelihood

that a young person will commit violent crime or become involved in gangs (the *Outcome Variables* we seek to prevent in the future).

Ascertaining and quantifying the impact that various different risk factors (vulnerabilities) in our own population have on likelihood of involvement in the outcome variables of future violence or gangs creates allows us to identify the most significant vulnerabilities in young people at Thurrock level associated with youth violence and gang involvement.

This in turn opens up the exciting possibility of building a predictive model that could identify the cohorts of young people most at risk of future gang memberships or violent behaviour and provide the opportunity to target tailored prevention interventions at specific young people to reduce their risk.   We have therefore worked closely with Xantura to analyse the impact that specific vulnerabilities have had on violent behaviour and gang membership within the population of young people living in Thurrock.

Unfortunately because police data is not currently included within the Xantura linked dataset we have been unable to use arrest/police caution/charge as an outcome variable within these analyses. We have therefore defined the outcome variables that we are interested in preventing from the YOS dataset using the crime categories discussed in Chapter 2 (table 2.5) and shown in figure 6.7. We have considered four outcomes over two levels: All Target Offence Outcomes (TOO); Violence Against The Person Offences; Gang Involvement; and Supply of Class A and B drugs. The limitation of using YOS data is that we are only able to define the outcome in terms of a young person's involvement in YOS and may miss young people who have

been involved in serious youth violence or gangs who have not come to the attention of our YOS service.

In undertaking this analyses, Xantura considered both category data (values recorded in specific fields in each dataset) and undertook *contextual text* analyses to identify risk factors that appeared in 'free text' notes within each dataset.

Violence Against the Person Risk Factors

Xantura undertook three types of analyses against the outcome variable of *Violence Against the Person* offences dealt with by YOS:

- Risk factors present in young people before committing *Violence Against the Person*
- Correlation of risk factors with *Violence Against the Person* over time
- Predictive factors for *Violence Against the person*

Each will be discussed in turn.

Risk Factors Present Prior to Thurrock Young People Committing *Violence Against the Person* offences.

Figures 6.8 and 6.9 show the risk factors (vulnerabilities) already present in young people aged 15-18 and 10-14 respectively who have been dealt with by YOS for offences in the *Violence Against The Person* category.

Figure 6.8
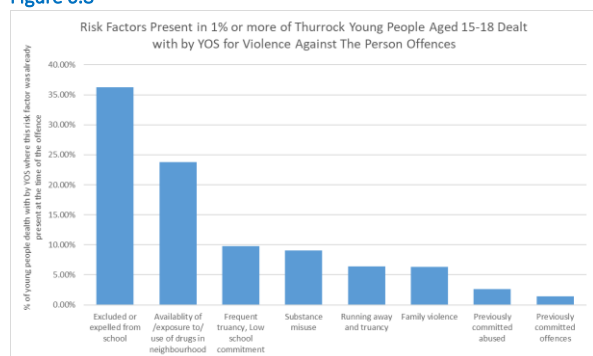
Figure 6.9
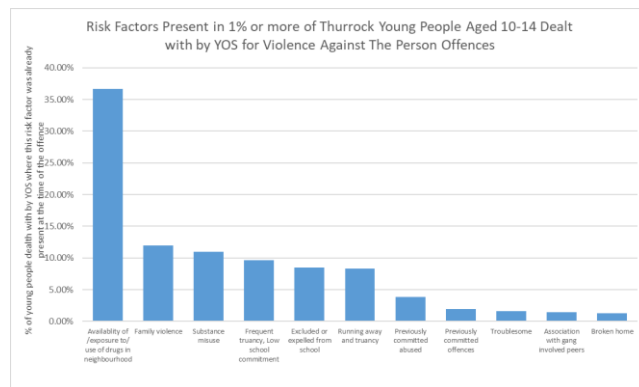
For 15-18 year olds, the most common vulnerabilities present at the time of committing violence against the person offences related to school absence: *Being Excluded or expelled from school; Frequent Truancy, low school commitment,* and drugs: *Availability of, exposure to drugs in the neighbourhood;* and *Substance Misuse.*

For 10-14 year olds, the most common vulnerability present at time of committing violence against the person offences was *Availability of/exposure to drug use in the neighbourhood. Family Violence, Substance Misuse, Frequent Truancy/Low school commitment, Being Expelled or excluded from school, running away and truancy* were also present in a significant minority of young people committing violence against the person.

Individual risk factors such as conduct disorders and hyperactivity were recorded in very low numbers of young people dealt with by YOS for violence against the person offences despite the fact they were identified as strong risk factors in the evidence base. However, this may simply reflect that the datasets used in the Xantura analyses were not likely to record conduct disorders or hyperactivity comprehensively.

Correlation between risk factors and *Violence Against the Person* offences over time.

Xantura correlated the numbers of *Violence Against the Person* offences dealt with by YOS with the numbers of young people recorded as having the different risk factors (vulnerabilities) identified within this report at quarterly time periods. Pearson R^2 co-efficients were calculated for each risk factor against the outcome variable of *Violence Against the Person* offences.

Pearson R^2 coefficients calculate how strongly the risk factor (vulnerability) is associated with *Violence Against the Person* offences over time, i.e. to what extent do numbers of violence against the person incidents increase when numbers of young people with a specific risk factor increases. A Pearson R^2 coefficient can range from -1 to +1. The larger the number, the more strongly the risk factor is associated with *Violence Against the Person* offences. A R^2 of >0.5 signifies a strong association. A negative R2 would suggest that the risk factor is *protective* against *Violence Against the Person* offences.

Table 6.1 shows the results of these analyses.

APHR category	Aged 5 to 9	Aged 10 to 14	Aged 15-18	Max Correlation
Frequenct truancy, Low school commitment	0.37	0.75	0.84	0.84
Previous criminal activity	0.45	0.84	0.79	0.84
Availability of /exposure to/ use of drugs in neighbourhood	0.55	0.8	0.77	0.8
Running away and truancy	0.33	0.74	0.77	0.77
Previously committed violent crime	0.47	0.77	0.76	0.77
Excluded or expelled from school	0.54	0.75	0.69	0.75
Previously committed offences	0.52	0.72	0.65	0.72
Conduct disorders	0.43	0.55	0.61	0.61
Family violence	0.45	0.5	0.61	0.61
Association with gang involved peers	0.26	0.63	0.54	0.63
Poor parental supervision	0.63	0.58	0.58	0.63
Troublesome	0.4	0.5	0.59	0.59
Family poverty	0.19	0.33	0.59	0.59
Disrupted family	0.54	0.52	0.58	0.58
Substance misuse	0.49	0.46	0.55	0.55
Drug-alcohol misuse	0.35	0.19	0.29	0.35
Hyperactivity	0.27	0.26	0.43	0.43
Peer rejection	0.14	0.19	0.46	0.46
Broken home	0.33	0.19	0.24	0.33

Risk factors (vulnerabilities) related to lack of school attendance (frequent truancy, running away, excluded or expelled from school); previous criminal activity (previously committed violent crime, previously committed other offences, association with gang related peers); and availability of/exposure to drugs in the neighbourhood are most strongly associated with *Violence Against the Person* offences over time. Family issues including family violence, family poverty and poor parental supervision is also strongly associated in older age groups. These factors all link with the causal factors identified earlier in this Chapter of *being exposed to a criminogenic environment*.

Predictive Risk Factors in Thurrock

Examining the risk factors already present in young people known to YOS due to *violence against the person* offences or correlations between vulnerabilities and *violence against the person* offences over time does not on its own allow us to predict risk. For example, although figure 6.8 demonstrates that 36% of young people known to YOS for *violence against the person* offences had been excluded from school

we cannot confidently state that being excluded from school predicts violence unless we also consider the sizes of the population of young people in Thurrock who have been excluded from school who do not go on to commit violence and the population of Thurrock who commit violence who have not been excluded from school.

In order to calculate the risk that an individual risk factor or vulnerability has on future violence we calculated Odds ratios for the risk factors identified from the Xantura dataset and evidence base. By examining the numbers of young people with a specific risk factor (vulnerability) who do and do not commit *violence against the person* offences and comparing these cohorts with the numbers of young people without the same risk factor who do and do not commit violence, the Odds ratio allows us calculate how much more likely a young person is to commit a *violence against the person* offence if they have an existing risk factor or vulnerability. As such an Odds Ratio of 2 for a given risk factor X means that young people who have experienced risk factor X are twice as likely as young people without risk factor X to commit *violence against the person* offences.

Table 6.2

RISK FACTOR (Vulnerability)	Odds Ratio (CI)	p-value
Previously committed violent crime	326.33 (262.42, 405.80)	0.00
Availability of / exposure to / use of drugs in neighbourhood	203.50 (166.98, 248.02)	0.00
Committing theft or handling stolen goods	95.44 (75.92, 119.98)	0.00
Conduct Disorders	41.98 (34.46, 51.13)	0.00
Previous criminal activity	29.83 (24.96, 35.67)	0.00
Association with gang involved peers	13.08 (10.99, 15.55)	0.00
Troublesome	9.64 (7.72, 12.02)	0.00
Previously committed offences	7.75 (6.55, 9.16)	0.00
Family Stress	7.70 (4.00, 14.82)	0.00
Substance misuse	6.40 (5.08, 8.05)	0.00
Family dysfunction	5.10 (3.10, 8.38)	0.00
Excluded or expelled from school	4.57 (3.87, 5.41)	0.00
Abuse or Neglect	2.01 (1.17, 3.43)	0.01

The odds ratios in table 6.2 suggest four sets of risk factors are highly predictive of future serious youth violence.

Firstly *previous criminality* significantly increases risk of a young person accessing YOS for *violence against the person* offences. Previously committing violent crime; theft or handling stolen goods; previous criminal activity; and previously committed offences, makes a young person 326, 95, 30 and 7.8 times respectively more likely to commit future violent crime compared to young people who did not have a recorded history of criminality. Association with gang involved peers makes a Thurrock young person over 13 times more likely to access YOS for *violence against the person* offences compared to young people not associated with gangs. These four variables are closely associated with the suggested *causal* variables suggested earlier in this chapter of both '*being exposed to a criminogenic environment*' and '*developing an individual crime propensity*'.

Secondly substance misuse, *particularly the availability of / exposure to / use of drugs* in the neighbourhood, and to a lesser extent a history of *substance misuse* increased the risk of youth violence by 203.5 and 4.16 times respectively compared to Thurrock young people who did not have these risk factors. The difference in risk between drugs in the neighbourhood and individual substance misuse is interesting as it could suggest that there is something else about neighbourhoods with drug use, rather than simply drug use itself that is substantially increasing risk of youth violence. Living in a neighbourhood with high levels of drug use could be associated with the suggested causal variable of *being exposed to a criminogenic environment* and its two sub-variables of '*unstructured time spent in city centre or other locations with poor levels of social cohesion*' and '*having peers who have an existing propensity to crime*'. As discussed in Chapter 5, drug misuse itself may increase risk of crime by lowering inhibitions, linking this risk factor to one of the other two sub-variables – *low levels of self-control* in the second suggested causal variable of *developing an individual crime propensity*.

Thirdly, *family dysfunction* and *family stress* increase the risk of involvement in youth violence by 5.1 and 7.7 times that of Thurrock young people without this vulnerability. This again could be said to increase risk of both suggested causal variables: *being exposed to a criminogenic environment* through lack of supervision or other family members' involvement in crime, and *developing an individual crime propensity* through poorer quality of parenting.

Fourthly *individual cognitive and behavioural* factors including a record of *conduct disorders* and being *troublesome* makes a Thurrock young person 42 and almost 10 times respectively more likely to commit *serious youth violence* offences. Both of these risk factors could be said to be associated with one of the suggested causal variables: *developing an individual crime propensity* and its two sub-variables: *low levels of self-control,* and *low levels of personal-morality*.

A final fifth factor of *being expelled or excluded from school* was identified. Young people who have been subject to temporary or permanent school exclusion in Thurrock are 4.6 times more likely than those who have not, to access YOS for *violence against the person* offences. Whilst school exclusion itself has a lower predictive value than some of the other vulnerabilities, it is worth noting that analyses presented earlier in this chapter found it to be both the most highly correlated vulnerability with youth violence over time, and the most common existing vulnerability in those young people who access YOS because they had committed *violence against the person* offences. it is also highly correlated with youth violence School exclusion is likely to substantially increase the risk of a Thurrock young person encountering the suggested causal variable of *being exposed to a criminogenic environment* both because they may be more likely to spend time in unstructured environments, and because they may be at increased risk of being groomed by gangs, exposing them to peers with an existing propensity to crime involvement.

Some care should be taken when interpreting odds ratios of single risk factors. Many young people are likely to have multiple risk factors and what is not clear at this stage is how these risk factors or vulnerabilities may interact. The next stage of analyses would be to build a logical regression model that calculates how each individual risk factor interacts with the others in order to develop an over-all risk score of a young person with multiple risks.

Risk factors (vulnerabilities) for Gang Membership

We asked Xantura to similar analyses on their Thurrock linked dataset for the outcome variable of *Accessing YOS*

due to Gang Membership as we did for *violence against the person* offences. However analyses was hampered by low data volumes and a lack of recording of date of first involvement in gangs, meaning it was not possible to calculate predictive odds ratios or ascertain percentages of young people who had existing risk factors prior to gang membership.

We were able to correlate both risk factors identified in the evidence base and general risk factors identified by Xantura over time with gang membership. The results of these analyses are shown in tables 6.3 and 6.4

Table 6.3: Correlation of numbers vulnerabilities from the evidence base in Thurrock young people with gang membership over time

APHR category	Aged 10 to 14	Aged 15 to 18	Aged 19 and above	Maximum Correlation
Excluded or expelled from school	0.97	0.28	0.38	0.97
Frequent truancy & low school commitment	0.96	0.3	0.4	0.96
Poor parental supervision	0.96	0.26	0.36	0.96
Running away and truancy	0.96	0.3	0.41	0.96
Disrupted family	0.95	0.31	0.42	0.95
Availability of / exposure to / use of drugs in the neighbourhood	0.72	0.78	0.93	0.93
Troublesome	0.29	0.54	0.88	0.88
Previously committed offences	0.86	0.59	0.67	0.86
Previously committed violent crime	0.74	0.68	0.77	0.77
Previous criminal activity	0.45	0.61	0.7	0.7
Substance misuse	0.54	0.36	0.68	0.68
Association with gang involved peers	0.14	0.6	0.1	0.6
Broken home	0.14	0.6	0.1	0.6
Conduct disorders	0.03	0.43	0.52	0.52
Family violence	0.15	0.33	0.37	0.37

Table 6.4: Correlation of numbers of general vulnerabilities in Xantura with Thurrock gang membership over time.

APHR category	Aged 10 to 14	Aged 15 to 18	Aged 19 and above	Maximum Correlation
School exclusion	0.97	0.28	0.39	0.97
Missing. Education.	0.97	0.3	0.41	0.97
Theft and handling stolen goods	0.97	0.48	0.61	0.97
Missing person.	0.96	0.31	0.42	0.96
Neglect	0.96	0.26	0.36	0.96
Family dysfunction	0.95	0.32	0.42	0.95
Public Order offence	0.94	0.63	0.63	0.94
Vehicle theft	0.91	0.26	0.36	0.91
Possession of a class B drug	0.87	0.37	0.59	0.87
Criminal damage	0.46	0.62	0.72	0.72
Previous abuse	0.14	0.6	0.1	0.6
Robbery	0.24	0.52	0.59	0.59
Prison history	0.18	0.54	0.05	0.54
Domestic violence	0.15	0.37	0.42	0.42
Knife/blade/firearm/offensive weapons offence	0.3	0.26	0.15	0.52
Emotional abuse	0.1	0.14	0.16	0.37

Correlations above 0.5 could be said to be the most significant. The same predictive risk variables identified in the analyses on *violence against the person* offences feature in above analyses on risk of gang membership:

- *Exclusion from education* including permanent or temporary school exclusion and frequent truancy;
- *Criminality* including previous criminal activity, association with gang related peers, robbery, vehicle theft;
- *Substance misuse,* particularly exposure to drugs in the neighbourhood;
- *Family dysfunction* including poor parental supervision, broken home, neglect, emotional abuse and
- *Individual Behaviour or Cognitive issues* including *troublesome, conduct disorders*

Further exploration of vulnerabilities identified

Thurrock School Exclusion Data

Our analyses have shown that being excluded from school is a predictive risk factor for future youth violence. The Department for Education and Skills publishes data on rate of fixed term and permanent exclusion per 100 pupils on the school role for primary and secondary schools in each local authority in England on an annual basis.

Figures 6.10 and 6.11 show rate of Primary School Fixed Term and Permanent Exclusions per 100 pupils on the school roll for each top tier local authority area in England for the last year of data available (2017/18). Figures 6.12 and 6.13 show the same rates for secondary schools in 2017/18.

Thurrock's performance is shown by the 'red' bar on each graph Thurrock has a rate of both fixed-term and permanent Primary School exclusions at that is greater than England's and in the fourth and worst quintile of performance nationally. Conversely, Thurrock had one of the lowest rates of secondary fixed-term exclusions in England in 2017/18 and rates of secondary permanent exclusions largely in-line with the England me

Figure 6.10

Primary School Rate of Fixed-Term Exclusions per 100 pupils on school roll, 2017/18

Figure 6.11

Primary School Rate of Permanent Exclusions per 100 pupils on the school roll, 2017/18

Figure 6.12

Secondary School Rate of Fixed-Term Exclusions per 100 Pupils on School Roll 2017/18

Figure 6.13

Secondary School Rate of Permanent Exclusions per 100 Pupils on School Roll 2017/18
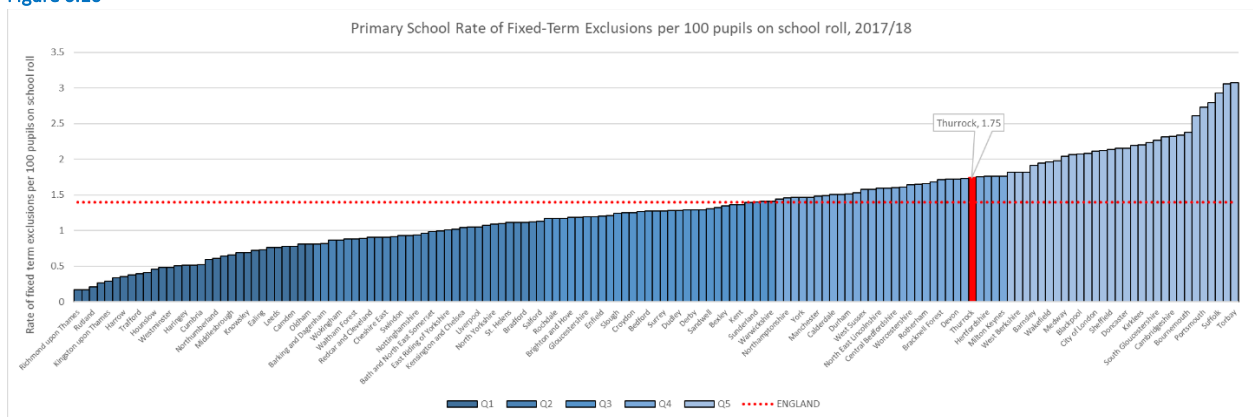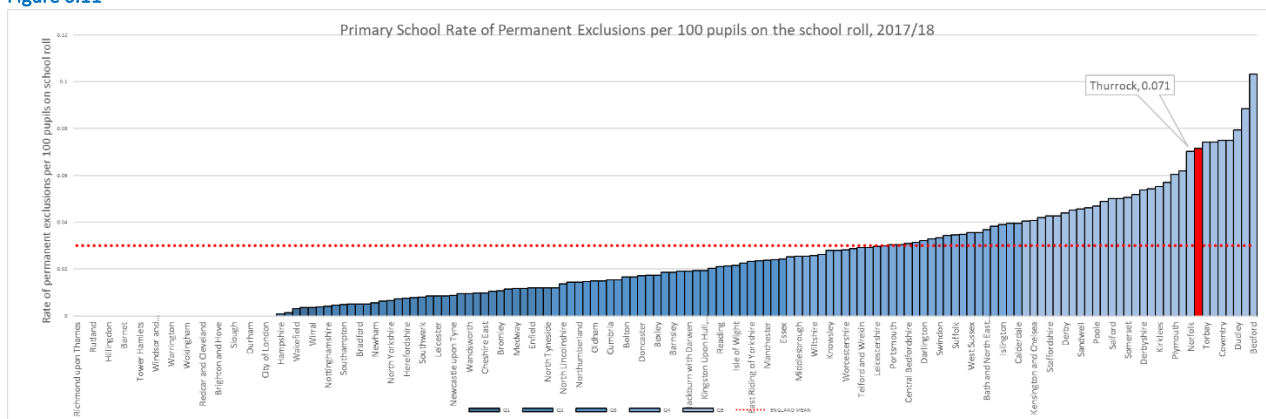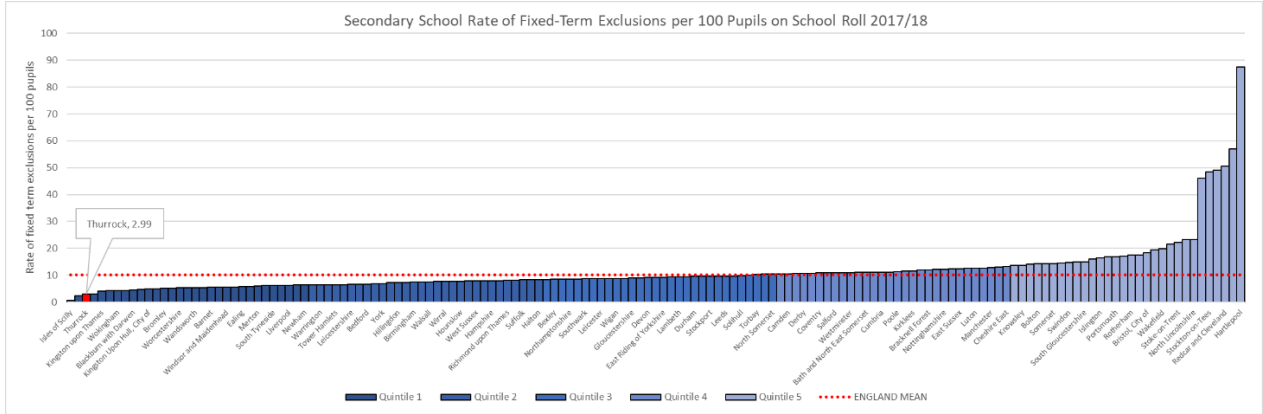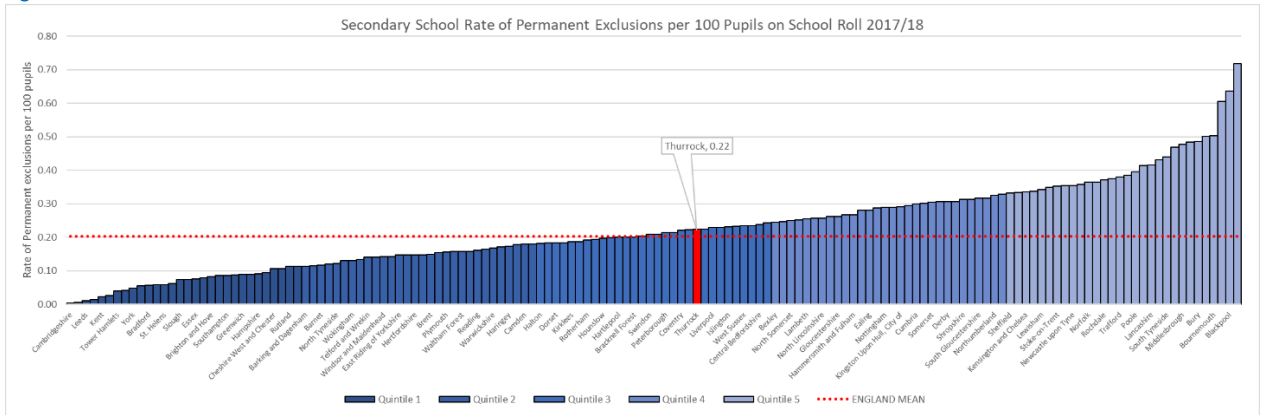
Exclusion Rates at School Level within Thurrock.

In order to drill down further into the data we calculated the rates of fixed-term and permanent exclusions per 100 pupils at individual school level for Thurrock Primary and Secondary schools. Because total numbers of school exclusions at school level are low and vary between individual years we used calculated a mean rate over the last three fiscal years (2015/16, 2016/17 and 2017/18). Figures 6.14-6.16 show these analyses. A Thurrock 3-year mean rate and the England mean rate for 2017/18 is also shown.

Figure 6.15

3 year Mean Rate of Permanent per 100 pupils on school roll (Thurrock Primary Schools)

Figure 6.14

3 year mean Rate of Fixed Term Exclusions per 100 pupils on school roll (Thurrock Primary Schools)

Figure 6.16

3 year Mean Rate of Fixed Term Exclusions per 100 Pupils on School Roll (Thurrock Secondary Schools)

Figure 6.17

3 year Mean Rate of Permanent per 100 pupils on School Roll
(Thurrock Secondary Schools)
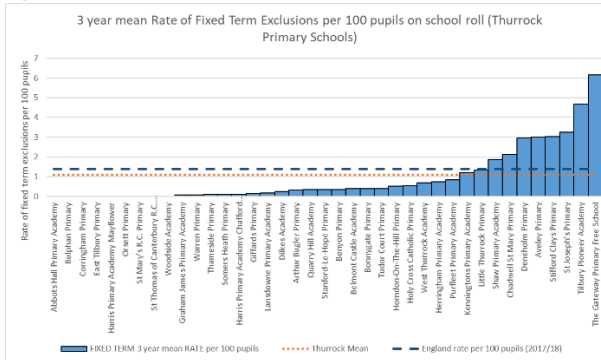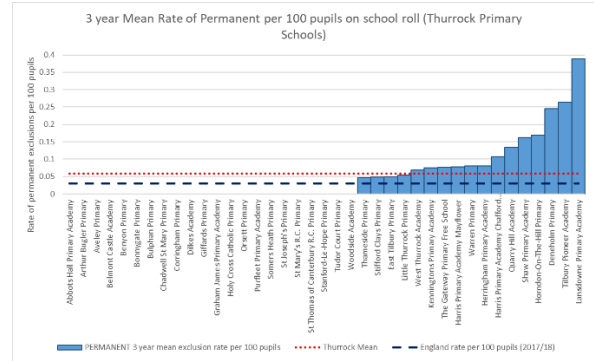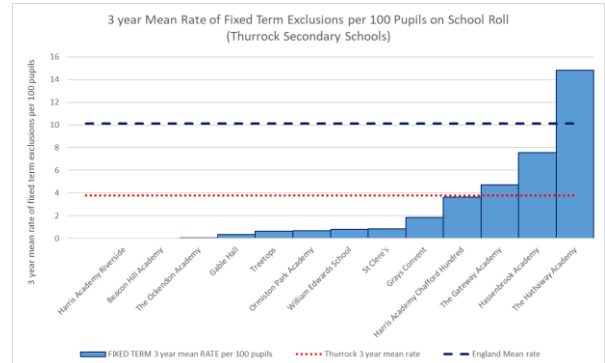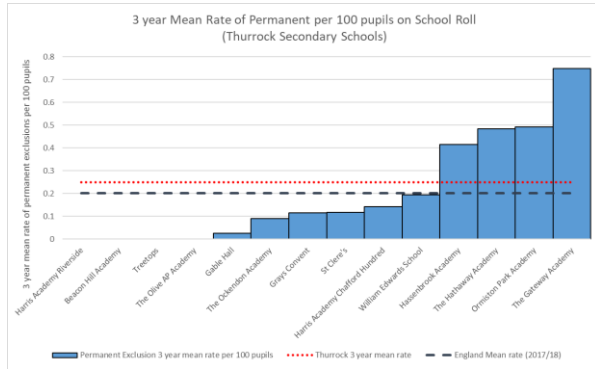
All four graphs show a significant variation in school exclusion rates between schools in Thurrock. For primary schools there over a six-fold variation in fixed term exclusions and almost a four-fold variation in permanent exclusion rates, with a significant minority of schools having a rate of exclusion significantly greater than the England mean. For secondary schools there is a fifteen-fold variation in fixed-term exclusion rates between schools and over a seven-fold variation in rates of permanent exclusions.

The Olive Academy is a Pupil Referral Unit in Thurrock that is likely to receive pupils who have been permanently excluded from Thurrock secondary schools Its rates of exclusion are not shown on figures C and D but have been calculated. Whilst no pupils were permanently excluded from The Olive Academy in the three years ending 2017/18, its rate of temporary exclusion was 194 exclusions per 100 pupils. This is 48.5 times greater than the Thurrock mean and is cause for concern.

Given the strong link between exclusion and serious youth violence, further work to understand and address the high rates of fixed term exclusion at Primary school level and at the Olive Academy is required. The high level of variation between exclusion rates of different schools within Thurrock also warrants further investigation. One explanation could be differences in the level of other behavioural risk factors between school populations, however there may also be an opportunity to spread best practice between different schools.

Chapter 7: Protective factors against serious youth violence and gang involvement

Key Findings

The published evidence base identifies a series of protective factors that may act as a 'buffer' between the prevalence of a risk factor and the onset of youth violence. A preventative factor is a predictor of reduced risk but may not be causal in preventing youth violence. The evidence base on preventative factors is less comprehensive than that on risk factors for youth violence. Evidence on prevention of gang membership is particularly sparse.

Factors that have been shown to be associated with reduced risk of youth violence include positive/prosocial attitudes, low levels of impulsivity, belief in 'the moral order', being female, family factors including good family management, stable family structure and infrequent parent-child conflict, academic attainment and low levels of economic deprivation.

There is some evidence that high social skills, personal moral beliefs, high levels of empathy, moderate levels of parental monitoring, a sense of belonging at school and a perception of fairness from teachers, interaction with pro-social peers, and neighbourhood support including neighbourhood safety and participation in/availability of community groups/assets and clubs could be protective against gang membership.

Introduction

This chapter explores the protective factors against serious youth violence and gang involvement that have been identified from the published evidence base.

Research on risk factors for youth violence and gang involvement has promoted discussion and investigation into factors that may provide a 'buffer' between the presence of risk factors and the onset of and involvement in youth violence and gang involvement. A protective factor is defined as *"attributes, characteristics or elements that decrease the likelihood that violence will be perpetrated"*. [106] They are variables that can usefully predict a decrease in the likelihood that a young person will become involved in serious youth violence or gangs. It is important to remember that a predictive factor does not necessarily mean that the factor is *causal* in the protection against violent behaviour or gang membership; simply that it is a reliable predictor of decreased risk (although it is possible that they could be). For example, it cannot be said that

infrequent parent-child conflict is the *cause* a young person avoiding violence; simply that young people with less frequent conflicts with their parents are less likely to be represented in the cohort of young people who are convicted for violent offences.

Like risk factors, preventative factors can be grouped into five categories:

1) Individual
2) Family
3) School
4) Peer Group
5) Community/Society

Youth Violence

Figure 7.1 summarises the evidence base on protective factors against perpetrating youth violence. [74 75 107 108 109 110 111 112]. The strongest protective factors an odds ratio less than 0.3) are shown in bold

Individual	Family	School	Peer Group	Society
Belief in the moral order	**Good family management**	**Academic achievement**	Friends who engage in conventional behaviour	**Low economic deprivation**
Positive/prosocial attitudes	**Stable family structure**	Commitment to school	Low peer delinquency	Neighbourhood interaction
Low levels of impulsivity	**Infrequent parent-child conflict**	School recognition for involvement in conventional activities	Pro-social bonding	Neighbour support
Being Female	Supportive relationships with parents or other adults	High educational aspiration		
Perceived sanctions for transgressions	Parents' positive evaluation of peers	Bonding to school		
Low ADHD symptoms				
Low levels of emotional distress				
High self-esteem				
High IQ				

Gang membership

There is a paucity of published evidence base exists on factors shown to be associated with a reduced risk of gang membership. In general, the factors that prevent young people from joining gangs are less well-understood.[113] The results of the evidence base[114] [115] [116] [117] [118] The protective factors against gang membership identified from the literature available are summarised in figure 7.2.

Figure 7.2: Protective factors against gang membership

Individual	Family	School	Peer Group	Society
High Social skills	Moderate levels of parental monitoring	Perception of fair treatment from teachers	Interaction with pro-social peers	Perceived neighbourhood safety
Personal morality beliefs		A sense of belonging to the school		Presence of adult support in the neighbourhood
Being female				Involvement in community youth groups/assets/clubs
Coping skills				
High degree of empathy				

Chapter 8: Prevention and Early Intervention Evidence Base

Key Findings

Youth violence is not inevitable and can be prevented. Although the emerging issue of youth violence has meant that the evidence base in some areas is stronger than others, there are a wide range of evidence based strategies and interventions that have shown have a positive effect, both on strengthening preventative factors and reducing risk factors, and on violence as an outcome itself. The strongest evidence base relates to addressing individual and familial risk factors.

The evidence base can be grouped into interventions that support eight strategic actions.

1. **Promoting family environments that support healthy family development:** Promoting supportive family environments has some of the most promising evidence base. The family environment plays a key role in shaping youth's physical emotional, social and behavioural health and if unstable, stressful, without structure or supervision, will contribute to risk factors for violent behaviour and aggression.   There is good evidence that early childhood visiting programmes and parenting skill and family relationship programmes can be highly effective.

2. **Providing quality education early in life** improves children's cognitive and socio-emotional development, increases the probability that children will experiencing a safe, nurturing environment, improves academic success and reduces the likelihood of behavioural problems linked to violence such as aggression and crime. The *Healthy Child Programme* in England has a strong evidence base in terms of early year education for 0 to 5s. Additional educational support programmes for children aged 5 to 7 targeted at those with developmental needs have shown positive outcomes in terms of reducing risk factors for violence in later life.

3. **Strengthening youth's communication, empathy, problem solving and emotional intelligence skills** has a strong evidence base and programmes that support skills development have been shown to be effective in improving emotional regulation and impulse control and reducing youth violence perpetration and victimisation. Universal classroom behaviour management programmes such as *Incredible Years Teacher Classroom Management, PATHS Elementary Curriculum* and *The Good Behaviour Game* have RCT level evidence that demonstrates improved pro-social behaviour, improved emotional self-regulation, improved social competency and reduced aggression. Some selective skills based programmes aimed at children with additional needs show similar impact.

4. **Connecting youth to adults and activity that role model positive behaviour** is a strategic action with emerging and promising evidence base particularly when targeted at individuals with an increased number of existing risk factors. Relationships to caring adults over and above parents or primary care givers can influence young people's behavioural choices and reduce their risk in involvement in crime and violence. Mentoring programmes show positive outcomes in systematic reviews and meta-analyses for improvement in behavioural, social, emotional and academic domains. After-school programmes show mixed evidence of effectiveness, probably because of the high variability between the programme models, duration, structure and participants but some specific after-school programmes evaluate positively.

5. **Addressing the wider determinants of serious youth violence and gang membership** including *modifying the built and social environment* to 'design out crime', reducing the concentration of retail outlets selling alcohol in high crime areas, street outreach and community development and strategic action to address the harm caused by social media and its impact of glamorising violence and violent behaviours have some evidence base of effectiveness. Similarly, there is emerging evidence of the effectiveness of reducing and preventing school exclusions which was highlighted a strongly associated risk factor for youth violence in Thurrock.

6. **Intervene early to reduce harms of exposure to violence and violence risk behaviours.** Many young people who engage in violence as teens and young adults have histories of childhood conduct problems, aggression, violence, delinquency and criminal behaviour and a range of known risk factors for violence including substance misuse, academic problems, association with deviant peers and dysfunctional home environments. *Trauma-Focused Cognitive Behavioural Therapy (TF-CBT)* has been shown to be highly effective at treating post-traumatic stress disorder and depression, improving behaviour for victims of serious violence. *Level 5 Pathways Triple P* parenting programme has strong evidence in reducing risk of future parental abuse and improving their children's lives. 'Whole system' family-peer-environmental therapeutic approaches such as *Multi-Systemic therapy* and *Functional Family Therapy* have strong evidence of effectiveness in improving the behaviour and life-chances of young people who have already committed serious youth violence and preventing future violence.

7. **Preventing Gang Membership and Crime Caused by Gangs** is perhaps the strategic action with the weakest evidence base with little that demonstrates conclusive effectiveness on reducing the likelihood of gang membership as an outcome. Approaches aimed at helping gang involved youth exit gangs have centred on *opportunities provision. Pulling Levers approaches* including *Gang Injunctions* that seek to actively disrupt gang activity through coordinated law enforcement and community action have been shown to be effective in reducing gang related crime.

8. **Law enforcement** whilst largely a 'downstream' response to violence has been shown to be effective in some areas of prevention. There is some evidence that highly targeted stop and search activity which focuses on suspects with the highest probability of criminal behaviour has a small but positive impact on the prevalence of violent crime and weapons offences. Law enforcement is also an important component of the *Pulling Levers* approach including gang injunctions discussed in strategic action 7.

Introduction

This chapter discusses and summarises the published evidence base on approaches that have been shown to be effective in preventing young people from engaging in serious violence and gang membership.

Programmes that seek to prevent serious youth violence and gang membership can be thought of using different categories:

Primary Prevention programmes aim to prevent violence or gang membership before they occur by reducing risk factors promote protective factors discussed in Chapters 5 and 6.

Secondary/Tertiary Prevention programmes take place after violence or gang membership occurs and aim to reduce prevent the short/long term harms caused by violence or gang membership including helping young people exit gangs.
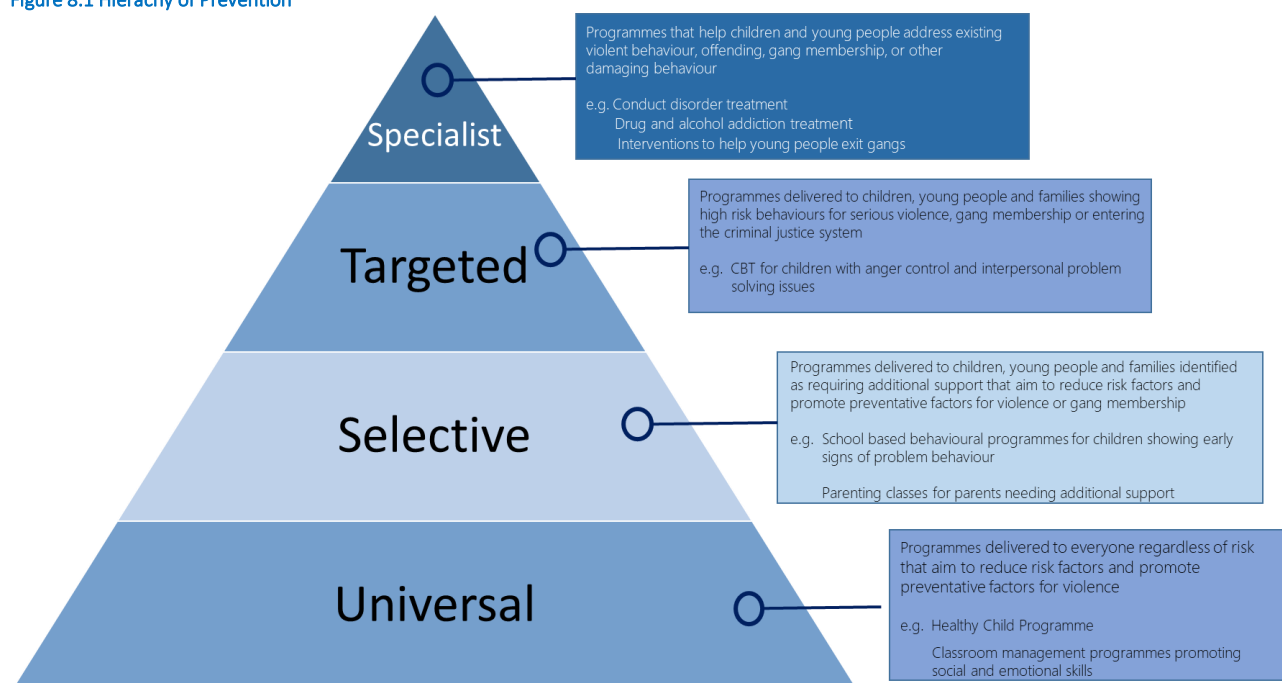
Universal prevention programmes are administered to an entire defined population regardless of risk of violence and aim to reduce risk factors and promote protective factors linked to violence or gang membership.

Targeted prevention programmes are administered only to populations already identified at high risk of or already involved with violence/gang membership.

Hierarchy of prevention

Prevention programmes can be thought of as a hierarchy as shown in figure 8.1

Figure 8.1 Hierachy of Prevention

Specialist — Programmes that help children and young people address existing violent behaviour, offending, gang membership, or other damaging behaviour

e.g. Conduct disorder treatment
Drug and alcohol addiction treatment
Interventions to help young people exit gangs

Targeted — Programmes delivered to children, young people and families showing high risk behaviours for serious violence, gang membership or entering the criminal justice system

e.g. CBT for children with anger control and interpersonal problem solving issues

Selective — Programmes delivered to children, young people and families identified as requiring additional support that aim to reduce risk factors and promote preventative factors for violence or gang membership

e.g. School based behavioural programmes for children showing early signs of problem behaviour

Parenting classes for parents needing additional support

Universal — Programmes delivered to everyone regardless of risk that aim to reduce risk factors and promote preventative factors for violence

e.g. Healthy Child Programme
Classroom management programmes promoting social and emotional skills

What works in the prevention of youth violence?

Youth violence can be prevented. Overall, there is good evidence that early intervention programmes can work to prevent violence. There are a wide range of strategies that can be employed to the reduce risk factors and promote protective factors discussed in Chapters 5 and 6. 11 different systematic reviews have found that early interventions were effective in reducing violent behaviour [119] [120] [121] [122] [123] [124] [125] [126] [127] [128] [129] with the most recent review by Cambridge University demonstrated that prevention initiatives can reduce aggression by around 25% [121] and a review by Vries et.al. (2015) found an average decrease of 13% in criminal behaviour amongst high-risk young people.[129]

Most of the evidence base comes from interventions at the individual and relationship level, which aim to prevent behavioural problems which mirrors the fact that the majority of risk factors discussed in Chapter 5 operate at an individual level.

The following five strategic actions (adapted from the US Center for Disease Control's comprehensive technical packing on preventing youth violence and associated risk behaviours)[134] have good evidence on prevention:

1. Promote family environments that support healthy development
2. Provide quality education early in life
3. Strengthen Youth's communication, empathy, problem solving, conflict resolution and emotional intelligence skills

4. Connect youth to adults and activity that role model positive behaviour
5. Intervene early to reduce harms of exposure to violence and violence risk behaviours

Each will be discussed in turn.

1. Promote family environments that support healthy development.

Across all of the major reviews of global evidence, promoting supportive family environments was identified to be one of the key approaches with the most promising evidence base. The family environment plays a key role in shaping youth's physical, emotional, social and behavioural health and this influence extends from early childhood through late adolescence and beyond.[130] Family environments that are unstable, stressful, lack structure and supervision, have poor relationships and communication or use either too harsh or too limited discipline contribute to risk factors for violent behaviour including poor problem skills and aggression. [131] [132] [133]

There are a number of approaches that can help families create and sustain supportive, nurturing and structured environments at every stage of a young person's development.

1a. Early Childhood Home visiting programmes provide information, support to care givers, training in child development and wider wellbeing support to parents. They are generally targeted at populations identified as having additional needs, making them selective in the hierarchy of prevention. The Family Nurse Partnership is a home-visiting programme for young mothers expecting their first child delivered by highly trained nurses or midwives. It aims to improve pregnancy health and behaviours, improve child development and improve economic self-sufficiency of parents by helping them plan for their own and baby's future. Mothers enrol on the programme early in their pregnancy and receive weekly visits before and for the first six weeks after the birth of their baby, during which they learn about their child's health and development and receive support on their own well-being.

Evidence from the USA demonstrated fewer behavioural problems and by the age of 15, fewer arrests and convictions in children who had participated in the programme compared to those who did not[134]. However robust UK evaluation found no significant benefit of the Family Nurse Partnership over the first two years' of the child's life compared with usual provision through the Healthy Child Programme (see next section).[135] Further longer term evaluative studies for the UK programme are awaited.

1b. Parenting skill and family relationship programmes

These programmes teach communication, problem-solving and behaviour monitoring and management skills to parents. They can be delivered either to individual families or through groups.

The quality of inter-parental relationships, particularly how parents communicate and relate to each other has a primary influence on children's mental health and future life chances including a wide range of key risk factors for violence including poor academic achievement, aggression towards peers, behaviour/conduct problems, anti-social behaviour, low self-esteem and greater child-parent conflict[136]

Psycho-educative/skills based group programmes from the US such as Happy Families, Happy Kids and Couples Enhancement Training that aim to reduce couple/parental relationship stress in intact parental relationships have been found to be effective in improving inter-parental relationships and hence reduce risk factors highlighted above.[137] [138] Similarly skills based training for separated couples that aims to reduce conflict such as The Collaborative Project and Children in the Middle have shown a similar effect.[139] [140]

Family Foundations is a group-based programme for couples expecting their first child, delivered any time during the mother's pregnancy. It is delivered by male and female co-facilitators with a QCF-level 6 qualification in a helping profession. Parents attend five weekly sessions where they learn strategies for enhancing their communication, conflict resolution and sharing of child care duties, and return for four more weekly sessions two to six months after the baby is born. The programme has been found to have evidence of a long –term positive impact on pro-social behaviour and reduced parent/parent and parent/child psychological and physical violence, and reduced externalising of problems in children.[141] [142]

Multiple systematic reviews have demonstrated the benefit of improving parenting skills on reducing risk factors and increasing protective factors for youth violence. [131] [143] [144]

Evaluation of The Incredible Years Preschool Programme showed a reduction in both the frequency and particularly the severity of disruptive behaviour in children.[145] The programme comprised of 20 weekly group sessions for parents aimed at emphasising positive rather than negative interactions between parents and children aged 3 to 6 years old, hence addressing the risk factors of conduct disorder aged (3-6), troublesome (aged 7-12), aggression (aged 7-15) and poor parent/child communication (ages 0-2).

Triple P – Positive Parenting Programme (Levels 3 and 4) combines a mass-media campaign with both consultations with primary carers to improve parenting practices and intensive support to parents with children at risk of behaviour problems aged 0 to 12. Groups of parents attend one to four small group sessions delivered by a trained facilitator (level 3) or sessions delivered over 8 weeks delivered by a trained clinical psychologist (level 4) where they learn strategies for improving their child's competencies and discouraging unwanted behaviour such as aggression.. The programme has been shown to be cost effective at reducing violence and improving child behaviour, parenting skills and increased self-efficacy. [146] [147]

Strengthening Families Programme 10-14 is a parenting and family strengthening programme for families with children aged between 10 and 14. It can be implemented as a

universal or selective programme targeted at high-risk adolescence. The programme consists of seven weekly sessions lasting two hours. During the sessions, families learn how to communicate effectively as well as specific skills such as parental limit setting and child resistance to peer pressure. RCT evidence demonstrates that on four year follow up young people who were involved in the programme had lower levels of aggression and hostility, reduced aggressive and destructive conduct and lower rates of polysubstance use.[148] [149]

2. Provide Quality Education Early in Life

High quality early years education improves children's cognitive and socio-emotional development and increases the probability that children will experience an environment that is safe and nurturing. It improves the likelihood of long term academic success and reduces the rate of behavioural problems, aggression and crime. [150] [151] Early childhood education that includes parental engagement can strengthen youth outcomes, family involvement in children's future education and parenting practices and attitudes. [152] [153]

We know that need for early childhood education is not distributed evenly across society and is often positively associated with deprivation. Professor Michael Marmot in his report *Fair Society, Healthy Lives*[154] demonstrated in figure 8.2 that children within initial high cognitive ability relative to their peers at 22 months but who grow up in low socio-economic environments saw their relative position worsen year on year, whilst children with low cognitive ability at the age of 22 months but who grew up on high socio-economic environments saw their relative position improve year on year. By the age of 10, the former group had relatively lower cognitive ability than the latter group.

Figure 8.2: Inequality in early cognitive development in the 1970s British Cohort Study, ages 22 months to 10 years.
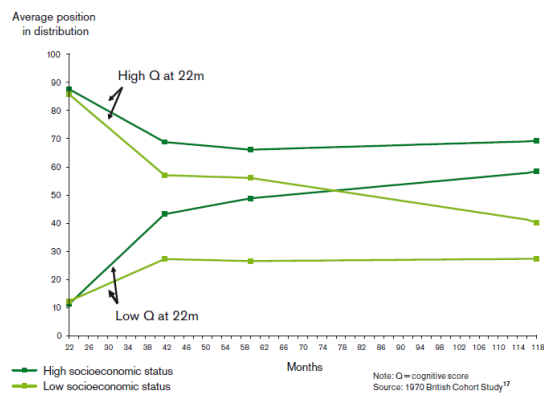
Similarly we know that across the UK, the percentage of children achieving a good level of development at age five is negatively associated with the rank of deprivation of the population served by their local authority. (Figure Y)

Figure Y: Percentage of children achieving a good level of development at age five by local authority
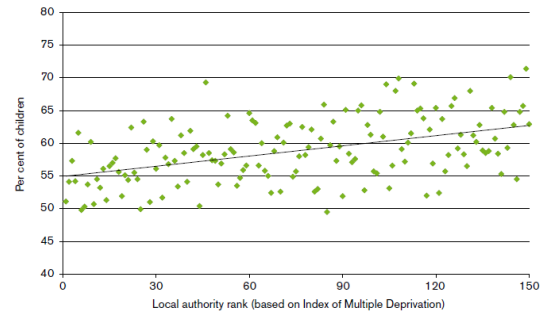
As such, high quality education early in life needs to be delivered with universal proportionalism; both a level of universal support and additional support to higher need communities. Pre-school enrichment programmes which improve educational achievement and self-esteem are associated with less violence in later life. Social development programmes to reduce aggressive and anti-social behaviour try to improve social skills with peers and promote cooperative behaviour by teaching young people to manage anger, resolve conflict and solve social problems. These are most effective if delivered in a pre-school or school setting to populations most likely to benefit.[155] [156] Evidence from the US on early-years education programmes such as *Child Parent Centres* and *Early Head Start* found that children/young people who participated in them had significantly lower rates of juvenile arrest and arrests for violence and lower rates of conviction and prison incarceration for violent offences. [157] [158]

The Perry Preschool Programme from the US is one of the universal early years' programme that has shown a direct impact on reducing youth violence as a long-term outcome measure. The programme provided high quality preschool education and home visits to 3 and 4 year old African American children living in poverty and assessed as at high risk of school failure. A preschool was provided each week day morning for 2.5 hour sessions by qualified teaching staff who also undertook 1.5 hour weekly home visits. On follow up of participants up to the age of 40, the programme found decreases in all types of violence including murder and robbery. [159]

In England, the *Healthy Child Programme* is a universal programme that commences during pregnancy and supports children until the age of 18. The first five years are led by Health Visitors with support from midwives and wider health professionals. Although the programme is universal, it provides a greater intensity of support to those with greater need.

Doodle Den is a literacy support after-school programme for children between the ages of 5 and 7. It is delivered in primary school, community centres or libraries and aims to support children to participate fully in education, address delays, and to improve educational outcomes. Each programme provides 15 places to children who would benefit from additional literacy support and encompasses a combination of modalities of literacy instruction including

phonics, sight vocabulary, shared and independent reading, writing and comprehension. An RCT showed a statistically significant positive impact on a number of child development outcomes including improved behaviour and concentration in class and improved reading and literacy skills.[160]

Let's Play in Tandem is a school readiness programme for children aged three living in socially disadvantaged communities. It aims to improve children's cognitive development and self-regulation. The programme runs for 12 months and is typically delivered through children's centres. Each family is assigned a project worker who visits the family in their home each week for 90-120 minutes to deliver a programme to develop pre-reading and numerical skills and promote vocabulary and general knowledge. The project worker also teaches the parents how to prompt and provide instructions to their child. One of the key aims of the programme is to focus on school readiness, and to improve the child's numeracy and communication skills. An RCT concluded that the programme was successful at improving early years' education in pre-reading, numeracy, writing, vocabulary and personal/social skills and that it improved inhibitory control of the children.[161]

3. Strengthen Youth's communication, empathy, problem solving, conflict resolution and emotional intelligence skills

Chapter 5 highlighted that children and young people with low levels of self-control, high levels of aggression or conduct disorder and low levels of empathy are at increased risk of violence. Programmes that seek to develop skills in effective communication, problem-solving, conflict resolution, impulse control and emotional regulation and management can help reduce both youth violence perpetration and victimisation. [162] [163] [164]

Programmes can either be *universal* and incorporated into the school curriculum, or *selective / targeted* depending on the level of skills deficiency identified or severity of the delinquent behaviour that the programme seeks to address.

3a. Universal Skills Based Programmes

Multiple systematic reviews of various universal school based programmes have demonstrated beneficial impact on youth's skills and behaviours including delinquency, aggression, bullying perpetration and violence. [163] [165]

Incredible Years Teacher Classroom Management programme is a universal classroom management programme for teachers of children between the ages of four and eight. It improves teacher competencies in supporting children in the classroom and developing children's social, emotional and problem solving skills together with specific strategies on behaviour management. RCT evidence shows that it improved child negative behaviour, improved child compliance, improved prosocial behaviour, improved emotional self-regulation and improved social competency in children.[166] [167] [168]

PATHS Elementary Curriculum is a comprehensive programme for promoting emotional and social competencies and reducing aggression and behaviour problems in junior school children whilst simultaneously enhancing the educational process in the classroom. The curriculum is designed to be used by teachers and provides systematic, developmentally based lessons, materials and instructions for teaching their pupils emotional literacy, self-control, social competence, positive peer relations and interpersonal problem solving skills. A key objective of promoting these developmental skills is to prevent or reduce behavioural and emotional problems. A cluster RCT study of 1,675 pupils in 56 junior schools found educed aggressive behaviour and reduced impulsivity/ADHD in children who had received the intervention. [169] A further five year follow up RCT found that children who had benefited from the intervention had statistically significantly lower prevalence of contacts with the police compared to those who had not. [170]

Positive Action is a universal, school-based social and emotional learning programme delivered to children between the ages of 4 and 15. Sessions are taught through the curriculum, covering six core topics of self-concept, positive actions for the body and mind, positive actions for getting along with others, positive actions for managing yourself, positive actions for self-improvement and positive actions for being honest with yourself and others. Sessions are direct instruction from lesson plans in teachers' manuals which include activities such as role-play, discussion, poems, music, puppets, games, radio plays and journaling. Two separate RCT trials concluded a range of statistically significant benefits in violence risk reduction including reduced serious violence-related behaviours and reduced prevalence of substance misuse. [171] [172]

The Good Behaviour Game (GBG) is a universal preventative programme delivered by a teacher to a class of primacy school students, normally between 15 and 30 children and normally lasts between 10 and 45 minutes. It is a behaviour management strategy that is designed to encourage prosocial behaviour and reduce disruptive behaviour. Teachers initiate GBG by dividing children into small teams that are balanced for gender and child temperament. Teams are awarded points for good behaviour, according to basic classroom rules which are reviewed in class. Short games are played weekly. The programme is underpinned by life course and social field theory which states that improving the way teachers socialise children in classrooms will result in improved social adaption of the children in the classroom social field. The theory predicts that this early-improved social adaptation will lead to better adaptation in other social fields over the life course. Two RCTs have concluded positive outcomes for violence risk reduction including reduced aggressive and anti-social behaviour in class, reduced anti-social behaviour at 14 year follow up and reduced alcohol abuse and dependence at 3,6 and 14 year follow up. [173] [174]

3b. Selective Skills Based Programmes

Selective skills based programmes target additional support at young people and their families with greater or specific needs.

Helping the Non-Compliant Child is a programme of up to 12 sessions delivered by a psychologist or social worker for parents who are having difficulty managing the behaviour of a child between the ages of three and eight. The practitioner works individually with the parents and their child. The programme teaches a range of effective strategies for managing noncompliant child behaviour and seeks to improve the child's ability to regulate his or her behaviour, reduce anti-social behaviour and improve relationships with other children. An RCT concluded that children treated through the programme reduced symptoms of ADHD and improved conduct, whilst parents improved parenting practice and gained parenting satisfaction.[175]

Incredible Years Dinosaur School Child Training is a group-based programme for children with behaviour difficulties aged between four and eight. The programme teaches children self-regulation and problem solving skills in small groups. Children are taught to identify and recognise emotions in self and others and helped to develop emotional literacy, to problem solve and respond appropriately to social interactions with peers and adults. Parents and teachers are updated on session goals and asked to help reinforce target behaviours. Three separate RCT studies concluded positive effects including improved behaviour in both home and school and improved social competence with peers. [176] [177]

Treatment Foster Care Oregon Adolescent (TFCO) is a team based intervention available in the UK that works with young people in foster care, their foster carer, birth family, school, and move-on placement. It usually lasts for 9-12 months. The programme aims to increase a young person's social, emotional and relational skills and therefore reduce the need for more challenging and anti-social behaviours. Trained foster carers deliver the TFCO model directly to young people in their everyday interactions. All young people also follow an age appropriate behavioural incentive programme and receive weekly skills coaching sessions. A Birth Family Coach works with the young person's birth family to help them learn and implement the TFCO parenting programme. Tis helps to improve their own skills as parents and improve the quality of the contact that they have with their child, increasing the likelihood of the young person being returned home. A number of studies have concluded reduction in risk factors for violence including a reduction in the number of days running away from placements, reduced rates of criminal referrals and reduced rates of delinquent behaviour.[178] [179]

4. Connect youth to adults and activity that role model positive behaviour

Young people's risk for violence can be buffered through strong connections to caring adults other than parents and involvement that help them develop and apply new skills. Relationships to caring adults over and above parents or primary care givers can influence young people's behavioural choices and reduce their risk in involvement in crime and violence. [180] [181] Within the prevention hierarchy they are most often *selective* (aimed at populations at risk) or *targeted* (aimed at individuals with high risk behaviour) although could be delivered universally.

Mentoring programmes show positive outcomes in systematic reviews and meta-analyses for improvement in behavioural, social, emotional and academic domains. The *Big Brothers Big Sisters of America* (BBBS) is the oldest and best known example of a one-to-one mentoring programme implemented in community and school settings in the US. An evaluation found positive impacts in a number of risk behaviours including mentees being 46% less likely to have initiated illegal drugs and 32% less likely to have engaged in a physical fight. Other benefits included stronger academic competence and improvement in parental trust.[182] [183]

After-school programmes show mixed evidence of effectiveness, probably because of the high variability between the programme models, duration, structure and participants. [184] One of the most effective is the *Los Angeles' Better Educated Students for Tomorrow (LA BEST)* programme. A rigorous longitudinal evaluation of LA-BEST found significant positive outcomes on academic achievement and reduction in arrests for youth crime and violence, especially among those students who attended for at least 10 days per month.[185]

Another good example of best practice is the *After School Matters (ASM)* programme which offers apprenticeship experiences in technology, science, communication, the arts and sports to high-school students in Chicago Public Schools. A rigorous RCT of the programme across 10 schools in predominantly lower income areas found that participating young people missed fewer days of school, had higher self-regulation, a more positive attitudes and were less likely to sell drugs or participate in gang activity than youths in the control group.[186]

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

Many young people who engage in violence as teens and young adults have histories of childhood conduct problems, aggression, violence, delinquency and criminal behaviour.[187] [188] [189] These youths often have other known risk factors for violence including substance misuse, academic problems, association with deviant peers and home environments characterised by disruption, conflict, violence and other family problems. [190] [191] Justice responses made in isolation such as incarceration have limited effect on youths' future criminal behaviour. The Children's Society in their 2019 report on Child Criminal Exploitation[Error! Bookmark not defined.] noted that:

"Responses are almost always reactive not preventative. Professionals report that many children come to attention of statutory agencies when exploitation is already present and

criminal groups are controlling them to deliver drugs. Typically law enforcement takes precedence over safeguarding responses."

and further concluded that thresholds for intervention by Youth Offending Services were generally set too high noting that typically Council Children Services Departments wait until a young person offends before providing an intervention.

Approaches that seek to address high risk behaviours such as violence, delinquency and early offending have the potential to interrupt the continuation and escalation to more serious violent offending. [192] [193]

Approaches in this area can be categorised into those that lessen the harms caused by exposure to violence, and those that aim to intervene to treat problem behaviour to prevent future violence or further involvement in violence. Within the prevention hierarchy, they are be categorised as either *targeted* or *specialist* prevention.

Treatment to lessen the harms caused by exposure to violence.

Therapeutic treatment can mitigate the behavioural and health consequences of witnessing or experiencing violence in the home and community and other adverse childhood experiences.[194] [195] Treatment aims to help youth process traumatic exposures, manage trauma-related distress and develop effective coping strategies and skills.

Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) is a therapeutic intervention for children and families who have been exposed to a traumatic event. Children and their parents attend between 12 and 18 sessions where they learn cognitive strategies for managing negative emotions and beliefs stemming from highly distressing and/or abusive experiences. It is delivered by a mental health professional with a QCF7/8 level qualification. Rigorous RCT evidence suggests that it is highly effective at treating Post Traumatic Stress Disorder and depression, improving behaviour, improving parenting practices and improving psychological functioning. [196] [197] [198]

Treatment to prevent problem behaviour and further involvement in violence

Interventions that seek to address problem behaviour and its causes and prevent future violence or escalation in violent behaviour have been shown to be effective. These approaches develop youths' social and problem-solving skills, provide therapeutic services to address behavioural and emotional issues, offer families therapeutic services to reduce conflict, improvement communication and enhance parental or school ability to supervise and manage problem behaviour in young people or in the case of parents, to address their own violent behaviour.[192] [193]

Early identification and support for neuro-disability including Traumatic Brain Injury (TBI)

Evidence from a range of international studies have demonstrated a consistently high incidence of neurodevelopmental impairment (including TBI) among young people in contact with the Youth Justice System.[199] Research suggests that Adverse Childhood Experiences (ACEs) such as physical and emotional abuse or neglect, sexual or domestic violence, or parental drug/alcohol abuse, mental illness or loss/bereavement can have long term psychological and neuro-biological negative impacts.

Learning how to cope with adversity is an important part of healthy child development. When there is a threat, the body responds by activating a variety of physiological responses, including increases in heart rate, blood pressure, and stress hormones such as cortisol producing what is called collectively as allostatic load. Protective relationships and a supportive environment protect the child from the impact of this biologically and psychologically. However when strong, frequent, or prolonged adverse experiences such as extreme poverty or repeated abuse are experienced without adult support, stress becomes toxic, as excessive cortisol disrupts developing brain circuits and the allostatic load remains fixed at a higher level than baseline (19) as shown in figure 8.3

Figure 8.3: Biological Impact of ACE-related stressors and trauma related response
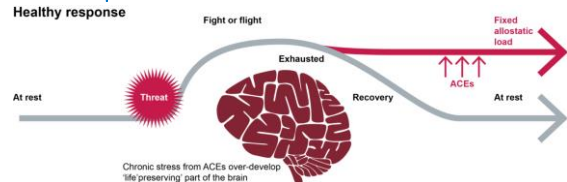
There is clear evidence that a prolonged increase in allostatic load caused by ACEs neurodevelopmental impairment, neuro-disability as the brain of the child develops. Neurodevelopmental impairments are expressed through a wide range of symptoms including deficits in reasoning, thinking and perception, lack of impulse control, expression of emotion, formation of positive relationships, and expression of challenging behaviour (all identified as individual risk factors for violence in Chapter 5).

Research suggests the 'tipping point' for this process is experience of four or more ACEs with young people in this cohort being 14 times more likely to become a victim of violence, 15 time more likely to become a perpetrator of violence and 20 times more likely to be incarcerated at some time in their lives[200].

Young people at risk of perpetrating anti-social and violent behaviour could be identified earlier if assessed for underlying cognitive and emotional needs and support and intervention to address these and their underlying causes could be provided.

Level 5 Pathways Triple P is a targeted programme for parents who have difficulty regulating their emotions and as a result are considered at risk of physically or emotionally harming their children (aged 16 or younger). It is delivered over five 1-2 hour sessions in a variety of settings including the home, clinic or community centre. It aims to improve

children's mental health and wellbeing, prevent maltreatment and prevent crime, violence and anti-social behaviour. Three RCTs concluded a reduction in potential for parental child abuse, improved parental confidence and involvement, reduced parental over reactivity and blame and improved child quality of life.[201] [202] [203]

Multi-systemic therapy involves trained therapists working with high risk adolescents who have a history of anti-social behaviour and experience of the criminal justice system. Unlike traditional approaches which concentrate purely on the thoughts and feelings of the individual, MST directly both interpersonal (e.g. cognitive) and systemic (i.e. family, peer and school) factors known to be associated with adolescent anti-social behaviour. Moreover, because different combinations of these factors are relevant for different adolescents, MST interventions and individualised and highly flexible. MST has been shown to be highly effective in reducing violent offending. Evidence suggests that approach can reduce offending by a third compared to standard psychological therapy.[204]

Functional Family Therapy (FFT) is targeted at young people between the aged of 10 and 18 involved in serious anti-social behaviour and/or substance misuse. The young person is typically referred into FFT through the youth justice system at the time of a conviction. The young person and his or her parents than attend between eight to 30 weekly sessions to learn strategies for improving family functioning and addressing the young person's behaviour. Two RCTs have identified positive outcomes in risk factors for violence; reduced recidivism and reduced cannabis use.[205] [206]

Hospital Based Programmes access young people attending A&E or who are admitted to hospital due to violence related injury. They comprise of brief psychological interventions, referral to specialist services including mentoring and youth services and are based on the premise that interaction in A&E with a young person attending because of violence presents a unique 'teachable moment' where youth involved in violence or gang culture may be amenable to receive other interventions that may deliver desistence. The programmes also provide a valuable source of intelligence for law enforcement. There is some evidence of positive results of these programmes where triailed on a reduction in hospital attendances and admissions for violence where there are strong arrangements between acute trusts, crime reduction partnerships and the police for sharing anonymised data on ED attendances for violent crime.[207] [208]

Preventing Gang Membership and Crime caused by Gangs

There is little robust published evidence base (randomised control trials) of interventions that can definitively conclude effectiveness at preventing gang membership and further research is urgently needed in this area of practice.

A systematic review into provision for preventing youth gang involvement for children and young people aged 7-16 in the UK in 2008 concluded that there were *no randomised control trials or quasi-randomised controlled trials of the effectiveness of opportunities for gang prevention.*[209]

Upstream prevention

Upstream prevention activity aims to reduce the risk factors that may lead to young people becoming involved in gangs or intervene to actively dissuade gang membership in youth people. They can be delivered either universally (i.e. to all young people) or in a selective way (targeted at cohorts of young people at increased risk of gang membership).

A systematic review conducted on upstream prevention programmes that focused on dissuading young people from joining gangs found only six robust studies out of an initial search of 3,850 that could be included. Studies included two universal and four targeted approaches. It concluded a small positive impact across the pooled data of a statistically significant odds ratio of 1.26 (i.e. young people receiving the interventions were 26% less likely to join a gang). However, four of the six studies individually failed to conclude a statistically significant positive impact and the authors concluded that the evidence on gang prevention programmes was too weak to claim whether or not the programmes were effective[210].

Despite the lack of robust studies where gang membership prevention was a specific outcome, it is worth noting that many of the risk factors identified from the evidence for youth gang involvement in Chapter 6 mirror those for serious youth violence. As such, it could be argued that many of the evidence based prevention programmes discussed in section 1 to 5 previously in this chapter may also have a positive impact in reducing the risk of gang membership.

Downstream prevention

Downstream prevention activity aims to assist young people to exit gangs and disrupt gang related activity, harm and violence.

Opportunities Provision is a gang prevention strategy derived from research that concluded that young people join gangs as a means of fulfilling economic needs due to exclusion from the labour market and lack of socio-economic opportunity and mobility.[211] [212] *Opportunities Provision* provides tutoring, supplementary education, job training and preparation, job development and other programmes designed to increase economic or educational opportunities available to gang involved youth. Some studies have indicated the potential effectiveness of *opportunities provision*. One 1996 survey of past and current gang members found that 49.1% felt job training and employment programmes were effective in preventing gang membership.[213] Other studies have concluded that *opportunities provision* is most effective when administered within late childhood and early adolescence as this corresponds to a time when parental supervision decreases, youth typically begin involvement in gangs and are most receptive to prevention programmes. [214] [215]

The Pulling Levers Strategy for gang disruption has been experimented by a number of American police departments. Pioneered in Boston to halt serious gang violence, it can be summarised by selecting a specific crime problem such as gang related homicide; convening an inter-agency working group of law enforcement, health and care practitioners and community representatives; framing a response to offenders that uses a varying menu of law enforcement sanctions to dissuade offenders from continuing to offend; focusing health/care/community resources on targeted offenders to match law enforcement activity; and directly communicating to the target group of offenders why they are receiving this special attention.

A meta-analysis of 10 studies relating to the *pulling levers* approach concluded that nine of the 10 reported statistically significant drops in offending although none of the studies were of high quality in that they included a control group.[216] As such, the effect they report could simply be regression towards the mean (the research bias that shows that often situations improve/resolve on their own without or despite intervention).

The *Comprehensive Gang Model* featuring targeted and group-based social interventions offering support and help alongside enhanced enforcement activity against gangs and individuals, provision of social opportunities for at risk youth, and community mobilisation involving agencies and citizens is an example of the *Pulling Levers Strategy*[217]. It is currently the favoured intervention in the US and more recently the UK. This model was a key point of reference in the development of *Operation Ceasefire* developed in Boston and has been described as a 'focused deterrence strategy, harnessing a multitude of different agencies plus resources from within the community itself.'[218]A modified version of the model has been adopted in Glasgow and Manchester. However a systematic review of 17 such *comprehensive gang model* programmes found that whilst eight showed positive results on crime reduction, none of the effects achieved statistical significance.[219]

Gang Injunctions are a specific example of the *Pulling Levers* intervention. The Police and Crime Act (2009) authorises law enforcement agencies to apply to a County Court for an injunction if they can demonstrate that on the balance a probability:

- An individual is involved in or has encouraged gang-related violence or drug dealing activity, and
- A gang injunction is necessary to prevent such activity or protect the individual from harm.

Gang injunctions give a range of statutory powers to authorities including to disrupt the movement of gang members, limit association and communication between gang individuals and compel gang members to participate in rehabilitative activities on threat of further arrest and more serious sanction.

A 2017 study examining four Merseyside gangs over a 36 month period found a drop of 70% in individual offending amongst gang members and a 60% drop in victimisation of gang members compared to the pre-injunction period. Comparison between gangs with and without injunctions found a downward trend in gang offending in the injunction served gangs that was not observed in the comparator gangs over the same time period.[220]

Addressing the wider-determinants of serious youth violence and gang membership

Serious youth violence and gang membership does not occur in a vacuum. Chapter 5 highlighted a range of socio-economic, community and environmental risk factors including poverty, adverse childhood experiences such as neglect and abuse, neighbourhood disorganisation, lack of community infrastructure, school exclusion, poor quality housing and access to/perceived availability of cannabis. Chapter 5 also proposed causal factors for prolific youth offending that included unstructured time spent in locations with poor community cohesion or lack of positive social values.

In section *** we highlighted research that demonstrated how experience of adverse childhood experiences can permanently alter the allostatic load on the developing brains of children and young people causing permanent neuro-disability that in turn increases the risk of many of the individual risk factors identified in Chapter 5 such as aggression, high level of daring, low self-esteem and poor impulse control.

Some of the interventions discussed earlier in this chapter can help to address the wider determinants of serious youth violence, for example early years education and parenting support will improve educational outcomes and life chances. Similarly action to improve family dynamics and relationships may reduce the likelihood of adverse childhood experience like neglect and violence.

In the remainder of this chapter we examine the evidence base for addressing other wider determinants of violence and creating systemic change to improve the environment that young people grow up in.

Modifying the physical and social environment

Approaches to prevent youth violence and crime by enhancing and maintaining the built environment could include increasing lighting, improving accessibility to social spaces, increasing security, creating green space and developing meaningful community activity for young people. Evidence suggests that areas in which these approaches are trialled see a reduction in reduced arrests and an overall reduction in violent crime compared to areas that remain undeveloped.[221] [222]

A systematic review of *Crime Prevention Through Environmental Design* standards in the US that promoted design of the built environment based on increased positive personal interactions, enhanced visibility, access to green

spaces and improved housing quality found decreases in gun assault, violent crime, youth homicide, and disorderly conduct as well as beneficial impacts on residents' perception of crime, stress, community pride and physical health.[223] [224] [225] [226] [227] [228]

Reduce the concentration of outlets selling alcohol

Systematic review and meta-analyses show that alcohol control policies including restrictions on the concentration of outlets selling alcohol, licencing regulations and hours and days of sale can reduce risk factors associated with youth violence and other health conditions.[229] [230] One US study found a significant reduction in ambulance pickups of youth for violent injuries compared to a control community following alcohol control policies being implemented. [231] Other international research studies demonstrate the efficacy of alcohol sale restriction on murder, physical assault and violent crime. [232] [233] [234]

Street outreach and community development

Interventions in this category use outreach or community development workers to connect with residents, youth and gang members to mediate conflict, promote norms of non-violence and connect violent offenders or gang members with support that may prevent further offending. There is some evidence from the US of its efficacy. Evaluation of Chicago's *Cure Violence* outreach programme implemented in seven communities found significant reductions in aggravated batteries and assaults and shootings in half of the implementation communities. Evaluation of Baltimore's *Safe Streets* programme in four neighbourhoods found significant reductions in nonfatal shootings in all areas and significant reductions in murder in two implementation areas compared to comparator communities without the intervention.[235] [236]

Intervention to address the harm caused by social media

In Chapter 5 we discussed the emerging evidence on the link between social media and youth violence and gang membership. The evidence base on how to address this effectively is extremely limited. Researchers from University College Birmingham in their *Catch 22* research report on social media and youth violence[94] suggest three approaches:

Prevention: Providing resources and training on social media to parents and front line professionals that will enable them to better engage with young people and understand the risks posed by the largely unregulated social media space

Intervention. Recent research in Chicago has provided some evidence on how effective use of social media proactively by youth outreach workers is pre-empting and preventing serious incidents of face-to-face youth violence. Youth workers use social media platforms to monitor increased tension between high-risk individuals and groups and then intervene proactively to reduce tension.[237]

Suppression. Active monitoring of social media content by law enforcement authorities with a view to requiring social media platforms to take down damaging content.

Reducing school exclusions and minimising impact when they occur

In Chapter 5 we explored the association between school exclusion and violent crime and gang membership in young people and highlighted evidence that being excluded from school can increase other risk factors.

The 2019 Timpson Review commissioned by the Department for Education set out a range of evidence based recommendations to prevent unnecessary exclusion and the harms that can be caused by them. It highlighted four key drivers:

- Differences in leadership at school level which leads to an unacceptable level of variation in exclusion policy and practice
- Variation in systems, capability and capacity between schools to manage poor behaviour
- Perverse incentives at system level that can discourage schools from taking responsibility for the needs of children they wish to exclude
- Lack of safeguards that protect children against informal exclusion and off-rolling together with inadequate safeguarding responses to the wellbeing of children receiving multiple periods of exclusion.

The review makes a number of recommendations to reduce avoidable exclusions and the harm caused by excluding children including:

- Consistent guidelines to address variation in practice between schools
- Strengthened partnership working and data sharing between all schools, local authorities, local health partners to take collective responsibility for collecting and reviewing data on excluded pupil needs and for planning and funding local alternative provision and services that intervene early for children at risk of exclusion
- Additional support to the school workforce to ensure that have the knowledge and skills needed to better manage behaviour and meet wider pupil needs and address risk factors including dedicated senior leads for mental health
- Strengthening Alternative Provision and additional support for at risk children including creation of school 'internal inclusion units; nurture pogrammes; approaches to strengthen the engagement and advocacy skills of parents; creating inclusive environments for BME children who are at higher risk of exclusion including mentoring and role models; proactive use of AP as an early intervention delivered in mainstream schools and through off-site placements including comprehensive holistic six week assessment of the educational, behavioural and social needs of young people who are excludedRi

Enforcement – Stop and Search

Police stop and search practice either to deter or detect remains a controversial and political topic. The statutory power to stop and search is an investigative tool used to allay or confirm a police officer's suspicions, short of arrest. It requires reasonable suspicion on the part of the officer conducting the search that a crime may have been committed. Non-statutory stop and search allows officers to search individuals on a voluntary basis.

One distinction that can be drawn is between reactive and proactive stop and search. Put simply, reactive stop and search responds to suspicious circumstances either reported or witnessed, whilst proactive stop and search actively seeks out potential suspects in situations where an offence is likely to occur. Evidence suggests that these two approaches to stop and search are underpinned by different policing aims. Reactive stop and search aims to detect incriminating evidence, and therefore makes greater use of statutory search powers which require reasonable suspicion. In contrast, proactive stop and search aims to deter people from offending and involves carrying out a large number of searches in order to communicate the likelihood of detection.[238]

Table 8.1 taken from an evaluation of police practice in Scotland describes the two approaches based on force data.[238]

Table 8.1: Reactive and proactive stop and search: Key Indicators

Indicator	Reactive (Detection)	Proactive (Deterrence)
Search rates	Lower search rates, due to greater use of reasonable suspicion.	Higher search rates in order to communicate the likelihood of detection and strength of the deterrent effect
Search power	Greater use of statutory powers and reasonable suspicion, in order to detect	Greater use of non-statutory stop and search. Allows officers to increase search rates without reasonable suspicion.
Reason for search	Higher proportion of drugs searches, due to the prevalence of drugs and reasonably clear grounds for suspicion.	Searches target crimes associated with younger populations. High proportion of offensive weapons and alcohol searches.
Age-profile	Searches follow the standard age-distribution of offending	Searches directed towards young people over and above the standard age-distribution of offending
Detection rate	Higher detection rates, due to use of reasonable suspicion (19%)[1]	Lower detection rates, due to limited use or lack of reasonable suspicion. (9%)[1]

Does stop and search reduce crime and deter people from offending?

Evidence on the efficacy of stop and search in deterring violent crime is equivocal. Proponents draw on existing literature that concludes that 'the perceived likelihood or certainty of being caught must be reasonably strong to deter crime'.[239] [240] It is also worth noting that widespread use of stop and search as a deterrent has featured in successful approaches to reducing knife crime in the UK, for example in Glasgow.[241]

Whilst there is limited robust evidence to suggest a *direct* association between the use of stop and search and offending levels, it should be noted that deterrent effects of individual interventions are notoriously difficult to untangle, as stop and search almost always employed as one in a range of different interventions to deter crime.[238] Some researchers point to 'highly consistent evidence' to suggest that stop and search '*causes reductions in weapons violence and homicide*'[242] whilst others point to the methodological difficulties of the evidence base that typically applies causal reasoning after the event[243] and highlight the dangers of the approach in damaging relationships between communities targeted and the police.[244]

Some recent research from the US has suggested a small but significant effect of stop and search of suspects with the highest probability of criminal behaviour on the prevalence of violent crime, drugs offences and weapons offences, with an approximate two month time lag.[245] [246] An analyses of the impact of stop and search over a ten-year period between 2004 and 2014 in London quantified a small but statistically significant impact of increased stop and search on all susceptible crime and drugs offences (-0.32% and -1.85% respectively) for each 10% increase in stop and search activity), and a weak statistically significant impact on week-on-week but not month-on-month violent crime. However no statistically significant impact was found on robbery, theft, criminal damage or non-domestic violent crime).[247]

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[1] Data taken from study[238] on stop and search across Scottish Police forces in 2010.

Chapter 9: A Gap Analysis of Current Provision in Thurrock against the Published Evidence Base

Key Findings

We conducted a gap analysis to critically analyse our current provision on preventing youth violence against the eight strategic actions identified in the evidence base and discussed the previous chapter. Our findings were as follows.

1. **Promoting family environments that support healthy family development:** Thurrock has a comprehensive and evidence based offer on Promoting Family Environments that support healthy development and Thurrock's offer in this category is almost entirely supported by high quality evidenced based studies. Thurrock provision goes over and above the current evidence base, providing a range of targeted provision for families with significant additional needs particularly around parenting. Provision is delivered in an integrated way through Brighter Futures programme with selective and targeted provision directed at families identified as having additional needs either through Brighter Futures universal work for example, health visitor checks or as a result of direct referral from Children's Social Care. There is evidence of effectiveness of the programme in terms of improved outcomes for families, reduced levels of risk factors and reduced demand on children's social care services.

2. **Providing quality education early in life**: Thurrock has invested heavily into early years education through Brighter Futures funding provided through the Education and Skills and Children's Social Care Divisions of the council and from the Public Health Grant. Current provision is comprehensive and in line of published evidence of best practice both for the universal offer and selective support given to children with additional needs. Our current services are likely to be reducing risk factors and vulnerabilities for future youth violence including aggression, development and education attachment. The programme is delivered in an integrated way through Brighter Futures. Outcomes data show the programme is having a positive effect. Despite having levels of child deprivation and hence need significantly worse than England's, Thurrock's outcomes are statistically significantly better than England's on all major indicators; the only local authority within our CIPFA comparator group to achieve this.

3. **Strengthening youth's communication, empathy, problem solving and emotional intelligence skills:** Thurrock's current provision on skills development does not currently mirror recommendations in evidence base which recommends universal classroom based programmes to help young people to develop skills and additional selective skills development programmes with children who need additional support. The new *Schools' Wellbeing Service* has great potential to fill this gap and help individual schools in the borough develop curriculum activity that supports young people to improve skills in communication, empathy, problem solving, conflict resolution and emotional intelligence but the service is at an early stage. The school nursing element of the Healthy Families service is also well placed to support this programme but is believed that most of its focus is with individual children rather than wider universal programmes. A new OfStEd framework that focusses on a more rounded curriculum should also support both services to develop skills based classroom and selective provision. A more comprehensive universal and targeted skills based offer in schools would improve classroom behaviour, reduce risk factors for violence and could support a reduction in the need for fixed term exclusions, which have been identified as having a strong association with youth violence in Thurrock young people.

   A range of additional skills based development programmes are on offer through INSPIRE Although of high quality, they are generally highly selective for example TCHC only works with NEETS and careers advice is only available to a relatively small number of children that each school who purchases the service selects. As such, their reach into the general population of Thurrock young people is limited and their primary focus is also often based around employment and careers. INSPIRE front line staff report that the effectiveness of their work is often compromised by underlying unmet mental ill-health need in the young people whom they work with. Access to EWMHS for 1:1 therapy is not adequate for underlying need both in terms of waiting times and minimum threshold requirements. Better integration of adolescent mental health provision as part of an integrated youth offer is required to maximise the effectiveness of INSPIRE's offer.

4. **Connecting youth to adults and activity that role model positive behaviour**: The evidence base suggests that universal youth work provision to create meaningful out of school activity, and mentoring programmes for young people show promise in reducing risk factors for serious youth violence and gang membership. Thurrock's current provision is of high quality but inadequate in its scope and coverage. There is no youth provision whatsoever in Grays and limited provision in other parts of the borough operating only one evening a week. New mentoring programmes are available but are highly targeted and will only be accessible by a small proportion of young people who could benefit. The council needs to prioritise new or future investment to expand the provision of universal youth services across the borough, particularly in Grays and to expand the provision of mentoring programmes so that significantly more young people could benefit.

5. Addressing the wider determinants of serious youth violence and gang membership: There are currently some gaps in local provision against this strategic action. Whilst universal provision on improving the built environment is operating effective at a strategic level for major future planning/regeneration programmes such as the Purfleet Regeneration Programme and Grays Town Centre redevelopment, there is less evidence of a strong connection on how local intelligence on serious violent crime feeds into a drives regeneration action. The evidence base highlights the success of action to limit the concentration of retail outlets selling alcohol in geographical areas with a high prevalence of violent crime but there is little evidence that this is happening locally or that crime intelligence is being considered as part of licensing decisions. The council needs to use its intelligence in a more proactive way to inform services that address wider determinants of health.

   Drug and alcohol treatment services for both young people aged under 18 and adults are considered high quality and waiting times for treatment remain short. However the proportion of drug users in treatment has fallen year on year from 2014/15 driven largely by a steady increase in prevalence of crack-cocaine use as discussed in Chapter 5.This is a worrying trend meaning an increase in the numbers of residents in Thurrock with untreated crack-cocaine use. This is turn may reflect an increase in County Lines activity within the borough. The Council's new Addictions Strategy should undertake further analyses to understand issue and action to increase the proportion of users in treatment

   The relationship between social and youth violence is discussed in Chapter 6 but there is little evidence of a comprehensive strategy in Thurrock to addressing harm caused to young people by social media in the context of violence, either at a universal level in terms of education of parents or a more targeted level in terms of monitoring social media platforms to gain intelligence or action to disrupt harmful social media content and targeted outreach interventions based on intelligence gained. A more strategic local approach to addressing the harms caused by social media needs to be developed.

6. Intervene early to reduce harms of exposure to violence and violence risk behaviours: Thurrock has a wide range of selective/targeted provision aimed at addressing violent behaviour in young people and reducing the likelihood of future violence. The Prevention and Support Service (PASS) and youth work service in A&E are in line with published evidence base although the latter is currently only funded as a pilot from the Essex Police, Fire and Crime Commissioner and requires mainstream funding to become sustainable. A range of additional innovative programmes including Holiday Activity Programmes, the Goodman Project and Power undertake targeted work with high risk young people. These programmes need to be evaluated to assess impact and success. Thurrock YOS is evidence based, high quality and achieves good outcomes in general for young people who have committed crime with the majority of young people who access the service prevented from re-offending. However Chapter 2 identified a small cohort of young people who access YOS multiple times for violence against the person offences and robbery. This cohort often also commit drugs offences and current YOS interventions appear unsuccessful at delivering crime desistence for this group. Further work is required to understand the reasons behind this and develop new approaches.

   The current mental health offer provided to Thurrock via the EWMHS service is commissioned separately and is not well integrated with other programmes. Front line professionals highlighted that thresholds to access EWMHS services are set too high and waiting times are too long.   Current EWMHS mental health provision when provided focuses largely on the individual and does not offer the more holistic specialist support recommended in the evidence base such as multi-systemic therapy or family functional therapy that seeks to address wider problems in the family and environment of the young person.   Trauma focused CBT also recommended in the evidence base for victims of serious youth violence is also offered. As such, current provision in this area is too individually focused and fragmented. A new single integrated model for treatment of young people involved violence is required that treats children in young people in the wider context of issues within their family and environment.

   A new single integrated and more holistic offer for treating youth violence is required that works further 'upstream' with youth at high risk of committing violent offences, integrates mental health and the other range of interventions and treats the individual in the context of their environment.

7. Preventing Gang Membership and Crime Caused by Gangs: The published evidence base is weak in this area. The SoS+ programme is funded as a pilot and only operates within the Olive Academy. The Knife Crime Awareness programme operates through YOS and as such is only available to those young people who have been arrested for weapons offences. Current provision is therefore largely re-active when targeted at young people who are members of gangs. A wider *Opportunities Provision* approach is required to increase the likelihood of young people exiting gangs together with increased reach of programmes aimed to dissuading and diverting young people from gang involvement.

8. Enforce the law to disrupt and deter violent offenders and crime connected with gangs: Thurrock is making use of targeted stop and search activity based on intelligence led policing activity. Gang Injunctions are in place and have been shown to be successful. Current enforcement activity is in-line with the published evidence base.

Introduction

This Chapter examines the current provision in Thurrock to prevent and reduce serious youth violence and gang membership. It critiques the likely effectiveness against the evidence base discussed in Chapter 7 and makes recommendations for future provision moving forward. It also describes current governance arrangements relating to the Violence and Vulnerability agenda.

Eight strategic actions to prevent serious youth violence and gang membership.

The evidence base in Chapter 7 can be grouped into eight strategic actions shown to be effective in preventing and reducing serious youth violence and gang membership:

1. Promote family environments that support healthy development
2. Provide quality education early in life
3. Strengthen Youth's communication, empathy, problem solving, conflict resolution and emotional intelligence skills
4. Connect youth to adults and activity that role model positive behaviour
5. Intervene early to reduce harms of exposure to violence and violence risk behaviours
6. Address the wider determinants of violence and gangs
7. Prevent gang membership and crime caused by gangs
8. Enforce the law to disrupt and deter violent offenders and crime connected with gangs.

A summary of the evidence base against these eight strategic actions is shown in figure 9.1, which also highlights whether the evidence based activity is *universal* (aimed at the entire population); *selective* (provided only populations with additional need or increased risk); *targeted* (aimed only at individuals with additional needs or risk); or *specialist* (programmes that seek to address existing violent or other damaging behaviour in young people).

Figure 9.1

	1. Promote family environments that support healthy development	2. Provide quality education early in life	3. Strengthen youth skills in communication, empathy, problem solving, conflict resolution and Emotional Intelligence	4. Connect youth to adults and activity that role model positive behaviour	5. Address the wider determinants of serious youth violence and gang membership	6. Intervene early to reduce harms of exposure to violence and violence risk behaviours	7. Prevent gang membership and crime caused by gangs	8. Enforce the law to disrupt and deter violent offenders and crime connected with gangs
UNIVERSAL		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			
SELECTIVE	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			
TARGETED				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
SPECIALIST					Action to disrupt or take down harmful social media content including that which promotes or glamorises violence, drug dealing or gangs. Drug Addiction/treatment	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.

Figure 9.2 highlights the risk and protective factors that each strategic action aims to reduce or strengthen.

Figure 9.2

	1. Provide quality education early in life	2. Strengthen youth skills in communication, empathy, problem solving, conflict resolution and EI	3. Promote family environments that support healthy development	4. Connect youth to adults and activity that role model positive behaviour	5. Address the wider determinants of serious youth violence and gang membership	6. Intervene early to reduce harms of exposure to violence and violence risk behaviours	7. Prevent gang membership and crime caused by gangs	8. Enforce the law to disrupt and deter violent offenders and crime connected with gangs
RISK FACTORS MITIGATED	• Low school attainment • Troublesome • Positive attitude to delinquency • Conduct disorder • Poor parent/child relationships or communication • Violence • Developing an individual crime proponsity	• Delinquency • Being exposed to delinquent peers • Aggression • Conduct disorder • Violence • Anti-social behaviour • Substance misuse • Truancy • Developing an individual crime propensity	• Conduct disorder • Disrupted family • Poor family supervision • Poor parent/child relationships or communication environment • Family violence • Aggression towards peers • Low school attainment/performance • Substance misuse • Developing an individual crime propensity. • Being exposed to a criminogenic environment	• Substance misuse • Gang membership • Truancy • Positive attitude to delinquency • Having peers with an existing propensity for crime • Being exposed to a criminogenic environment	• Living in a neighbourhood with many youths in trouble • Neighbourhood disorganisation • Violent community norms/culture • Positive attitude to delinquency • Unstructured or unsupervised time spent in locations with low community cohesion or lack of positive social values • Exposure to a criminogenic environment	• Low self-esteem • High psychopathic features • Family violence, abuse and neglect • Poor parent/child relationships or communication • Poor family supervision • Having peers with a propensity for crime • Being exposed to a criminogenic environment • Cannabis use	• Low school attainment • Low educational aspirations • Previously committed violent crime • Access to/use of cannabis • Anti-social behaviour • Living in a neighbourhood with many youths in trouble • Delinquent peers • Having peers with an existing propensity for crime • Exposure to criminogenic environment	• Anti-social behaviour • Violence/exposure to violence • Availability of / use of cannabis • Being exposed to a criminogenic environment
PROTECTIVE FACTORS ENHANCED	• Low levels of impulsivity • High IQ/cognitive functioning • High academic achievement	• Pro-social behaviour • Pro-social bonding • Supportive relationships with parents and other adults • Low levels of impulsivity • Academic achievement • School bonding	• Low levels of emotional distress • Stable family structure • Infrequent parent/child conflict • Supportive relationships with parents/adults • Academic achievement • Pro-social behaviour	• Low levels of impulsivity • High educational aspiration • Commitment to school • Academic achievement • Involvement in community youth groups/ community assets and clubs.	• Neighbourhood interaction • Neighbourhood support • Positive / pro-social attitudes	• Infrequent parent/child conflict • Good family management • Supportive relationships with parents or others • Low levels of emotional distress • High self-esteem	• Perceived neighbourhood safety • Involvement in community youth groups/community assets/clubs	• Perceived neighbourhood safety

Current provision against strategic actions 1-3:

Figure 9.3 gives a summary of current provision for the first three strategic actions:

- Promote family environments that support healthy development
- Provide quality education early in life
- Strengthen youth skills in communication, empathy, problem solving, conflict resolution and emotional intelligence.

Interventions that mirror evidence of best practice set out in the previous chapter are shown in green. Interventions not supported by published evidence base are shown in black. It is important to remember that serious youth violence is an emerging issue and as such, the published evidence base is not that well developed. As such, it should not be inferred that because an approach is not supported by a published paper, it does not have value or is not effective; simply that it is important to ensure that it is well evaluated. A public health approach to tackling serious violence should be about testing new and innovative ways of working and scaling up those that show a positive effect.

Figure 9.3: Current Provision in Thurrock.

	1. Promote family environments that support healthy development	2. Provide quality education early in life	3. Strengthen youth skills in communication, empathy, problem solving, conflict resolution and emotional intelligence
UNIVERSAL	*Family Sessions at Grangewaters* Grangewaters offer family focused activities outdoors that aim to increase positive mental health and wellbeing, increase physical activity, reduce obesity and strengthen family connections. *Reducing parental conflict programme* – universal training for frontline practitioners to identify problematic parental conflict and refer parents for interventions where needed.	*Thurrock Healthy Child Programme* operating through *Brighter Futures* known as the *Healthy Families* service delivers support at five mandated contact points from antenatal to five years, known as health visiting and from 5 – 19 years known as school nursing. Assessment at developmental stages using ASQ – Ages and Stages questionnaire to highlight any needs to ensure children reach an expected level of development and are ready for school at 4 years. Collaborative work with children's centres *Universal Early Education* – ages 3-4 years Early Years Foundation Stage (EYFS) within childcare and nursery providers between 15 and 30 hours per week provided for Ofsted registered settings.	*Schools' Wellbeing Service*- works to provide skill required to manage behaviour within the classroom, an element of this is a drama workshop provided by Innact funded by the CSP *Healthy Families Service* – Offer support to students through school/college at transition points and in particular working to ensure children and ready for adulthood and receive support with exam stress and managing emotions. *INSPIRE service* – provide drop-in sessions for career advice and to enhance young people's understanding of the world of work and assessment/development *Youth Cabinet* – designed to support young people to be involved and have their say on issues and services that affect them. *Duke of Edinburgh Award Scheme* – Support to schools to deliver a programme including learning new skills, volunteering, physical challenge *Drawn Out* – short film/teaching resource on risky behaviours, exploitation and grooming.
SELECTIVE	*The Healthy Families Programme* focuses extra support to teenage parents and families with wider vulnerabilities • Universal Plus (UP) Offer to families requiring additional support *Parenting skill and family relationship programmes* • Triple P (level 3 and 4 and online) • Triple P (level 4 online), new pilot for 1 year across Essex) • Incredible Years (0-3), (3-6), (6-12) • Mellow Mums and Dads	**Support for Children with Additional Developmental Needs** *Incredible Years 0-3, 3-6 and 6-12 years* programmes outcomes include: Enhancing school achievement & employment -improved reading. Preventing crime, violence and antisocial behaviour – improved behaviour on all measures, less defiant behaviour *Early Education* – age 2 years provision of 15 hours childcare for parents in receipt of certain benefits where settings are registered with Ofsted delivering EYFS.	Skills development programmes targeted at populations of children and young people with additional identified needs. • *TCHC (through Inspire)*: a 24 week course of level 1&2 employability and functional skills employability/functional skills • *Prince's Trust (through INSPIRE)*: 12 week programme to build skills and confidence in young people who are NEET • *INSPIRE* careers advice offer to schools • *Employability and Skills Team Offer* to schools.
TARGETED	*Universal Partnership Plus (UPP) Offer* – for families with identified high needs plus additional concerns e.g. safeguarding, DV, alcohol/substance misuse, mental health. *Together with Baby* – Infant MH service offering therapeutic intensive support to families with attachment disorder *STOP Programme*: Step-by-step course for teenagers displaying challenging behaviours and their parents aimed at improving family communication *Strengthening Families, Strengthening Communities (SFSC)* – a 13 week programme available to parents of children 3 - 18 *Reducing Parental Conflict Programme*- sessions with parents.		

1. Promote family environments that support healthy development

Universal Provision

Grangewaters offer a range of family focussed activities outdoors that aim to promote positive mental health and wellbeing, increase physical activity, reduce obesity and strengthen family connections.

A universal training programme is available for all frontline practitioners to help identify problematic parental conflict and refer parents for interventions where needed.

Selective Provision

The council commissions or delivers provision in line with published evidence of best practice.

The Healthy Families Programme is delivered through the Brighter Futures Healthy families Service delivered by North East Foundation Trust (NELFT). It is an early intervention and prevention public health programme for children and families. The Universal plus element of provision identifies vulnerable families, provides, delivers and co-ordinates evidence based packages of additional care, including maternal mental health & wellbeing, parenting issues, families at risk of poor outcomes and children with additional health needs in a targeted way. Additional contact points and support are put in place. Universal Plus includes intensive parenting support and interventions for vulnerable parents that have been shown to improve their outcomes and that of their children.

Parenting Programmes in Thurrock are commissioned by Children's Services and offered on to families identified as needing additional support. A range of accredited and evidence-based parenting programmes are available and in addition a limited number of one-to-one interventions. Current capacity meets demand.

Programmes include:

Incredible Years Programme is delivered in Children's Centres. The model used focuses on strengthening parenting competencies and fostering parent involvement in children's school experiences, to promote children's academic, social and emotional skills and reduce conduct problems. This is available to parents of children and young people between the ages of 0 and 12 with specific programmes aimed at different age groups including a baby and toddler programme, pre-school programme and school age children (aged 6-12). Each programme consists of two-hour weekly group sessions over 12-13 weeks, where parents learn strategies for interacting positively with their child and discouraging unwanted behaviour.

National published evidence for this programme's impact specifies it achieves positive outcomes for families including: enhancing school achievement and enjoyment; improved reading; preventing anti-social behaviour, crime and violence; and improved child behaviour.

Triple P (level 3) – Triple P is an evidence based tool for frontline staff to use in their everyday practice. This is not a commissioned offer however, the provider is expected to have staff trained in this programme. Upon assessment, a decision is made on whether this programme is the most suitable for the family at the time. When used the teenage programme (aimed at parents of children aged 12 – 16) is delivered focussing on addressing behavioural difficulties within this age group and improving family communication problems receives specified intensive sessions to improve their parenting practices.

Outcomes measured using the Outcome star and de-escalation of cases model as above.

Mellow Mums or mellow Dad is a programme designed to support families with children aged 0 to 5 who are experiencing complex relational and attachment issues. It is delivered over 14 weekly 4.5 hour sessions. It works to create and understanding how previous experiences may impact on parenting relationships. The programme consists of using a mixture of reflective and practical techniques to allow parents to address their personal challenges and the challenges they face with their children.

Outcomes measured using the Outcome star and de-escalation of cases model as above. Other outcomes measured include improvement in parental mental health and child behaviour.

An emerging offer of *Triple P (Level 4)* known as the Triple P online parenting programme has been commissioned by Essex CCGs and Essex County Council for a 12 month pilot across Southend, Essex and Thurrock and delivered by Triple P as a digital offer. It is a stand-alone web-based intervention (equivalent to Level 4 Triple P) designed to promote positive parenting practices and teach parents the application of principles to specific situations. There are three elements to this offer;

i) 0 – 12 year - It is a broad-based parenting intervention delivered online for parents of children up to 12 years. It involves eight (1-hour) online modules that parents complete independently.

ii) Teen Triple P – 10 – 16 - It is a broad-based parenting intervention delivered online for parents of teens aged up to 16 years. It comprises six (1-hour) online modules that parents complete independently.

iii) Triple P - Stepping Stones- this is a service is specifically for families with CYP with ASD and on the autistic spectrum. The service also provides mentoring support through e learning.

The *Triple P Online* programme focuses on families with pre-adolescent children, children who present with diagnosed (or undiagnosed) developmental challenges. The stepping stone element works to manage and prevent mild to moderate behavioural challenges for families already within the care of specialists to address developmental needs.

The Step-by-Step course is available for parents with pre-teen or teenagers (10-16 year olds). The course aims to improve family communication through learning how to really listen and de-code what your pre-teen/teenager is really saying or needing. As your pre-teen/teenager is developing and changing, this course aims to increase knowledge on effective behaviour management skills which will increase parental knowledge and confidence.

Targeted Provision

The following programmes are only available to families referred through Children's Services – PASS and Social care. This includes those children that have a plan as a Child In Need (CIN), a Child Protection (CP) plan or in some rare cases at the point of care proceedings. Outcome measures follow requirements of the programme licence:

Universal Partnership Plus (UPP) offer from Healthy Families Service is available where there are identified health needs plus additional concerns, such as safeguarding, domestic abuse, alcohol/substance misuse, mental health problems, or poor physical health. The UPP offer provides ongoing support from health visiting team plus a range of local services within the Brighter Futures offer, working together to deal with more complex issues over a period of time. These include services from the children's centres and other community services including charities

Together with Baby-Infant Mental Health Service commissioned by the CCG pan Essex, provided by EPUT and supported by the Parent Infant Foundation (PIP UK) offering highly therapeutic intensive support to families with attachment disorders to support healthy parent infant attachment. It supports families where parent mental health problems or substance abuse has prevented them from forming a secure parent infant attachment.

Strengthening Families Strengthening Communities (SFSC) is targeted at parents, step-parents, grandparents and other family members (who may be under a Special Guardianship Order) of children and young people aged 3 to 18. The Thurrock SFSC forms part of a government programme of evaluation in 2012 (The Parenting Early Intervention Programme – PEIP) which are evidenced as programmes to deliver successful outcomes. The aims are carefully assessed and aligned to the local needs and correlated to the success of existing and previous parenting programmes in Thurrock. The offer includes an initial visit with parents prior to attending any of the group sessions to assess family needs. About half of sessions are delivered as a group at Children's Centres which is the primary location for service delivery.

The broader outcomes measured follow the fidelity of the programmes which are termed *outcome stars* assessed at the beginning and end of the programme. *Outcome starts* include measures on: physical health; wellbeing; meeting emotional needs; keeping children safe; social networks; education and learning; boundaries and behaviours; family routine; home and money; and progress to work. Evaluation shows a positive shift on *outcome starts* between the beginning and end of the programme. In addition, across all of the programmes there have been 23% of cases that have

de-escalated or closed to social care following intervention during the last 12 months suggesting the programme is effective in reducing demand on children's social care services.

STOP programme – This is a 10 week programme, is aimed at parents of teenagers displaying challenging behaviours. Referral is through open cases within social care or PASS and presenting issues include school attendance, relationships with parents and gang affiliation or vulnerability to this. More referrals are being received where there is gang involvement or vulnerability with incidences of young people aged just 12 reported as 'running' drugs. The STOP Programme also gives information on key parental concerns for this age group such as drugs, drink, sexual health and aggression in young people. This course is mindful of parents/carers needs and emotions as well as the teenagers. This course also offers a session on Exploitation and County Lines/ Gangs delivered by YOS.

Outcomes measured using the Outcome star and de-escalation of cases model as above.

The *Reducing Parental conflict (RPC)* programme is focussed on persistent unresolved conflict which affects the health and wellbeing of the child. Funding has been awarded from DWP to develop a strategic response and facilitate the training of professionals across the Brighter Futures partnership to be able to recognise parental conflict and support families with this. The second component to this is joining up with Essex in a regional agreement to offer 100 places on the RPC programme for parents over next 2 years. This programme is delivered by the Tavistock and Portman NHS trust.

Analysis of current provision and gaps

Thurrock has a comprehensive and evidence based offer on *Promoting Family Environments that support healthy development.* The published evidence base only contains interventions that are *selective* and Thurrock's offer in this category is almost entirely supported by high quality evidenced based studies.

Thurrock provision goes over and above the current evidence base, providing a range of targeted provision for families with significant additional needs particularly around parenting.

Provision is delivered in an integrated way through *Brighter Futures* programme with selective and targeted provision directed at families identified as having additional needs either through Brighter Futures universal work for example, health visitor checks or as a result of direct referral from Children's Social Care. There is evidence of effectiveness of the programme in terms of improved outcomes for families, reduced levels of risk factors and reduced demand on children's social care services. However, we identified a need to strengthen integrated commissioning arrangements, and evidence that

2. Provide quality education early in life

Universal Provision

The Thurrock Healthy Child Programme is delivered through the *Brighter Futures Healthy families Service* and is an early intervention and prevention public health programme for children and families that follows published evidence of best practice. The Healthy Child Programme's universal reach provides an invaluable opportunity to identify and provide evidence-based interventions for families that are in need of additional support and children that are at risk of poor outcomes including those families with varying levels of vulnerability.

The universal offer within the service is offered to all families. There are currently five mandated contact points, with a health visitor led service for the 0-5 pathway and within the school nurse led service for the 5-19 part of the pathway. Delivery takes place in a variety of locations including the home, health clinics, Children's Centres, community venues, schools and colleges. Evidence suggests that universal prevention such as health visiting; school nursing and childcare have a significant impact on reducing demand for early intervention services. They place a crucial role in identifying children and supporting families that are struggling and need early intervention support and they prevent early issues from turning into more serious problems.

Universal Early Education provides free childcare for parents or carers of children aged 3-4 in/from OfSted registered nurseries/childminders. The Early Years Foundation Stage curriculum is delivered.

Selective Provision

Support for Children who with additional developmental needs is available through the *Brighter Futures Healthy Families* service. Health visitors assess expected development through the 2½ year check to highlight children who have areas of development below what is expected. Appropriate additional support and interventions are put in place ahead of the child starting school at four years to improve development.

Early Education and aged 2 scheme offers free childcare for parents of two year olds whose parents or carers are on low income and can include nurseries, childminders and other providers who are OfSted registered and deliver the Early Years Foundation Stage curriculum (EYFS).

Analysis of current provision and gaps

Thurrock has invested heavily into early years education through *Brighter Futures* funding provided through the Education and Skills and Children's Social Care Divisions of the council and from the Public Health Grant. Current provision is comprehensive and in line of published evidence of best practice both for the universal offer and selective support given to children with additional needs. Our current services are likely to be reducing risk factors and vulnerabilities for future youth violence including aggression, development and education attachment. The

programme is delivered in an integrated way through *Brighter Futures*.

Outcomes data show the programme is having a positive effect. Despite having levels of child deprivation and hence need significantly worse than England's, Thurrock is the only local authority in its CIPFA comparator group of local authorities with the most similar demographic populations to have performance scores on all major Early Years' Key Performance Indicators statistically significantly better the England's. (Table 9.1) Furthermore, Thurrock's Early Years' performance ranks within the top five local authorities in every indicator, the top three in four the eight indicators and first in two of the indicators.

Table 9.1

LOCAL AUTHORITY CIPFA COMPARATOR GROUP	Proportion of New Birth Visits completed within 14 days	Proportion of infants receiving 6 to 8 week review	Proportion of children receiving 12 week review	Proportion of children receiving 2-2.5 year review	Proportion of children aged 2-2.5 years receiving ASQ-3 as part of health review	Good level of development achieved at 2- 2.5 years	Good level of development achieved at end of year R	% children achieving expected level in communication and language skills at the end of year R
Thurrock	**90.0%**	**97.4%**	**94.0%**	**87.3%**	**98.8%**	**88.2%**	**73.7%**	**82.6%**
Thurrock RANK	5th out of 16	2nd out of 16	1st out of 16	5th out of 16	5th out of 16	3rd out of 16	1st out of 16	5th out of 16
Bedford	79.7%	76.2%	90.7%	77.5%	100.0%	83.6%	69.1%	81.0%
Bolton	92.2%	94.1%	92.6%	95.5%	96.5%	66.4%	67.3%	76.1%
Calderdale	84.3%	82.2%	90.6%	84.5%	94.8%	No data	70.5%	83.6%
Coventry	89.1%	97.2%	92.5%	86.7%	88.9%	78.4%	69.0%	77.5%
Derby UA	85.7%	98.9%	93.7%	89.8%	93.5%	86.6%	70.7%	79.2%
Medway UA	84.6%	88.0%	87.8%	75.9%	100.0%	No data	73.5%	83.4%
Milton Keynes	86.1%	91.3%	85.0%	79.7%	98.5%	82.2%	73.3%	82.2%
Peterborough	88.7%	82.3%	93.4%	78.1%	No data	71.5%	67.0%	78.2%
Reading	93.3%	89.4%	84.0%	75.3%	92.8%	91.0%	69.2%	79.1%
Rochdale	98.2%	94.8%	83.0%	64.8%	No data	66.4%	66.0%	75.4%
Stockton on Tees	82.6%	88.0%	93.1%	85.7%	86.6%	No data	73.7%	84.4%
Swindon	72.7%	87.2%	21.6%	71.2%	97.4%	88.2%	71.2%	81.8%
Telford and Wreken	89.4%	91.6%	82.5%	72.1%	97.6%	67.1%	71.3%	81.6%
Trafford	96.5%	95.2%	90.7%	92.0%	100.0%	No data	74.7%	85.5%
Warrington	89.1%	95.1%	91.5%	88.6%	99.6%	89.6%	73.6%	81.7%

Statistically significantly better performance than the England mean
Performance statistically similar to the England mean
Performance is statistically signifantly worse than the England mean

3. Strengthen youth skills in communication, empathy, problem solving, conflict resolution and emotional intelligence

Universal Provision

Thurrock School Mental Wellbeing Service – is a new programme of support offered to all schools to help them improve mental resilience and reduce risk factors to mental ill-health amongst their pupils. Dedicated workers aligned to clusters of schools undertake an individual school assessment and develops and delivers a joint action plan. Support can include curriculum development, policy development and direct delivery of programmes within the classroom. An element of this universal offer to schools works to provide skill required to manage their behaviour in class. Innact delivers assembly, video and drama sessions for children in schools. This is aimed at working with pupil at risk of being excluded using drama to communicate how to manage their behaviour and self-awareness.

The Healthy Families Service employ school nursing staff who offer support to students through school/college at transition points and in particular working to ensure children and ready for adulthood and receive support with exam stress and managing emotions

Thurrock Youth Cabinet – is designed to support young people to be fully involved in having their say about the issues that affect young people and the services that are provided for them. The programme provides consultation opportunities for services to gain feedback from young people and for the views of young people to be heard. Elected members are part of the British youth council attending conventions throughout the year in addition to the annual youth sitting. The Youth Cabinet deliver an annual youth conference which all schools in the borough attend offering the opportunity to debate issues that have arisen via the national Make your Mark campaign.

Duke of Edinburgh Award Scheme is a youth award programme supporting schools and colleges to deliver all sections of the Bronze, Silver and Gold awards including learning a new skill, volunteering, physical challenge and an expedition, in addition to operating open centres that encourage those who wish to enrol outside of their school.

INSPIRE Service Careers advice drop in sessions at Inspire Youth Hub are offered on an open access basis and provide sessions to enhance young people's understanding of the world of work focusing on identification of strengths and self-assessment, career learning, psychometric testing; understanding emotional intelligence and skills needed to excel in the modern workplace.

Drawn Out. A short film available to schools that provides a message of hope to those caught up or stuck in negative situations that have the potential to place them in very risky situations to be exploited, groomed etc. it looks at the reality of street life, gang life and associated violence and how easy it is to get drawn in.

Selective Provision

Thurrock Council's *INSPIRE* service run a number of programmes available to some young people in the Borough:

Schools based careers advice offer is available for individual schools to purchase, which provides one to one assessment and individual careers advice to secondary school pupils, usually to year 9 pupils. The offer varies between schools and is dependent on what each school decides to purchase but includes sessions on aspirations, finances, apprentices and routes to university and other higher education. Generally the level of provision purchased means only a few pupils from each school receive the offer. The council's *Employability and Skills Team* link closely with *INSPIRE* to work with schools to arrange work experience for young people and to organise employment skills development programmes like *Thurrock's Next Top Boss.*

TCHC (Level 1 and 2) employability and functional skills programme is commissioned by INSPIRE and run from their Grays hub offering a 24 week course programme in maths, literacy and confidence building linked to careers advice and development of a careers plan. The programme is open to young people who are NEET (not in education, employment or training).

The Prince's Trust programme is also offered through INSPIRE and aims to build confidence in young people who are NEET. Evaluation suggests positive outcomes include increased confidence, improved relationships with parents, improved mental health and a reduction in homelessness risk.

Analysis of Current Provision and Gaps, and Recommendations

The published evidence base recommends universal classroom based programmes to help young people to develop skills and additional selective skills development programmes with children who need additional support. This perhaps the strategic action with the strongest level of published evidence based of effectiveness.

Thurrock's current provision on skills development does not currently mirror recommendations in evidence base. The Schools' Wellbeing Service has great potential to fill this gap and help individual schools in the borough develop curriculum activity that supports young people to improve skills in communication, empathy, problem solving, conflict resolution and emotional intelligence but the service is at an early stage.

The school nursing element of the *Healthy Families* service is also well placed to support this programme but is believed that most of its focus is with individual children rather than wider universal programmes.

A new OfSted framework that focusses on a more rounded curriculum should also support both services to develop skills based classroom and selective provision.

A range of additional skills based development programmes are on offer through INSPIRE including the traded careers advice service to schools and the Duke of Edinburgh, Princes Trust, TCHC and Youth Cabinet. Although of high quality, they are generally highly selective for example TCHC only works with NEETS and careers advice is only available to a relatively small number of children that each school who purchases the service selects. As such, their reach into the general population of Thurrock young people is limited. Their primary focus is also often based around employment and careers.

INSPIRE front line staff report that the effectiveness of their work is often compromised by underlying unmet mental ill-health need in the young people whom they work with. Access to EWMHS for 1:1 therapy is not adequate for underlying need both in terms of waiting times and minimum threshold requirements. Better integration of adolescent mental health provision as part of an integrated youth offer is required to maximise the effectiveness of INSPIRE's offer.

A more comprehensive universal and targeted skills based offer in schools would improve classroom behaviour, reduce risk factors for violence and could support a reduction in the need for fixed term exclusions, which have been identified as having a strong association with youth violence in Thurrock young people.

Summary of Gaps Identified

- A lack of a comprehensive universal and targeted skills based offer in schools that builds youth skills in communication, empathy, problem solving, conflict resolution and emotional intelligence. The new Schools Based Wellbeing Service provides a strong opportunity to be the delivery mechanism to achieve this but needs to concentrate on ensuring curriculum development and targeted programmes based on the evidence base for example:
  - Incredible years Teacher Classroom Management
  - PATHS Elementary Curriculum
  - Positive Action emotional learning programme
  - The Good Behaviour Game (classroom management)

- Thurrock Council Education and Public Health divisions should identify and share models of best practice across all schools using mechanisms like *The Head Teachers' Forum*

- The current EWMHS clinical care pathways and commissioning model are not sufficiently integrated into other skills based assets. Issues of access and treatment thresholds into EWMHS are limiting the efficacy of other programmes due to untreated underlying mental health problems in young people.

Current provision against strategic actions 4-5:

Figure 9.4 gives a summary of current provision against strategic actions four and five:

4. Connect youth to adults and activity that role model positive behaviour
5. Address the wider determinants of serious youth violence

Activity supported by the published evidence base is shown in green.

Figure 9.4

4. Connect youth to adults and activity that role model positive behaviour

The evidence base highlights the importance of universal youth work provision to create meaningful activity for young people out of school hours. Mentoring approaches for young people requiring additional support are also highlighted as showing promise in reducing risk factors for youth violence.

Universal Provision

Youth work provision forms part of the council's INSPIRE service and offers open access youth centres and detached youth workers in parts of the borough, providing informal educational opportunities that:

- Explore issues that affect young people
- Support them to build effective networks within the wider community
- Provide opportunities to develop skills
- Build positive relationships
- Explore issues and concerns

The youth work team consists of 12 posts comprising of qualified youth workers, youth support workers and apprentices. Provision includes *youth groups* operating one night a week in Tilbury and South Ockendon for 9-14 year olds and 14-18 year olds. In addition, *detached youth workers* operate in parts of South Ockendon, Tilbury and Purfleet with the aim of engaging and supporting young people within the community and connecting them to other community assets and groups.

There is currently no universal youth work provision in Grays although there are plans to deliver this when vacant posts

Summary of Gaps Identified

- Lack of provision of universal and targeted youth service provision across the borough, prioritising Grays where there is currently no provision

  o Lack of adequate provision of mentoring programmes for young people so that they are available to significantly greater numbers with a broader focus rather than simply on careers advice.

Selective Provision

CREW project is a referral based project for vulnerable young people to raise confidence and self-awareness, builds resilience and character and supports the development of independence.

Targeted Provision

Mentoring: All youth workers are trained in mentoring skills and a mentoring programme is due to commence imminently. Referrals to the programme will be from the Troubled Families (PASS) programme initially and referral criteria will be reviewed based on demand.

Mentoring is also is commissioned by Thurrock Children's Services and delivered by Open Door, aimed at children and young people aged 8-18 years. Mentoring is delivered by professionally qualified staff. The majority of referrals are from social care and schools with some from PASS. Referral reasons include young people identified at risk of exposure to gang criminality, exploitation or online grooming.

The provider (Open Door) also delivers an intensive mentoring programme funded outside of the scope of this for young people who are frequently missing, many of whom will likely have been drawn into gangs. This adds value as the project is externally funded through and independently sourced grant.

The *Employability and Skills Team* offer mentoring to four schools: Gable Hall, St. Clairs, Harris Academy and Ockendon for year 8 students. Schools typically select their most disengaged students.

Analysis of Current Provision and Gaps, and Recommendations

The evidence base suggests that universal youth work provision to create meaningful out of school activity, and mentoring programmes for young people show promise in reducing risk factors for serious youth violence and gang membership.

Thurrock's current provision is of high quality but inadequate in its scope and coverage. There is no youth provision whatsoever in Grays and limited provision in other parts of the borough operating only one evening a week.

New mentoring programmes are available but are highly targeted and will only be accessible by a small proportion of young people who could benefit.

5. Address the wider determinants of youth violence

The evidence base highlights approaches that maintain and enhance the built environment including increased lighting, improved accessibility to social spaces, increased security and the creation of green space. It also highlights action to upskill professionals and young people on the dangers of social media and proactive monitoring of social media platforms to gain intelligence from/action to take down or disrupt harmful social media content. Programmes to treat drug addiction in young people are also highlighted.

Universal provision

Designing Out Crime Officers (DOCOs) have training and experience of advising on safety and security, are independent in their advice and have further access to more specialist resources where required (ref – NPPF). Essex Police have DOCOs in place and are actively involved in advising Thurrock on planning applications as members of the Health and Planning Advisory Group, a sub-group of the Thurrock Health and Well-being Board.

Building considerations for crime and safety into the Local Plan and regeneration schemes is key. This should use relevant guidance materials and best practice (such as Secured by Design and the National Design Guide).

In Thurrock, the emerging local plan is in development and will seek to embed principles of good place-making that encourage active frontages, natural surveillance and reasons to utilise public spaces. It will also seek to protect and improve community facilities to strengthen support networks within communities, ensure a high quality natural and built environment to give a sense of pride and ownership, and design the public realm to encourage positive social behaviour such as play, relaxation, and leisure.

The Thurrock design guide (a part of local plan policy) is used as a starting point for regeneration schemes.

The Grays Town Centre Framework requires public safety to be addressed in new schemes recognising that perceptions of crime are a key reason why people do not use the town centre. The Community Safety Partnership has been involved in consultations to inform the approach for the town centre and they will be further consulted, as well as SBD (Secure by Design), as schemes develop. In schemes such as the underpass, crime and safety have been written in to the specifications including requirements for lighting, CCTV, views in and out of the spaces, designing out hiding places and shadow areas, and creating informal surveillance.

In the Purfleet Regeneration Centre Programme, part of the pre-development process will be to consult with SBD. This will seek to achieve sustainable reductions in crime through design and other approaches to reduce the demand on Police authorities and help people live in a safer society."

Selective and Targeted Provision

There is no evidence on work in these areas.

Specialist Provision

Drug and Alcohol Treatment Services for young people (aged up to 18) are commissioned from the Public Health Grant and provided by *CGL Wise Up*. The service offers specialist support to children and young people in Thurrock under the age of 18 and their families to help young people cut down or stop using alcohol or drugs, including new psychoactive substances. The offer includes; specialist one-to-one sessions, support for young people affected by the hidden harm of parental substance misuses, access to counselling, advice and information for parents and carers and support to access other health and lifestyle support alcohol and drug preventative messages and brief advice delivered in schools and community settings by the young person's substance misuse service.

Drug and Alcohol Treatment Services for young people aged 18+ are provided by *Inclusion Visions*. The service supports people to facilitate change in their lives through motivation and providing evidence-based interventions. Support may include; one-to-one and/or group work, psychological support, substitute prescribing, community or residential detoxification and/or rehabilitation, needle exchange services and health and lifestyle support.

Analysis of Current Provision and Gaps, and Recommendations

There are currently some gaps in local provision against this strategic action. Whilst universal provision on improving the built environment is operating effective at a strategic level for major future planning/regeneration programmes such as the Purfleet Regeneration Programme and Grays Town Centre redevelopment, there is less evidence of a strong connection on how local intelligence on serious violent crime feeds into a drives regeneration action.

The evidence base highlights the success of action to limit the concentration of retail outlets selling alcohol in geographical areas with a high prevalence of violent crime but there we are unclear as to the extent to which is happening locally or that crime intelligence is being routinely considered as part of licencing decisions.

The role that social media plays in relationship to youth violence is discussed in Chapter 5 but there is little evidence of a comprehensive strategy in Thurrock to addressing harm caused to young people by social media in the context of violence, either at a universal level in terms of education of parents or a more targeted level in terms of monitoring social media platforms to gain intelligence or action to disrupt harmful social media content and targeted outreach interventions based on intelligence gained.

Drug and alcohol treatment services for both young people aged under 18 and adults are considered high quality and waiting times for treatment remain short. However the proportion of drug users in treatment has fallen year on year from 2014/15 driven largely by a steady increase in prevalence of crack-cocaine use. (See Chapter 5). This is a worrying trend meaning an increase in the numbers of residents in Thurrock with untreated crack-cocaine use. This is turn may reflect an increase in County Lines activity within the borough.

> ### Summary of gaps identified
>
> - A need for Thurrock Community Safety Partnership to improve links with the Planning and Regeneration Teams to ensure that live crime data shapes the work programme of regeneration activity. A single mechanism based around Contextual Safeguarding should be developed where data from all agencies is shared which shapes planning and regeneration activity.
>
> - A need to limit the concentration of licenced premises in geographical areas with a high incidence of violent crime
>
> - Further analysis and action to understand and address the falling proportion of crack-cocaine users in treatment. This should be included in the development of a new council Addictions Strategy.

Current provision against strategic actions 6 to 8:

Figure 9.5 gives a summary of current provision against strategic actions six, seven and eight:

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

7. Prevent gang membership and crime caused by gangs

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

Activity supported by the published evidence base is shown in green.

Figure 9.5

Figure 9.5

6. Intervene early to reduce harms of exposure to violence and violence risk behaviours	7. Prevent gang membership and crime caused by gangs	8. Enforce the law to disrupt and deter violent offenders and crime connected with gangs
SELECTIVE	**Gang Awareness** - Delivered by Essex Fire and Rescue. This programme is universal in its offer to all year 9 pupils through their school and involves a one-hour session exploring gangs and consequences of gang involvement. **SoS+ Programme** - offers interactive sessions in schools that aim to prevent disadvantaged YP become involved in gang crime and serious youth violence.	
TARGETED — **Prevention and Support Service (PASS)** –early help services within social care work with based on a strength based approach (Signs of Safety/Signs of Wellbeing) that identifies risk factors whist also highlighting family strengths. • **Youth @ Risk**. A six week school based programme that addresses violence risk behaviours including internet safety, drugs and alcohol, anti-social behaviour. Schools identify and select young people who would benefit most including those already engaging in anti-social behaviour **Youth Work Service in Basildon Hospital A&E.** – Trained youth workers work with young people accessing A&E in crisis including those accessing due to serious youth violence and the range of connected vulnerabilities. **Goodman Project:** Five week mentoring programme for boys/young men identified as in or at risk of entering an abusive relationship **POWER** – an early intervention programme targeted at 8 – 13 years olds struggling to engage at school, attending irregularly or truanting internally and will have had contact with or be known to the police (perhaps as victims).	**Gang Worker within Children's Social Care** – a professional employed within children's social care for a fixed term contract with a remit to include upskilling, supporting and enhancing knowledge around gang membership, grooming for this type of criminality with social workers and other children's professionals. Supports social workers with young people awaiting trial for gang related behaviour that don't meet YOS threshold.	**SURGE activity**: Coordinated police activity targeting knife crime hotspots across the county identified through intelligence led policing and analytics. Includes: • Increasing the number of uniformed officers in each area to undertake stop checks • Stop and Search knife arches placed in visible locations including ones, areas outside colleges and town centres. • Use of CCTV and plain clothes officers to identify and search individuals acting suspiciously. • 'Knife sweeps' in high knife crime areas • Community led policing approaches to increase public knowledge and gather additional intelligence
SPECIALIST — **Emotional Health and Wellbeing Offer (EWMHS service)** – offers Tier 2 and 3 mental health services following screening and assessment with a range of therapeutic interventions • Screening/testing and work on neuro-disability/development undertaken only on presentation of concerns • CPN and speech and language therapist embedded within YOS • Family therapy offered when families are experiencing mental health problems. **Adult (18+) Mental Health offer** • Core IAPT / IAPT analgesic pilot • Trauma focussed treatment **Thurrock Youth Offending Service (YOS)**– a statutory service following court or pre-court proceedings. • **Deal or no deal drug intervention** (also fits within priority 7 preventing gang membership) a 6 weeks programme on consequences of drug dealing • **ASSET plus** - a tool within YOS which works to identify specific factors that drive young people to becoming susceptible to exploitation and gang involvement.	**Youth Offending Service** – a statutory service following court or pre-court proceedings. • **Street Wise**: A 6 week intervention for young people accessing YOS due to serious youth violence, weapons offences and gang membership. The programme aims to increase knowledge of dangerous weapons and the intentions behind possession, identify the social, economic and health implications of possessing weapons for young people accessing YOS. • **Community Resolution Plus** – an informal solution to lower level criminality that prevents a criminal record. Voluntary referred from police to YOS **Gang Injunctions**- nine gang injunctions are in place in Thurrock currently, one of which involves a child and links to the C7 and C17 gangs. The model used in the implementation of injunctions is the prevent, disrupt and enforce model.	**Gang Injunctions** **Crack House Closures** – Closure orders on premises where police have a reasonable belief that the premises is being used for the unlawful consumption, production or supply of Class A drugs and is associated with disorder or serious nuisance **Operation RAPTOR**: intelligence led policing activity that obtains and executes warrants to search addresses linked to drug dealing/taking, and investigate/detect/prosecute offenders involved in violence against the person, child criminal exploitation, modern day slavery and sexual offences.

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

The evidence base references action in the targeted category including A&E based assessment and onward referral of young people linked to youth violence/gang activity, and the Level 5 Triple P parenting programme for parents at high risk of abusive behaviour towards their children.

In the specialist category, the evidence base highlights clinical programmes that help young people who have experienced violence deal with trauma, screening and support for neurodisability/development problems and specialist support for youths who are violent offenders including multi-systemic therapy and family functional therapy.

Selective Provision / Targeted Provision

Holiday Activity Programme is selective and targeted for different participants with the intention of preventing escalation and diverting young people from criminality. This referral based project service forms part of the Thurrock youth offer. Referrals come from the Youth Offending Team (YOT), Prevention and Support Service (PASS), Social Care, and Schools. It offers diversionary activities to those deemed vulnerable or at risk in terms of engaging in violent

behaviours or have been exposed to violence, antisocial behaviours or behavioural difficulties highlighted at school. There are varying referral reasons, not all attendees are there for the same reasons or behaviours. The sessions are delivered in a group every school holiday and give participants the opportunity to engage with a team of professional youth workers who are able to constructively challenge behaviours, emotions and reactions.

Prevention and Support Service (PASS). Thurrock's PASS is a tier two service which supports CYP and families with additional needs that do not meet the criteria for a statutory service. Staff groups include Social Work, Youth Offending, Mental Health, Youth Service, and a wide range of Children Centre staff.

The PASS service initiates work with young people by completing a comprehensive assessment, based on a strength based approach (Signs of Safety/Signs of Wellbeing), this allows for a holistic assessment which will identify any risk factors whilst also highlighting the strengths within a family/child. In relation to children exposed to serious youth violence and vulnerability, a child exploitation risk assessment is completed to ensure appropriate interventions are actioned.

PASS work on an evidence based approach to preventing child criminal and sexual exploitation. The team work collaboratively with a focus on partner agency working with a *Team Around the Family Approach*. This promotes a contextual safeguarding/support to the children and family to ensure support is proportionate, appropriate and relevant, meeting the requirements and needs of the family/child.

Youth @ Risk is a programme run by the PASS Team and youth workers within schools and funded through the community safety partnership. Schools select young people to attend, most often young people showing signs of anti-social behaviour or already engaging in these behaviours. The programme is delivered over a six week period and works to address risky behaviours. The programme also works to support children at risk of CSE and addresses topics such as internet safety and substance misuse. The aim is to prevent young people from engaging in these risky behaviours and leading to involvement in youth violence and criminality.

Youth Work Service in Basildon Hospital A&E. Trained youth workers work with young people accessing A&E in crisis including those accessing due to serious youth violence and the range of connected vulnerabilities. The service is based on the premise that when a young person accesses A&E they are usually in crisis and this provides a unique 'teachable moment' when they are most likely to be receptive to help. The service has been funded as a pilot by the Essex Police, Fire and Crime Commissioner as part of the countywide pilot and is provided by Essex County Council. Youth workers develop a shared action plan with the young people involved. Work can continue over a period of weeks or months and includes onward referral to statutory services and community organisations.

The Goodman Project is a five week male mentoring programme for boys and young men (aged 13 – 18 years) who are at risk of entering into abusive relationships in the future and/or are at current risk within an abusive relationship. It can be delivered on either a group work or 1:1 basis, depending on need. The areas covered include:

- Making relationships work
- Relationships in a digital world
- Confidence
- Manners and respect
- Consequences
- Healthy relationships

The project looks to educate young people about the value of respect and the characteristics of healthy and unhealthy relationships. Equipping them with the necessary skills to develop and maintain healthy relationships, recognise how to break up in an appropriate way when necessary and maintaining appropriate open lines of communication.

POWER is an early intervention project working across Southend, Essex and Thurrock. POWER practitioners offer direct support to children and young people aged 8-13 struggling to engage at school, attending irregularly or

truanting internally and will have had contact with or be known to the police (perhaps as victims). They also work to support children, young people and their parents towards developing ways of coping with challenging situations at home, at school and in their local communities. POWER also seeks to support schools to develop effective methods to enable children and young people to be successful in school.

A referral is needed and can be from the following,

- Police (through a multi-agency panel) panel
- Education services
- Pupil Referral Units (PRUs) Primary
- Secondary and special schools
- Others by consultation

Once a referral is assessed and accepted, an allocated case worker will develop and agree a plan with parent and young person and a minimum of six (6) sessions are required administered.

Specialist Provision
Emotional Health and Wellbeing Offer (EWMHS Service)

The EWMHS service delivered by NELFT is an integrated Tier 2 and 3 mental health service that delivers mental health services for children and young people aged 5-18 years with a mental health need across Essex including Thurrock.

There are two referral pathways – Single Point of Access (triage of need happens here) and A & E Crisis Response - crisis assessment is completed. Referral can be from professionals (medical, educational, community etc), young people, parents/carers, schools. The EWMHS is a selective and specialist service for young people aged 5-18 years.

Mental Health & Emotional Wellbeing practitioners are trained in different interventions across the work streams, children are assigned a practitioner depending on need. A team is based in Thurrock at the Grays hub. Where there is a requirement for group or individual sessions is to be delivered off site, these happen across locations including family/carers homes, school, coffee shop or where most convenient for the young person.

Intervention timelines vary, group interventions lasts between 6 – 8 weeks and individual interventions following the length identified within the care package provided.

Single point of access –. once a referal is made, a triage and assessment process occur.

- Routine Assessment – referral with concerns for emotional and mental wellbeing and need for interventions. Following triage, asesssment is offered within 12 weeks of referal.
- Urgent Assessment – Referals where an underling risk of harm has been, arrangements are made for the referal to be attended to within 10 working days

- Emergency Response – referrals with an imminent threat to life is refered to the crisis team. Assessment happens within 4 hours

As children are waiting for assessment, other services can be offered e.g. Universal or community (vountary sector, parenting support, early help, etc.) The single point of access also provide clinical advice to referrers as needed.

Following triage and identification of need, treatment is offered. There are four core workstreams/pathway to treatment;

- Behaviourial Conduct
- Complex Cases
- Anxiety and Mood
- Neurodevelopmental (children with morbidity)

Once a case is assigned to a workstream, the following is expected:

- Care plan development and identified interventions – these commence within 18 weeks of referral. This is also a national target. If cases get worse there is an avenue to fast track where the need presents.
- Interventions administered (a range of this exists)– This may be brief or long term depending on need
- Outcomes are tracked based on the intervention administered as well as individual achievements
- Link to other services where appropriate.

A EWHMS Community Psychiatric Nurse and speech and language therapist is embededd within the Youth Offending Service (YOS) to work with young offenders with mental health issues and/or neuro-development problems.

EWHMS also offers family therapy where families are experiencing mental health problems, although the evidence based multi-systemic therapy and family functional family is not currently provided.

Adult (18+) mental health offer relating to youth violence

IAPT provides a core offer of provision of therapies to patients with a common mental health problem. This is mandated by NHS England and has a number of targets around waiting times, access and recovery rates. An innovative pilot aiming to provide specialist IAPT treatment to those addicted to legal opioid medications is currently underway. A pharmacist has been recruited to review and treat patients referred through the pathway; IAPT therapists are providing psychological support where needed.

Trauma-focussed treatment is commissioned by NHS Thurrock CCG for victims/survivors aged 18+ who have experienced violence and subsequent trauma at any time in their lives.

Thurrock Youth Offending Service (YOS) is a multi-agency partnership that sits within the Children and Family Services department of Thurrock Council. The partnership comprises of statutory partners; the Local Authority, Essex Police, the National Probation Service, the local CRC providers and Health, each of whom (apart from the CRC) have a duty placed upon them by the Crime and Disorder Act 1998 to secure youth justice services appropriate for their area. The partnership maintains strong links with education at a strategic level through senior level engagement. Most services and interventions are delivered by the youth workers and officers with the YOS 'in house', substance misuse and mental health support is provided by specialist services.

To be eligible for the YOS a young person has been arrested and sentenced by the courts, programmes are also available via an 'out of court disposal' route. This is an arrangement between YOS and police where minor offences are committed and liaison happens to determine consequences – this enables young people become diverted from the court system. An example of where this route may be used in the instance of preventing gang membership could be where the circumstances of the arrest are in relation to young people arrested at a 'trap house' for drug dealing where it becomes evident they are being exploited by gangs. This most often occurs in a 'County Lines' scenario where young people are exploited by gangs to transport or deal drugs between counties out of bigger towns and cities to more rural locations.

Most of the interventions are delivered in house at the YOS based in Corringham. Where a need for drug and alcohol or other specialist services are identified, appropriate referrals are made. The length of the programme is determined by the nature of the court order and length of sentence and can range from 1 month to approximately 3 years.

The overarching outcome within the YOS is to prevent re-offending, the service have core KPIs to measure success;

- Reduce first time entrance to youth justice system
- Prevent reoffending
- Reduce use of custody

The YOS uses a management tool recommended by the Youth Justice Board called Asset Plus intervention. Asset Plus has been designed to provide a holistic end-to-end assessment and intervention plan, allowing one record to follow a young person throughout their time in youth justice system. The tools within the assessment framework look to identify specific factors that drive young people to becoming susceptible to exploitation and gang involvement. In this way the tool acts a targeted prevention intervention in itself. The tool is not exclusively to prevent gang membership and criminality but this is a component. It can be used for all youth offenders to manage their time with the YOS. Subsequently a multi-agency approach is used to address these factors. The YOS works towards a trauma informed model with all YOS staff being trauma trained.

- Thurrock Asset Plus contains a range of elements:
- Offending behaviour
- Drug and alcohol use
- Sexual health
- Career guidance, education and employment

- Gang and knife crime
- Family restoration

Deal or no deal drug intervention is a six week programme delivered by YOS that explores the young offender's attitudes towards drug dealing, the consequences of dealing and how the skills required to deal drugs could be effectively and positively channelled to better use. The young people accessing this intervention have usually been arrested for 'possession with intent to supply' and are often victims of being groomed for criminality by gangs. The sessions are delivered on a one-to-one basis; group work is identified to be very challenging for young people at risk of or being groomed for gang membership as tensions exist between groups and so this is generally avoided to safeguard young people and the facilitators. The intervention aims to prevent young people from becoming further involved with drug dealing, gang membership and criminality.

Analysis of Current Provision and Gaps, and Recommendations

Thurrock has a wide range of selective/targeted provision aimed at addressing violent behaviour in young people and reducing the likelihood of future violence. The Prevention and Support Service (PASS) and youth work service in A&E are in line with published evidence base although the latter is currently only funded as a pilot from the Essex Police, Fire and Crime Commissioner and requires mainstream funding to become sustainable.

A range of additional innovative programmes including Holiday Activity Programmes, the Goodman Project and Power undertake targeted work with high risk young people. These programmes need to be evaluated to assess impact and success.

Thurrock YOS is evidence based, high quality and achieves good outcomes in general for young people who have committed crime with the majority of young people who access the service prevented from re-offending. However Chapter 2 identified a small cohort of young people who access YOS multiple times for violence against the person offences and robbery. This cohort often also commit drugs offences and current YOS interventions appear unsuccessful at delivering crime desistence for this group. Further work is required to understand the reasons behind this and develop new approaches.

The current mental health offer provided to Thurrock via the EWMHS service is commissioned separately and is not well integrated with other programmes. In the development of this report, many front line professionals highlighted that thresholds to access EWMHS services are set too high and waiting times are too long. Current EWMHS mental health provision when provided focuses largely on the individual and does not offer the more holistic specialist support recommended in the evidence base such as multi-systemic therapy or family functional therapy that seeks to address wider problems in the family and environment of the young person. Trauma focused CBT also recommended in the evidence base for victims of serious youth violence is also offered.

As such, current provision in this area is too individually focused and fragmented. A new single integrated model for treatment of young people involved violence is required that treats children in young people in the wider context of issues within their family and environment.

Many professionals consulted in the course of developing this report believe the current offer in this area is too far down stream with thresholds set too high and largely only a 'statutory' response available once young people have committed serious offences. A new strengths based integrated offer to work with young people at risk of serious violence before they offend is required.

Summary of gaps identified
- Mainstream funding to allow the Youth Work Service in A&E to continue

- Trauma based CBT to support young people who have experienced serious violence

- A single integrated and more holistic model for treating youth violence that:

  o Brings together the current range of distinct interventions
  o Has a threshold of access below that required by YOS, i.e. before young people have committed serious violent offences.
  o Integrates EWMHS
  o Provides a more holistic and less individually focussed approach adopting evidence based interventions such as Multi-Systemic Therapy and Family Focussed Therapy

- Further analyses and work to develop interventions to address offending behaviour in cohort of young people who repeatedly commit violence against the person/drugs offences

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7. Prevent gang membership and crime caused by gangs

The published evidence base on this strategic action is relatively weak, with few robust studies showing positive evaluation of interventions that reduce risk of gang membership. *Opportunities Provision* where education, job training and other programmes designed to increase economic opportunity as seen as the most promising approaches. The *Pulling Levers* approach discussed in Chapter 7 where a whole system multi-agency approach is used to disrupt gangs has the best evidence base on curtailing harm caused by gang activity, with gang injunctions being one evidence based example of this approach.

Gang Awareness - Delivered by Essex Fire and Rescue. This programme is universal in its offer to all year 9 pupils through their school and involves a one-hour session exploring gangs and consequences of gang involvement. It has also been offered to South Essex College for older pupils.

SoS+ Programme is an intervention that has been delivered by the St. Giles' Trust as a pilot using funding from the Violence and Vulnerability Programme established by the Police, Fire and Crime Commissioner (PFCC) and partners across Essex. The programme funds projects to reduce the risk of young and vulnerable people being groomed into a life of crime and help those affected by gangs to take the steps to leave. Funding is not yet secured for this to continue.

This programme includes one-to-one mentoring sessions alongside group sessions looking at the psychological impact of prison; it has been delivered to 20 young people at the Olive Academy, Pupil Referral Unit (PRU). Interactive sessions are offered in the school with practical tools for the young people attending to benefit from. The programme also includes an element of intervention with parents and significant adults for the young person to equip them with skills to initiate difficult conversations. It is a selective prevention programme delivered to those within the PRU only at this stage although it is intended to be a targeted programme if it were to continue with individuals identified as being at risk through social care involvement, disclosure from the young person and intelligence gathered from the professional involved in their care and education, they may be children with a Child Protection Plan or a Child in Need Plan.

Targeted Provision

Gang Worker within Children's Social Care is a professional employed within Children's Social Care for a fixed term 12 month contract with a remit to include upskilling, supporting and enhancing knowledge around gang membership, grooming for this type of criminality with social workers and other children's professionals. This role is not a front line professional with children and young people but supports those who do have this role. Children who may have been arrested can wait up to a year for the case to reach court dependent upon the complexity. In nearly all cases these children would be subject to statutory intervention from children's social care and would not be eligible for youth offending services until a court orders this. The Gang Lead can support social care with interventions and approaches to support young people with the aim of preventing further criminality and gang involvement.

Youth Offending Service (see also previous section)
Streetwise Knife Crime Awareness interventions is a 6 week in-house programme that case workers within YOS complete directly with young people on a 1-2-1 basis. It is works with young people who have been involved with weapons in any way and this includes through gang membership and for young people identified as being

groomed by gangs for criminal exploitation. They will be young people in the criminal justice system with the aim to prevent further gang activity and criminality, to disrupt gang activity and divert the young person away from the gang. The sessions aim to create awareness of dangerous weapons and the intentions behind possession, identify the social, economic and health implications of possessing weapons, develop skills in conflict resolution, self-control and positive decision making and identify strategies and ways to highlight and reduce weapon crime. Each weekly session has specified aims and outcomes expected to be met or delivered on.

Analysis of Current Provision and Gaps, and Recommendations

The published evidence base is weak in this area. The SoS+ programme is funded as a pilot and only operates within the Olive Academy. The Knife Crime Awareness programme operates through YOS and as such is only available to those young people who have been arrested for weapons offences. Current provision is therefore largely re-active when targeted at young people who are members of gangs.

Summary of gaps identified
- Wider provision of programmes aimed at dissuading young people form gang membership

- A more proactive *Opportunities Provision* approach to assist young people exit gangs

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

Targeted Provision

Increased Police Activity in SURGE areas: Essex Police have a programme of targeted stop and search, and enforcement in identified 'hotspot' locations led by a dedicated Chief Inspector. A dedicated team of intelligence officers and analysts identify geographical areas of high knife crime and individuals of interest who are known knife carriers/offenders. Funding has been made available to increase the number of officers to undertake targeted enforcement work including stop and search checks. Knife arches have been located at visible locations in including train stations, areas outside colleges and in town centres where there is an existing high prevalence of knife crime. CCTV is also used in SURGE operations and alongside plain clothed officers, is used to identify people who appear to avoid the highly visible police presence or knife arch. These individuals are spoken to, and if suspicion is raised, may be subject to a search.

The SURGE teams also undertake 'knife sweeps' to locate 'stash weapons and drugs' placed regularly in certain locations, often frequently used public spaces such as in bushes in parks and near to leisure centres. Officers also engage with members of the public, discussing the issue of knives and serious violent crime and visit locations where children and young people congregate including fast food

restaurants and cinemas in order to education them about knife crime, child criminal exploitation and serious violence, gaining further intelligence in through these discussions.

Specialist Provision

Operation RAPTOR: Dedicated police offers in 'Operation Raptor' teams use a number of methods to combat serious violence. Led by intelligence they will patrol areas in plain clothes which have a high incidence of violence, drug dealing and where intelligence tells them high harm is likely or anticipated. During the patrols they will use Stop and Search powers against known drug suppliers and those suspected to be engaging in drug supply. They will also stop and speak to children and young people whom they believe may be being coerced or exploited by Gangs and County Lines.

Raptor teams organise intelligence led operations in which they obtain and execute warrants to search premises in hotspot areas, or where intelligence suggests drug dealing is taking place. Searches of these premises and any persons on the premises believed to be involved in the supply of drugs (or possibly possession) are undertaken. The team also investigate the offences of *Possession with intent to Supply, Human Trafficking and Modern day Slavery,* and *Child Criminal Exploitation*. They might also encounter *Violence against the Person* offences and sometimes sexual offences have been perpetrated against some of the people involved.

Some of this work will involve repatriating High Risk Missing Persons (generally children and young people) to their host local authority and ensuring safeguarding arrangements are in place. The team also attempts to safeguard individuals whose properties have been 'cuckoo'ed', working with them over the medium term to attempt to ensure this does not occur again and offering support.

'Crack House Closures'. Essex Police look to impose closure orders on any premises where there is a reasonable belief that the premises is involved in the production or supply of Class A drugs
'Crack House Closures') and is associated with disorder or serious nuisance. The closure order can be extended to a maximum of six months.

Analysis of Current Provision and Gaps, and Recommendations

Thurrock is making use of targeted stop and search activity based on intelligence led policing activity. Gang Injunctions are in place and have been shown to be successful. Current enforcement activity is in-line with the published evidence base.

# Chapter 10 Conclusions, Recommendations and Future Action

Introduction

In this chapter we bring together all of the analyses of the previous nine chapters and propose recommendations to address the issue of serious youth violence and vulnerability in Thurrock.

In Chapter 1 we introduced the concept of the *Public Health Approach* to serious youth violence and vulnerability and the idea that it can be conceptualised as a communicable disease that if not addressed 'infects' and spreads outwards within defined communities, but which also can be diagnosed through screening, studied using epidemiological surveillance techniques, treated through early intervention and recovery and against which communities can be 'immunised' by reducing their risk factors and strengthening protective factors.

We return to this conceptualisation in this final chapter. Recommendations using a *public health approach* to address the issue of serious youth violence and vulnerability can be segmented into four categories shown in figure 10.1:

1. Surveillance: Action to understand and monitor the problem at a population level including the effectiveness of a whole system approach.

2. Primary Prevention: Action to 'inoculate' the wider communication against the risk of becoming either a victim or perpetrator of serious violence.

3. Secondary Prevention: Intervention with those with existing risk factors to mitigate risk

4. Tertiary Prevention: 'Treatment' of perpetrators and victims of violence to reduce further harm.

Figure 10.1
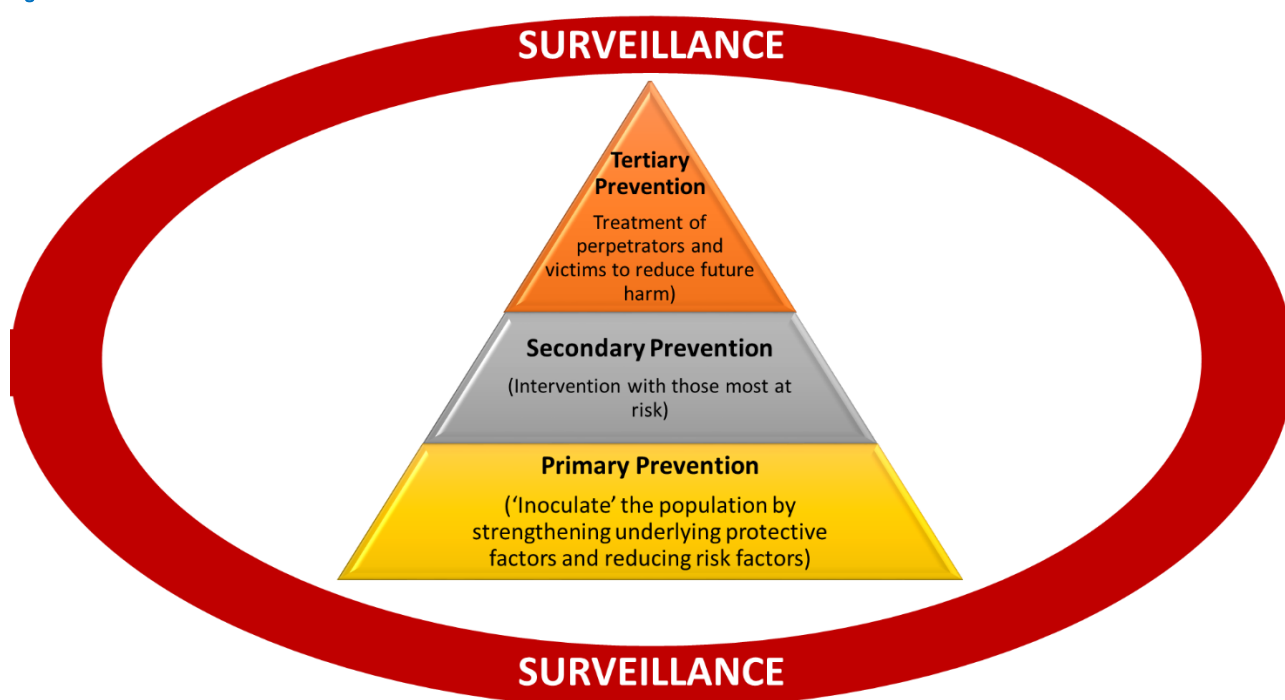
1. Surveillance

When police, ambulance and youth offending service datasets are analysed, serious youth violence and gang membership have risen significantly in Thurrock since 2013 although the limitations of each dataset on estimating the true extent of youth violence and gang membership mean that the estimated numbers vary.

Violence, injury caused by violence and gang membership is not distributed evenly across either the borough or more widely across the county and remains concentrated within specific wards. Thurrock has the second highest rate of recorded violence with injury offences in Essex with the majority of suspected perpetrators also living in the borough.

Indices of ward deprivation are a very poor predictor of violence both at Thurrock and Essex level and it is too simplistic to say that poverty is the underlying cause of violence. Whilst the majority of offenders are likely to come from deprived backgrounds, the vast majority of deprived populations never commit violent offences.

Conversely, the historical prevalence of violence at ward level is a very strong predictor of the likelihood of future violence. Violence begets violence and geographical patterns of violence and gang membership can be shown to repeat and spread outwards between years as increasing numbers of young people within a locality become 'infected'. Combining police data on reported violent crime against young people where the perpetrator was also under 25 with ambulance call outs for violent incidents where the victim was aged 10-24 for the last five years, we can see a wide variation in youth related violence between wards in the borough. This analyses should be used to prioritise targeted prevention activity (see section 3).
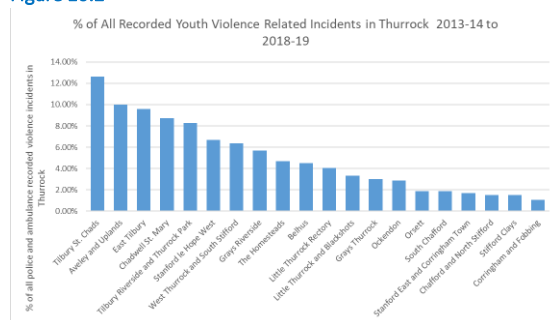
Datasets relating to youth violence and vulnerability are dispersed between a number of different agencies including Essex Police, Essex Ambulance Service, NHS Providers and Thurrock Council. A children's linked data set operating through the Xantura system integrates a range of different individual council service data but is currently used largely as an operational tool to provide a 'single view' of data to front line children's social care professionals. It does not however include police or ambulance datasets and only has limited health data within it. We have demonstrated through work undertaken in producing this report that the power this system has the ability to also be harnessed to provide predictive risk modelling capabilities that could allow us to identify the most at risk children and families and intervene earlier with tailored prevention packages.

As such it remains an untapped asset that could be use to join up a wider range of relevant crime and health datasets with those held by the council, to offer more proactive and holistic response, particularly to young people at risk of becoming victims or perpetrators of violent crime and/or of gang involvement.

Figure 10.2

% of All Recorded Youth Violence Related Incidents in Thurrock 2013-14 to 2018-19

Recommendations: Surveillance

Rec #	Issue to be addressed	Recommendation
1.1	Inadequate commissioning of strategic surveillance capability	Thurrock Council Transformation Corporate Programme should work with all key stakeholders to commission Xantura to deliver a single programme of strategic analyses that answers key corporate questions/responds to corporate strategic needs, rather than the current 'piecemeal' approach of commissioning of different pieces of individual analyses by different council services.
1.2	Inadequate linking of datasets and intelligence between crime, health and local authority	Thurrock Council Public Health and Transformation Corporate Programme Team should work with Xantura, Essex Police, Essex Ambulance Service and MSE Hospital to facilitate a regular flow of Police, Ambulance and A&E data into the Xantura system
1.3	Need to develop analyses in this report into a predictive risk model	Thurrock Council's Public Health Team should work with Xantura to develop the analyses on initial risk factors contained within this report into a predictive risk model for youth violence and (if possible) gang involvement
1.4	Need to use predictive analytics to deliver more proactive, tailored multi-agency preventative response	Following development of a predictive risk model, Xantura should work with other relevant council services to provide relevant risk profiling information to allow tailored preventative packages and more effective multi-agency response to young people at risk of becoming victims or perpetrators of violent crime and/or of gang membership
1.5	Need for effective multi-agency strategic oversight of trends in youth violence and vulnerability and effectiveness of response	Thurrock Council's Violence and Vulnerability Board should receive and review quarterly monitoring information from Xantura on trends in youth violence and gang involvement and impact of future prevention activity in order to receive assurance on effectiveness of prevention, and to inform future strategic action on prevention of serious youth violence and gang related activity. Public Health should work with other key stakeholders to design and agree a *surveillance monitoring dashboard*.
1.6	Current prevention activity inadequately targeted at geographies of greatest need	Analyses contained within this report on variation of youth violence at ward level should be used to target and prioritise prevention activity (where appropriate) at ward and school level (see next sections) including any immediate investment

2. Primary Prevention ('inoculate the population against violence')

Analyses in this report demonstrates a comprehensive, integrated and high performing *Early Years* and *Family/Parenting Support* offer through our Brighter Futures Programme that is both evidence based and delivering some of the best outcomes for children and families in the country. This is perhaps one of the most important programmes of preventative activity that the local authority and health partners can undertake to deliver long-term protection against violence and vulnerability and it should be celebrated and continued to be resourced. Over time, as the cohort of children and families accessing this offer age, protective factors will be strengthened and risk factors reduced in a large cohort of Thurrock young people.

Although the over-all programme outcomes are positive, there is a complex range of parenting programmes available and in general there is scope to strengthen and integrate commissioning arrangements of *Brighter Futures* and evaluation of individual elements. The AD Public Health is leading a process with all stakeholders to develop a single Children's Services Strategy to drive the next phase of transformation. A stakeholder workshop has already been undertaken and a shared vision developed. This work needs to explicit reference and reflect the findings and recommendations within this report. We also identified evidence that a strategic commissioning approach to Brighter Futures parenting programmes is not replicated across all tiers of need resulting in lower tier provision being used to meet higher need along with a lack of provision to meet specialist needs. The planned recommissioning of parenting provision should be expanded to provide a strategic multi agency review of the parenting support required and the resource available across all tiers. This should be used to ensure that an evidenced based offer is available across the spectrum of need. This will bring together the existing range of provision and support targeted planning, building on existing good practice

There is a strong evidence base that skills based training that addresses cognitive and behavioural risks including aggression, conduct disorder and lack of empathy prevents future youth violence. Our analyses also highlighted these risks as one of the five key risk factors within Thurrock young people driving violent behaviour. Whilst the skills based offer provided by INSPIRE is of high quality, once again its reach is limited to a small number of Thurrock young people and its traded school offer is generally limited to careers advice rather than wider skills based training.

There is a need to develop a more comprehensive classroom based skills offer on improving behaviour, reducing aggression and strengthening emotional intelligence in our young people. A new more holistic OfSted framework should support this and there is probably best practice within some schools within the borough that could be shared more widely. The new Schools Based Wellbeing Service are ideally placed to build this capacity within the Thurrock school curriculum and should ensure that what is developed is based on programmes that have already been shown to be the most effective.

For teenagers in Thurrock, the INSPIRE service offer is undoubtedly of high quality but has insufficient reach and scope. Whilst there is a growing evidence base on the positive impact that both generic and targeted youth service out of school provision can have on diverting young people away from violence, provision is currently limited to Tilbury, Ockendon and Purfleet and is inadequate in terms of its reach. After school meaningful youth activity directly positively impacts one of the four causal risk factors suggested in this report that explain *the crime paradox; being exposed to a criminogenic environment through unstructured time spent unsupervised in neighbourhoods with poor community cohesion.* However some wards with higher prevalence of youth violence such as Aveley and Uplands, Stanford-le-hope West, West Thurrock and South Stifford, and Grays Riverside have limited or no youth clubs or detached youth work

Recommendations: Primary Prevention

REC #	Issue to be addressed	Recommendation
2.1	Continued success of Early Years offer, with selective provision better targeted and tailored to populations with greater need	Thurrock Council should continue to commission the current model of Early Years and Family/Parenting Support through Brighter Futures. The new Brighter Futures strategy being developed by Public Health should explicitly reference youth violence and vulnerability prevention and the role that the suite of services play in universal and selective prevention.
2.2		The Xantura predictive model (when developed) should be used to better target tailored prevention packages (particularly selective prevention) available through Brighter Futures at children and families most at risk

REC #	Issue to be addressed	Recommendation
2.3	Continued success of Early Years offer, with selective provision better targeted and tailored to populations with greater need	Brighter Futures commissioners should strengthen commissioning arrangements into a single integrated function that includes a review of parenting programmes and robust evaluation of the impact of individual interventions
2.4	Inadequate comprehensive schools based skills offer despite strong evidence base.	The School Based Wellbeing Service in conjunction with the *Brighter Futures Healthy Schools Service* and Thurrock schools/academy groups should seek to develop a comprehensive curriculum skills based offer focusing on improving communication, improving classroom behaviour, problem solving, strengthening emotional intelligence, reducing aggression and strengthening impulse control in conjunction with Thurrock schools based on evidence based programmes such as: - *Incredible Years Teacher Classroom Management* - *PATHS Elementary Curriculum* - *Positive Action Emotional Learning Programme* - *The Good Behaviour Game*
2.5		Thurrock Council Education Division in conjunction with Thurrock Schools/Academy Groups should seek to share best practice on skills based learning between all schools through existing mechanisms such as the Head Teachers' Forums.
2.6	Inadequate reach of generic youth services to provide meaningful after-school activity for young people, despite emerging evidence base and link to locally determined risk factor	Thurrock Council should prioritise future new investment in expanding the reach of the generic youth service offer, prioritising areas where there is currently no or inadequate levels of provision and higher prevalence of youth violence for example: Aveley and Uplands, Grays, Chafford
2.7	INSPIRE skills based offer, although of high quality, is to funded at a supply level to meet need/demand and could be broadened from careers focus	Thurrock Council and Thurrock Schools/Academy Trusts should prioritise future new investment in expanding the reach and breadth of INSPIRE generic skills based offer to allow a greater number of young people to benefit. INSPIRE should consider broadening the scope of the traded offer to schools from careers advice to include skills development on improving communication, problem solving, strengthening emotional intelligence, conflict resolution and impulse control.
2.8	Efficacy of INSPIRE skills based offer is compromised through young people being unable to access timely 1:1 talking therapy to address mental health problems	NHS Thurrock CCG/MSE CCGs Joint Committee in partnership with Thurrock Children's Services Commissioners and Public Health should seek to re-design and recommission the EWMHS care pathways to better integrate 1:1 talking therapies into other community assets providing Primary Prevention activity, for example INSPIRE

Secondary Prevention (Intervene earlier with those most at risk)

It is perhaps in the area of earlier intervention with those who have significant numbers of vulnerabilities that in-turn lead to serious youth violence and/or gang membership where there is most scope for an improved local strategic response.

In short, and in line with many other areas of the UK as highlighted in earlier chapters of this report, in Thurrock current thresholds for intervention with those at serious risk of becoming perpetrators (and perhaps to a lesser extent) victims of violent crime are set too high. Our focus is too heavily skewed downstream to tertiary prevention with inadequate secondary prevention activity. There is insufficient secondary prevention activity and we wait until young people get arrested for a violent offence before intervening. This is a huge missed opportunity.

In line with many other areas of the country, when we do intervene, there is too great a disconnect between different agencies; a weighting towards criminal justice and a

complex array of discrete interventions but a lack of a single holistic assessment and tailored, coordinated multi-agency response. Furthermore provision currently consists of a series of interventions which, whilst may be of merit, are insufficiently coordinated, have multiple referral pathways for access, may be delivered in parallel and are often focused on individual cognitive or behavioural factors. Neighbourhood disorganisation, and particularly living in a neighbourhood with access to drugs/drug dealing was highlighted in both the published evidence base and in analyses undertaken through the Xantura dataset as a key driver of youth violence in Thurrock. Conversely, our current response perhaps focuses too much on individual risk factor and behaviour without adequately considering the context in which the young person lives.

In line with findings by Ofsted, there is a need to strengthen the operational coordination of information and alignment of systems to monitor the needs and impact of work with vulnerable adolescents and children including alignment of wider support such as employment, training, education, homelessness advice, drug and alcohol addiction and mental health treatment services. Young people at high risk of or beginning their journey of violent offending are likely to have experienced a range of adverse childhood experiences and will likely have a number of vulnerabilities that need addressing in parallel.

That is not to say that nothing is being done in Thurrock or that what is currently being delivered lacks value. Children's Services have commissioned a consultant in contextual safeguarding to review existing provision and make recommendations and we have worked closely with her in producing this report. There are also some models of good practice such as basing a gangs lead within social care, that go some way to joining up provision, however more needs to be done particularly in 'joining the dots' to create a coordinated and holistic response.

There is a need to share intelligence from multiple agencies on young people that they have individual concerns about, regularly in multi-disciplinary panels to build up a comprehensive picture of need/risk. Where risk was assessed to meet statutory thresholds for intervention, a referral could be made to Children's Social Care. Where a young person was identified as having a series of significant risk factors that were under the threshold for statutory intervention but where a coordinated response from multiple agencies could assist in reducing risk, referral to a new integrated support team would be made.

A Multi-Agency Child Exploitation Panel currently exists in Thurrock and this could be expanded in scope and potentially number to be locality based and focussed on evidenced and data based information sharing that will support all agencies to understand in-depth risk and community based threats. In time, these multi-agency panels could in time be supported by Xantura predictive risk analyses modelling work referenced in recommendations 1.3 and 1.4.

Locality based shared intelligence on 'place based' environmental risks e.g. drug dealing, bullying, anti-social behaviour could also be used to direct rapid operational interventions from a range of stakeholders to reduce place based environmental risks, e.g. police enforcement activity, action within schools or estates management. In addition it could be used more strategically to inform commissioning of future services, community development/asset building work or the work of planning and regeneration and environment functions to improve the built environment.

We recommend the creation of a new integrated support team to receive referrals of each multi-agency panel of young people with risk below the statutory threshold for intervention but where proactive multi-agency support would assist in reducing vulnerabilities and risk. They would act upon shared intelligence from each multiagency panel and seek to engage directly and proactively with vulnerable young people and their families to divert them away from exploitation and youth violence. This service should work on the 'strengths/asset' based approach successfully employed by Thurrock Adult Social Care through the *Better Care Together Thurrock* transformation programme; a Local Area Coordination/Community Led Solutions approach to vulnerable young people / families. The team would also be responsible for care coordination of a tailored package of support where required to enhance the strengths based approach and to connect young people with more meaningful community activity.

Key to this multi-agency model of working is the responsiveness to education issues, ensuring that there are appropriate activities to provide alternatives for young people who are not able to attend or are excluded from school. Mental health support could be available through either a funded dedicated specialist post within the team and/or through a more integrated care pathway with EWMHS.

Figure 10.3 shows a high level graphical representation of what an improved service offer may look like:

Figure 10.3
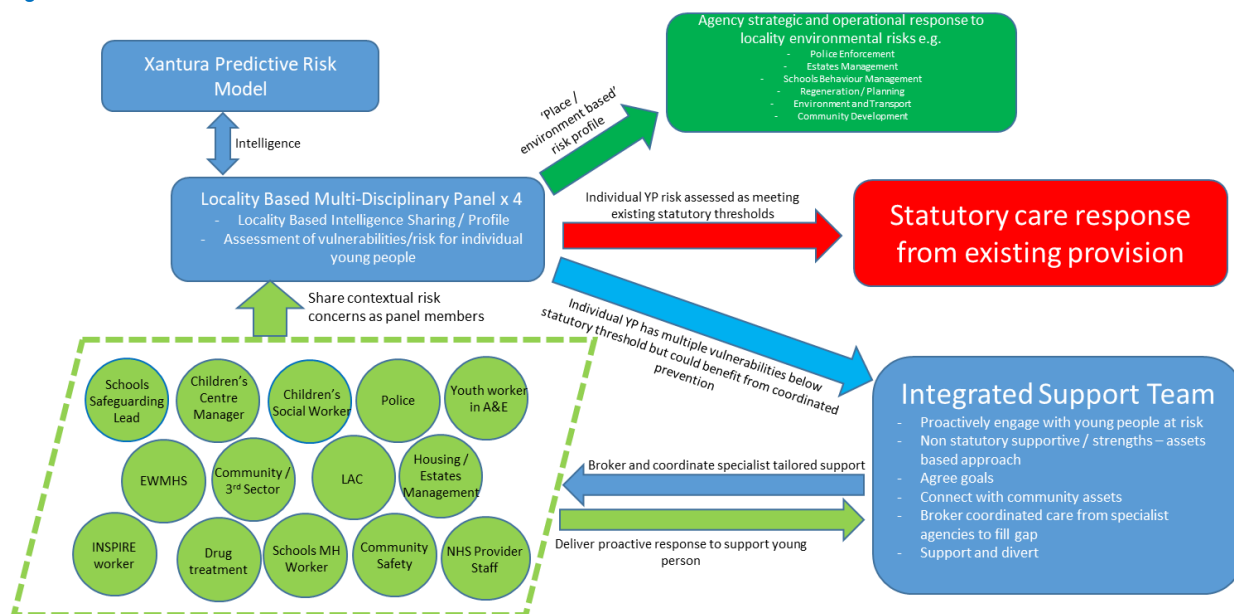
Other Secondary Prevention Conclusions

In line with recommendations made in the report of the Contextual Safeguarding Consultant, there is a need to implement a programme of training for front line health and care staff in the emerging issue of contextual safeguarding, child criminal exploitation and county lines.

There is also a need to address variation in school exclusions across the borough. Whilst Thurrock has one of the lowest rates of secondary school fixed-term exclusions in England and a permanent exclusion rate in line with the national mean, the borough's primary schools have a fixed-term and permanent exclusion rates are in the second worst and worst quintiles of national performance respectively. Moreover, there is a four and six fold variation in primary school fixed and permanent exclusion rates and a 14 and seven fold variation in secondary fixed term and permanent exclusion rates at school level respectively. This will undoubtedly reflect in part differences in demographic intake and need between school populations, but may also suggestion variation in exclusion practice and policy at school level. Exclusion from education was highlighted both in the national evidence base as a risk factor, and could be a driver for the suggested causal factor of time spent in unsupervised locations. It was also one of the five risk factors linked to youth violence and gang membership identified from the Xantura analyses.

Fixed and permanent exclusions are not the only mechanism by which children and young people detach from education; poor attendance and truancy could also be underlying programmes. The *Power programme offers direct support to children and young people struggling to* engage at school, attending irregularly or truanting internally and will have had contact with or be known to the police (perhaps as victims). They also work to support children, young people and their parents towards developing ways of coping with

challenging situations at home, at school and in their local communities. POWER also seeks to support schools to develop effective methods to enable children and young people to be successful in school. We have been unable to access robust evaluation of the impact of this programme, and if not completed, this would be worth undertaking. The proposed model above could be one mechanism to intervene more proactively with repeated school absence, and monitoring could take place within the Locality Based Multi-disciplinary panels with proactive engagement with parents and young people undertaken by the Integrated Support Team or existing resources within schools. During the development of this report, one head teacher suggested than any child with an attendance below 75% needed to be flagged and followed up as a risk.

Drug and alcohol treatment services, whilst high performing in terms of access and treatment success indicators have shown a decrease in 'population reach' corresponding to an increase in crack-cocaine use at population level. This is concerning as it suggests that fewer residents with class A drug addiction are coming forward for treatment. There is a clear association between drugs and violent crime/gang membership in both the evidence base and in local analyses from Xantura. Further analyses is needed to understand and address the issue.

There is an emerging evidence base on the positive impact of mentoring approaches with young people with existing risk factors for violence. Thurrock has a low level of provision in this area which is highly targeted suggesting that supply is inadequate for need. Future investment should be prioritised at expanding the reach of these services.

Finally social media has been linked to both youth violence and gang membership both in the national evidence base and through local intelligence but there is little strategic or coordinated action to address this risk.

Recommendations: Secondary Prevention

REC #	Issue to be addressed	Recommendation
3.1	Intelligence on young people with multiple vulnerabilities that make them at high risk of becoming victims or perpetrators of violence not shared in a timely fashion between partner agencies in a single forum and risk assessed on the basis of concerns from all stakeholders	Create locality based multi-disciplinary panels that meet regularly where all intelligence can be shared across stakeholders from children's social care, health providers, Brighter Futures, drug and alcohol treatment, education, schools, community safety, housing, the police, local area coordinators and relevant third sector organisations
3.2		Public Health to ensure Xantura Predictive Risk Model (when developed) is used to support the work of the multi-disciplinary panels
3.3	Inadequate place (locality) based understanding of environmental and organisational risk e.g. school based bullying, drug dealing, anti-social behaviour and coordinated timely action to address	Locality based multi-disciplinary panels should collate environmental risks to create a locality based risk profile and relevant agencies should undertake rapid operational action to reduce and mitigate risks for example enforcement activity, community development, estates management. Action to swiftly address identified drug availability/dealing within neighbourhoods should be prioritised as this was identified in Xantura analyses as a local risk factor strongly associated with youth violence.
3.4	Inadequate link between place (locality) based identified environmental risk and strategic action to improve the built environment to reduce existing risk factors such as crime	Locality risk profiles should be used to inform the priorities of the planning and regeneration functions of the local authority and the work of the Violence and Vulnerability Board and ultimately the Joint Health and Wellbeing Board, Community Safety Partnership and its subgroups,
3.5	Risk assessment of young people who may be above thresholds for statutory social care service is not informed by intelligence from a sufficient number of agencies	Multi-disciplinary panels to assess risk of individual young people using intelligence from all panel members and refer young people above the threshold for a statutory service to Children's Social Care
3.6	Inadequate and uncoordinated service provision for young people with multiple risk factors who do not meet threshold for statutory service	Thurrock Council should prioritise future investment to create a new Integrated Support team to receive referrals from multi-disciplinary panel from young people with multiple risk factors but below threshold for statutory service.
		New Integrated Support Team should be based on the strengths/assets approach successfully used by Adult Social Care and will be responsible for: • Proactively engaging with young people at risk and (where appropriate) their family/peers • Agree goals with young people • Connect young people with community assets that help them achieve their goals • Support and divert young people away from crime and gang membership • Broker coordinated care from specialist agencies where necessary to address unmet needs
3.7	An inadequate provision of mentoring provision for young people with existing vulnerabilities and risk factors for violence is very highly targeted and not meeting need, despite emerging evidence base of effectiveness in violence prevention	Thurrock Council should prioritise new investment in developing and expanding reach of current mentoring provision so that an increased number of young people at risk of violence can benefit. Effectiveness of current and future mentoring should be evaluated robustly using Xantura

Recommendations: Secondary Prevention (continued)

REC #	Issue to be addressed	Recommendation
3.8	High variation in fixed-term and permanent exclusion rates between primary and secondary schools, and high overall rate of primary fixed-term and permanent exclusions are likely to be increasing risk of youth violence and gang involvement. Very high rates of fixed term exclusions in the PRU are of particular concern. This was identified as a key risk factor in the Xantura analyses.	The AD Education and Skills with support from Public Health should undertake further analyses to understand variation, particularly very high rates at the PRU and develop a strategy to address these.
3.9		Education and Skills Division in association with Head Teachers and Academy Trusts should facilitate sharing of best practice on reducing exclusions between schools.
3.10	Lack of systematic mechanism to provide assurance that children and young people who are absent from education are monitored and followed up.	Education and Skills Division in association with Public Health should undertake a robust evaluation of the *Power Programme* to ascertain impact and effectiveness (if not already completed)
		Children and young people with school attendance below 75% should be flagged at the Locality Based Multi-Disciplinary panel with proactive follow up initiated where appropriate
3.10	Adult drug treatment services are treating a decreasing proportion of crack-cocaine users at a time when prevalence is increasing meaning more residents are living with untreated crack-cocaine addiction	The Director of Public Health should undertake further analyses of the issue and develop strategic action plans to improve the situation through the new Thurrock Addictions Strategy in 2020/21
3.11	The national evidence base and local intelligence suggests a link between harmful social media content and use and the glamorisation of youth violence and gang membership. There is a lack of coordinated strategic action to address this.	The Violence and Vulnerability Board should commission further work to develop a Thurrock multi-agency strategic response to addressing harms caused by social media

3. Tertiary Prevention: 'Treatment' of perpetrators and victims of violence to reduce further harm

Tertiary prevention seeks to deliver interventions that 'treat' victims and perpetrators of serious youth violence with a view to minimising harm caused by the violence and preventing future violence and the harm caused by it. Thurrock has a range of provision in this terms of this strategic action including the Prevention and support Service (PASS) that run a *Youth @ Risk* programme, *Goodman* mentoring programme for boys/young men who are abusive in relationships.

The Youth Offending Service is of high quality with low rates of reoffending amongst the overall cohort that it works with. The service offer a range of tertiary prevention programmes including a *Deal or no Deal drug intervention* for young people involved in drug related crime, *Street Wise* six week intervention for young people arrested for serious youth violence including weapons offences and gang involvement, and uses an ASSET plus tool which seeks to identify specific factors that drive young people into becoming susceptible to exploitation and gang involvement. A children's social care worker is embedded within YOS.

We have been unable to identify robust evaluation on the impact of each of the specific interventions delivered by PASS and YOS and further work to evaluate this is desirable. We also identified a small cohort of young people within YOS who are repeat offenders and for whom the current service is less successful at achieving desistance from crime. This group is characterised by violence, drug supply and weapons offences, and is over-represented by black young men. The reasons why YOS are less successful at diverting this cohort away from future serious offending is unclear and beyond the scope of this work but warrants further investigation and the piloting of new approaches.

The EWMHS service sits largely separately to other tertiary prevention activity although there has been recent moves to integrate a CPN and speech and language therapist within the YOS service. The service offers a range of CBT but we were unable to ascertain whether this included NICE recommended Trauma focussed CBT for victims of serious youth violence, gang involvement in line with NICE guidelines.

The *Level 5 Triple P* parenting programme is the only evidenced based initiative shown to address and reduce abusive behaviour in parents, but this is not available in Thurrock. Brighter Futures should consider commissioning/delivering this.

For young people who are perpetrators of serious youth violence or involved in gangs, the service is currently not offering multi-systemic therapy of family functional therapy that seeks to treat individuals in the context of environmental, peer group and familial risk, although this is best practice from the published evidence base. As such, there is a risk that the current service offer is too individually focussed and efficacy of treatment will be compromised.

There is a need to develop a much more holistic an integrated tertiary prevention offer between YOS and PASS, with EWMHS fully integrated within it and delivering evidence based programmes that seek to treat the individual in the context of their wider environment. The current threshold for prevention remains too high, as YOS programmes are only available to young people who have been arrested for violent offences

A youth service offer, delivered by Essex County Council and funded by the Essex V&V Board has been operating in Basildon Hospital A&E in line with evidence of best practice, although at time of writing, on-going funding for this service in 2020/21 has not been secured. Early outcome data from the service has been positive but there is a need to continue funding this service in 2020/21 to allow a full evaluation to be undertaken.

Enforcement activity in Thurrock and more widely in Essex is in line with evidence of best practice, being highly intelligence led with focussed stop and search activity. Nine gang injunctions are place in Thurrock, and again this approach is well supported by published evidence. The Violence and Vulnerability Board may wish to consider piloting an *Opportunities Provision* approach which provides education, skills, employment and other support to gang involved youth as a mechanism to persuade them from exiting gangs, although robust evidence of the effectiveness of this is not currently available. As such, any future programme would need to be well evaluated.

Recommendations: Tertiary Prevention

REC #	Issue to be addressed	Recommendation
4.1	Trauma focussed CBT is not currently available for young people aged under 18 in EWHMS who are victims of serious violence, despite this being evidence of best practice	NHS CCG / Brighter Futures / MSE Joint CCG Committee should ensure that Trauma-focussed CBT is available within the service offer of a re-commissioned EWMHS
4.2	A range of individual initiatives are available through PASS and YOS that may well have considerable merit, but robust evaluation is not currently available	Thurrock Violence and Vulnerability Board in conjunction with the relevant service managers and support from Public Health and Xantura, should seek to evaluate all current tertiary prevention programmes including *Deal or No Deal, Goodman, Holiday Activity* and *Youth @ Risk* to determine effectiveness of impact
4.3	Lack of integrated tertiary prevention model with EWMHS provision largely provided separately, programmes focused too narrowly on individual/behavioural factors and threshold for intervention currently set at a level that requires a young person to be arrested for an offence before some interventions are available	NHS CCG / Brighter Futures / MSE Joint CCG Committee should recommission EMHWS to ensure integrated provision with other tertiary prevention programmes. New commissioning model should seek to ensure service offer is in line with evidence of best practice, for and includes for example: - Multi-systemic Therapy/ Family Focussed Therapy
4.4		Thurrock Violence and Vulnerability Board in conjunction with Brighter Futures should future evaluation of current offer, and develop a more integrated an holistic model with a greater focus on addressing familial, school, environment risk.
4.6	Current service offer lacks evidence based parenting intervention for parents at high risk of abusive relationships with their children	Brighter Futures should review current service offer and commission an appropriate intervention such as *Level 5 – Triple P*
4.7	There is a cohort of young people accessing YOS who are committing multiple violence / drugs offences and for whom current interventions appear to be unsuccessful in terms of future desistence.	YOS should undertake further work to understand this issue and pilot and evaluate new approaches where appropriate
4.8	A&E based youth service in line with evidence of best practice but lacks evaluation data or on-going funding.	Essex V&V unit and/or Essex County, Thurrock and Southend Councils should seek to continue funding for this service in 2020/21 to allow an evaluation of impact to be undertaken

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