Serious Youth Violence and Vulnerability

The Crime Paradox and a Public Health Approach

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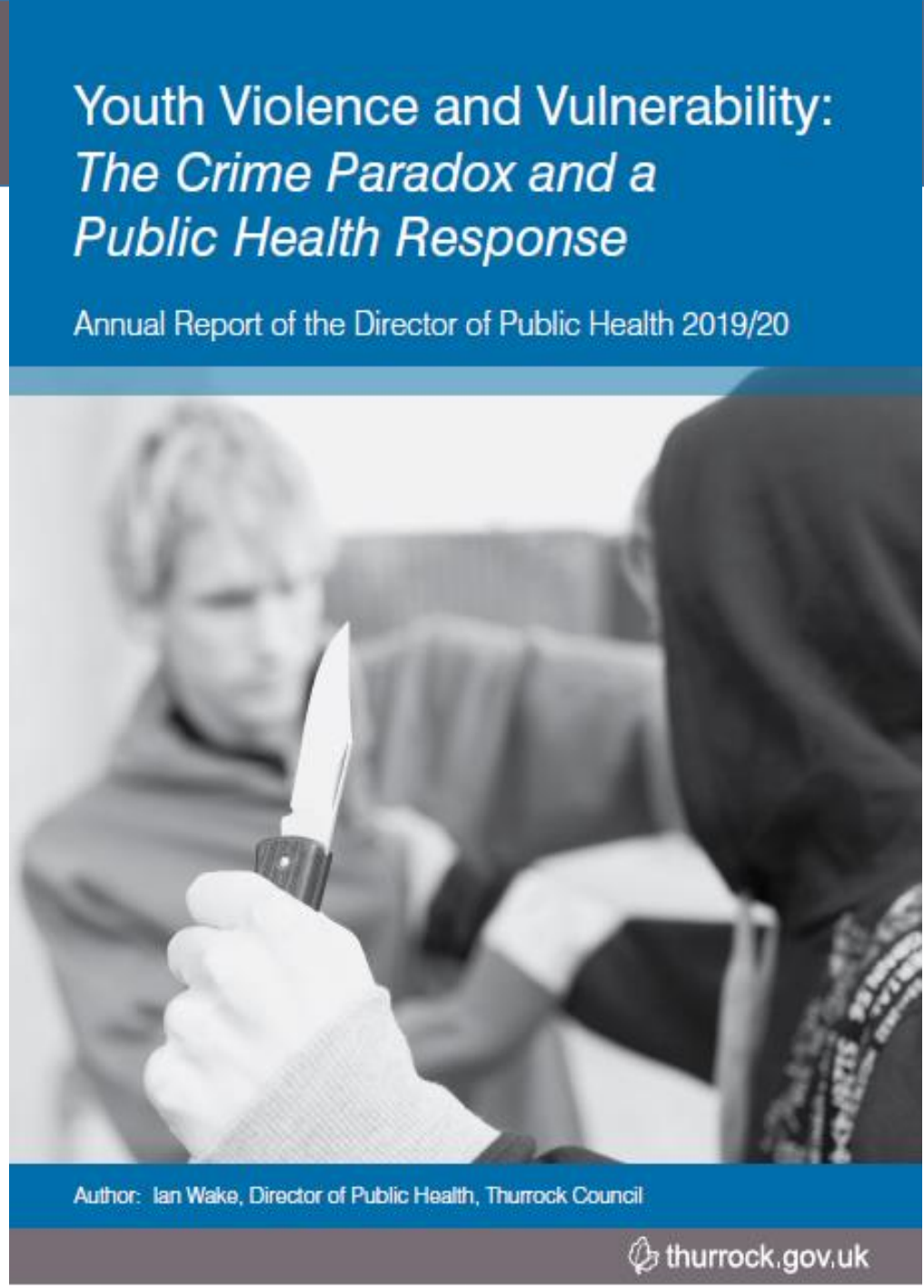
Overview

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

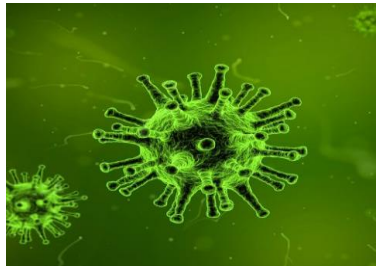


Public Health Approach to Tackling Violence

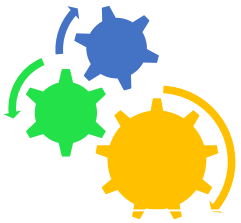
An approach that seeks to improve the health and safety of all individuals by addressing underlying risk factors that increase the likelihood that an individual will become a victim or perpetrator of violence.

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

WORLD HEALTH ORGANISATION

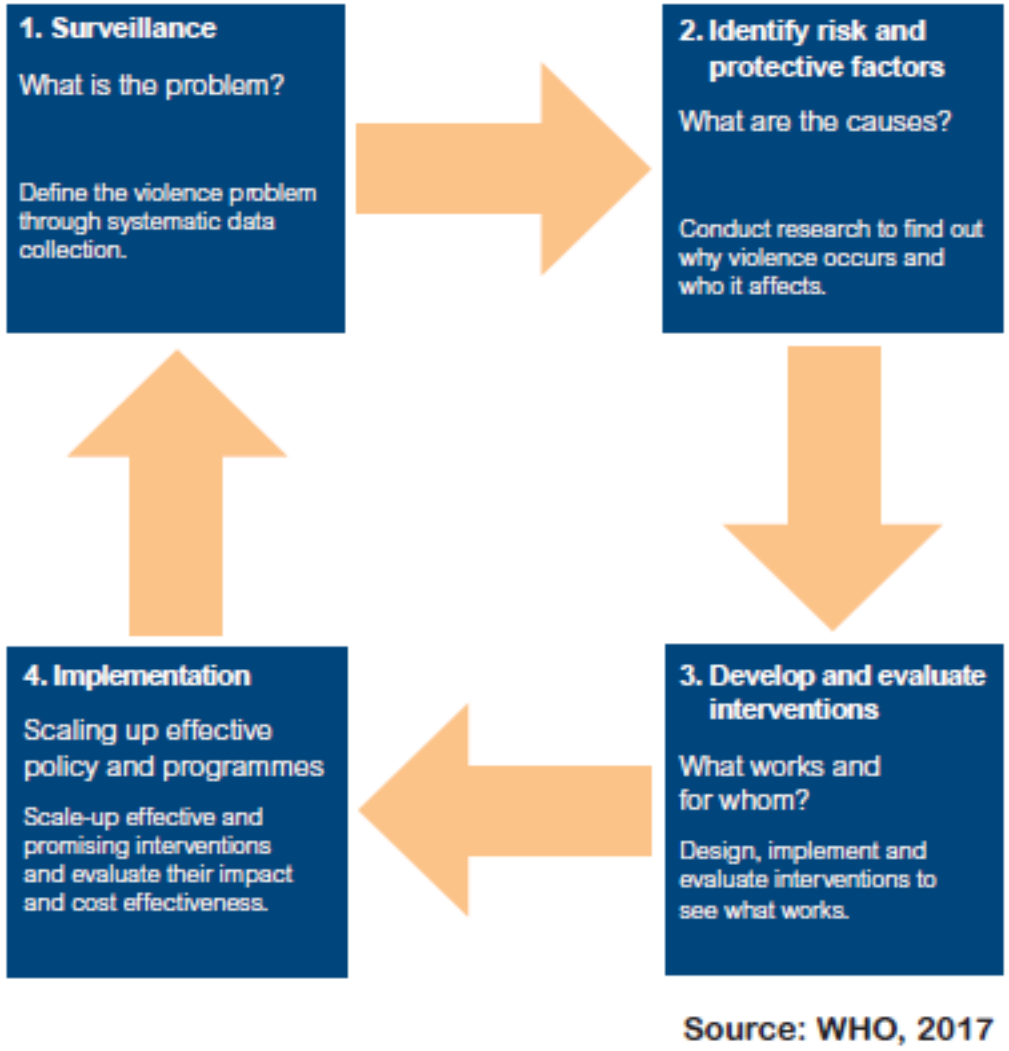


Communicable Disease



Whole Systems Approach

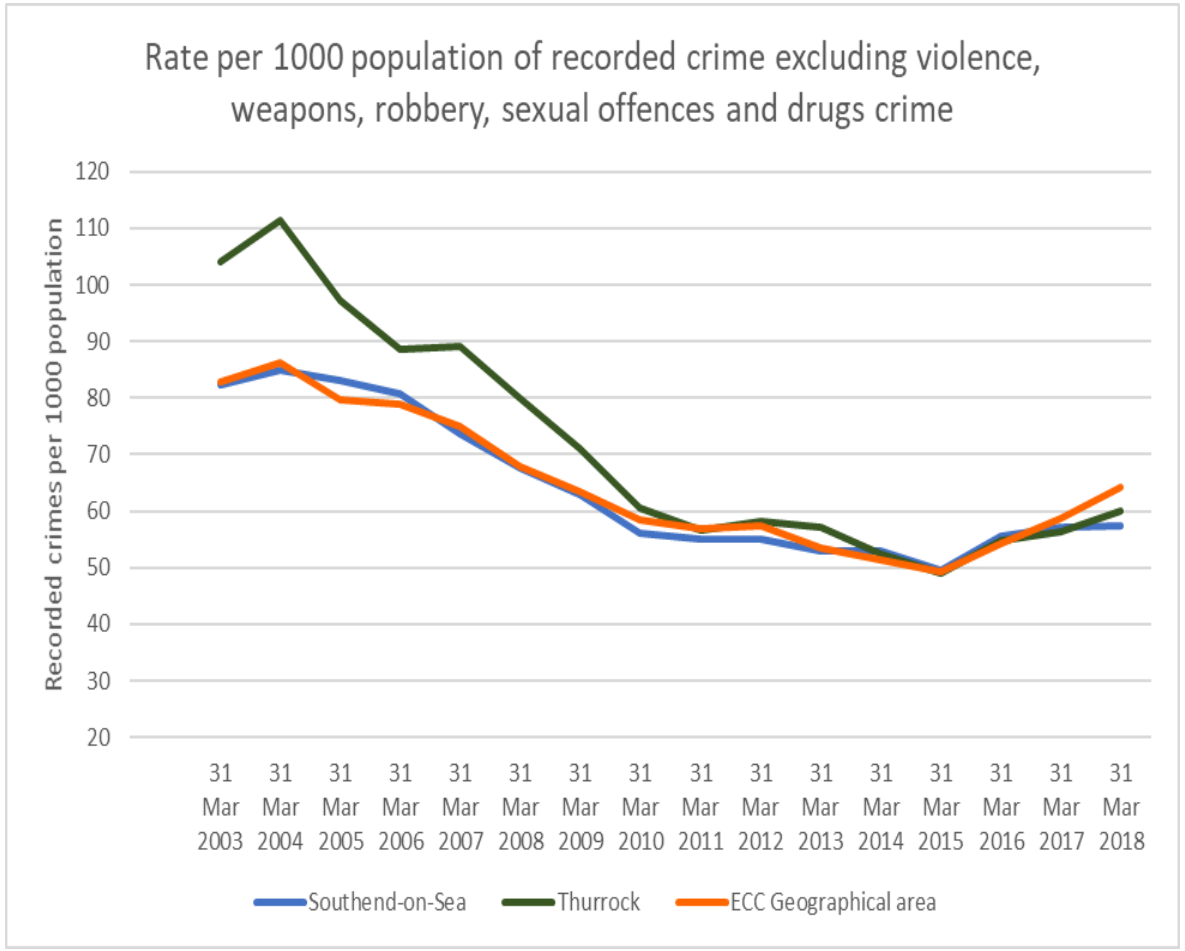
Data and Intelligence

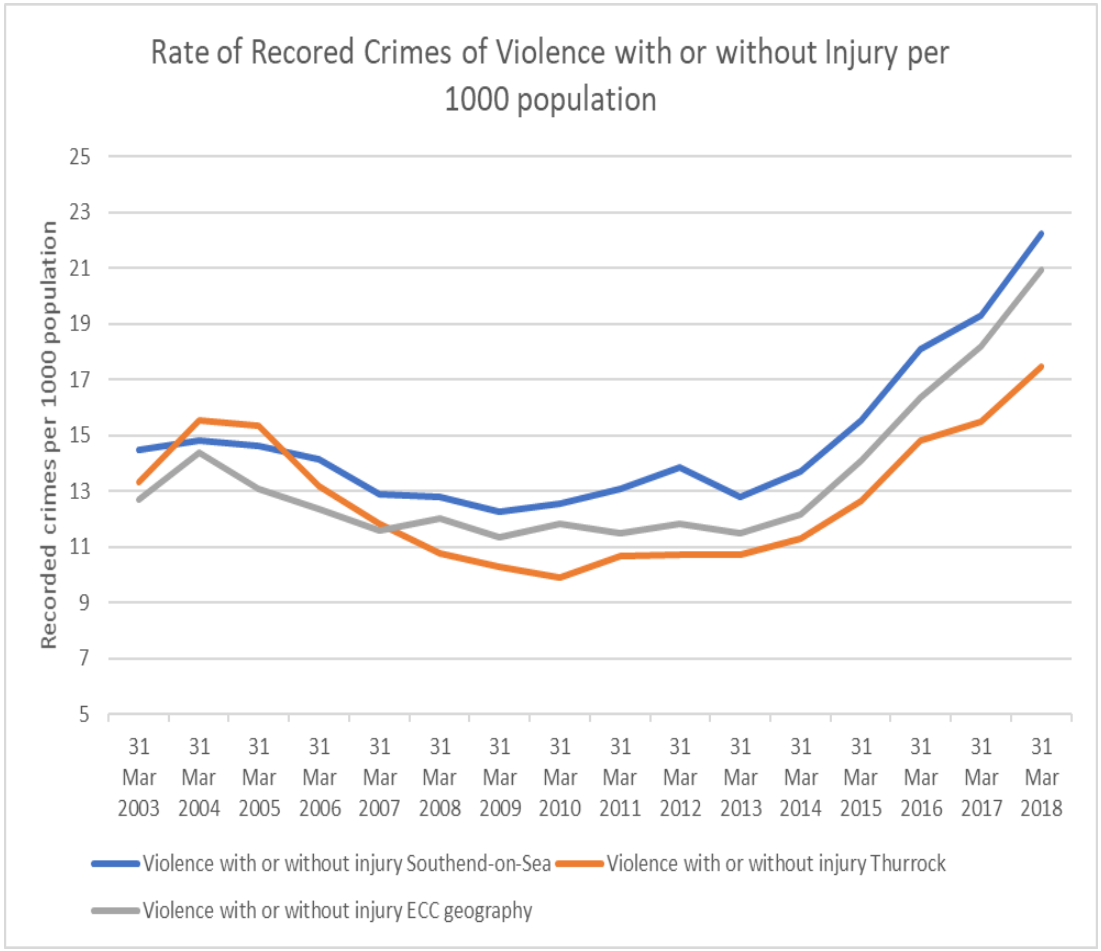


Source: WHO, 2017

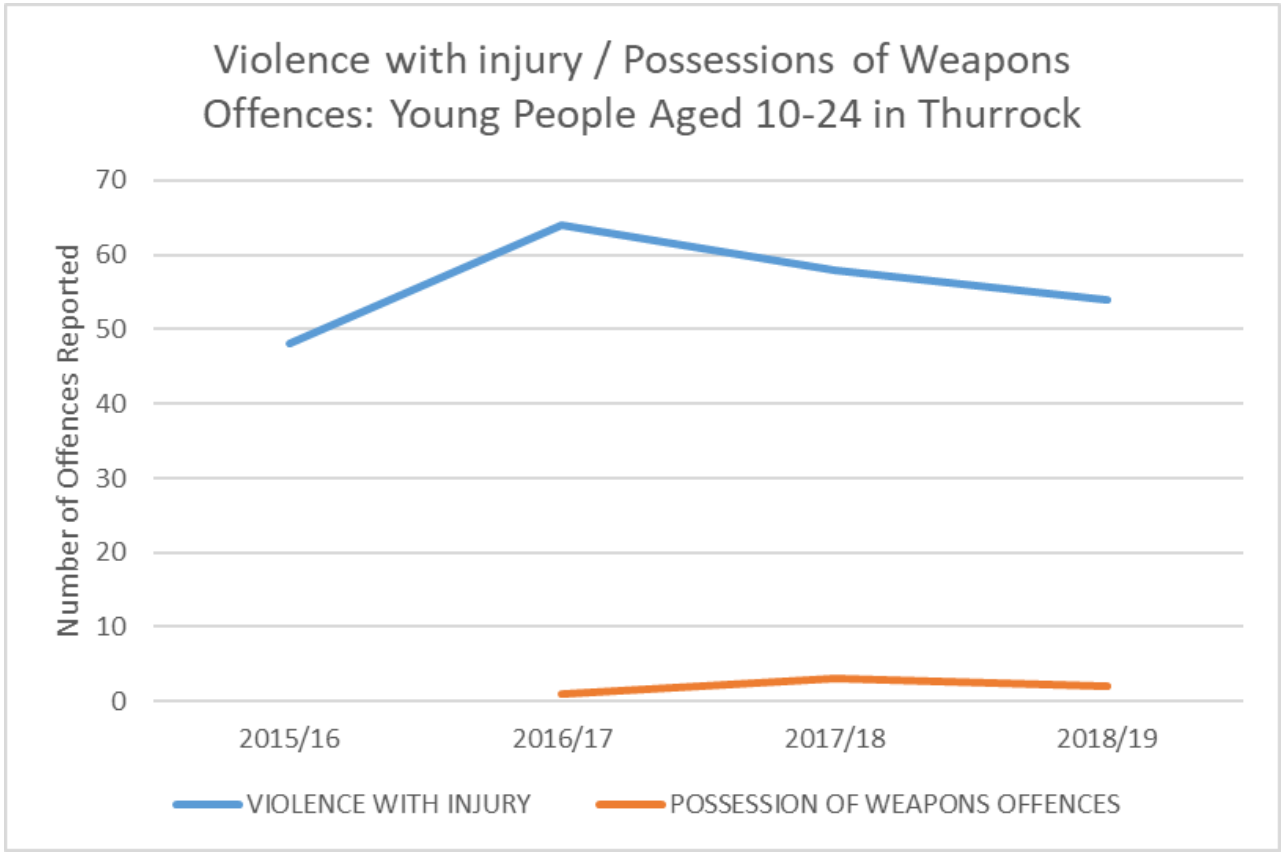
Violence

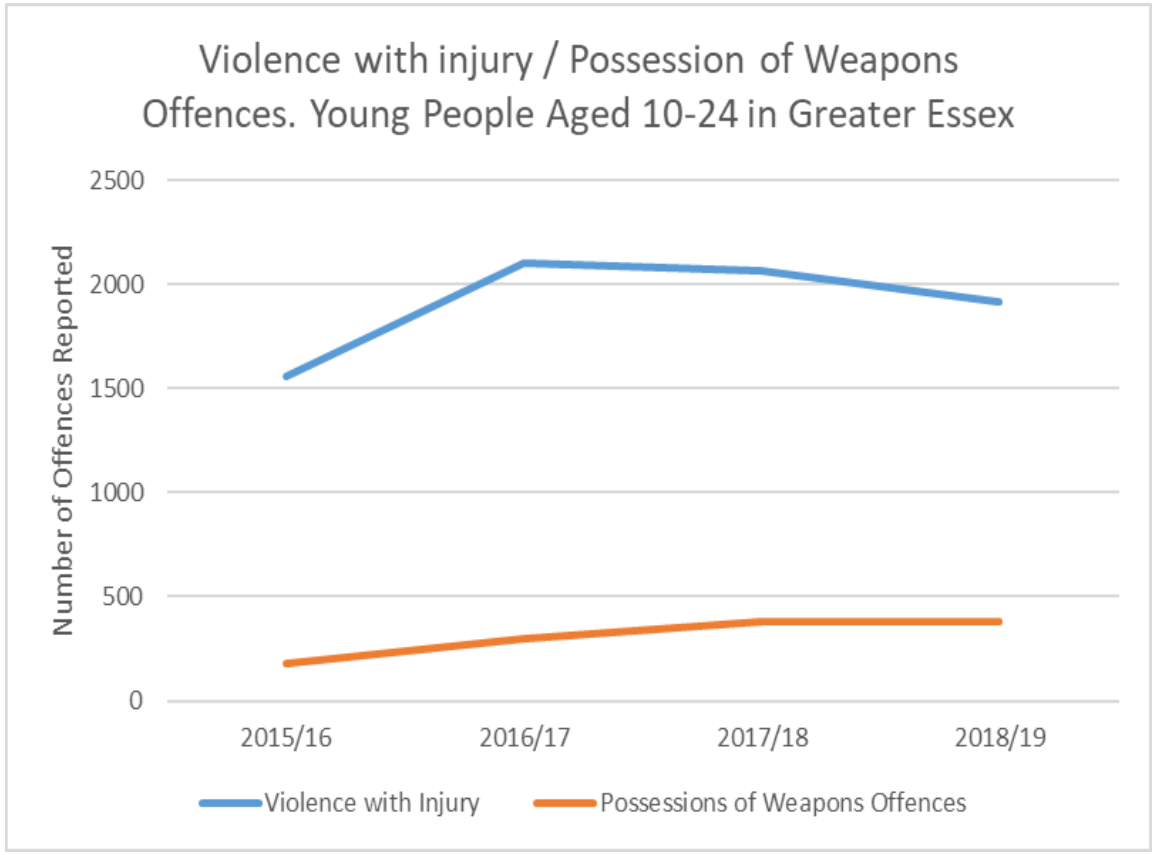
Trends in Violence



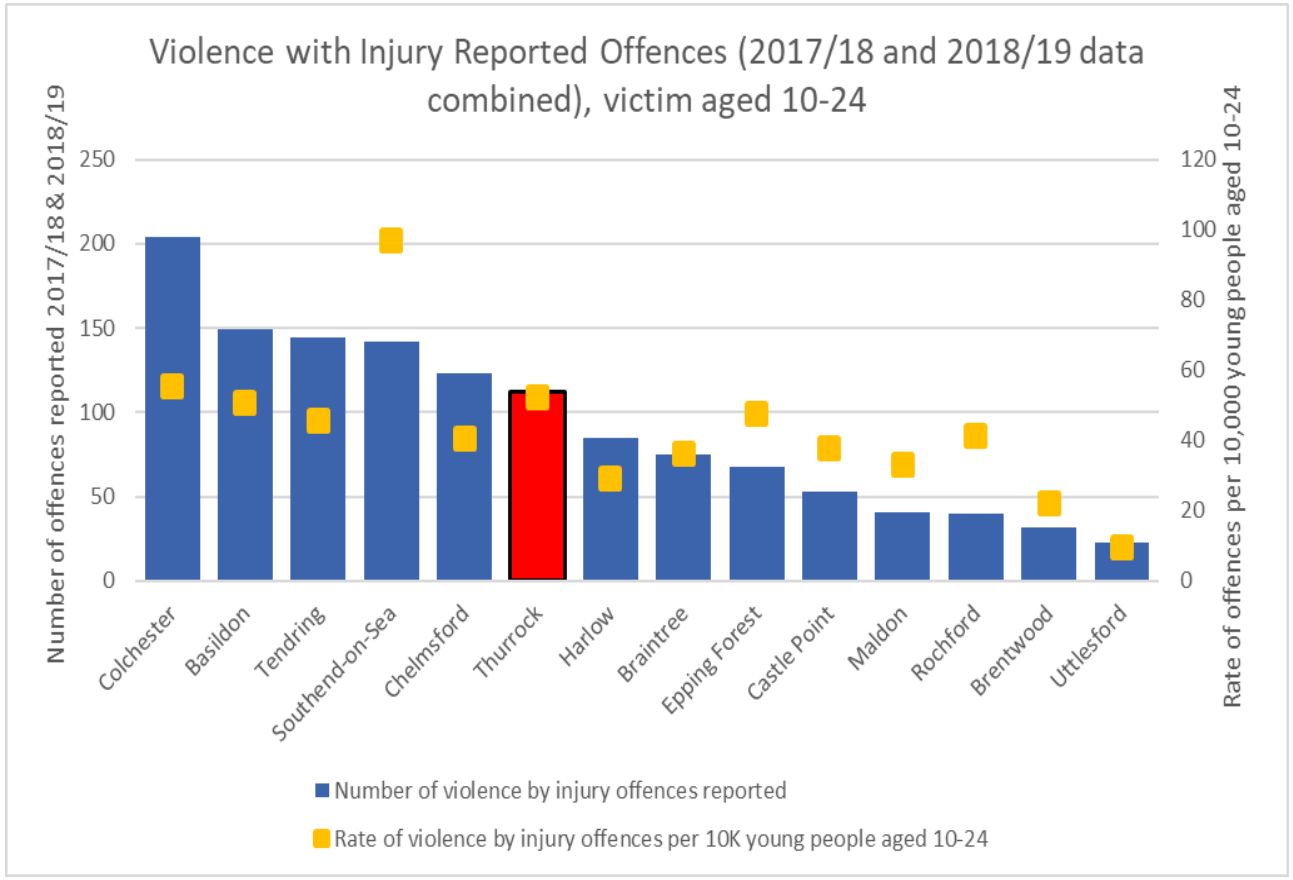


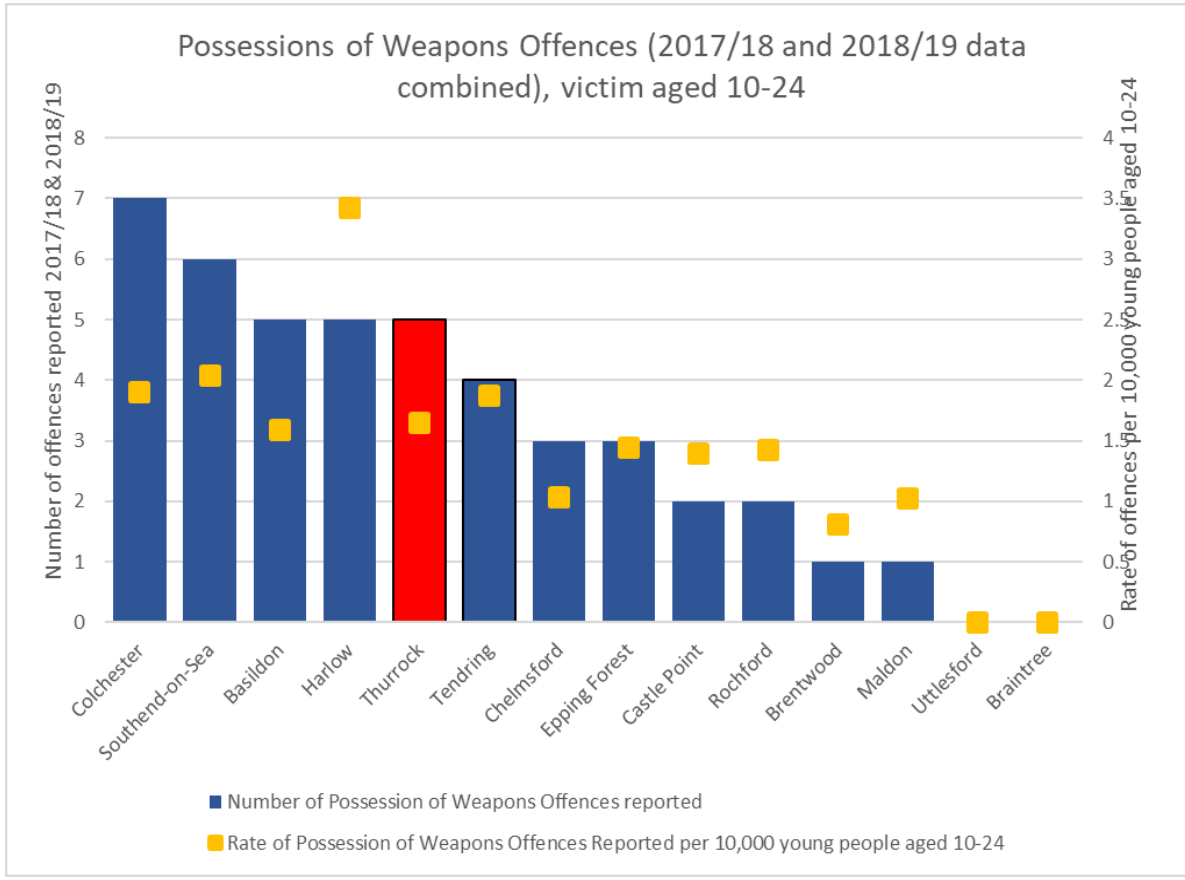
Trends in Youth Violence and Weapons Offences





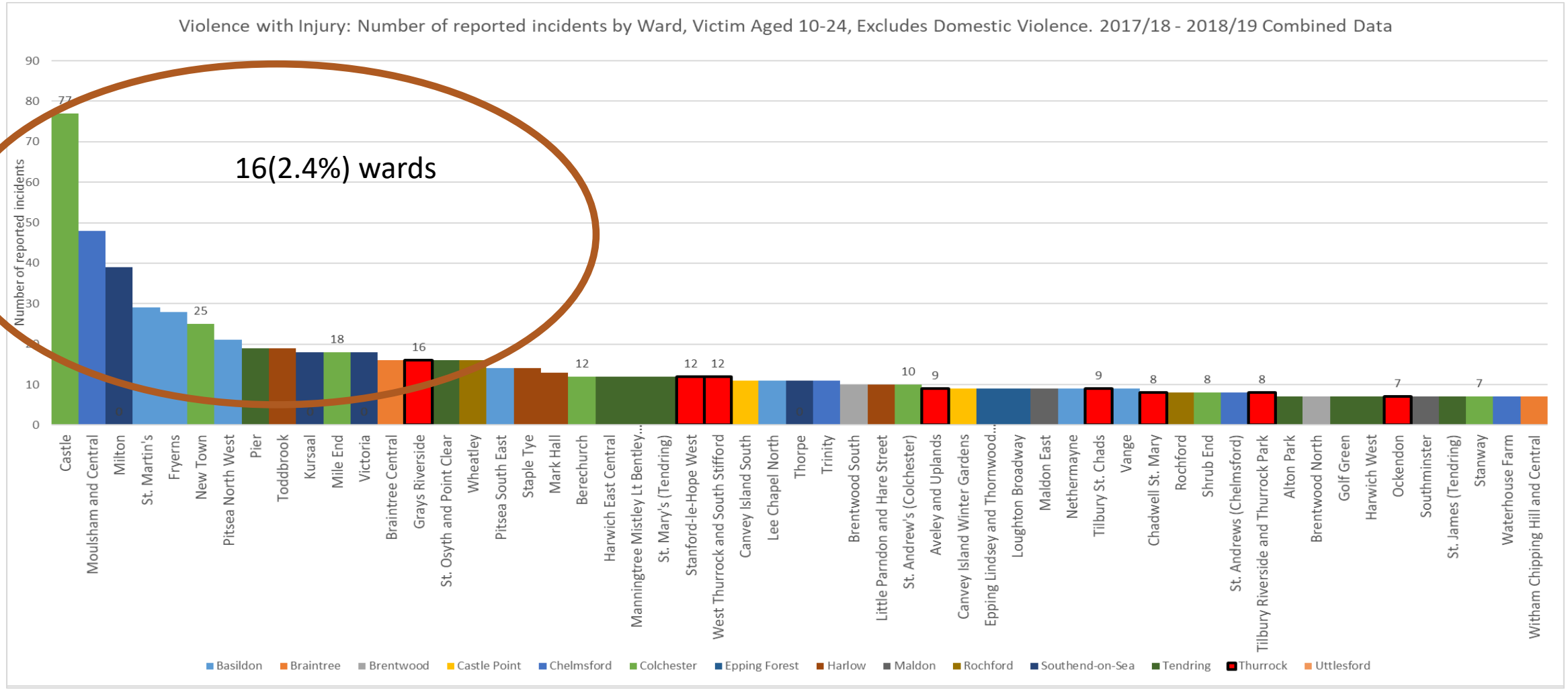
Youth Violence and Weapons Offences by District



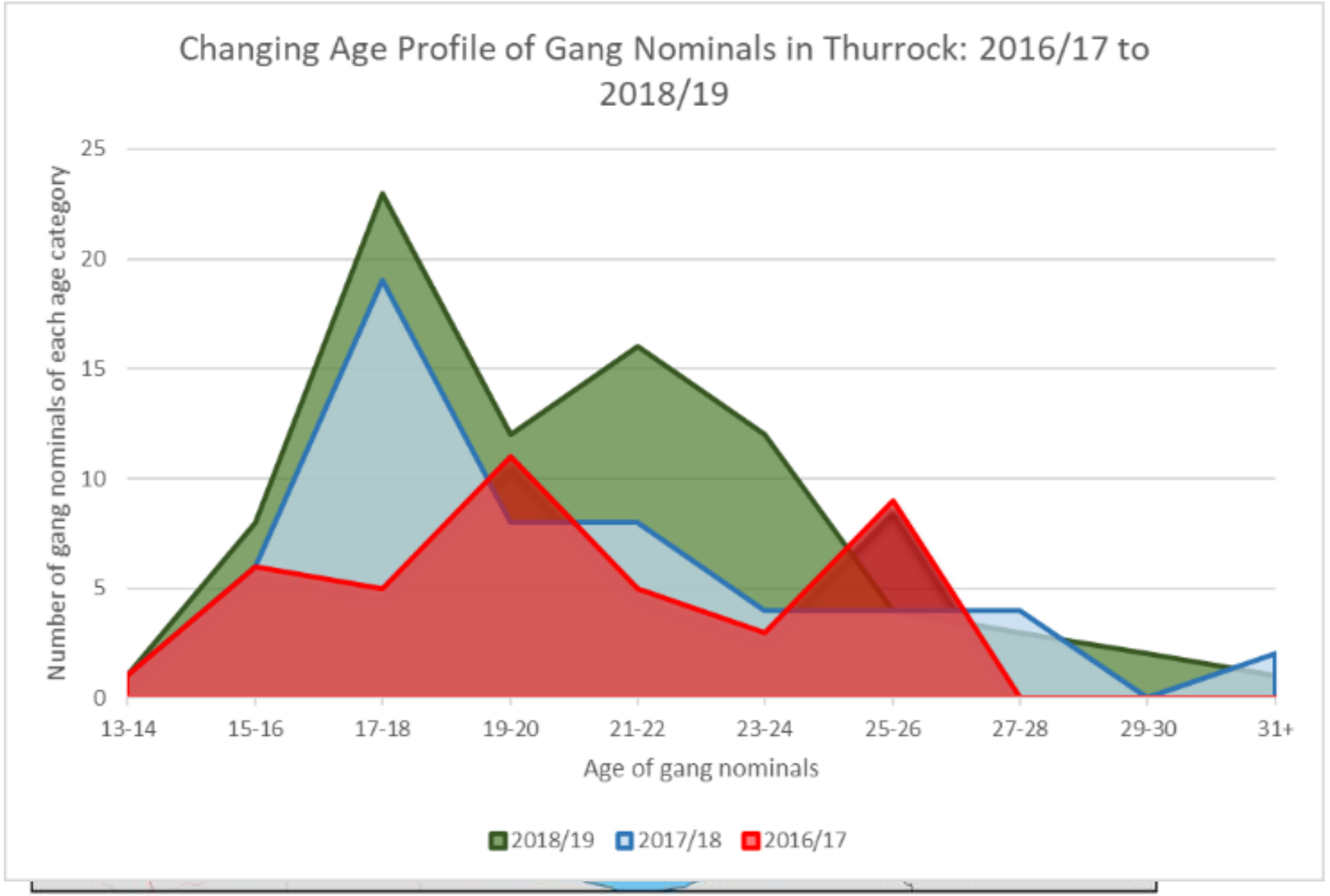


Youth violence is still highly concentrated in small geographical areas

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



…the “Communicable Disease of Gang Culture”



Vulnerabilities

Risk Factors from the Published Evidence Base

Gang Involvement

Individual

Cannabis Use (ages 10-12)

Displaced aggression traits (ages 13-15)

Anger Traits (ages 13-15)

Conduct disorders (ages 0-6)

Hyperactivity (ages 0-2 and 7-9)

Lack of guilt and empathy (ages 3-9 and 13-25)

Physical violence and aggression (ages 3-12)

Anti-social beliefs (ages 7-12 and 16-25)

High alcohol/drug misuse (ages 7-9 and 16-25)

Delinquent behaviour (ages 16-25)

Family

Family poverty (ages 0-2 and 7-25)

Broken home/change in care giver (ages 7-9)

Poor parental supervision (ages 7-12)

Delinquent siblings (ages 13-25)

Poor parental supervision (ages 13-25)

Low parental aspirations for child (ages 16-25)

School

Low academic achievement in Primary School (ages 7-12)

Learning Disability (ages 10-12)

Frequent Truancy (ages 7-15)

Low academic aspirations (ages 7-9)

Low school attachment (ages 7-25)

Low school commitment (ages 10-15)

Peer Group

Delinquent peers (ages 7-25)

Association with gang involved peers (ages 16-25)

Association with friends with behavioural problems (ages 10-12)

Peer rejection (ages 7-25)

Community

Cannabis availability (ages 10-12)

Living in a neighbourhood with many youths in trouble (ages 10-12)

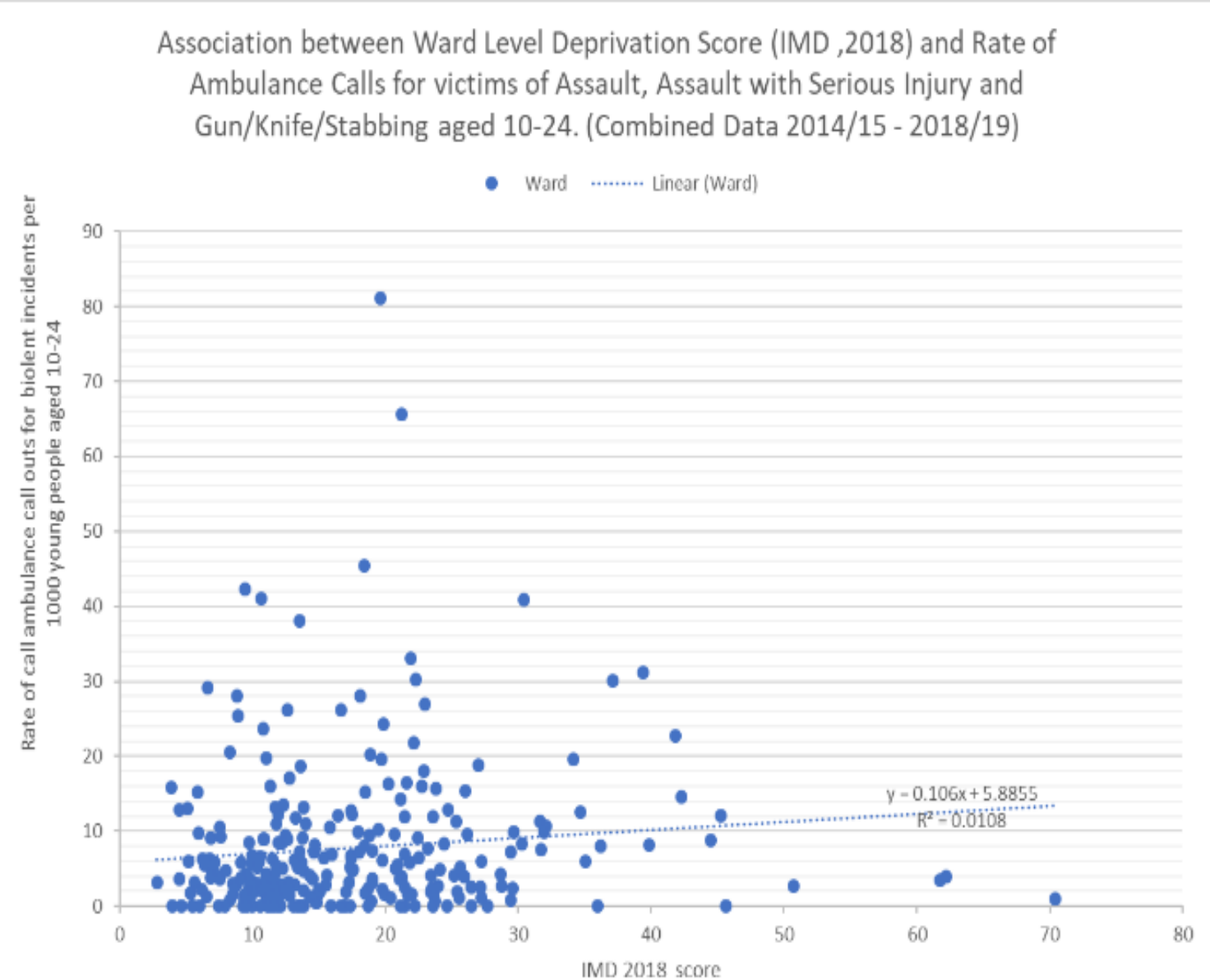
Availability of/exposure to/use of drugs in the neighbourhood (ages 13-25)

Low neighbourhood attachment (ages 16-25)

Economic deprivation of neighbourhood (ages 16-25)

Predictors of future violence at ward level

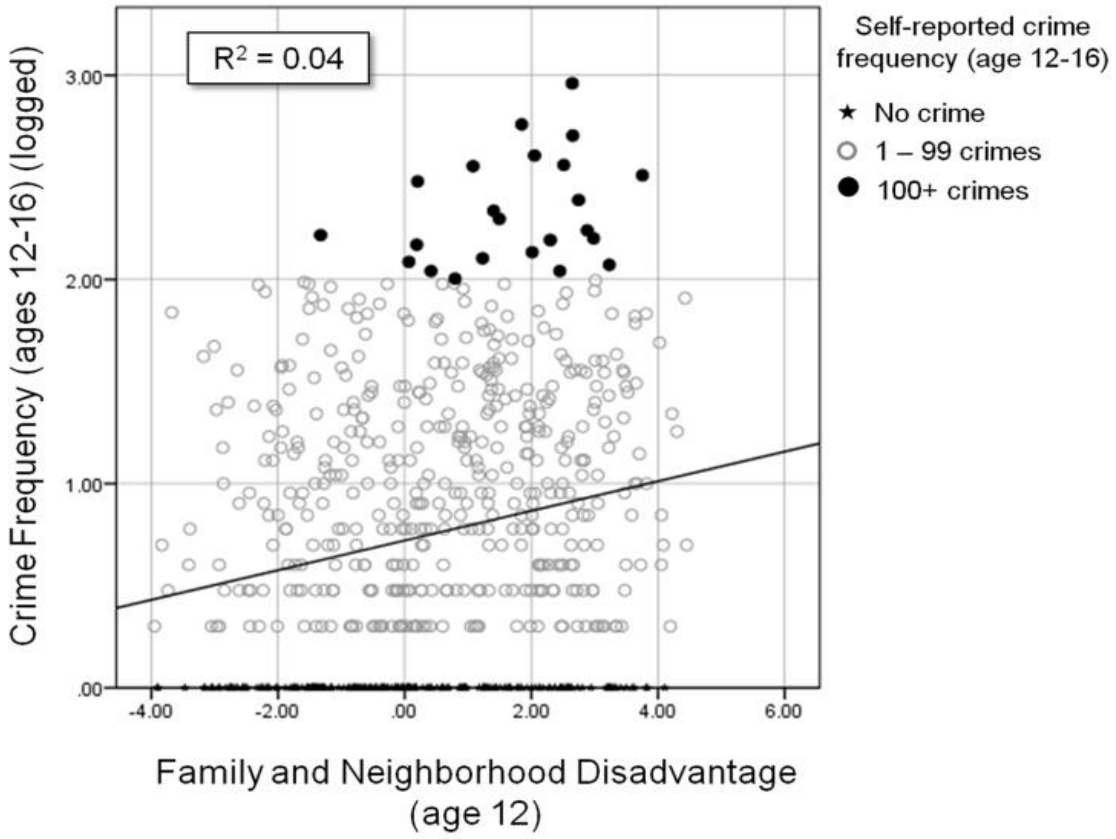
Ward deprivation is a very poor predictor of violence

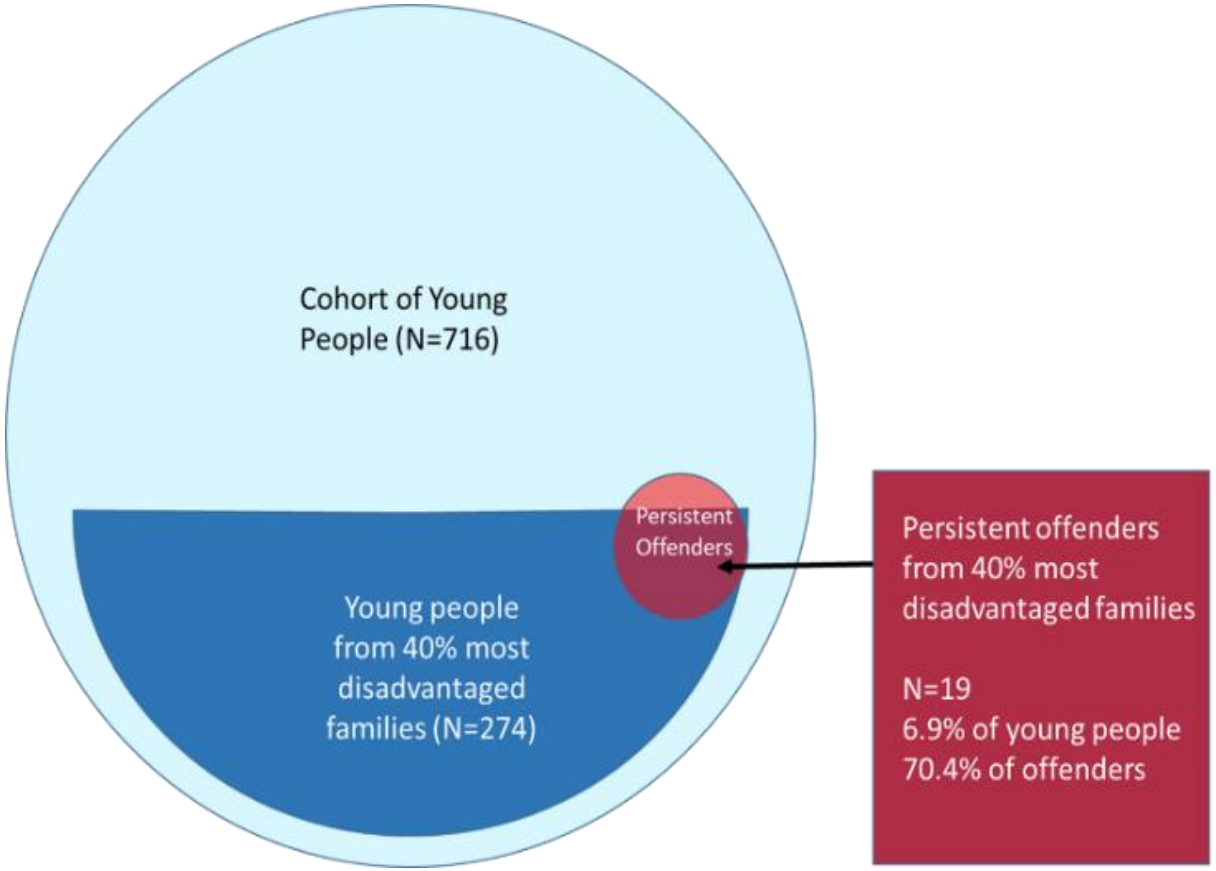


Causal Factors: Deprivation and The Crime Paradox

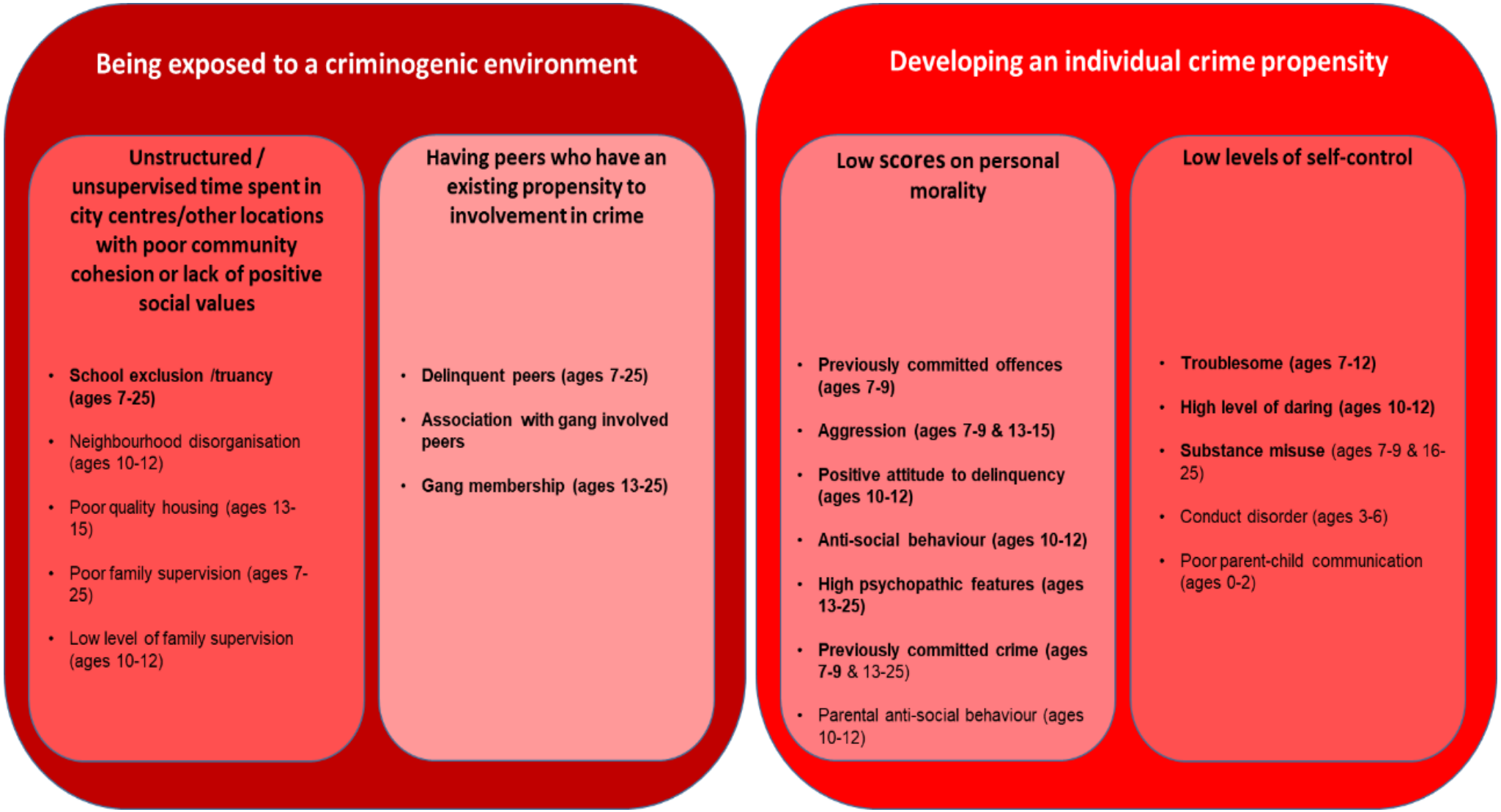
What is the crime paradox?

Peterborough Longitudinal Study

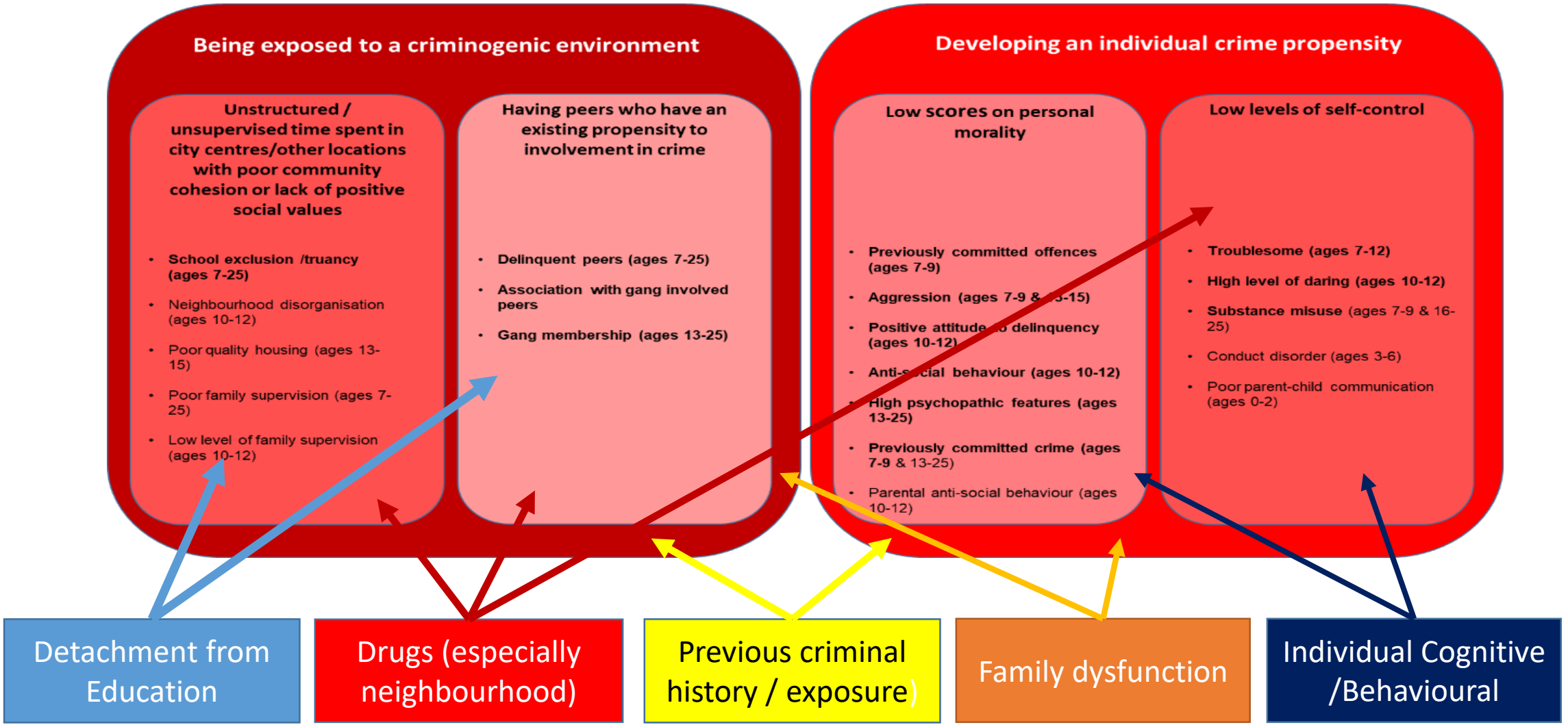




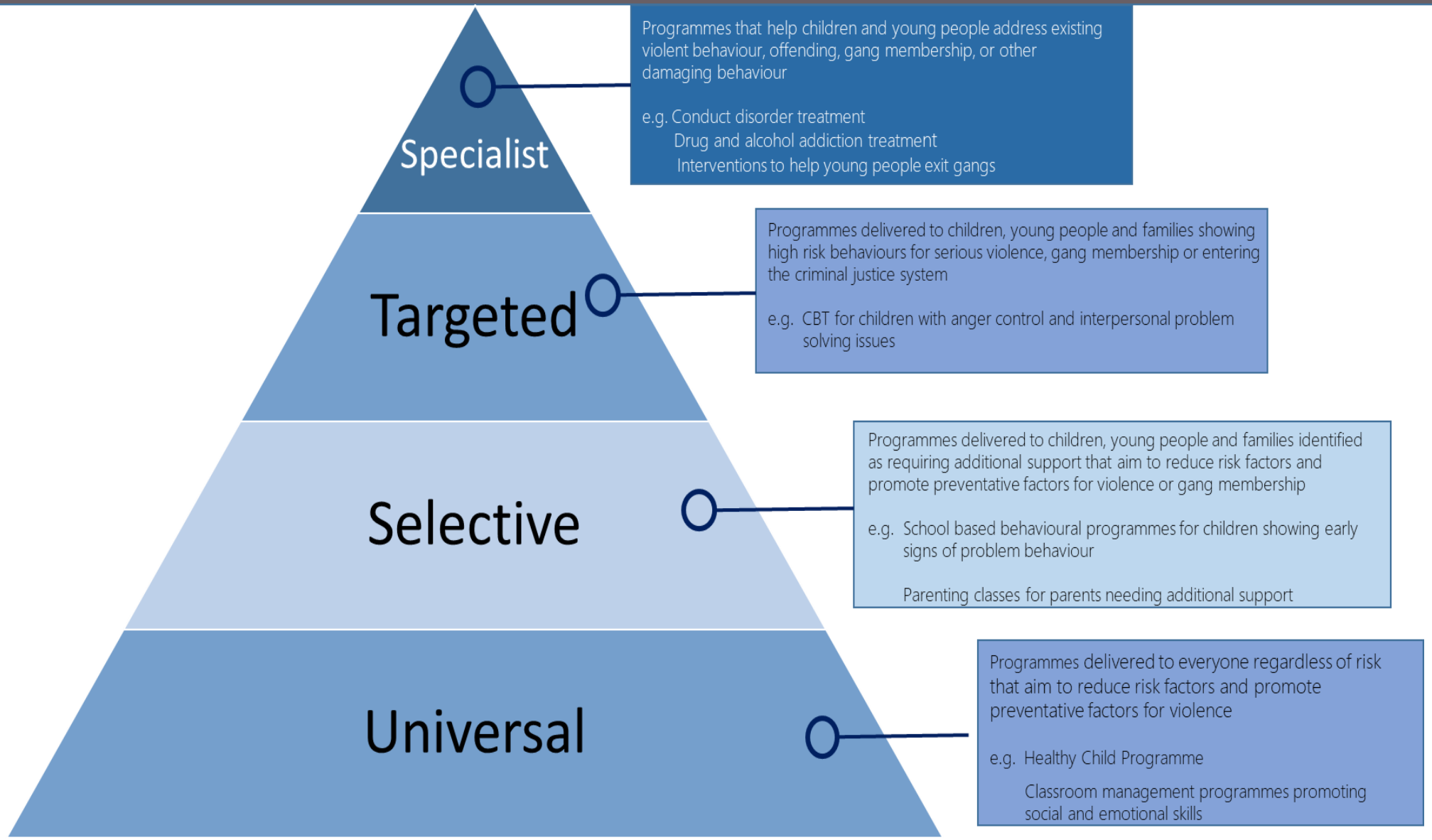
Causal Factors



Causal Factors



How should we respond?



	Promote family environments that support healthy development	Provide quality education early in life	Strengthen youth skills in communication, empathy, problem solving, conflict resolution and EI	Connect youth to adults and activity that role model positive behaviour	Address the wider determinants of serious youth violence and gang membership	Intervene early to reduce harms of exposure to violence and violence risk behaviours	Prevent gang membership and crime caused by gangs	Enforce the law to disrupt and deter violent offenders and crime connected with gangs
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*.

Key Gaps in Service Provision

Breadth and reach

- EI
- Conflict resolution
- Impulse control
- Behaviour management

Links with built environment
- Strategic but not reactive

Reach

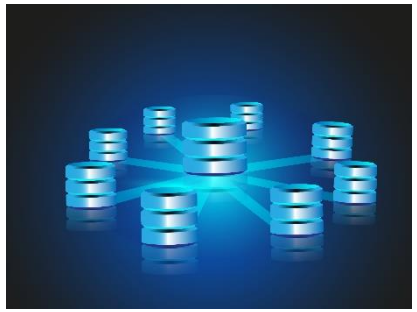
Individual initiatives but no comprehensive strategic approach

Reach

Breadth and reach

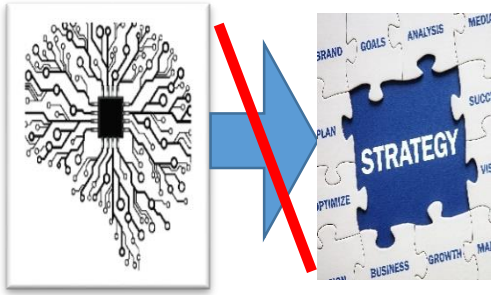
Integration

Other key findings



Inadequate data integration

Inadequate systematic surveillance



Lack of strategic response

Geographical targeting?

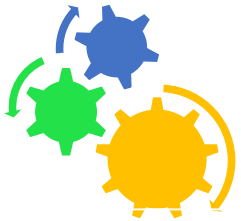
Evidence base?

Inadequate sharing of intelligence on risk between agencies

Inadequate 'place based' risk profile

Targeted approach too "downstream"

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



Lack of Whole Systems Approach

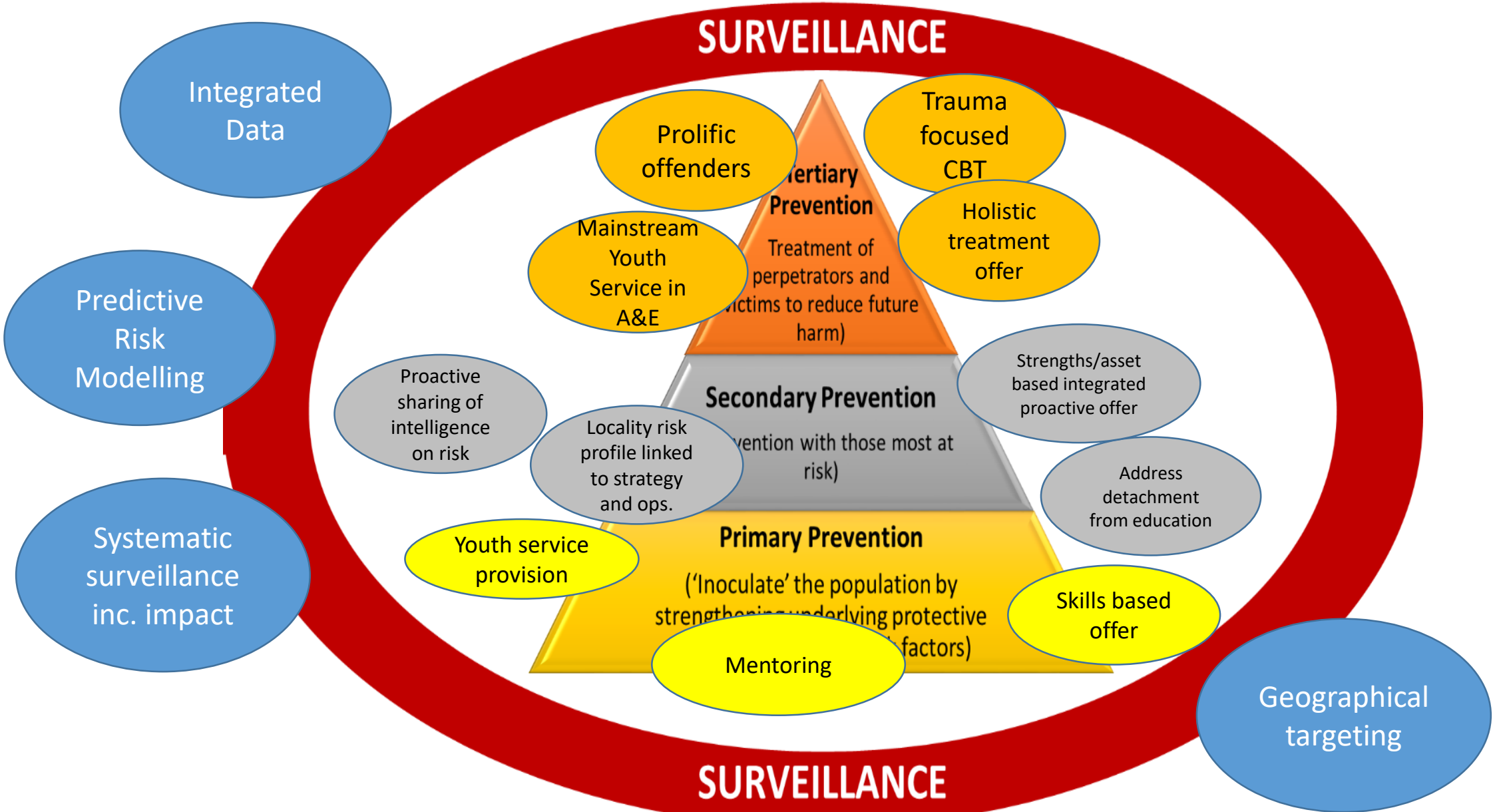
"Interventionitis"

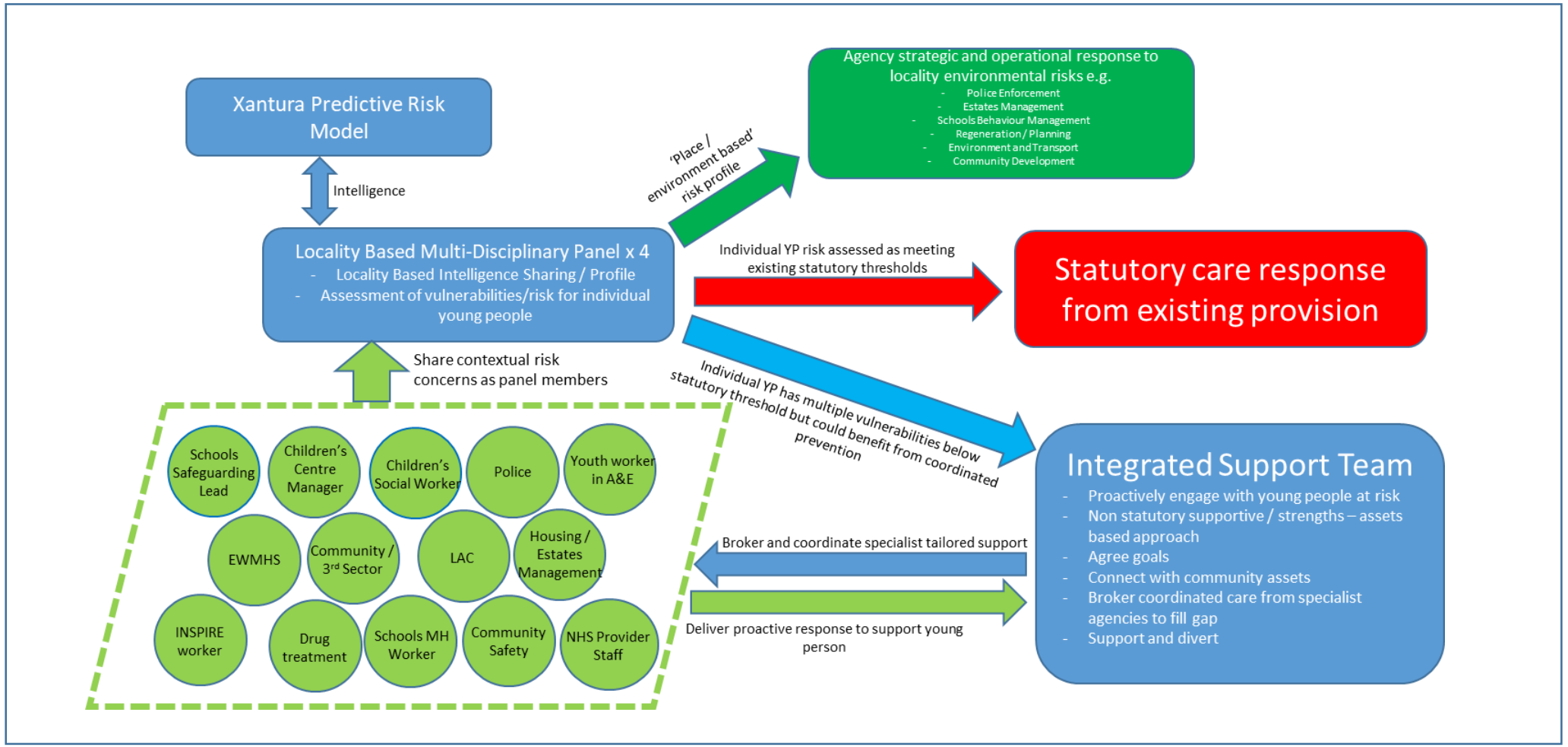
Poor evaluation

Individual treatment focus

Silo'd services

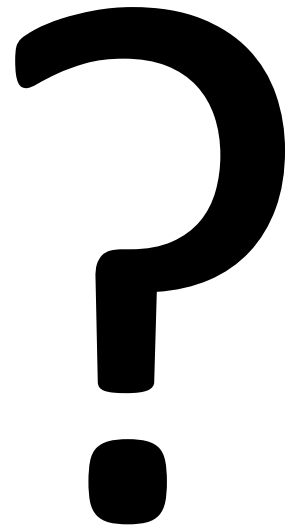
Conclusions and Recommendations




Xantura Predictive Risk Model
Intelligence
Locality Based Multi-Disciplinary Panel x 4
- Locality Based Intelligence Sharing / Profile
- Assessment of vulnerabilities/risk for individual young people
'Place / environment based' risk profile
Agency strategic and operational response to locality environmental risks e.g.
- Police Enforcement
- Estates Management
- Schools Behaviour Management
- Regeneration / Planning
- Environment and Transport
- Community Development
Individual YP risk assessed as meeting existing statutory thresholds
Statutory care response from existing provision
Share contextual risk concerns as panel members
Individual YP has multiple vulnerabilities below statutory threshold but could benefit from coordinated prevention
Schools Safeguarding Lead
Children's Centre Manager
Children's Social Worker
Police
Youth worker in A&E
EWMHS
Community / 3rd Sector
LAC
Housing / Estates Management
INSPIRE worker
Drug treatment
Schools MH Worker
Community Safety
NHS Provider Staff
Broker and coordinate specialist tailored support
Deliver proactive response to support young person
Integrated Support Team
- Proactively engage with young people at risk
- Non statutory supportive / strengths – assets based approach
- Agree goals
- Connect with community assets
- Broker coordinated care from specialist agencies to fill gap
- Support and divert

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

Alexander den Heur



Questions