

The Southwark public health approach to serious youth violence prevention

Southwark's Joint Strategic Needs Assessment

Healthcare Public Health Team

Southwark Public Health

October 2019

GATEWAY INFORMATION

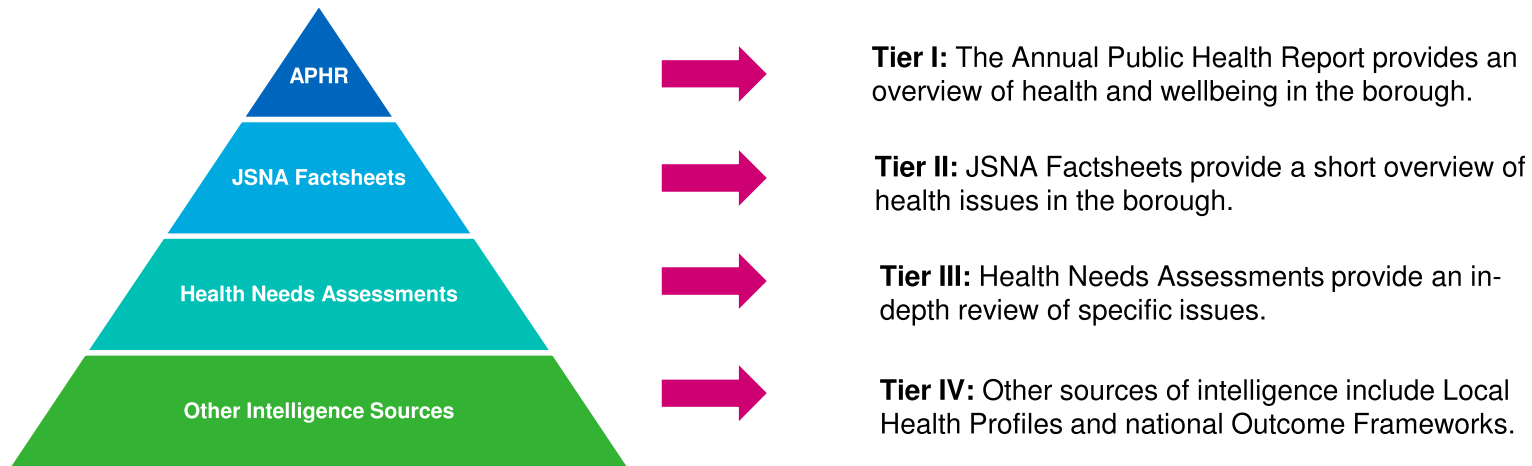
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Prepared by:	T Boshari
Contributors:	Nora Cooke-O'Dowd, Samantha Field, Chris Williamson, Kelly Wilson, Luton Sinfield, Javier Montoya
Approved by:	K Watters & C Thwaites
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Contact details:	publichealth@southwark.gov.uk
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Health Needs Assessments form part of Southwark's Joint Strategic Needs Assessment process

BACKGROUND

The Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.

- The purpose of the JSNA is to inform and underpin the Joint Health and Wellbeing Strategy and other local plans that seek to improve the health of our residents.
- The JSNA is built from a range of resources that contribute to our understanding of need. In Southwark we have structured these resources around 4 tiers:



- This document forms part of those resources.
- All our resources are available via: www.southwark.gov.uk/JSNA

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Young people are increasingly involved in serious violence and are disproportionately affected by knife crime

INTRODUCTION

While overall crime in England has reduced substantially over the past 20 years (as captured by the Crime Survey for England & Wales), the incidence of less frequent, higher impact crimes (serious violent offences) has increased.^{1,2}

- Police-recorded homicides have increased over the last four years, excluding victims of terrorist attacks²
- Police-recorded offences involving a knife / sharp instrument have increased by 8% over the last year²

Most of these lower-volume higher-harm incidents of violence tend to be concentrated in metropolitan areas, such as London.

- Since October 2017 in London, police have recorded a monthly downward trend in knife crime but an increase in the highest level of harm: 81 knife-related homicides were recorded in 2017³
- Across London, nearly half of all victims and offenders of knife crime are under 25³

This is a particularly pertinent issue in Southwark, which currently experiences the fourth highest volume of knife crime among all London boroughs.⁵

Data on violent crime reveal increasing involvement of young people as both victims and perpetrators of violence.

- Nationally and locally, drug supply and country lines business models are in operation and are a strong driver of violence^{1,6}
- These models are built upon the exploitation of vulnerable children and adults

References

1. Home Office (2018) Serious Violence Strategy
2. Office for National Statistics (2019) Crime in England and Wales: year ending March 2019
3. MOPAC (2018) MOPAC Evidence & Insight . Knife crime – what we know...
4. Stephen Douglass (2018) 'Overview of Youth Violence and Knife Crime in Southwark' *Southwark Youth Violence Panel meeting 13 December 2018* Southwark Council, London
5. House of Commons (2019) Home Affairs Committee: Serious youth violence. Sixteenth report of session 2017-19
6. Violence and Vulnerability Unit (2019) Southwark Extended Learning Review

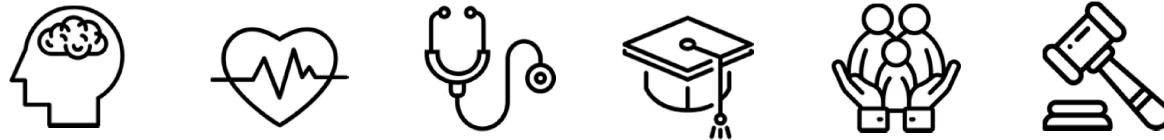
Violence is a manifestation of wider issues; prevention must consider a person's environmental context

INTRODUCTION

Serious youth violence (SYV) is a complex and multifactorial manifestation and symptom of wider issues.

- The places in which young people live and grow have an important role in determining their risk of vulnerability and involvement in violence and there is a strong inequalities gradient, with the most disadvantaged being most likely to be at risk
- Young people involved in / at risk of becoming involved in violence are, principally, vulnerable. In looking to support and safeguard these young people, their wider relationships and environment must be considered (contextual safeguarding)
- Involvement with and exposure to violence has significant negative impacts on a young person's emotional wellbeing as well as physical health

Beyond the individuals affected, SYV carries a high cost to health and social care, education, police, and the criminal justice system.



Violence is increasingly considered a public health issue with root causes that we can seek to address and prevent.

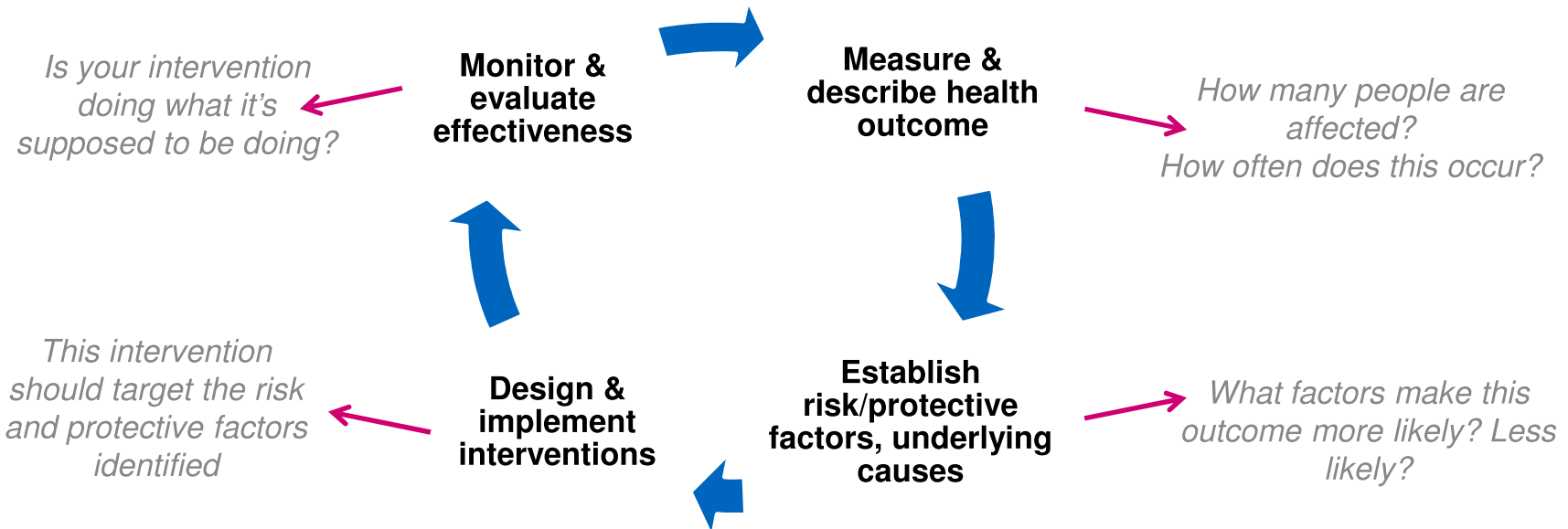
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1. Home Office (2018) Serious Violence Strategy
2. MOPAC (2018) MOPAC Evidence & Insight . Knife crime – what we know...
3. House of Commons (2019) Home Affairs Committee: Serious youth violence. Sixteenth report of session 2017-19
4. Violence and Vulnerability Unit (2019) Southwark Extended Learning Review

The public health approach relies on an understanding of the epidemiology and robust monitoring and evaluation

PUBLIC HEALTH APPROACH

The public health approach to any issue relies on a thorough understanding of the data and epidemiology.



The public health approach is both upstream (looking at the root causes) and at scale (looking at the population, rather than an individual).

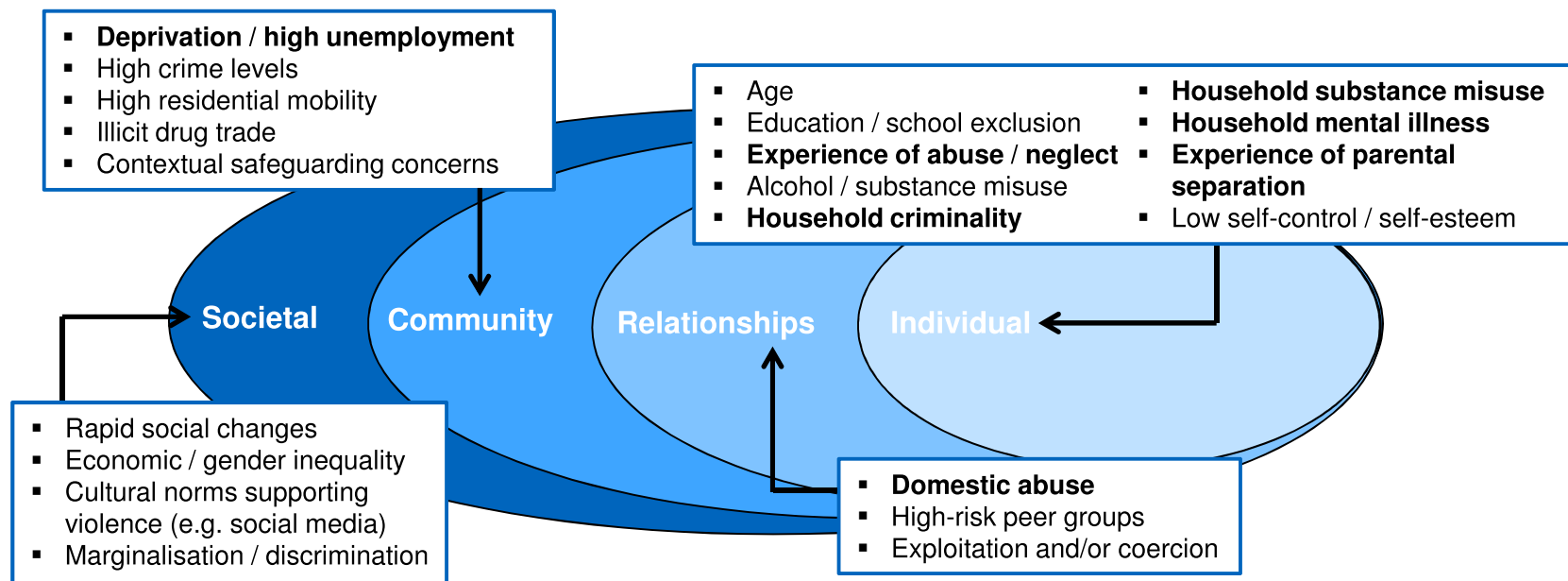
It supports a multi-faceted response and uses a framework to look at risk factors and identify areas for intervention that spans from the individual, to their relationships, the community they live in, through to society.

Violence is a public health issue with root causes that can be collaboratively addressed

PUBLIC HEALTH APPROACH

The public health approach considers a range of factors and experiences for their impact on a person's risk for violence, including adverse childhood experiences ('ACEs').

- The public health approach suggests that no single factor can explain a person's risk for violence
- Rather, it is the collection and multiplicity of factors at various levels that determines the likelihood of an individual's involvement



The range of factors that affect the likelihood of becoming involved in violence means that SYV requires a collaborative, partnership response.

References

1. WHO (2018) Violence Prevention Alliance. The ecological framework
2. Home Office (2018) Serious Violence Strategy

Violence is a public health issue with root causes that can be collaboratively addressed

PUBLIC HEALTH APPROACH

The public health approach to SYV is underpinned by a focus on prevention and importantly, partnership working.

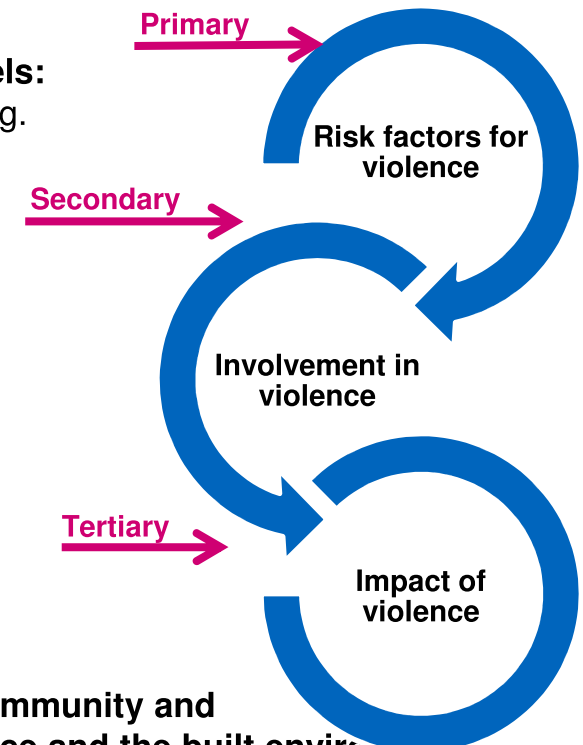
When thinking about individuals and families, prevention occur at three levels:

1. Primary prevention: preventing the development of risk factors for violence e.g. by reducing adverse childhood experiences or supporting vulnerable parents/families to build self-efficacy
2. Secondary prevention: preventing violence before it occurs e.g. through community policing strategies or diversion programmes
3. Tertiary prevention: reducing the long term impact of violence, such as rehabilitation and reintegration of offenders and support for victims

These layers of prevention are focused on three target groups:

1. Universal: approaches aimed at groups or the general population without regard to individual risk e.g. curricula delivered in all schools
2. Targeted: interventions targeted at people with one or more risk factor
3. Specialist: interventions for those who have committed violence to prevent reoccurrence

Risk factors for and involvement in violence can also be mitigated by the community and environment in which people live. Preventative activities centred around place and the built environment should also be considered e.g. investing in and developing safer streets, estates, and living spaces, or building community cohesion.



These responses should be delivered collectively by Local Council, statutory health and social care services, youth offending service, police, probation, and by the range of voluntary providers working in our borough.

A growing literature strengthens the evidence for a public health approach to violence across London and England

PUBLIC HEALTH APPROACH

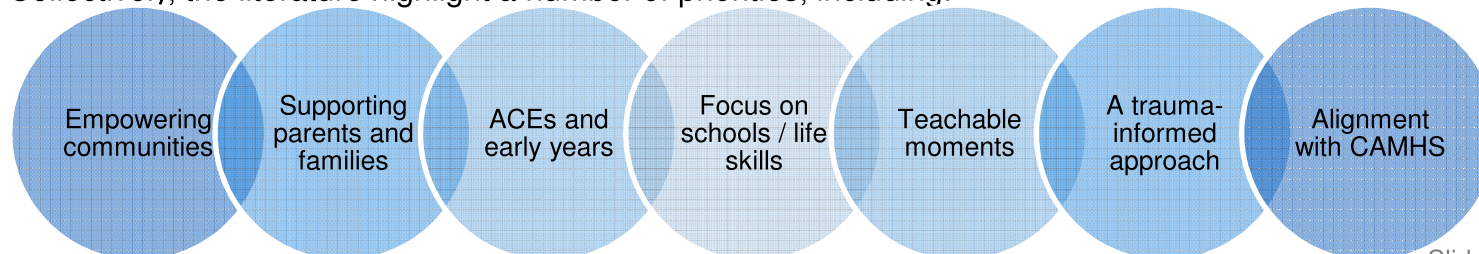
Glasgow Police established a Violence Reduction Unit (VRU) in 2005 in response to high levels of violent crime. Adopting a public health approach, the VRU was successful in reducing violence and has been recently been adopted nationally. In 2018, London established its own VRU.

- The VRU is credited for Scotland being largely unaffected by the rise in violence seen in England¹ However, its success must be balanced by against key differences with London: locally, crime is traditionally more widespread and authority is dispersed across 33 local authorities
- Furthermore, England is faced with the added dimension of county lines and criminal exploitation, which nationally impacts on drugs as a driver to violence

A growing literature in England has strengthened the evidence base for this approach: focusing on primary prevention by reducing risk factors and promoting protective factors across the life course.

- Department of Health (2012) Protecting people, promoting health: a public health approach to violence prevention for England
- Local Government Association (2018) Public health approaches to reducing violence.
- Youth Violence Commission (2018) Interim report
- Hobart V and Lindfield L (2018) Serious youth violence in London: developing a public health approach to violence prevention and reduction. Interim findings
- College of Policing (2019) Knife crime: evidence briefing
- Public Health England (2019) Collaborative approaches to preventing offending and re-offending by children

Collectively, the literature highlight a number of priorities, including:



References

1. London Councils (2019). Member Briefing: A public health approach to youth violence

Slide 10

This needs assessment aims to identify opportunities to prevent youth violence, taking a public health approach

AIMS & OBJECTIVES

Using the public health approach, this report aims to

- clarify and understand the determinants and causal pathway towards violence in Southwark
- identify opportunities for prevention
- strengthen our partnership working

The objectives of the project are to:

- Understand the **epidemiology of serious youth violence (SYV)** using a variety of data sources, including Metropolitan Police, Youth Offending Service, and London Ambulance Service data
- Understand **local drivers of violence** and **variation in risk** (geographic, ethnic, sex, age), considering violence from a public health, systems-wide perspective
- Outline **current offer** to prevent youth violence, using an ecological model and a public health approach
- Identify **opportunities to improve collaborative working** locally to provide holistic support
- Support the **evaluation and impact** of efforts to address SYV in Southwark

Definition of SYV in this report: all incidents of violence against the person involving young people aged 10-24 years.

The overlap between youth violence and wider vulnerability and exploitation (including drug trade) is well-established and recognised locally.¹ However, for the purposes of this report, the scope was limited to SYV. A wider needs assessment is underway on community harm and exploitation.

Note: analysing and understanding the epidemiology of SYV can only tell us so much and it is important to complement these data with meaningful engagement with professionals and members of the public who are involved in or who have been exposed to SYV. This JSNA does not include any engagement with stakeholders as this report is intended be read alongside the extensive engagement carried out as part of the Southwark Youth Violence Panel and Southwark Extended Learning Review.

References

1. Violence and Vulnerability Unit (2019) Southwark Extended Learning Review

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National committees were established in 2017 to identify opportunities to prevent SYV

NATIONAL POLICY CONTEXT

In 2017, the Youth Violence Commission - a cross-party initiative - was established to examine the root causes of youth violence across England, Scotland, and Wales.¹

To identify opportunities to prevent youth violence, the commission engaged with a range of professionals and members of the public, including housing, communities, faith groups, and young people.

An interim report was published in July 2018 and identified six evidence-based areas of focus:

- Developing a national Public Health Model
- Focusing on early years and early intervention
- Reforming of youth services
- Improving support in schools
- Increasing employment opportunities
- Investing in community policing and reviewing the drugs approach

The final report is anticipated in 2019 and is expected to include proposed solutions to these six areas.

Also in 2017, an All-Party Parliamentary Group (APPG) on Knife Crime was set up to discuss:²

- Reasons for carrying knives
- Root causes and prevention
- Social media
- Policing, drugs, and county lines
- Sentencing and prisons

The APPG brought together MPs alongside 16 young people who had been convicted of, or a victim of, knife crime.

Young people developed proposals for how to support young people away from violence. These included:

- Tackling the underlying causes of violent crime in communities
- Managing the role of media in perpetuating myths around knife carrying, and of exploiting vulnerable young people
- Schools providing better support to young people who are at risk of becoming involved in violence
- The importance of rehabilitation and mentors in supporting young people out of violence

References

1. Youth Violence Commission (2018) Interim Report
2. Smith N and Hughes T (2019) All-Party Parliamentary Group on Knife Crime

A national Serious Violence Strategy was released in April 2018 but has since been criticised

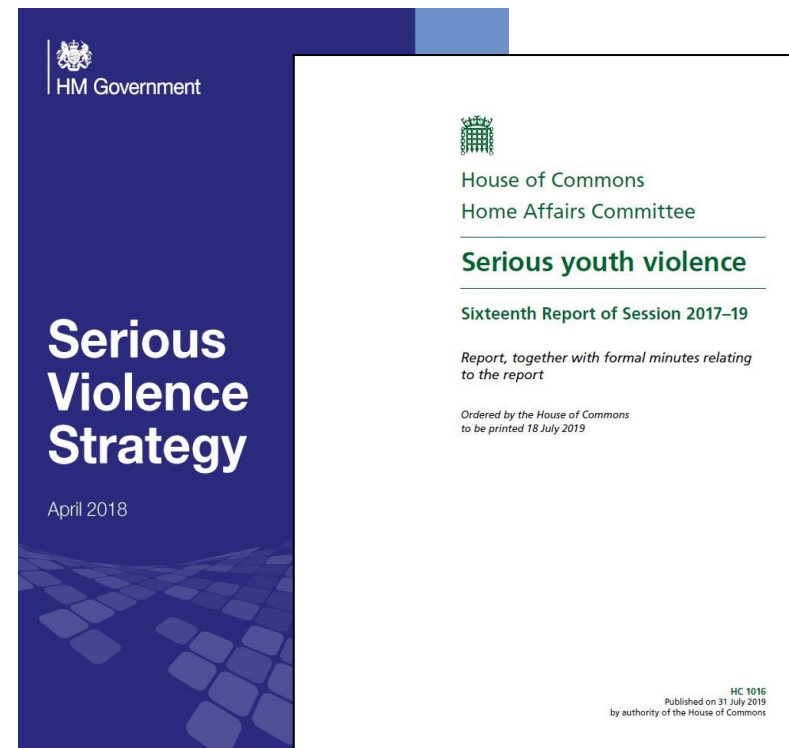
NATIONAL POLICY CONTEXT

The Home Office published a Serious Violence Strategy in April 2018 that encouraged a public health approach. The report covered four themes:¹

1. Tackling county lines and misuse of drugs
2. Early intervention and prevention
3. Supporting communities and partnerships
4. Effective law enforcement and criminal justice response

While the Home Office report was welcomed for its inclusion and assessment of a broad range of factors contributing to youth violence, a 2019 Home Affairs Committee on serious youth violence² found it to have:

- Inadequately invested in understanding the epidemiology of SYV
- Neglected to include milestones or timelines for achieving progress
- Proposed solutions insufficient to address to the problem it outlined



References

1. Home Office (2018) Serious Violence Strategy
2. House of Commons (2019) Home Affairs Committee: Serious youth violence. Sixteenth report of session 2017-19

A multi-agency violence reduction unit was established in London in December 2018

REGIONAL POLICY CONTEXT

Local enforcement strategies are set out in the 2017-2021 MOPAC Police and Crime plan.¹ This was followed closely by the London Knife Crime Strategy² in response to the particular increase in knife crime with injury locally; action was pledged against the following priorities:

- Targeting lawbreakers
- Offering ways out of crime
- Keeping deadly weapons off our street
- Protecting and educating young people
- Supporting victims of knife crime
- Standing with communities, neighbourhoods, and families against knife crime

In December 2018, the Mayor of London launched a new violence reduction unit (VRU), following the successful model in Glasgow.

- The VRU will expand on the 2017 Knife Crime Strategy to cover four aspects of violence: domestic violence, violence against women and girls, homicide, and serious youth violence
- Membership consists of varied partners including the Mayor, health, education, probation, police, local authority, and representatives from the community
- Extensive community and professional engagement is ongoing and an operating model is anticipated by April 2019

References

1. Greater London Authority (2017) A Safer City for All Londoners. Police and Crime Plan 2017-2021
2. Greater London Authority (2017) The London Knife Crime Strategy
3. Laurence R (2018) *DRAFT Violence Reduction Unit Terms of Reference*. 29 October 2018. Violence Reduction Unit Partnership Reference Group. London
4. Abrams L (2019) *VRU Delivery Model Development*. 22 January 2019. Violence Reduction Unit Partnership Reference Group. London

Southwark has prioritised reducing youth violence across the Council and engaged with local communities

LOCAL POLICY CONTEXT

Within Southwark, local efforts to address knife crime and serious youth violence are consolidated within the Community Safety Partnership Knife Crime and Serious Violence Plan 2018/19. There are four strategic aims:



The action plan is led by senior officers at Southwark Council, police, probation, Education, and the fire brigade, recognising the complex multi-stakeholder environment in which youth violence exists.

December 2018 saw the inaugural meeting of the first Southwark cross-party panel on youth violence.

Over the course of six sessions, the panel sought evidence from a range of community members, service providers, and officers to build a picture of youth violence in Southwark and inform the Council's response.

Final recommendations were agreed in May 2019 and were categorised under five themes:

1. Early years and education
2. Mental health and the public health approach
3. Role models and parents/carers
4. Criminal justice and policing
5. Youth and community services

References

1. Councillor Evelyn Akoto (2019) 'Report and Recommendations of the Southwark Serious Youth Violence Panel' *Southwark Youth Violence Panel meeting 13 December 2018* Southwark Council, London

An extended learning review identified exemplary practice in tackling SYV but a complex partnership landscape

LOCAL POLICY CONTEXT

In February 2019, Southwark's Safeguarding Children's Board commissioned an Extended Learning Review (ELR) by the Home Office Violence and Vulnerability Unit.¹

- Senior strategic officers, middle management, and practitioners from over 40 Council and voluntary & community sector organisations were interviewed

The ELR highlighted exemplary examples of **good practice** but also **challenges/barriers** to improvement:



Recommendations from the report are extensive and suggested to be captured within a framework and a public health approach.

References

1. Violence and Vulnerability Unit (2019) Southwark Extended Learning Review

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Southwark young people are more diverse and more deprived than the general population

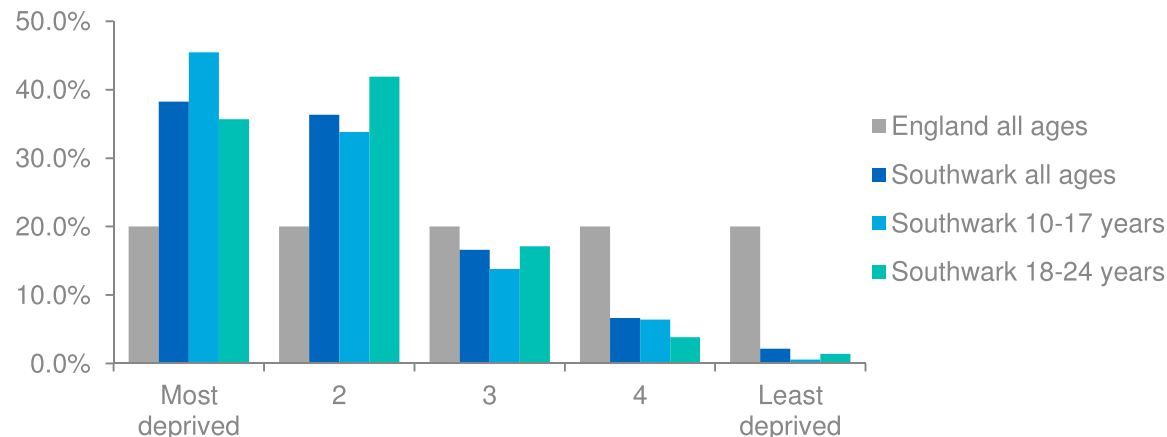
DEMOGRAPHICS

Approximately 54,400 young people aged 10-24 years are estimated to live in Southwark, 17% of our population. Our adolescents are more deprived and ethnically diverse than Southwark residents of other ages, which is important to consider when looking at the challenges and risk factors they face or when looking to import initiatives from elsewhere.

More of our adolescents live in our deprived areas than the general population.

- This difference is most marked in adolescents aged 10-17 years: 45% live in the most deprived quintile (20%) nationally compared to 38% overall
- 25% of children under 16 years are from low income families

Figure 1: Population by national deprivation quintile, 2017²



References

1. GLA 2016-based housing-led ethnic group projections
2. ONS Mid-2017 population estimates for lower super output areas in England and Wales

Table 1: Mid-year resident population estimates by single year of age in Southwark, 2017¹

Age	Male	Female	Total
10 years	1800	1700	3500
11 years	1600	1600	3200
12 years	1700	1600	3200
13 years	1500	1400	2900
14 years	1400	1400	2900
15 years	1500	1300	2800
16 years	1400	1400	2800
17 years	1500	1400	2900
18 years	1500	1500	3000
19 years	1600	1700	3400
20 years	1700	2100	3800
21 years	2000	2200	4200
22 years	2200	2400	4600
23 years	2400	2700	5100
24 years	2700	3000	5700

Note: numbers may not tally due to rounding

Southwark young people are more diverse and more deprived than the general population

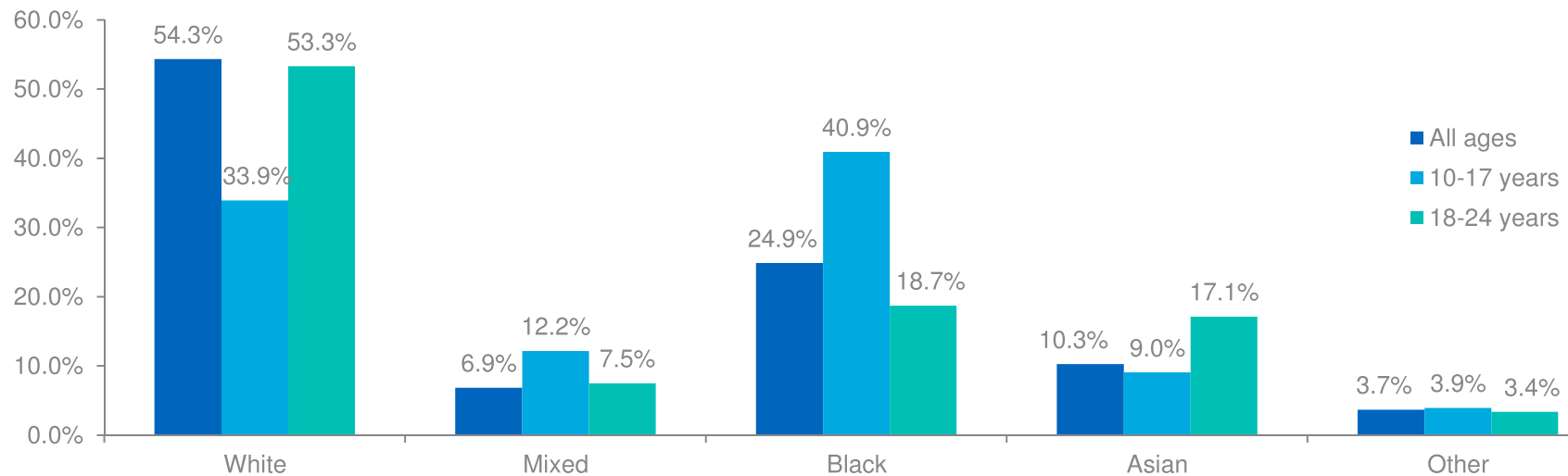
DEMOGRAPHICS

Southwark is a diverse borough with residents from a wide range of ethnicities and backgrounds. Over 120 languages are spoken, with just over 1-in-10 households having no members who speak English as a first language.

- Diversity varies markedly across age groups. Southwark young people are more diverse than our general population (Figure 2)
- Our school age population of young people (aged 10-17 years) is particularly diverse: almost twice as many young people are from a Black ethnic background than in the general population and in older adolescents

The demographics of Southwark young people differ from that of England and London and should be considered when translating interventions or initiatives to a local settings.

Figure 2: Ethnic diversity among adolescents in Southwark, 2016¹



References

1. GLA 2017-based housing-led ethnic group projections

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A variety of datasets come together to develop the picture of youth violence in Southwark

EPIDEMIOLOGY

Over the past three years (15/16 – 17/18), there have been nearly 100,000 police-recorded crimes in Southwark.

- Of these, about a quarter (23.4%) were violence against the person
- Young people were involved in almost half (40%) of all incidents of VAP over this period

However, not all crimes are reported to the police: regional police forces in England suggest only 40% of violence is known to police.

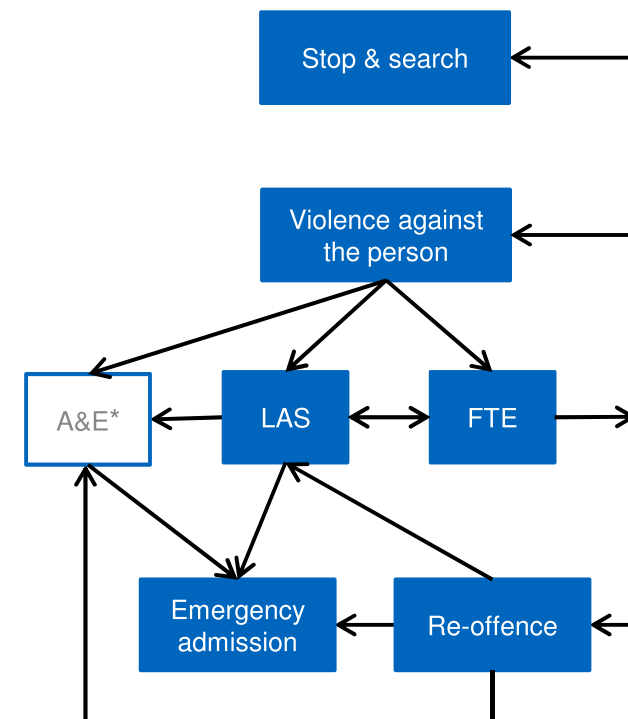
- Therefore to look only at police-recorded crime would underestimate the incidence of violence
- It would also underestimate the burden of violence as it accounts for perpetrators but not victims of violence. Though, it is broadly acknowledged that there is overlap between these two cohorts and that often, perpetrators have themselves been victims of violence

To develop a holistic picture of youth violence, a number of other datasets have been considered in tandem.

Police: data were available for stop & search and VAP, alongside Metropolitan Police Service public dashboards. A portion of people stop & searched will go on to receive an offence and be recorded as a first-time entrant to the youth justice system (FTE). Victims and perpetrators of VAP may be FTEs and/or come into contact with health services.

Health: some victims may report directly to health services and not involve police. Data were available for London ambulance service (LAS), A&E, and emergency hospital admissions. However, recording of A&E data is poor and largely incomplete and therefore not included in this analysis.

Youth Offending Service: data were available on first-time entrants to the youth justice system, re-offenders, and vulnerabilities in both cohorts.



*Not included in analyses due to poor data quality

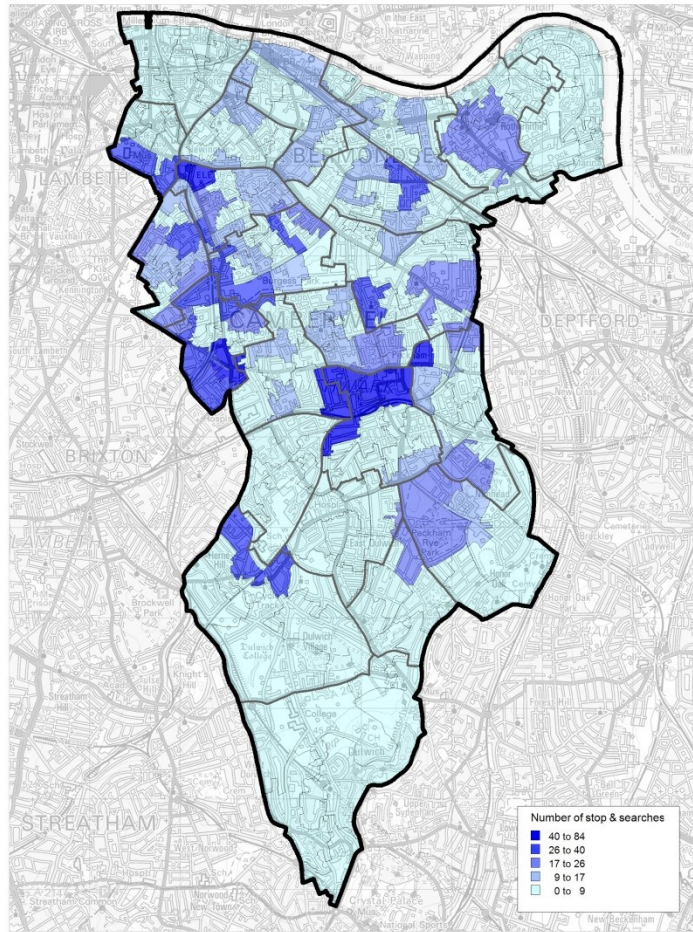
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1. Metropolitan Police Service internal data. Crime data dashboard
2. S Ibbotson (2015) Public health matters: preventing the disease of violence
3. Hobart V and Lindfield L (2018) Serious youth violence in London: developing a public health approach to violence prevention and reduction. Interim findings

Stop & searches disproportionately affect young people; this may be a their first contact with police

EPIDEMIOLOGY: STOP & SEARCH

Figure 3: Stop & searches of young people under 25 for points and blades and firearms by LSOA, 2017-18



Stop & search powers help the police to tackle crime. It's targeted and intelligence-led, and practiced on people who are suspected of being involved in crime. It can also act as a deterrent to criminal behaviour.

Stop & search can be viewed as a controversial tool and can be a formative experience with young people. For many, it will be their first encounter with the police and shape their impression of authority.

Use of stop & search depends heavily on political and community appetite and policies, and may increase following an incident. Its use and outcomes are monitored and a key part of the process includes engagement with the wider community.

Over the past year (2017-18), Southwark had the third highest number of stops among all London boroughs.²

Stops of young people (aged 10-24) in Southwark accounted for the majority (about 65%) of all stop & searches in the borough.¹

- As of July 2018, Rye Lane, Camberwell Green, and North Walworth had experienced the most stops, accounting for 30% overall
- Significantly less stops were made for firearms compared to points and blades over the same period, likely due to firearms being less available

References

1. Metropolitan Police Service. Advice and information: Stop and search Crown copyright and database rights 2017, Ordnance Survey (0)100019252

2. Metropolitan Police Service internal data, January 2016 – July 2018

Stop & searches disproportionately affect young people; this may be a their first contact with police

EPIDEMIOLOGY: STOP & SEARCH

Looking specifically at stops for points & blades and for firearms, Southwark young people stopped are almost exclusively male (97.9% and 100% respectively) and over the age of 15.¹

- While young people of black ethnicity account for about a third of our adolescent population, they represent two-thirds of those stop & searched by the police (Figure 5)

In Southwark, the number of stop & searches for points and blades among young people aged under 25 doubled from 2016 (605) to 2017 (1,206); by mid-year 2018, the 2017 sum had nearly been surpassed (Figure 4).¹

The majority of stops for points and blades occur between 14:00-22:00,¹ though this is likely due to more young people being out of school over these hours, rather than any meaningful trend.

Figure 4: No. stop & searches for points & blades and firearms in Southwark, January 2016 – June 2018¹

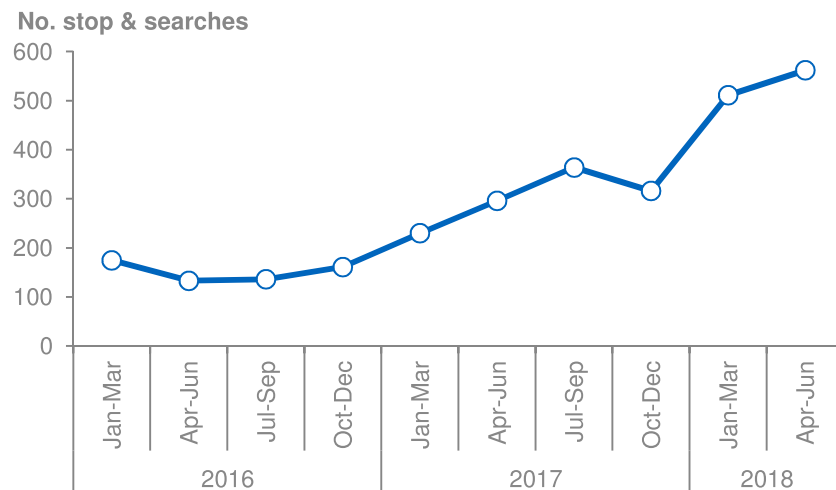
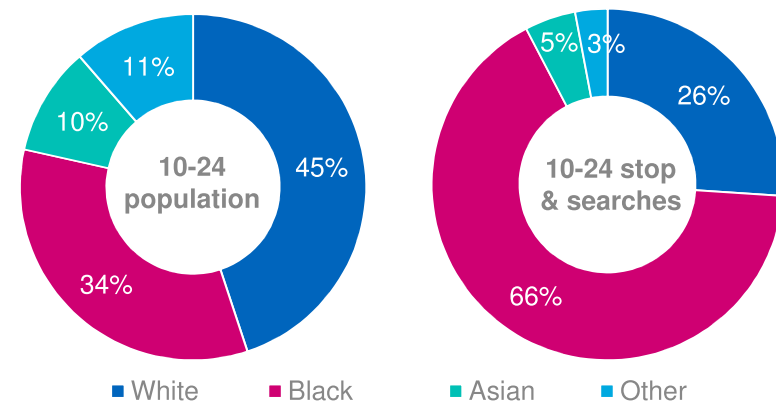


Figure 5: Stop & searches in Southwark by ethnicity, March 2018 – February 2019^{2,3}



References

- Metropolitan Police Service internal data, January 2016 – July 2018
- Metropolitan Police Service. Stop and search dashboard
- GLA 2017-based housing-led ethnic group projections

Stop & searches have increased year on year, with 20% resulting in further action

EPIDEMIOLOGY: STOP & SEARCH

Over the period for which data were available (January 2016 – June 2018), on average 20% of stops of Southwark adolescents for points & blades or firearms resulted in further action* being taken ('conversion').¹ However, this proportion declined from 2017 to 2018

Wards that experienced more stop & searches did not necessarily have a higher conversion (Figures 6 vs. 7).

- This may suggest stop & searches in these wards were less intelligence-led.
- However, conversion may be skewed by less selective stops following an incident (section 60 orders, the right to search people without suspicion)

The conversion proportion among young people in Southwark is slightly less than the conversion seen across all ages (29%).²

- Notably, stop & searches converting to action in London have increased substantially, from only 13% in 2012³

Figure 6: Stop & searches of young people for points & blades and firearms by ward, January 2016 – June 2018

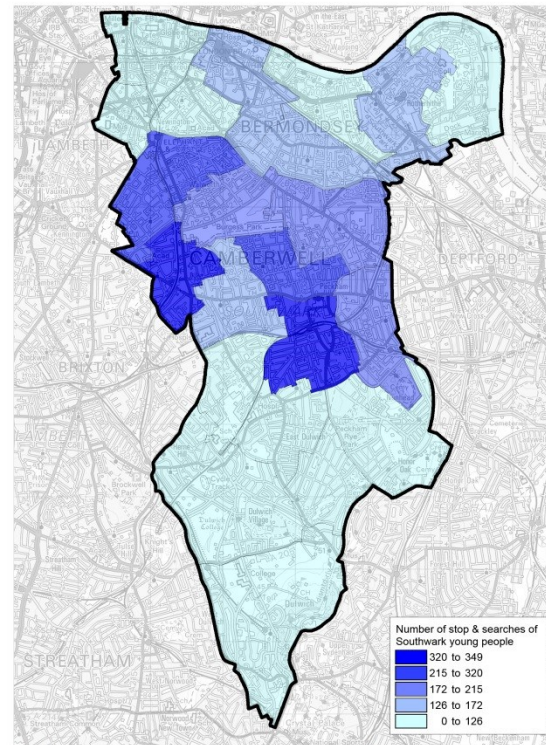
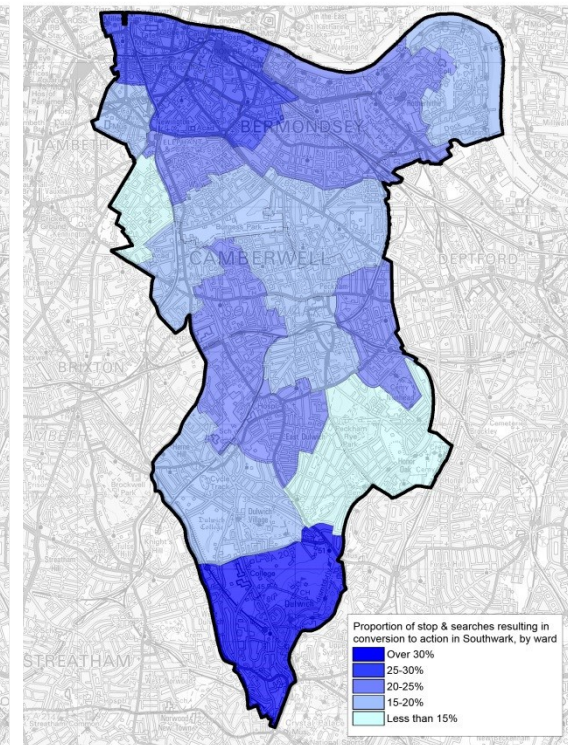


Figure 7: Conversions of stop & searches of young people for points & blades and firearms, January 2016 – June 2018



*Further action refers to any of the following outcomes: arrest, cannabis/khat warning, penalty notice, summons, community resolution, or caution

References

1. Metropolitan Police Service internal data, January 2016 – July 2018
2. Metropolitan Police Service. Stop and search dashboard
3. Greater London Authority (2017) The London Knife Crime Strategy Crown copyright and database rights 2017, Ordnance Survey (0)100019252

Incidents of VAP in young people have decreased but the number of offences involving a weapon continues to rise

EPIDEMIOLOGY: VIOLENCE AGAINST THE PERSON

Violence against the person (VAP) is the most common offence type committed by Southwark young offenders.¹

VAP encompasses a range minor offences (harassment, common assault) to serious incidents (grievous bodily harm, assault with injury).

- About 30% of offences committed by young people assessed by the Southwark youth offending service in 2017/18 were VAP – **double the proportion seen in 2013/14 (16%)²**

There has been little change in the number of incidents of VAP involving Southwark young people from 2015/16 – 2017/18.³

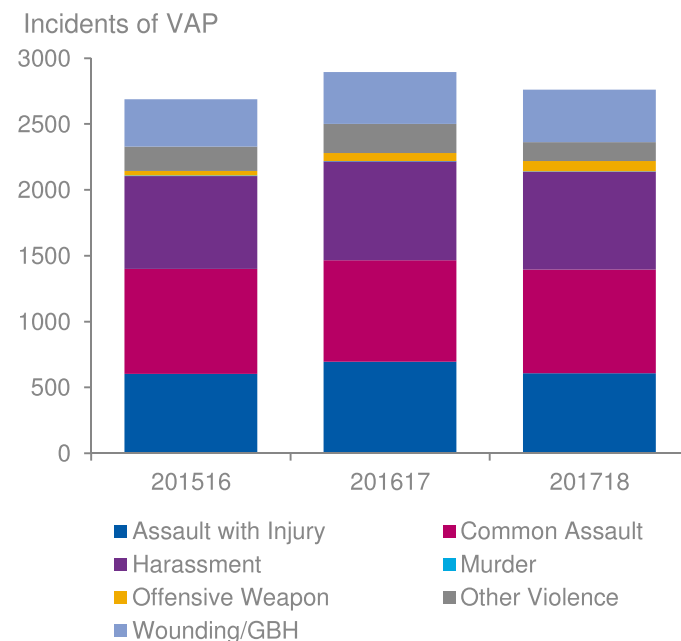
- Notably, the number of incidents involving an offensive weapon accounted for only 2.8% of all VAP in 2017/18
- However, this represented a **130% increase** from the number of adolescent offensive weapon incidents recorded two years prior (34 in 15/16 and 78 in 17/18)

In 2017/18, North Walworth and Rye Lane experienced the greatest number of incidents of VAP in young people.¹

A 2018 analysis of youth violence in Southwark suggests that incidents involving young people predominantly occur after school hours, between 15:00-18:00.²

- While there was little difference in the gender of victims of youth violence as recorded by the police over the time period, suspects were disproportionately male (81%)⁴

Figure 8: Incidents of VAP in Southwark involving young people aged under 25 by offence type, 2015/16 – 2017/18



References

1. Southwark Youth Offending Service. Snapshot data of young people assessed using Asset Plus from October 2017 – September 2018.
2. MoJ and YJB for England and Wales (2019) Youth Justice Statistics
3. Metropolitan Police Service internal data, January 2016 – July 2018
4. Stephen Douglass (2018) 'Overview of Youth Violence and Knife Crime in Southwark' *Southwark Youth Violence Panel meeting 13 December 2018* Southwark Council, London

The number of LAS call-outs to young victims of assault has been relatively stable but the age cohort is changing

EPIDEMIOLOGY: AMBULANCE CALL-OUTS

London Ambulance Service (LAS) data capture incidents of violence requiring emergency health support, including some incidents that may never be reported to the police.

There have been no major fluctuations in the number of LAS call-outs for assault victims in Southwark, or the proportion of call-outs for under-25s since 2015: (131 in 2015/16 – 148 in 2017/18).¹

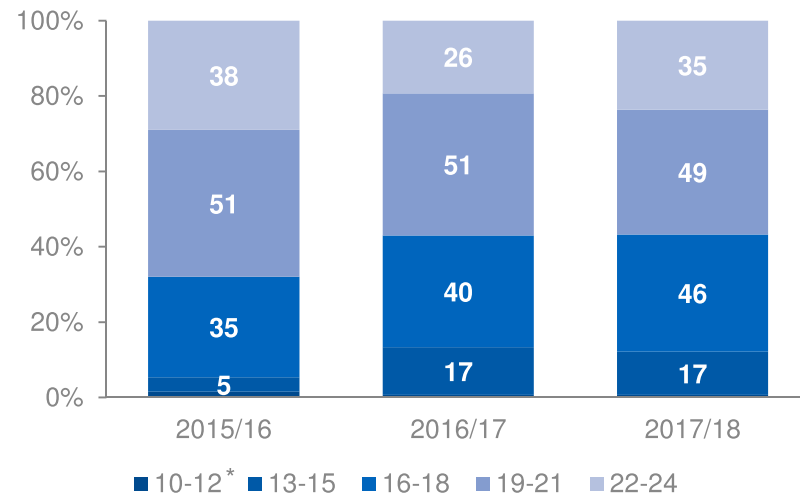
- Approximately one-in-three call-outs is for a victim aged under-25 years
- Contrary to analyses of police-recorded data, males have consistently accounted for about 80% of victims as recorded in health data

However, victims are increasingly younger, with a growing proportion comprising of 13-18 year olds.

There is significant variation in timing of LAS call-outs by time, day, and month, but this trend is seen equally among under- and over-25s.

- Call-outs over the 2015-2018 period tended to increase after 6pm, reaching a peak from 10pm-midnight
- In both age cohorts, call-outs were highest over the summer months from May to September
- Most call-outs occurred over the weekend

Figure 9: Age breakdown of under-25 assault victims, 2015/16-2017/18



*(n ≤ 2, not shown)

n = number of events by age group

Methodology: LAS data on call-out incidences from 2015/16-2017/18 were analysed, including only those that had an age recorded. Incidents that included a code for 'assault' were analysed, removing those which specified sexual assault. Those under-25 were compared with those over-25 years of age. These data were limited by a lack of consistent coding and possible inaccurate demographic coding, especially in severe cases.

References

1. Local Ambulance Service (LAS) internal data, January 2015- December 2018

Most LAS call-outs in young people result in the victim being taken to hospital and, increasingly, to a trauma centre

EPIDEMIOLOGY: AMBULANCE CALL-OUTS

The vast majority (80%) of under-25 victims of assault who call the LAS get taken to hospital.

- Most are delivered to A&E as a non-trauma call, however, **20% are taken to a major trauma centre (MTC)** – Kings or Royal London Hospital – used for more severe injury
- Seven percent have less serious injuries and are taken to an urgent care centre

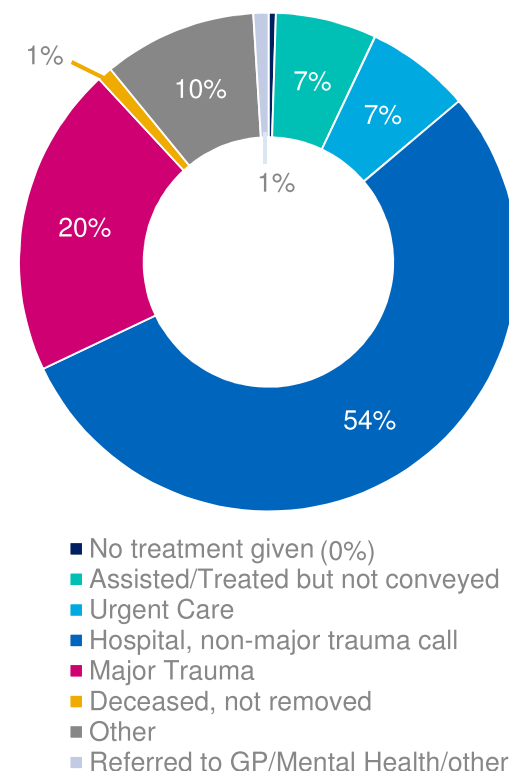
There has been an increase in the proportion of young people being taken to a MTC.

- Rates of MTC usage have risen from 18% in 2015/16 to 23% in 2017/18

Findings may suggest that the severity of injury among young victims of assault in Southwark is increasing.

- However, a change in major trauma criteria (e.g. reducing the threshold for sending a victims to a MTC) might also be driving these findings

Figure 10: Destination of LAS after call-out in under-25s in Southwark, 2015/16 - 2017/18



Methodology: LAS data on call-out incidences from 2015/16-2017/18 were analysed, including only those that had an age recorded. Incidents that included a code for 'assault' were analysed, removing those which specified sexual assault. Those under-25 were compared with those over-25 years of age. These data were limited by a lack of consistent coding and possible inaccurate demographic coding, especially in severe cases.

References

1. Local Ambulance Service (LAS) internal data, January 2015- December 2018

Emergency admissions for assault with a sharp object have not decreased in line with admissions for other assaults

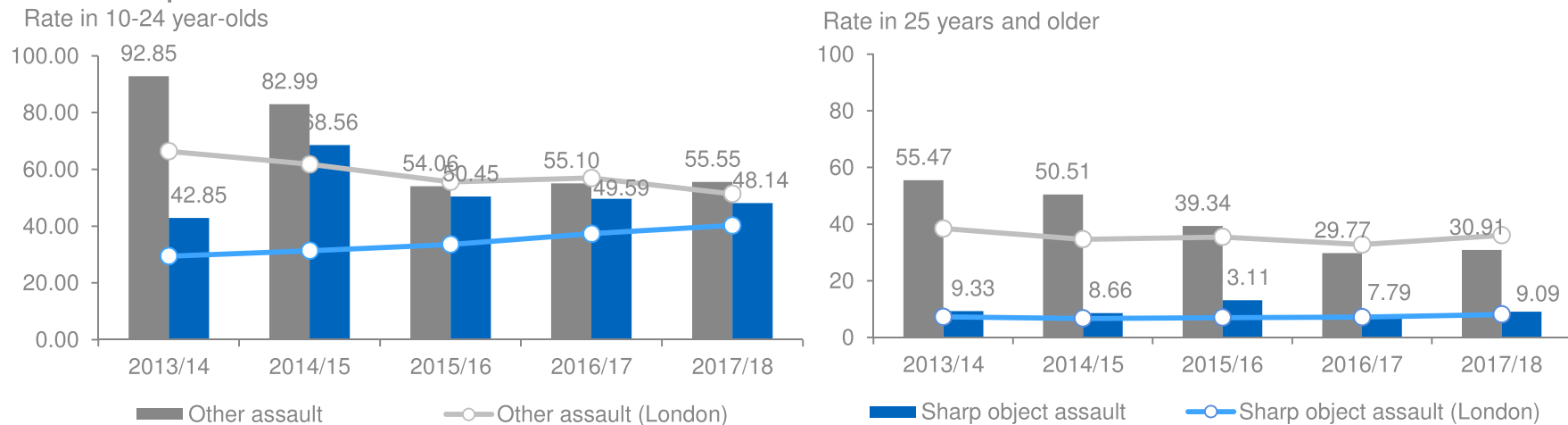
EPIDEMIOLOGY: EMERGENCY ADMISSIONS

Some incidents of SYV will result in hospital admission. These may have come from ambulance services or they may have presented directly to A&E and been admitted – a cohort that may not have been captured in police or LAS datasets. Emergency admissions exclude incidents of SYV (e.g. knife assaults) that are either not serious enough to merit hospital admission, or that result in immediate homicide.

Southwark has a high number of emergency admissions for assault compared to London, particularly for assault with a sharp object (ASO). The rate of admissions in Southwark has been consistently higher than the London average, though the regional rate is increasing.

- Age-standardised rates of admissions due to ASO are over 5x higher in young people than in those aged ≥ 25

Figure 11: Rate of emergency admissions for assault with and without a sharp object in Southwark per 100,000, 2013/14 – 2017/18¹ with London comparator



Methodology: HES data from financial year 2013/14 to 2017/18 were analysed, looking at incidents that included a code for 'assault'. Rates for those aged 10 to 24 were compared with those aged 25 and over. These data were limited by capturing only those cases that required hospital admission, and will therefore not account for incidents which didn't attend A&E, only attended A&E or died before reaching hospital.

References

- Hospital Episode Statistics (HES) internal data, 06/04/2013 – 31/03/2018

Emergency admissions for assault with a sharp object have not decreased in line with admissions for other assaults

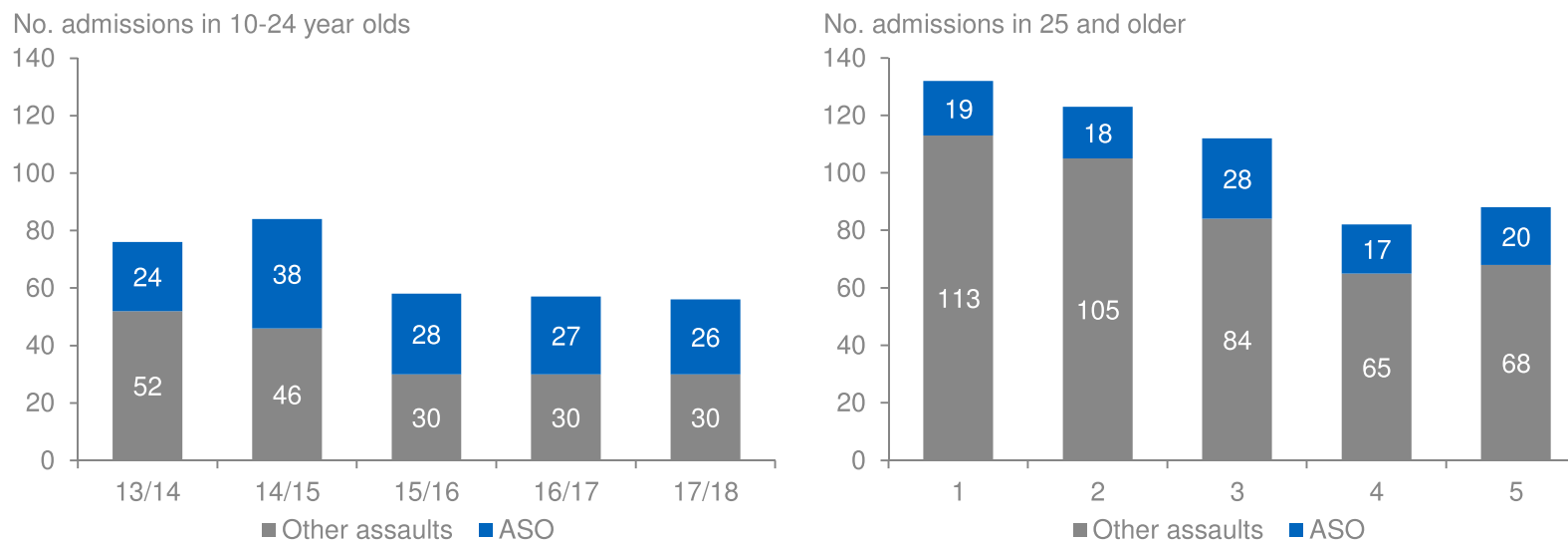
EPIDEMIOLOGY: EMERGENCY ADMISSIONS

While the overall number of emergency admissions for assault across all ages has decreased since 2013/14, the proportion of admissions due to ASO remains relatively stable. The majority of victims of ASO are adolescent.¹

- Young people accounted for 40% of emergency admissions for assault overall in Southwark in 2017/18
- Forty-six percent of these adolescent emergency admissions for assault in 2017/18 were for ASO, compared to only 23% in the adult population

Data on the absolute number of admissions for ASO (Figure 12) would suggest that the number of admissions for ASO involving young people has been relatively stable over the last five years.

Figure 12: Number of emergency admissions by proportion attributed to assault with and without a sharp object in Southwark, 2013/14 – 2017/18¹



Methodology: HES data from financial year 2013/14 to 2017/18 were analysed, looking at incidents that included a code for 'assault'. Rates for those aged 10 to 24 were compared with those aged 25 and over. These data were limited by capturing only those cases that required hospital admission, and will therefore not account for incidents which didn't attend A&E, only attended A&E or died before reaching hospital.

References

1. Hospital Episode Statistics (HES) internal data, 06/04/2013 – 31/03/2018

The demographics of young people admitted for assault differs from the general adolescent population

EPIDEMIOLOGY: EMERGENCY ADMISSIONS

The most common reason for emergency admission for assault with a sharp object in young people is thoracic or abdominal injury.¹ These are likely to require surgical intervention.

The ethnic profile of young people admitted for assault is more ethnically diverse than the general adolescent population.

- Black and Other ethnic groups are particularly represented, suggesting further investigation into shared risk factors for involvement in violence to understand the inequality.

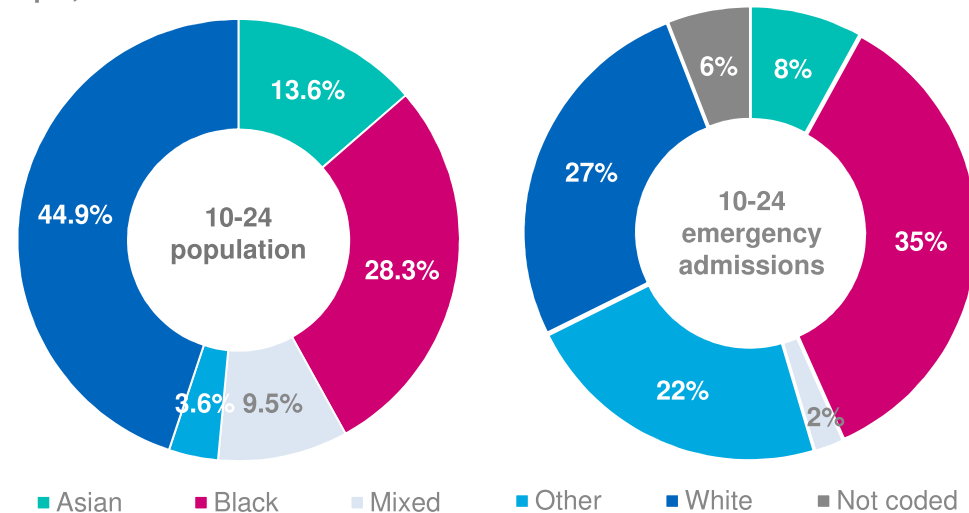
As with LAS call-outs, the majority (83%) of victims were male.

Most young people admitted were over the age of 16, however, 16% of victims in 2017/18 were under 15 years old.

Seasonal and time trends also mimicked LAS call-outs.

- Peak admissions occurred over the summer months
- Highest rates of admission occurred over the weekend

Figure 13: Emergency admissions for assault by ethnicity in Southwark young people, 2013/14 – 2017/18¹



Methodology: HES data from financial year 2013/14 to 2017/18 were analysed, looking at incidents that included a code for 'assault'. Rates for those aged 10 to 24 were compared with those aged 25 and over. These data were limited by capturing only those cases that required hospital admission, and will therefore not account for incidents which didn't attend A&E, only attended A&E or died before reaching hospital.

References

- Hospital Episode Statistics (HES) internal data, 06/04/2013 – 31/03/2018

Southwark has a high number of FTE to the youth justice system; these are largely young, BAME males

EPIDEMIOLOGY: FTE

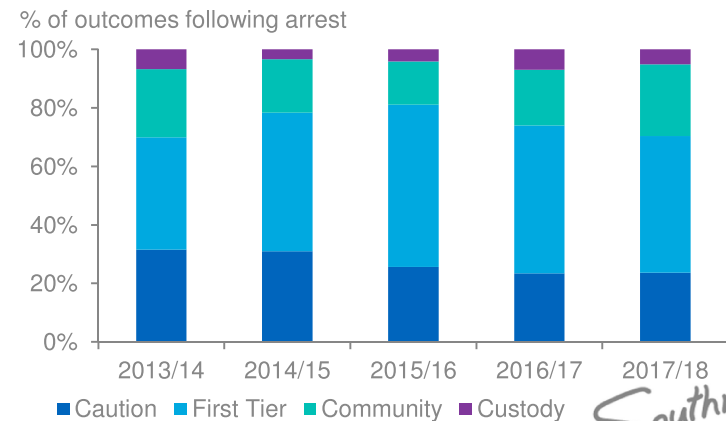
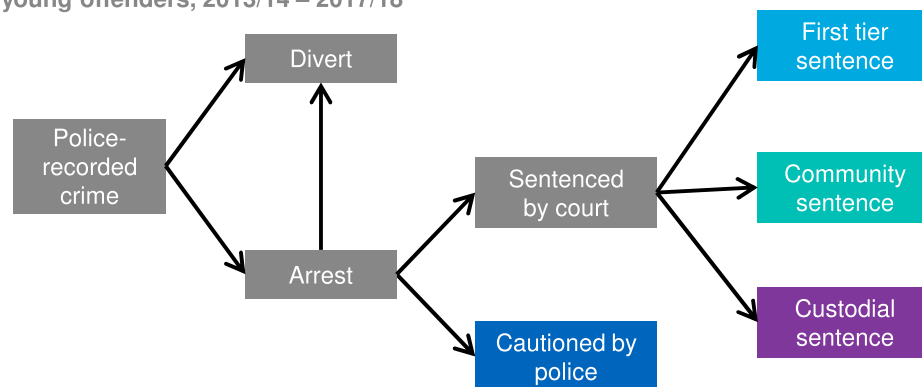
Young people aged 10-24 years who are found to have committed an offence will be supervised by either by the local youth offending service (YOS) (18 and under) or adult probation services (over 18s). Local authority-level data are not publically available for adult offenders. Therefore all subsequent slides pertain to those 18 and under only.

For young people who have committed an offence, there are a range of outcomes available. These should be both proportionate to the crime and effective at reducing re-offending.¹

- Most offences are dealt with using an out-of-court disposal method
 - For minor offences, a youth caution / conditional caution is employed, or a ‘first tier’ penalty (discharge, fine, or deferred sentence)
 - More serious offences may require use of a community sentence (youth rehabilitation order), which sets additional limits and requirements on the young person’s actions
- In only the most severe cases of offence is a young person served a custodial sentence

Cautions, first tier, community, and custodial sentences all result in the young person receiving a criminal record and being recorded as a ‘first-time entrant’ (FTE) into the youth justice system.

Figure 14: Youth sentencing pathway in England and outcomes among Southwark young offenders, 2013/14 – 2017/18¹



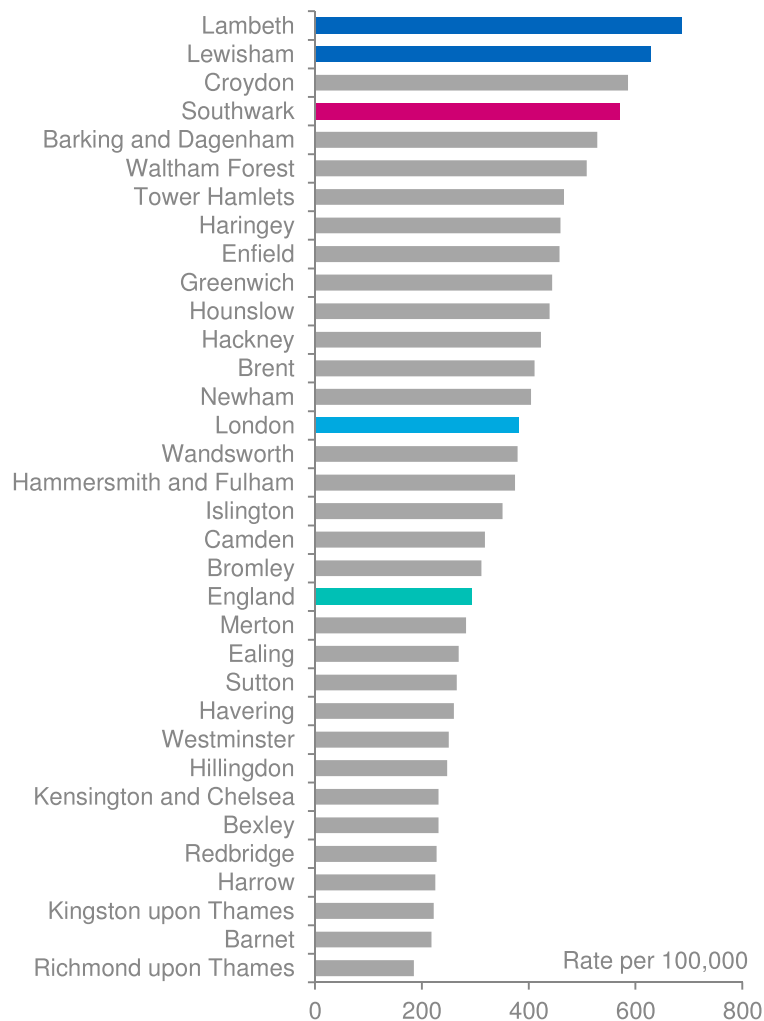
References

1. Ministry of Justice and YJB for England and Wales (2019) Youth Justice statistics

Southwark has a high number of FTE to the youth justice system; these are largely young, BAME males

EPIDEMIOLOGY: FTE

Figure 15: Rate of first-time entrants to the youth justice system in Southwark per 100,000, 2017¹



Southwark has the fifth highest number of first-time entrants to the youth justice system (n=232 10-17 year olds in 2017/18) and the fourth highest rate of FTE (569.7 per 100,000) among all London local authorities.

More recent local data, however, indicate the rate of FTE has reduced and is now at its lowest rate ever (401 per 100,000).

FTE in Southwark are largely:²

- Male: on average 89% of FTE from 2013/14 – 2017/18
- BAME: on average 69.5% of FTE from 2013/14-2017/18
- Aged 15-17: on average 80% of FTE from 2013/14 – 2017/18

References

1. PHE Fingertips (2017) Public Health Outcomes Framework: Wider determinants of health
2. Ministry of Justice and YJB for England and Wales (2019) Youth Justice statistics: 2017 to 2018

Southwark has low rates of re-offending and of offences per re-offender

EPIDEMIOLOGY: REPEAT OFFENDERS / REPEAT VICTIMS

Despite high levels of FTE, Southwark has lower rates of re-offending* than the London and England average.

- About 45% of young people re-offend in the year following their conviction or release from custody
- Southwark also has the second lowest number of offences per re-offender within our statistical family group (1.48 per re-offender)
- The latter is largely reflective of the work of the Southwark youth offending service to divert young people away from re-offending
- An in-depth analysis of re-offending is currently underway by the Southwark YOS

An analysis of local emergency admissions data revealed low but not insignificant numbers of young people admitted more than once over the last five years.

- Of the 331 young people admitted to hospital for assault between 2013-2018, eight were re-admitted within that period; six were re-admitted due to knife assault
- The average length of time between admissions was 315 days
- In light of the interplay between victims and perpetrators of violence, low numbers of re-admissions for assault suggests positive outcomes following treatment. However, it cannot account for young people repeatedly involved in violence but not making it to hospital, either due to decease or less serious wounding

*Re-offending is measured as a new offence 12 months after conviction or release from custody, that also results in a substantive outcome (i.e. cautions, first tier, community, and custodial sentences)

References

1. Southwark Youth Offending Service internal data
2. Hospital Episode Statistics (HES) internal data, 06/04/2013 – 31/03/2018

Southwark is home to high-risk peer groups recognised nationally; their rivalries are frequently publicised

EPIDEMIOLOGY: GANGS

Southwark has a historical presence of gangs and high-risk peer groups in the borough who are involved in crime and violence.

- These groups have a national profile and have been linked to serious assaults and homicides
- Gang rivalry is frequently publicised through public (e.g. YouTube) and semi-private (e.g. SnapChat) channels

As of July 2018, the Metropolitan Police Service gang matrix contained 68 Southwark young people, 13 of which habitually carry a knife.

- An additional 37 Southwark young people not in the gang matrix are also considered habitual knife carriers and 9 to habitually carry a firearm

References

1. Metropolitan Police Service internal data, January 2016 – July 2018

Violence tends to be concentrated in a small number of LSOA, many of which are among the most deprived

EPIDEMIOLOGY: SUMMARY

Data for 2017/18 indicate that incidents of violence and ambulance call-outs to victims were concentrated largely in the centre and North-East of the borough, which include some of Southwark’s most deprived communities and also areas of urban nightlife.

This may suggest an association between deprivation and involvement in violence as both a perpetrator and a victim.

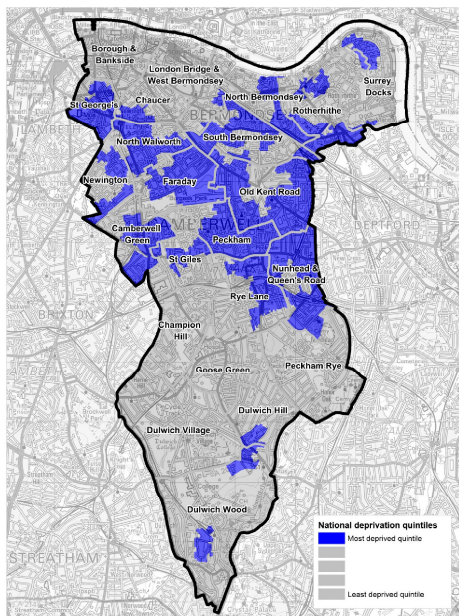


Figure 16: Indices of deprivation, 2015

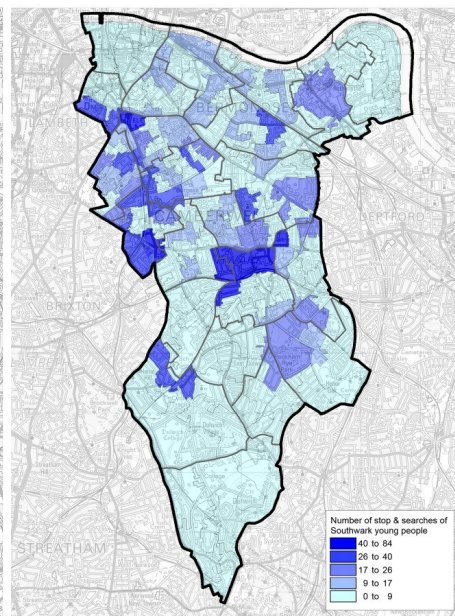


Figure 17: Stop & searches of young people for points and blades and firearms, 2017-18

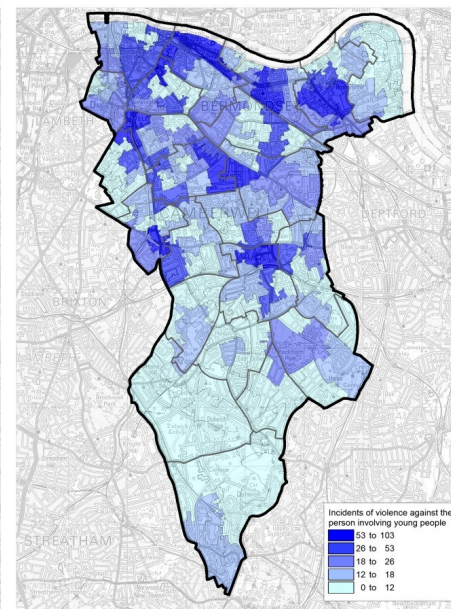


Figure 18: Incidents of violence against the person involving young people, 2017-18

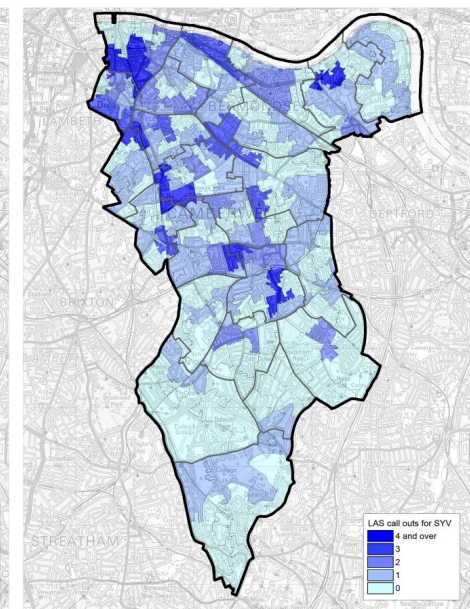


Figure 19: LAS call-outs for assault involving young people, 2017-18

References

1. Department for Communities and Local Government
 2. Metropolitan Police Service internal data, January 2016 – July 2018
- Crown copyright and database rights 2017, Ordnance Survey (0)100019252

SYV in Southwark increasingly involves a sharp object and the age profile of those involved is getting younger

EPIDEMIOLOGY: SUMMARY

Demography

- Southwark has a large population of young people aged 10-24 years. Our adolescents are more deprived and more diverse than the general Southwark population.
- These conditions need to be considered when looking at risk of involvement in violence and they mean that interventions that work elsewhere in England or London, may need to be tailored locally.

Police data

- Southwark has the third highest number of stop & searches among London local authorities. Stop & searches disproportionately affect young people, males, and those of minority ethnic groups. In 14-20% of instances of stop & searches of Southwark young people, further action is taken.
- Violence against the person is the most common offence committed by young offenders in Southwark. Incidents of VAP involving Southwark YP have seen little change over the past three years but use of an offensive weapon has increased dramatically.

Health data

- There have been no major fluctuations in the overall number of LAS call-outs to young victims of assault over the last three years. However, the age profile of victims is increasingly younger.
- Emergency admissions for assault with a sharp object have not reduced in line with assaults overall and are over 5x higher in young people than in those aged over 25 years.

YOS data

- Despite high levels of first-time entrants to the youth justice system, Southwark has a low rate of re-offending compared to other London local authorities. Young people involved in the criminal justice system tend to be young males of BAME ethnicity.

Epidemiologic review suggests that incidents of assault involving young people have not dramatically increased of late, however, we are increasingly seeing involvement of a sharp object and of younger children. Black males are disproportionately represented in each dataset where ethnicity is available.

Slide 37

The data in this JSNA only reveal part of the picture of SYV; more is needed to develop a full understanding

EPIDEMIOLOGY: CAVEATS

While extensive efforts were made to collect data from a range of sources, it was not possible to include all datasets relevant to SYV and its root causes.

As outlined in the aims & objectives of this report, the scope of this JSNA is limited to SYV. The following datasets have not been included in this analysis but are expected to be covered by the forthcoming work on community harm and exploitation.

- Data pertaining to drugs, including exploitation, county lines-related convictions, convictions for possession or intent to supply, and others
- Data on robberies, which may or may not be drug-related
- Outcomes data for young people involved in pupil referral units or other forms of alternative provision

Furthermore, data are only available for young people in contact with services and therefore there will be many incidents that have not yet been brought to our attention through stop & searches or police/health-recorded incidents. Quantitative data on the degree of involvement and impact on women and girls in particular is less available.

References

1. Metropolitan Police Service internal data. Crime data dashboard
2. S Ibbotson (2015) Public health matters: preventing the disease of violence
3. Hobart V and Lindfield L (2018) Serious youth violence in London: developing a public health approach to violence prevention and reduction. Interim findings

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- Epidemiology
- Risk factors
- Impact

The Local Response

Summary & Recommendations

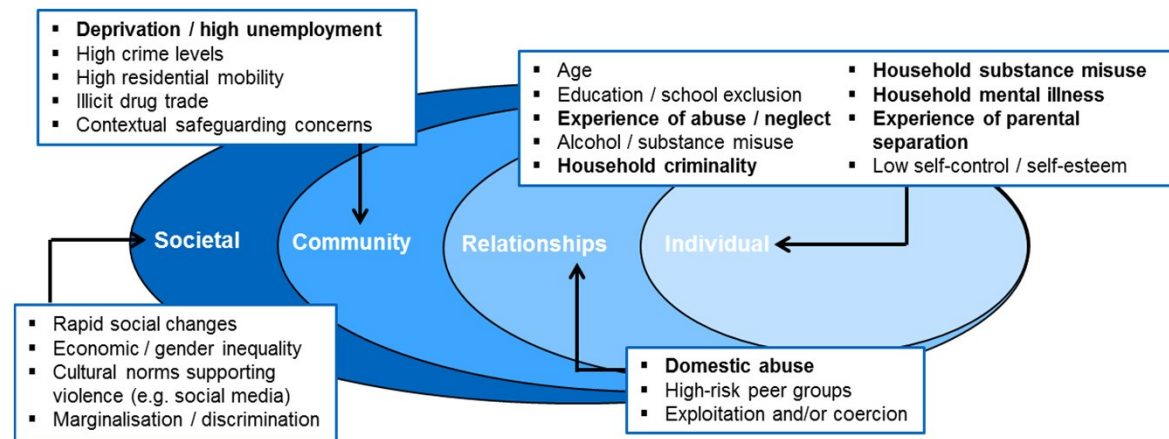
Risk factors prevalent among young offenders may shed light on where prevention and support should be focused

RISK FACTORS

As introduced on [slide 8](#), there are numerous risk factors and vulnerabilities for involvement in violence, spanning individual, interpersonal, community, and societal domains.

There is considerable overlap between these factors and many are intrinsically linked.

Deprivation in particular tends to cluster with other risk factors, such as adverse childhood experiences. This in turn can make the development of protective factors to overcome adversity, more challenging.



It would not have been possible to discuss every risk factors in detail. Therefore a decision was made to focus on risk factors most commonly identified among Southwark young offenders:¹

- Adverse childhood experiences
- Being a looked-after child, child in need status or subject to a child protection plan
- Having a special education need or disability
- Excluded / attendance issues at school
- Mental / physical health concerns

While we cannot say conclusively these are risk factors and not consequences of involvement in violence, they do build a picture of the vulnerabilities of this cohort and where we might focus our offers of prevention and support.

Moreover, it is important to note that data are only available on young people engaged in services. There are likely to be a number of vulnerable young people at risk of becoming involved in violence for which we have no data.

References

- Southwark Youth Offending Service. Snapshot data of young people assessed using Asset Plus from October 2017 – September 2018

An estimated 9-10% of children aged 0-4 years in Southwark experience 4+ ACEs

RISK FACTORS: ACEs

Adverse childhood experiences (ACEs) are being increasingly recognised for their impact on life outcomes and behaviours.

ACEs are common: about half of all adults in England have experienced at least one. However, it is the multiplicity of ACEs that is most concerning and most strongly associated with poor outcomes and risk behaviour.

Exposure to ACEs leads to an accumulation of trauma, which in turn may affect neurodevelopment and vulnerability.¹

This can manifest in behavioural issues, poor mental health, emotional dysregulation, lessened empathy, and increased anti-social behaviour.

Compared to people with no ACEs, those with 4+ are:^{2,3}

- 7x more likely to be involved in violence
- 11x more likely to be incarcerated
- 4x more likely to have low levels of mental wellbeing
- 11x more likely to have smoked cannabis
- 5x more likely to use illicit drugs

Data on ACEs are limited but national estimates and a 2018 review of health visiting case notes suggest that **9-10% of Southwark children aged 0-4 years experience 4+ ACEs.**

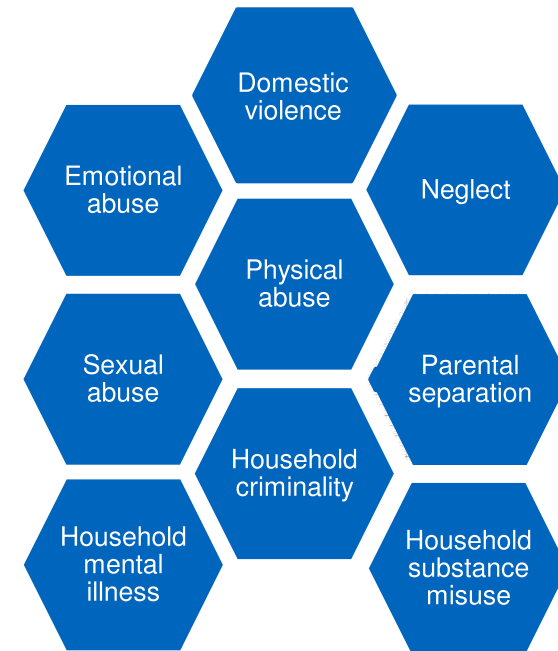


Figure 19: Adverse childhood experiences²⁻⁶

References

1. Kowalski MA Adverse childhood experiences and justice-involved youth: the effect of trauma and programming on different recidivistic outcomes
2. YoungMinds (2018) Addressing Adversity
3. Felitti VJ, Anda RF, Nordenberg D, *et al.* Relationship of childhood abuse and Household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med* 1998;14(4):245-58
4. Public Health Wales. (2015). Welsh Adverse Childhood Experiences (ACE) Study
5. SAMHSA. Adverse childhood experiences. Available from: <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>
6. Hughes K, Bellis MA, Hardcastle KA, *et al.* The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *Lancet* 2017;2(8):e356-e366.

The prevalence of ACEs is higher in the YOS cohort than the general Southwark population

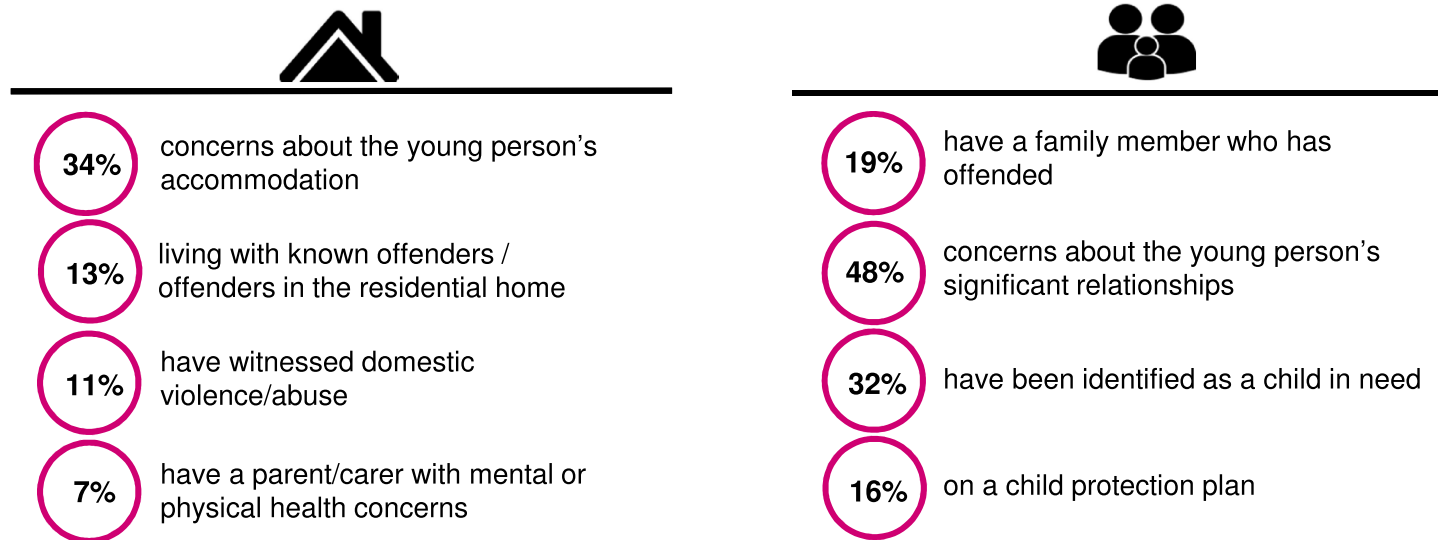
RISK FACTORS: ACEs

A review of the cohort of young people (n=259) assessed by the Southwark Youth Offending Service (YOS) over one year revealed a high prevalence of ACEs.*

- 72% of young people had at least one ACE, with 30% having experienced 4 or more.
- There was no discernible association between the number of ACEs and the age, ethnicity, or gender of the young person

The profile of ACEs among Southwark young offenders reveals concerns around the family/home environment and findings further support the need to identify and support families and children in difficult circumstances at an early stage.

Figure 20: Profile of ACEs in a snapshot cohort from the Southwark youth offending service¹



*ACEs included: ever/current child protection plan / child in need, known victim or witness of abuse, concerns about accommodation (including household criminality), concerns about parental supervision, concerns about behaviour within the household, concerns about significant relationships, CSE concerns.

References

- Southwark Youth Offending Service. Snapshot data of young people assessed using Asset Plus from October 2017 – September 2018.

Looked-after children have a high prevalence of ACEs and are among our most vulnerable children

RISK FACTORS: LAC

Children in care are those under 18 years who are looked after by the local authority. They have often suffered adverse childhood experiences and are among the most vulnerable in our society.

The prevalence of behavioural or emotional problems in this group is estimated to be as high as 72%.¹

- As of 31 March 2018, there were 491 looked after children in Southwark. The local rate of entry into care per 10,000 children (76) is much higher than that of London (49), England (64) or our South East London neighbours²
- These children have higher rates of depression, anxiety, conduct disorders, and ADHD³

Some looked-after children will have been the subject of a Child Protection Plan (CPP).

- A CPP is drawn up by the local authority, bringing together relevant multi-agency carers to ensure the child is safe and to promote their health and development
- In 2017/18, there were 347 children in Southwark with a CPP⁴
- For just over 50% of cases, the most common latest category of abuse was emotional abuse (51%), followed by neglect (35%), roughly mirroring the national picture (38% and 48%, respectively)⁴

Previous abuse and disrupted relationships with caregivers mean looked-after children are at risk of exploitation and gang-affiliation.⁵

- About a third of young people seen by Southwark YOS are estimated to be a child in need and around 15% are on a child protection plan⁶
- National evidence suggests about a third of children in custody have been looked-after⁷

References

1. Sempik, J. et al. Emotional and behavioural difficulties of children and young people at entry into care. *Clinical Child Psychology and Psychiatry*, 2008;13(2), pp. 221-233
2. DfE (2018) Children looked after in England including adoption: 2017 to 2018
3. Children and Young People. Southwark and Lambeth's JSNA. Southwark Council: London, 2015
4. DfE (2016) Official Statistics: Characteristics of children in need: 2017 to 2018
5. Sands C (2018) Child Criminal Exploitation: county lines gangs, child trafficking & modern slavery defences for children
6. Southwark Youth Offending Service. Snapshot data of young people assessed using Asset Plus from October 2017 – September 2018
7. Southwark Council (2016) Children in care and care leavers strategy 2016-2019

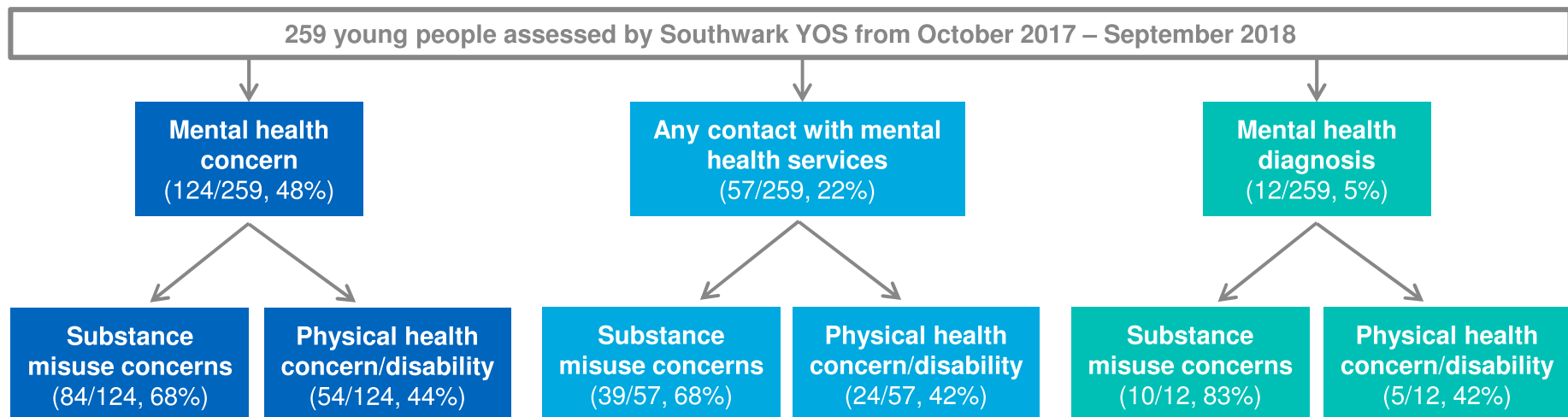
Young people with poor mental health and wellbeing are vulnerable to exploitation and involvement in crime

RISK FACTORS: MENTAL WELLBEING

There are shared risk factors between poor mental wellbeing and involvement in crime and gangs: low self-esteem, neglect, exclusion, social disadvantage, among others.¹

- Young people may be attracted to higher-risk peer groups who offer support and a sense of belonging to those without strong relationships of their own
- Involvement in higher-risk peer groups typically begins in early adolescence, a particularly vulnerable period for development, self-identity, and mental wellbeing

Mental health concerns are prominent among young people assessed by the Southwark YOS, though we cannot confirm a causal link.² These young people are also likely to present with physical health needs and substance misuse concerns.



References

1. PHE (2015) The mental health needs of gang-affiliated young people
2. Southwark Youth Offending Service. Snapshot data of young people assessed using Asset Plus from October 2017 – September 2018

Children with special needs are more likely to experience poor mental health and exhibit difficult behaviours

RISK GROUPS: SEND

Children and young people with special educational needs and disabilities (SEND)* are more likely to develop poor mental health.¹⁻⁴ They are also more likely to exhibit behaviours that increase their risk of school exclusion and involvement in violence.

- Speech, language, and communication need can impact on a young person's ability to express themselves and in understanding and respecting social norms of communication
- Social, emotional, and mental health difficulties can manifest in a variety of ways, including becoming withdrawn as well as displaying challenging, disruptive or disturbing behaviour

Young people with SEND are also at risk of being exploited as part of gang or criminal activity.⁵

In Southwark, 8145 children were identified as having SEND in 2017.²

- While this number has decreased since 2011, it remains higher than the London and national average
- These children are more likely to be:



Black
Caribbean



More deprived



Social or behavioural need (Autism, ADHD, Asperger's)

- The latest figures for more complex children requiring Education, Health and Care Plans reveal an increase over recent years, due to a rising population²

Speech, language and communication difficulties and special educational needs are prevalent (estimated between 25-50%) among young offenders in Southwark.⁶

**According to the SEND Code of Practice¹, a child has Special Educational Needs and Disabilities if 'they have a learning difficulty or disability, which requires special educational provision to be made for him or her.' A number of broad categories of need are identified in the SEND Code of Practice, including: communication and interaction, cognition and learning, social, mental and emotional health, sensory and/or physical need.*

References

1. Department for Education, 2015. Special educational needs and disability code of practice: 0 to 25 years.
2. Children & Young People with Special Educational Needs and Disabilities. Southwark JSNA. Southwark Council: London, 2018
3. Jacobs M, Downie H, Kidd G, *et al.* Mental health services for children and adolescents with learning disabilities: a review of research on experiences of service users and providers. *British Journal of Learning Disabilities* 2016;44(3):225-232
4. Emerson E and Hatton C. Mental health of children and adolescents with intellectual disabilities in Britain. *British Journal of Psychiatry* (2007);191:493-9 Slide 45
5. Home Office (2018) Criminal exploitation of children and vulnerable adults: County Lines guidance
6. Southwark Youth Offending Service. Snapshot data of young people assessed using Asset Plus from October 2017 – September 2018.

Formal school exclusions have been increasing; outcomes for this vulnerable cohort are generally poor

RISK FACTORS: EXCLUSIONS

Young people having severe difficulties in school may face exclusion, fixed-period (temporary) or permanent. Exclusion is a serious punishment with longer-term impacts on health and educational outcomes.

Excluded young people are a very vulnerable cohort. Exclusion is associated with poor mental and physical health, anti-social behaviour and crime.¹⁻³

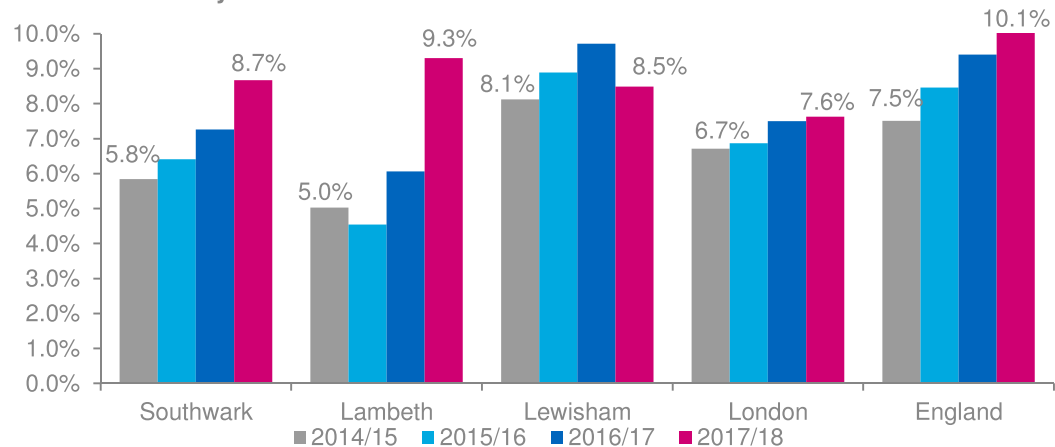
- Excluded students are more likely to be deprived, male, BAME, and have a SEND, suggesting a multiplicity of risk and an overlap in vulnerability to involvement in violence
- Vulnerable young people excluded and/or in alternative provision education may be more susceptible to exploitation and recruitment by criminals and gangs

Southwark has a higher rate of primary school fixed-period exclusion than London, England, and Lambeth and Lewisham: 1.47 per 100 students in 2017/18. For the first time in four years, there were two permanent exclusions among primary students in Southwark.⁴

The rates of fixed-term and permanent exclusion in Southwark secondary schools have increased steadily since 2014/15. In 2017/18, 47 pupils were permanently excluded in Southwark.⁴

Notably, these figures only include exclusions recorded formally and do not account for informal exclusions, including managed moves, and forced home schooling.

Figure 21: Secondary school fixed-period exclusions as a percentage of head count in January 2014/15 – 2017/18⁴



References

1. Pirrie A, Macleod G, Cullen MA, McCluskey G. What happens to pupils permanently excluded from special schools and pupil referral units in England? British Educational Research Journal 2011;37(3):519-38
2. Lereya T and Deighton J (2019) Learning from HeadStart: the relationship between mental health and school attainment, attendance and exclusions in young people aged 11-14. London: EBPJ
3. Timpson E (2019) Timpson Review of School Exclusion
4. DfE (2018) Permanent and fixed period exclusions in England 2017 to 2018

Formal school exclusions have been increasing; outcomes for this vulnerable cohort are generally poor

RISK FACTORS: EXCLUSIONS

The rate of fixed-period exclusion is highest in special schools (per 100), though there have been dramatic reductions since 2014/15 (Table 2).¹

In light of the association between school exclusion and crime, It is unsurprising that about 20% of young people at the Southwark YOS are not in education, training or employment.²

Students who are excluded may return to mainstream education after a period of time, or may move to a pupil referral unit. There is one pupil referral unit in the borough: Southwark Inclusive Learning Service (SILS).

- As of January 2018, there were 81 pupils enrolled at SILS¹
- Young people in our PRU are consistently more deprived than other local students, with 42% of students at SILS eligible for free school meals in 2018¹

Children and young people at risk of exclusion from mainstream school or who require behaviour support can attend alternative provision at Summerhouse (primary) or Phoenix Place (secondary, females only).

Persistent disruptive behaviour is the leading cause nationally for fixed-term exclusions and the third leading reason in Southwark.¹

- While recognising that schools must balance uninterrupted learning environments with supporting children with conduct difficulties, disruptive behaviour may be a manifestation of difficulties in the home or in interpersonal relationships, or SEND³⁻⁵

Area	14/15	15/16	16/17	18/19
Southwark	43.28	25.37	17.72	10.27
Lambeth	17.12	9.45	10.92	7.02
Lewisham	41.39	21.93	28.82	11.25
London	13.49	13.34	15.51	14.14
England	13.54	12.53	13.03	12.34

References

1. DfE (2019) Schools, pupils, and their characteristics
2. Southwark Youth Offending Service. Snapshot data of young people assessed using Asset Plus from October 2017 – September 2018.
3. Royal College of Psychiatrists (2017) Behavioural problems and conduct disorder: for parents, carers and anyone working with young people
4. Department for Education, 2015. Special educational needs and disability code of practice: 0 to 25 years.
5. Timpson E (2019) Timpson Review of School Exclusion

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The impacts of youth violence reverberate through to communities and society

IMPACT

As with risk and protective factors for violence, the impacts of SYV are numerous and affect individuals, relationships, communities, and even societies.

It would not be possible to cover in depth the breadth of impacts. This report will instead focus on one-two examples at each level of impact.



Individual: mental health and wellbeing



Relationships: unhealthy, exploitative relationships



Community: community wellbeing and physical health



Society: worsening inequalities and multiple disadvantage

Serious youth violence can be both a driver and an outcome of poor mental health

IMPACT: MENTAL HEALTH

While poor mental health is a risk factor for involvement in SYV, violence in turn has severe impacts on mental health and wellbeing, particularly in relation to trauma.

- Victims and perpetrators of violence have reported symptoms of post-traumatic stress disorder
- Young people may be living in a normalised state of hypervigilance, fear, and oversensitivity
- There are severe impacts on quality of life: young people have reported taking precautions such as changing their bus route and avoiding certain areas to keep themselves safe

A heightened sense of fear among those still involved or exposed to violence tends to surpass fear of police and increase the likelihood of re-offending, for example through knife carrying.

The near universal prevalence and use of social media by young people increases the likelihood that traumatic events will be captured and disseminated more widely, exposing a larger audience to the trauma. The ability to record and replay events may also re-expose and re-traumatise young people.

Professionals should acknowledge that anti-social behaviour and violence may be manifestations of trauma and suppressed anxiety and depression, and support appropriately.

References

1. PHE (2015) The mental health needs of gang-affiliated young people
2. Southwark YOS (2018) Trauma informed weapons awareness programme – an interim evaluation summary of the delivery of a knife crime prevention programme in schools
3. Youth Violence Commission (2017) Evidence session: public health, mental health and youth violence
4. Ramshaw N, Charleton B, Dawson P. MOPAC Evidence and Insight: Youth Voice Survey 2018

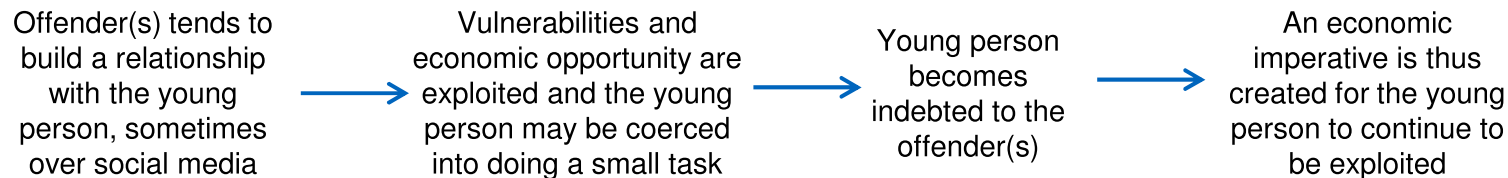
A young person involved in SYV has likely been or is at risk of being exploited by organised criminals

IMPACT: EXPLOITATION

Young people involved in violence and crime are at risk of engaging in unhealthy, exploitative relationships with gangs and others involved in criminal activity. Exploitation is also, in many instances, a precursor / gateway or even risk factor to becoming involved in violence.

Many young people are thought to be exploited as part of county lines activity: the supply of class A drugs (largely cocaine and heroin) from urban hubs to rural locations.¹ This business model is fluid and thrives on the exploitation of vulnerable children and adults.

- Young people in poverty, experiencing family breakdown or involvement of social care services, or those excluded from mainstream services are frequently targeted by county lines offenders
- London Metropolitan Police report the highest number of county lines in operation of all police forces nationally
- The majority of referrals made nationally for county lines involved young people aged 15-17 years



Notably, county lines activity also depends on the exploitation of vulnerable adults, including through taking over properties for use as a base for drug dealing and taking (known as 'cuckooing'), and other older adolescent cohorts including university students.

Young women may be exploited using romantic relationships and are at particular risk of sexual exploitation; nearly a third (27%) of females assessed by the Southwark YOS were deemed at risk.²

To date, males represent almost all (91%) of victims nationally, however, involvement of females is likely to be underrepresented. Historical gender bias in law enforcement may lead to less females being suspected of criminal involvement.

References

1. National Crime Agency. Intelligence Assessment (2019) County lines drug supply, vulnerability and harm, 2018
2. Southwark Youth Offending Service. Snapshot data of young people assessed using Asset Plus from October 2017 – September 2018

Violence may affect the communal sense of safety and wellbeing, and impact on healthy behaviours

IMPACT: COMMUNITY

Violence, including youth violence, has significant impacts on the wider community.

Mental wellbeing and cohesion

The emotional and mental wellbeing of those in the local community may be affected, even if they are not directly involved in violence themselves.

- People can become fearful or lose their sense of safety in public places. As a result, they may be hesitant to enjoy the environment and local space
- Areas can become labelled as 'unsafe' and avoided, building a tolerance for violence in that area and a marginalisation of those involved or living nearby
- Without appropriate prevention and intervention, spaces can become dominated by anti-social behaviour space

Community wellbeing (how thriving and supportive a community is) is also impacted by violence.

- This is particularly challenging for communities with low resilience and/or protective factors, such as more deprived or disengaged communities and those that lack a sense of social cohesion

Physical health and wellbeing

When the local environment and community is not perceived as safe, measures designed to encourage healthy lifestyles may be foregone.

- For example, parks, recreation centres, and areas for exercise and socialising may be avoided for fear of violence

Poor health and wellbeing outcomes may contribute to enduring inequalities in socio-economic attainment.

References

1. NHS Confederation, DH, Home Office, and PHE (2014) Violence and health and wellbeing boards: a practical guide for health and wellbeing boards
2. Lawrence R and Hobart V (2018) '4b Public Health Approach to Serious Youth Violence in London' *Violence Reduction Unit Partnership Reference Group 26 November 2018*. Greater London Authority, London

Serious youth violence may widen inequalities in Southwark and contribute to multiple disadvantage

IMPACT: SOCIETY

Southwark is an inner-London borough of wide inequalities.

- While there has been significant regeneration in recent years, there remain clusters of high deprivation

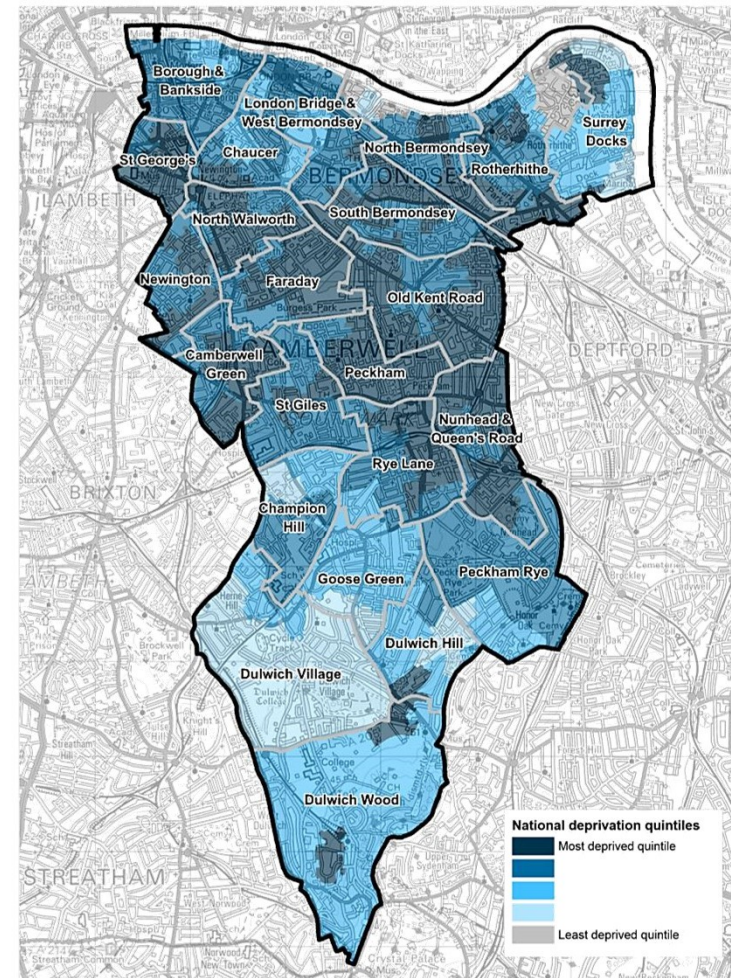
There are stark differences between corporate London Bridge and leafy Dulwich, and some areas in the middle belt of the borough that are ranked within the highest levels of deprivation nationally.

- The borough is transitioning to a region of two extremes, mirroring the London picture
- This may lead to tension and discrimination between areas at each end of the spectrum

Over time and with growing inequalities, these clusters may experience multiple and accumulating disadvantage.

- Cycles of poverty, poor educational attainment and employment may self-perpetuate
- This in turn significantly affects health and wellbeing and life outcomes

Therefore, tackling youth violence cannot be purely enforcement-led. Rather, it requires a mixture of interventions where both welfare, wellbeing, and enforcement are used together in a proportionate way.



Indices of Deprivation 2015

Data source: Department for Communities & Local Government
Southwark Public Health Department | People & Health Intelligence | publichealth@southwark.gov.uk
July 2017.

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References

1. GLA (2018) The London Health Inequalities Strategy
2. Bullock R and Parker R (2014) A historical review of the concept of severe and multiple disadvantage and of responses to it. A discussion paper for Lankelly Chase
3. The Marmot Review (2010) Fair Society, Healthy Lives

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Youth violence prevention requires a multi-agency response that tackles the wider determinants

LOCAL RESPONSE

Given the breadth of risk factors for youth violence, a multi-faceted and multi-agency response at the societal, community, and individual level is needed.

Support should also be made available at all three levels of prevention:

1. Primary prevention: preventing the development of risk factors for violence e.g. by reducing adverse childhood experiences or supporting vulnerable parents/families to build self-efficacy
2. Secondary prevention: preventing violence before it occurs for example through community policing strategies or diversion programmes
3. Tertiary prevention: reducing the long term impact of violence, such as rehabilitation and reintegration of offenders and support for victims

There are a plethora of activities ongoing in Southwark to tackle youth violence and we are a heterogeneous borough made up of a number of different agencies.

- The stakeholder and partnership environment is complex and involves national, regional, and local collaborators

Given the number of interventions and services that intersect with youth violence prevention, it was not possible to evaluate each in depth for its reach or effectiveness. Rather, the following slides are intended to provide an outline of and introduction to key local programmes and initiatives to prevent violence at all three levels of prevention and across all four levels of risk (individual → society).

Preventing youth violence requires a societal shift towards inclusivity and respect

LOCAL RESPONSE: SOCIETY

Prevention of SYV should address the broad societal, cultural and economic factors that help create a climate in which violence is encouraged or uninhibited, e.g. marginalisation and/or discrimination on the basis of ethnicity or immigration status, and the pervasive influence of social media.

Prevention strategies focus on reducing socio-economic exclusion, increasing gender equality, and reducing homophobia and racism.

Schools provide a number of universal programmes on gender equality and inclusivity through PSHE and SRE lessons.

- 'Great men value women' is a workshop available to secondary schools that challenges them to think critically about gender stereotypes and cultural expectations. The normalisation of certain negative behaviours may lead to an expectation of hypermasculinity and a risk of sexual exploitation for young girls

In July 2018, the Home Office launched a series of PSHE lessons on knife crime (#knifefree) for all secondary school students

- These aim to help reduce knife crime by challenging the myths and communicating the realities of knife carrying in young people
- The intention is to prevent young people from deciding to carry a knife
- It is likely, however, that uptake of these lessons varies across schools

Preventing youth violence requires a societal shift towards inclusivity and respect

LOCAL RESPONSE: SOCIETY

Prevention of SYV should address the broad societal, cultural and economic factors that help create a climate in which violence is encouraged or uninhibited, e.g. marginalisation and/or discrimination on the basis of ethnicity or immigration status, and the pervasive influence of social media.

Prevention strategies focus on reducing socio-economic exclusion, increasing gender equality, and reducing homophobia and racism.

The Mayor of London developed a toolkit to accompany their media campaign 'London Needs You Alive.'

- LNYA aspires for young people to value their lives and to foster positive aspirations
- The toolkit includes lesson plans and training on how to discuss and address violence with young people

The Government's draft guidance for relationships and health education in schools (to be implemented September 2020) includes topics around staying safe online, which will teach children and young people how to use technology safely and respectfully.

Operation Sceptre is an on-going series of intensified action against knife crime by the police services in London and across England.

- Officers ran targeted stop and searches, weapons sweeps, and test purchases of knives from retailers
- They also focused on habitual knife carriers and targeted police enforcement to hotspot areas

Developing a strong sense of community can foster local engagement and prevent involvement in violence

LOCAL RESPONSE: COMMUNITIES

Schools, workplaces, and neighbourhoods can play a role in identifying the characteristics of settings that are associated with becoming victims or perpetrators of violence.

Prevention strategies impact the social and physical environment – e.g. by reducing social isolation, improving the physical environment, and improving local economic and housing opportunities.

The Council has a role to play in planning and developing the physical space of the community.

- Trading Standards and the Licensing team mitigate the availability of potentially risky premises such as off-licences or gambling venues
- CCTV is deployed at key locations throughout the borough and help to monitor public spaces, detect crime, and direct services to incidents
- The availability, quality, and safety of community spaces such as parks is important in providing young people with an opportunity to play and spend time outdoors and can be influenced locally by Planning and Regeneration teams
- Recognising that safety while traveling is a major concern for local communities, the Council is working alongside the police, local businesses, and the Southwark young advisors to establish safer routes through the borough and safe places for young people to seek safety and support if they feel threatened

The Joint Enforcement Team community wardens operate throughout Southwark to prevent crime, reduce antisocial behaviour, and build links with the community.

- Community wardens provide a visible, reassuring presence. They work closely with the Metropolitan Police Service and members of the public to perform weapons sweeps
- They also work with schools and help organise community or sporting events. These activities develop and strengthen our sense of community and our engagement locally

Developing a strong sense of community can foster local engagement and prevent involvement in violence

LOCAL RESPONSE: COMMUNITIES

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Prevention strategies impact the social and physical environment – e.g. by reducing social isolation, improving the physical environment, and improving local economic and housing opportunities.

Young Advisors is a national charity who train community leaders how to engage young people in community life. Southwark's local chapter has a 'StreetBase team' whose priority is to engage youth and signpost to positive activities and opportunities to help prevent offending behaviour.

- The Young Advisors themselves are resident young people who gain the respect of those they're trying to engage and can relate to the challenging and often violent surroundings
- They work with young people who engage or are at-risk of engaging in anti-social behaviour but who are not already involved in mainstream youth services

Local faith groups play a critical role in fostering a sense of community and belonging.

- Work is ongoing to try to engage with these communities and work to together to tackle youth violence, including hosting a faith leaders conference to co-develop solutions to SYV

Healthy interpersonal relationships can positively influence behaviour and experiences

LOCAL RESPONSE: RELATIONSHIPS

A person's peers, partners and family members influence their behaviour and contribute to their experience of violence as both a victim and perpetrator.

Prevention strategies include parenting or family-focused prevention programs, mentoring and peer programs designed to reduce conflict.

A number of local services seek to mitigate adverse childhood experiences which may later increase a young person's risk of involvement in violence.

- Parental Mental Health is a service for parents with mental health difficulties and with young children. Their support can help improve parent-child relationships
- Southwark Advocacy and Support Service provide therapeutic support for children and young people who have experienced domestic abuse

Social care provide support to families in difficult times and link directly into children's centres and schools. However, most of these programmes are 'traded' services purchased by schools and in some cases, the threshold for treatment does not reflect local need.

- The Specialist Family Focus team provides intensive support to resolve family crisis
- The Functional Family Therapy team support children and families where there is challenging behaviour in two or more settings (home/school/community)
- Early Help CAMHS team provide early intervention to those with mental health issues due to home and/or school-based problems, and those with mild-moderate mental health issues
- The multi-agency safeguarding hub (MASH) brings together a team of multi-disciplinary professionals to deal with safeguarding concerns about children and families

Healthy interpersonal relationships can positively influence behaviour and experiences

LOCAL RESPONSE: RELATIONSHIPS

A person's peers, partners and family members influence their behaviour and contribute to their experience of violence as both a victim and perpetrator.

Prevention strategies include parenting or family-focused prevention programs, mentoring and peer programs designed to reduce conflict.

Schools have a role in promoting safe and healthy relationships as part of their SRE lessons. These can help support young people to identify coercive and unequal relationships.

- 'Safe, Healthy & Equal Relationships' (SHER) is an two-day peer educator programme run by Participation People that promotes awareness of healthy relationships
- The 'Esteem' programme delivers lessons on building healthy self-esteem, critical thinking around peer pressure, and understanding healthy relationships
- However, these programmes are not universally offered across schools

The Southwark Youth Offending Service (YOS) has a range of offers for young people who have been involved in crime, including peer-led work on emotional intelligence run by Peer Navigators. They are based at the YOS and at hubs across the borough.

Growing Against Violence is a London charity that provides school-based sessions in Southwark on refusal skills and negative peer pressure ('Friends and Friendly').

A person's individual risk factors for violence can be overcome by appropriate support and engagement

LOCAL RESPONSE: INDIVIDUALS

Finally, a person has individual factors that increase the likelihood of becoming a victim or perpetrator of youth violence, e.g. age, education, substance use, or history of abuse.

Prevention strategies promote attitudes, beliefs, and behaviours that strengthen resilience and promote protective factors against involvement in violence, e.g. supporting school engagement.

The environment in which a child grows up plays an important role in their development of risk factors for violence.

- Health visitors and midwifery services are well-placed to identify adverse experiences or risk factors in childhood that may increase a child's chance of involvement in violence. They also provide targeted support for families with complex needs (e.g. substance misuse, domestic violence)
- For teenage mothers under 20 expecting their first birth, the Family Nurse Partnership provides support for young parents to make positive lifestyle choices and build their self-efficacy, as well as promote parental attachment and a child's healthy development
- Parents and Communities Together (PACT) are a local, community-led support network bringing together parents, carers, community and faith groups, maternity services, and children's centres. PACT empower and support parents to increase their own confidence parenting, develop social capital and supportive relationships, improve parental wellbeing, and improve outcomes for infants in social, emotional, and language development

When children reach school, they are universally given lessons aimed at promoting healthy attitudes and behaviours that may prevent involvement in violence or high-risk peer groups.

- Resilience training is provided through PSHE lessons e.g. Head-First, who train school staff to deliver evidence-based lessons on mental wellbeing and resilience, as well as offer mental health first-aid training
- Programmes explicitly tackling violence, however, are inconsistent

A person's individual risk factors for violence can be overcome by appropriate support and engagement

LOCAL RESPONSE: INDIVIDUALS

Finally, a person has individual factors that increase the likelihood of becoming a victim or perpetrator of youth violence, e.g. age, education, substance use, or history of abuse.

Prevention strategies promote attitudes, beliefs, and behaviours that strengthen resilience and promote protective factors against involvement in violence, e.g. supporting school engagement.

Young people may struggle with their health and wellbeing during adolescence. Preventing the development of unhealthy behaviours can help to reduce risk factors for involvement in violence as well as reduce the risk of vulnerability and exploitation.

- Southwark Public Health commission an integrated service for young people ('Healthy Young People'). This provides support/advice for substance misuse, sexual health, relationships, and wellbeing
- The charity 'Faces in Focus' provides counselling for young people dealing with anger, loneliness, and problems at school or in the family

Some young people are not in mainstream schools and may benefit from additional support to engage with education.

- Southwark's pupil referral unit (SILS) aspires to offer a safe, inclusive place to learn for students who have excluded or are unable to attend a mainstream school. These young people often have behavioural difficulties and may be more vulnerable to violence involvement
- COVO – Connecting Voices works with children unable to attend mainstream schools who have emotional and social difficulties, to reengage with their education
- 'Stand Up Southwark' works with disadvantaged children to empower them and build resilience. It encourages them to overcome emotional factors that are barriers to success and educational attainment
- Southwark Choices works with young people not in education, employment or training to re-engage and train for future opportunities

A person's individual risk factors for violence can be overcome by appropriate support and engagement

LOCAL RESPONSE: INDIVIDUALS

Finally, a person has individual factors that increase the likelihood of becoming a victim or perpetrator of youth violence, e.g. age, education, substance use, or history of abuse.

Prevention strategies promote attitudes, beliefs, and behaviours that strengthen resilience and promote protective factors against involvement in violence, e.g. supporting school engagement.

When a child or young person is involved in violence, they are sent to the Southwark Youth Offending Service (YOS) where they have the opportunity to receive peer- and professional-led support.

- Peer Navigators are based at the YOS and at hubs across the borough. Successful 'graduates' of the YOS, they are trained by the charity YouthInk in emotional intelligence and trauma support for their peers who have been involved in violence
- The trauma-informed weapons awareness programme works with high-risk and 2nd-time offenders of knife crime to explore the reasons for carrying a weapon and to develop alternative strategies for keeping safe

In many cases, there is overlap between victims and perpetrators of violence. To prevent the cyclical nature of violence, victims also need support.

- Young victims who attend A&E may receive violence reduction interventions by Redthread (King's College Hospital) or Oasis Youth Support (St Thomas' Hospital)
- Southwark emergency rehousing victims of violent enterprise (SERVE) provides safe accommodation and mentoring for those at risk of gang-affiliated violence and crime
- Southwark anti-violence unit (SAVU) provides multi-agency support for young people at risk of gang-related activity or violence, such as education and training, substance misuse, and health. Their work aims to reduce the risk of harm to those involved and to their local communities
- The YOS also offers restorative justice with the victims of some crimes

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Surveys of young people youth reveal violence is prolific across England and London

COMMUNITY & STAKEHOLDER VIEWS

Direct engagement was not undertaken as part of this JSNA as it is intended to be read alongside community and stakeholder engagement by the Southwark Youth Violence Panel and the Southwark Extended Learning Review. However, surveys of young people nationally and locally have been included.

The national Youth Violence Commission conducted the Safer Lives Survey of over 2,200 young people aged 8-24 years in early 2018.

- Exposure to violence was prolific amongst those surveyed. Over 70% of young people reported being exposed to serious violence in real life at least once a month. Upon inclusion of social and traditional media, this number rose to 90%. Younger respondents (ages 8-19) experienced the most serious violence
- Police were not reported as a primary source of support when faced with possible victimisation. Less than half of respondents said they would ask police for advice if they were worried about becoming a victim of crime, highlighting the importance of community partners as alternative first points of contact for young people

The Mayor's Office for Policing and Crime hosted the online Youth Voice Survey also in 2018. This captured the views of nearly 8,000 young people in London.

- About 1-in-10 young people reported being the victim of a crime in the last year while a quarter said they knew someone who had carried a knife
- 74% respondents said they felt safe in the local area in which they live, though feelings of safety diminished by age: 79% of 11 year olds compared to 61% of 16 year olds

The 2016 school survey asked pupils about negative behaviours they had experienced in their relationships.

- Almost a quarter (23%) of secondary pupils surveyed had experienced at least one negative behaviour with a current or previous partner. Negative behaviours included checking their phone, jealousy when spending time with friends, and pressuring to do sexual things
- The prevalence of coercive behaviours in Southwark adolescents highlights the importance of school-based lessons on healthy relationships, and the need to work with young people to recognise and address these behaviours

References

1. Youth Violence Commission (2018) Interim Report
2. Ramshaw N, Charleton B, Dawson P. MOPAC Evidence and Insight: Youth Voice Survey 2018
3. Schools Health Education Unit (SHEU). Supporting the Health and Wellbeing of Children and Young People in Southwark. Health & Wellbeing Related Behaviour Survey 2016

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Preventing violence should begin by addressing the root causes, including the context in which young people live

SUMMARY & KEY FINDINGS

Violence is a complex and a symptom of wider and underlying issues. Prevention should begin by addressing the root causes.

- Youth violence is a pertinent issue in Southwark, where we have historically prominent and high-profile gangs, recognised county lines drug supply, and the fourth highest volume of youth knife crime among all London boroughs. This is occurring against a backdrop of rapid regeneration and widening inequalities in the borough

The places and environments in which our adolescents are born, grow, and live play a crucial role in their health and development, and their risk for becoming vulnerable to exploitation and violence. Data suggest that Southwark has a large population of potentially vulnerable children:

- Young people (aged 10-24 years) are both more deprived and more diverse than the general population of Southwark
- Local estimates of adverse childhood experiences suggest there are more children with ≥ 4 ACEs locally than the national average
- The rate of entry into care as a looked-after child is substantially greater in Southwark than in London or England
- More Southwark children are identified as having a special educational need or disability than in London or England
- Southwark has a higher rate of primary school fixed-period exclusion, secondary school fixed-period exclusion, and secondary school permanent exclusion than the London average

Preventing violence should begin by addressing the root causes, including the context in which young people live

SUMMARY & KEY FINDINGS

Data from Metropolitan Police Services and London Ambulance Services indicate that incidents of violence involving an offensive weapon and/or assault with a sharp object have not reduced in line with other assaults. Moreover, young people involved are of an increasingly younger age.

- These incidents tend to concentrate in the centre and North-East of the borough, which include some of Southwark's most deprived communities and also areas of urban nightlife

The impacts of serious youth violence are numerous and reverberate through to communities and society.

- Young people involved in violence as victims or perpetrators have experience trauma and likely post-traumatic stress disorder. This not only has longer-term impacts on their health and wellbeing but may also manifest in anti-social or violent behaviour. Services and settings need to understand the impact trauma has and how to identify and support affected adolescents
- Communities' sense of safety and wellbeing is affected by violence in the area. Without appropriate prevention, intervention, and support, spaces can become dominated by anti-social behaviour and labelled as 'unsafe'. This in turn affects the use and enjoyment of public spaces

There are a plethora of activities ongoing locally to prevent SYV and mitigate its effects, though the landscape of partnership working is vast and complex.

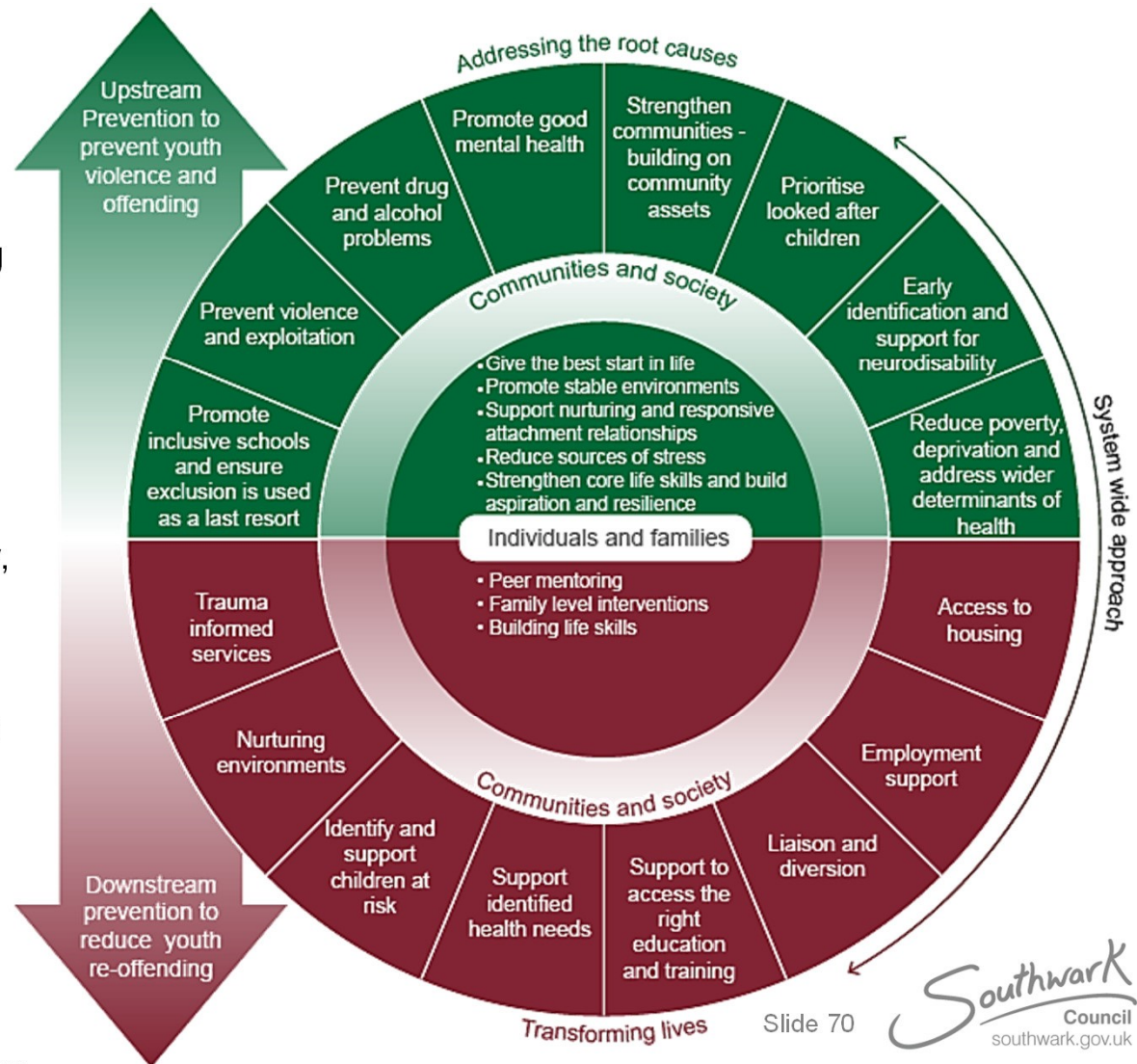
This JSNA consolidates a number of recommendations from the literature, informed by local epidemiology

RECOMMENDATIONS & NEXT STEPS

Public Health England’s (PHE) recent report on reducing offending and reoffending¹ includes a framework for prevention.

The following recommendations are derived from the literature and epidemiology in this report, the Southwark Extended Learning Review, and the Southwark Youth Violence Panel.

These have been organised under the themes identified by PHE, where the theme was within the scope of this JSNA.



References

- Public Health England (2019) Collaborative approaches to preventing offending and re-offending by children

Recommendations (1 of 7)

RECOMMENDATIONS & NEXT STEPS

Theme(s)	Recommendation	Suggested owner
ADDRESSING THE ROOT CAUSES		
Promote inclusive schools / Trauma-informed services	Undertake an in-depth review of school exclusions (formal and informal), managed moves and home schooling in Southwark to understand the profile of young people affected and explore the impact on wider vulnerability	Children's Services
	Work with schools to embed a trauma-informed approach (e.g. attachment, regulation and competency) and ACE-awareness, which recognises that disruptive behaviour may be a manifestation of trauma, and clarify support available for those young people	CYP & EI steering group
Prevent exploitation	Undertake needs assessment of vulnerability and violence to develop a fuller picture of vulnerability in the borough	Community Safety
	[See identification and support of children at risk]	N/A
Prevent drug & alcohol problems	Continue to work with schools and school nursing to develop modern and relevant PSHE lessons that promote healthy behaviours	Education / Public Health
	Continue to promote and improve uptake of Healthy Young People (HYP) within schools and youth settings to improve access for young people to substance misuse support services	Public Health
	Further examine the use and impact of cannabis in Southwark adolescents to explore links with exploitation, and trauma and wellbeing	Community Safety

Recommendations (2 of 7)

RECOMMENDATIONS & NEXT STEPS

Theme(s)	Recommendation	Suggested owner
Strengthen communities	Ensure communities and VCS groups are included in the steering group to take forward the recommendations from this JSNA, the Extended Learning Review, and Youth Violence Panel	LA
Promote good mental health	Support whole-settings approaches to promoting mental wellbeing	LA & CCG
	Support schools (including alternative provision) and school nursing to develop curricula on mental wellbeing and early identification	Public Health
	Develop workstream for the Council on children and young people's mental wellbeing and early intervention, coordinating interventions across children's settings (e.g. children's centres, schools, PRU, etc.)	CYP & EI steering group
	Explore the role of social media in violence, including in inciting violence and transmitting and replaying traumatic events	LA & MPS
	Increase understanding within the Council, CCG, and the community of the impact of ACEs and ways to improve family wellbeing	LA & CCG
	Review support available to parents whose mental health needs do not meet the threshold for clinical support	Children's & Adult's Services / Public Health / CCG

Recommendations (3 of 7)

RECOMMENDATIONS & NEXT STEPS

Theme(s)	Recommendation	Suggested owner
LAC	Review offer of support to care leavers at this critical transition point	Children's & Adult's Services
Relationships / Family-level interventions	Review current offer of support available to parents of children of all ages and their families, in a range of settings	Children's Services / Public Health
	Work with schools to develop RSE that is inclusive of vulnerability and exploitation, and of coercive relationships	Public Health / Education
Core life skills	Continue to work with schools and school nursing to develop modern and relevant PSHE lessons that emphasise and support emotional awareness	Public Health / Education

Recommendations (4 of 7)

RECOMMENDATIONS & NEXT STEPS

Theme(s)	Recommendation	Suggested owner
TRANSFORMING LIVES		
Liaison & diversion	Continue to explore and take up opportunities to trial diversion programmes locally	Youth Offending Service
Support access to education & training	Review support for young people transitioning to secondary education and/or between mainstream and alternative provision	Children's Services / Education
Support identified health needs	Continue to promote and improve uptake of Healthy Young People (HYP) within schools and youth settings to improve access for young people to substance misuse and sexual health support services	Public Health
	Review parental health offers and pathways into support, including access to parental mental health and adult substance misuse services	CYP MH Steering Group / Children's Services
	Ensuring strong links between young people's services and young people in alternative provision or being home-schooled	Education / All

Recommendations (5 of 7)

RECOMMENDATIONS & NEXT STEPS

Theme(s)	Recommendation	Suggested owner
Identify and support children at risk	Ensure schools have clear safeguarding pathways and are able to identify and appropriately refer at-risk children	Children's Services / Education
	Ensure a common language around safeguarding is used by parents, schools, and services so that parents are able to identify when a child is at risk / vulnerable and to understand where and how to seek support	Children's Services / Education
	Work with schools to develop RSE that is inclusive of vulnerability and exploitation, and of coercive relationships	Public Health
	Continue with Keeping Families Strong approach, ensuring sustainability and empowerment of families	Children's & Adult's Services
Peer mentoring	Continue to support peer mentoring initiatives, particularly as part of rehabilitation	YOS

Recommendations (6 of 7)

RECOMMENDATIONS & NEXT STEPS

Theme(s)	Recommendation	Suggested owner
CROSS-CUTTING RECOMMENDATIONS		
Coordination	Develop clear governance pathways for SYV work streams across the Council, as per the Southwark Extended Learning review	Southwark Safeguarding Children's Board
	Develop a directory of services and interventions in place to prevent youth violence (primary, secondary, and tertiary prevention), including Council and VCS initiatives. This directory should be made publically available to improve the accessibility of referrals and should be used as the support offer underpinning the forthcoming community harm and exploitation hub	Community Safety / All
Collaboration	Establish/identify a steering group to take forward recommendations from this JSNA and from the Southwark Extended Learning Review and Youth Violence Panel, ensuring the group is inclusive of a wide range of Council department as well as members from the VCS	ELR board / All
	Encourage steering group members to embed an identification of vulnerable children and young people into all policies	All
	Continue with the wide range of activities currently ongoing to provide early intervention, prevent youth violence, and support those affected	All

Recommendations (7 of 7)

RECOMMENDATIONS & NEXT STEPS

Theme(s)	Recommendation	Suggested owner
CROSS-CUTTING RECOMMENDATIONS		
Data sharing	Continue to improve data sharing amongst departments involved in serious youth violence and vulnerability, to ensure a shared, complete vision for the borough	All
Dissemination	Develop a communication plan to disseminate the findings of this report more widely alongside reports on the Community Crime and Exploitation Hub and narrative of vulnerability, which will be presented to Cabinet in December 2019	Public Health / Community Safety

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