



**Resources and Public Realm
Scrutiny Committee**
15 January 2019

**Report from Community Protection
and Public Health**

Knife Crime Task Group Scoping Paper

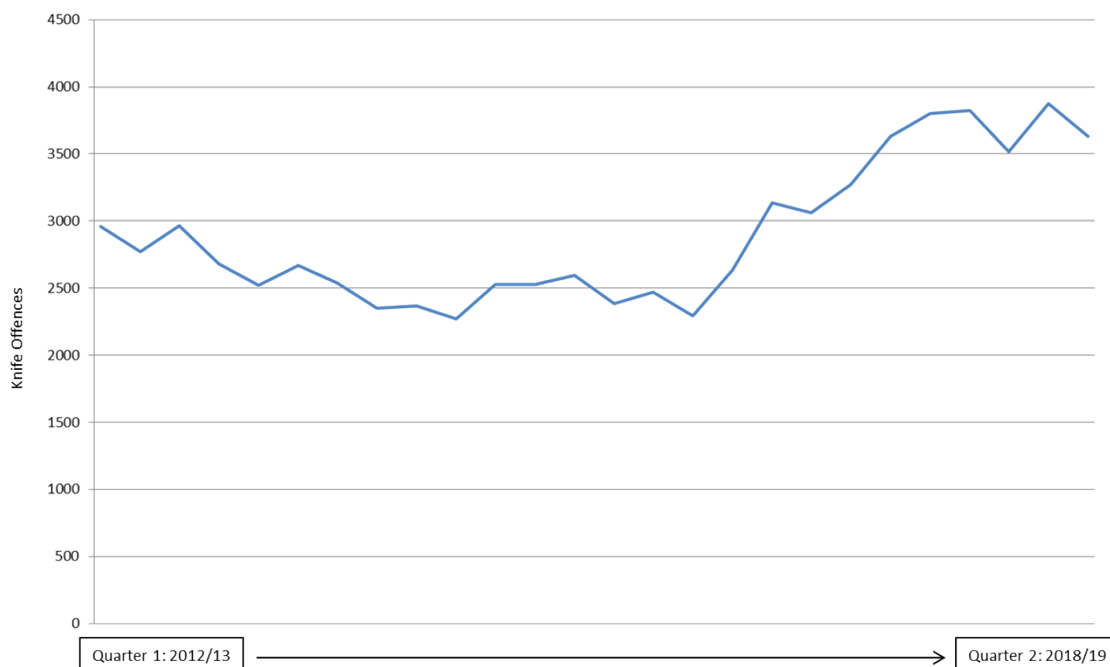
1.0 Purpose of the Report

1.1 Brent Council is committed to tackling knife crime and working in partnership, both internally and externally, to enable a targeted response. This report will highlight current knife crime trends across London and the specific challenges we face in Brent. It will then discuss the importance of a public health approach to knife crime, and provide an overview and update of a range of successful prevention interventions. The paper will then set out the scope for the task group.

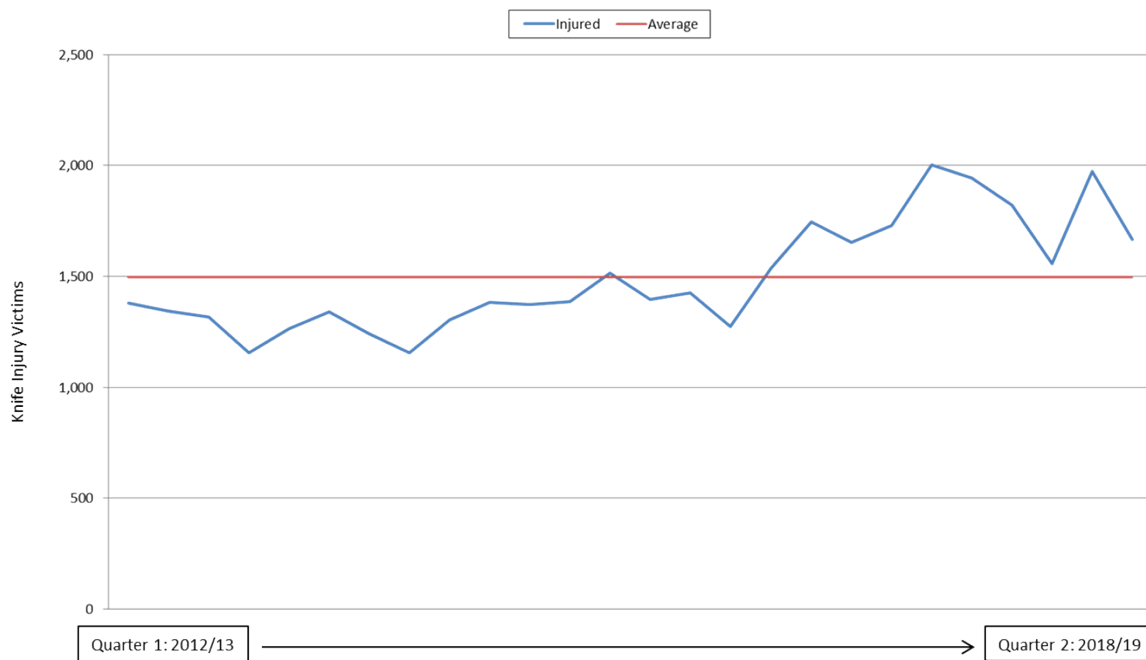
2.0 Knife Crime data and analysis – What Are the Problems?

2.1 The Pan-London Picture

2.1.1 Number of knife offences across London (Metropolitan Police Data, accessed November 2018):



2.1.2 Number of London knife injury victims - non fatal (Metropolitan Police Data, accessed November 2018):



2.1.3 In the last 12 months, the highest number of knife crime offences in London was recorded in **Southwark** (782 compared to 924 in the previous 12 months). The highest number of victims being injured as a result of a knife crime offence was also recorded in **Southwark** (359 compared to 493 in the previous 12 months). **Total number of offences involving knife crime has increased by 4% from 14,092 in the previous 12 months to 14,672 in the last 12 months.** Knife related murders in London decreased by 4% from 89 (previous 12 months) to 85 (last 12 months); this is still high compared to the London average of 56 knife related murders over the previous five years. The highest number of knife related murders in London was again recorded in **Southwark** (9 compared to 11 in the previous 12 months).

Source: Metropolitan Police November 2018 (last 12 months – 01/11/2017 to 31/10/2018, previous 12 months 01/11/2016 to 31/10/2017)

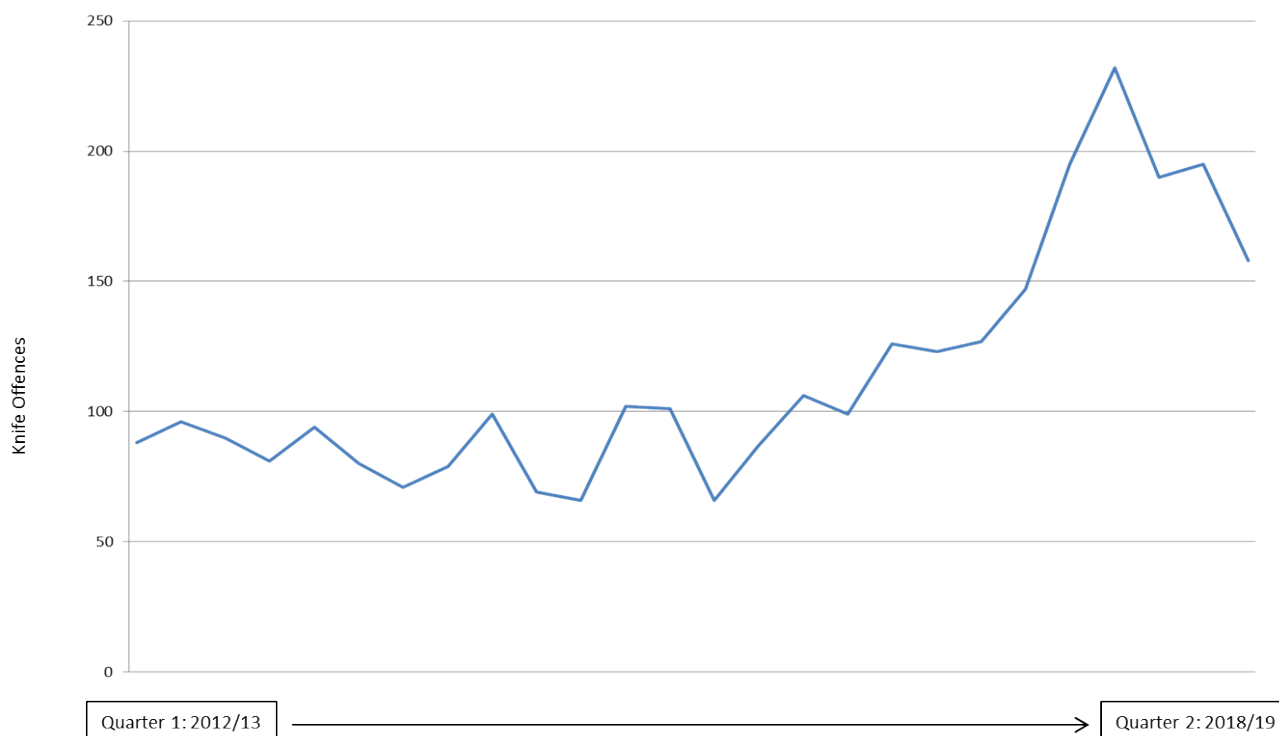
2.1.4 The Mayor's knife crime strategy sets out six main areas of focus:

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

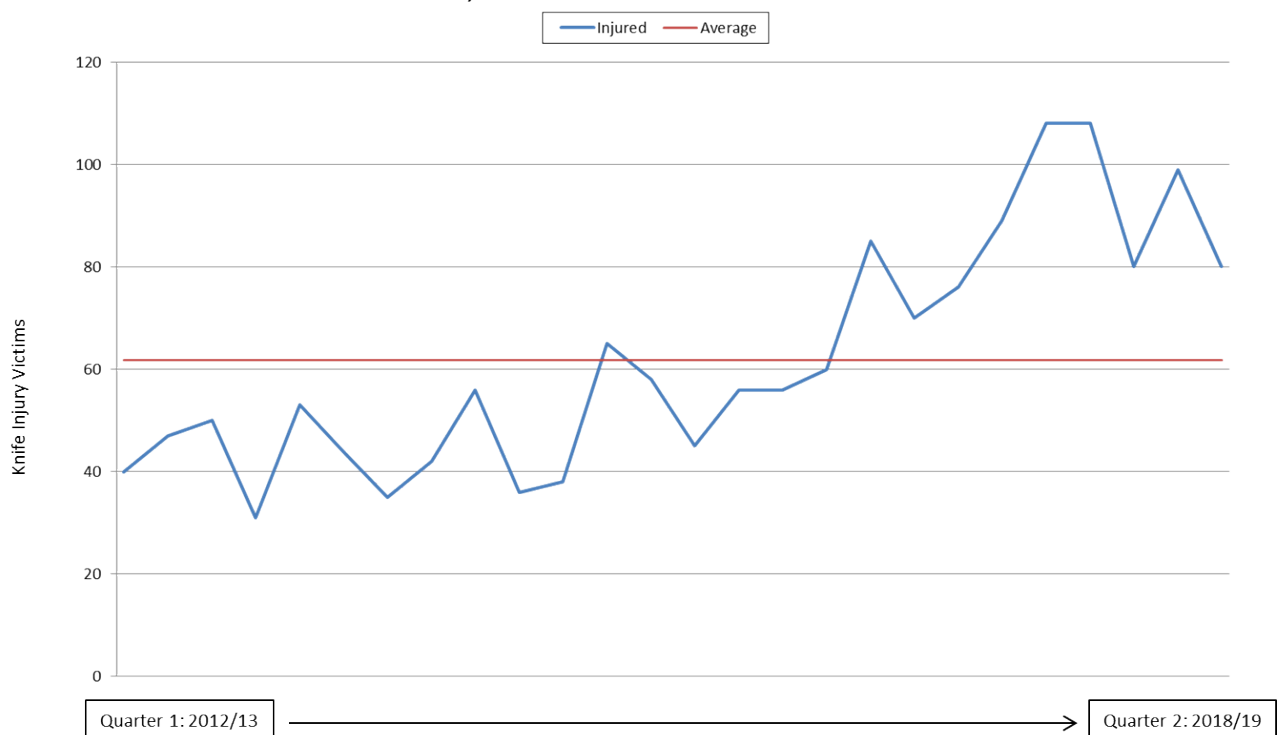
2.1.5 In September 2018, the mayor announced he was setting up a Violence Reduction Unit which, building on existing partnerships will bring together specialists, to work together to reduce violence in London through a public health approach.

2.2 The Brent Picture

2.2.1 Number of knife offences across Brent (Metropolitan Police Data, accessed November 2018):



2.2.2 Number of Brent knife injury victims - non fatal (Metropolitan Police Data, accessed November 2018):



- 2.2.3 In the last 12 months, Brent had 755 knife crime offences, which is an **18% increase** on recorded offences on the previous 12 months (640). **This was the 3rd highest level of knife crime of the 32 London boroughs.** In the last 12 months, Brent saw a **0.5% year on year decrease in the number of victims being injured** as a result of knife crime offences. **The 355 injured victims of knife crimes in Brent was the 2nd highest of the 32 London boroughs.**
- 2.2.4 The number of **knife related murders in Brent reduced from 5 in the previous 12 months to 1 in the last 12 months; this was below the London average.**

Source: Metropolitan Police November 2018 (last 12 months – 01/11/2017 to 31/10/2018, previous 12 months 01/11/2016 to 31/10/2017)

3.0 The Cost of Knife Crime to Health

- 3.1 Calculating the single agency cost of knife crime is complicated; many different agencies (central government, local government, police, health, and other agencies) are involved in preventing and responding to those affected. However, there is a clear cost to the health economy.
- 3.2 The Trauma Audit Research Network (TARN) at the University of Manchester conducted a comprehensive cost analysis of knife crime in terms of the cost to the health sector. The team looked at all penetrating trauma injuries that resulted in immediate admission to hospital for three or more days, or death within 93 days.
- 3.3 Stabbings accounted for almost three quarters of all penetrative injuries with an **average cost to the National Health Service (NHS) of £7,196 per victim.**
- 3.4 TARN research director Dr Fiona Lecky said "**Public health initiatives that aim to reduce the incidence and severity of penetrating trauma are therefore likely to produce significant savings in acute trauma care costs.**"
- 3.5 Nationally, there were **4,434** finished consultant episodes (FCE) recorded in English hospitals in 2016/17 due to assault by a sharp object. Using the above estimate, the cost to NHS England was **£31,907,064 in 2016/17.** This is highly likely to be an underestimate due to the cost-based figures being ten years old, and therefore not reflecting inflation costs, as well as an unknown amount of general underreporting.
- 3.6 Locally, there were **385 knife injuries and 3 fatalities in Brent** recorded by the Metropolitan Police in 2017/18. This puts the estimated cost of Brent knife crime to NHS England at **£2,792,048 in 2017/18.** Again, this is highly likely to be an underestimate due to reasons given above. It is therefore clear that knife crime is a significant cost to the health economy as well as other public sector bodies.

4.0 Knife Crime – A Public Health Issue

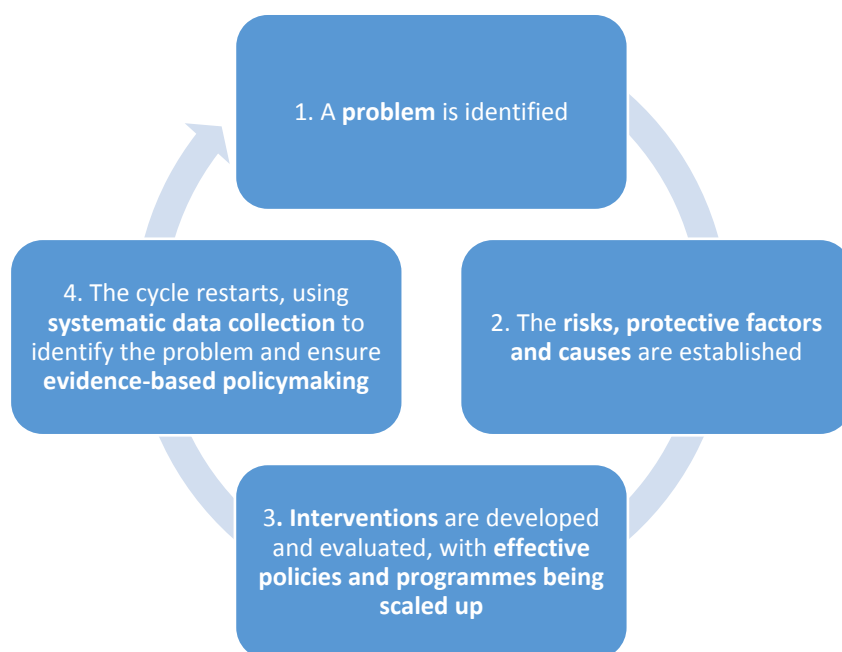
- 4.1 *Why should the health sector be involved in violence prevention?*
Violence negatively affects the health of victims as well as those who witness violence; it **acts like an epidemic disease**; and it can be effectively prevented using health methods. A significant number of scientific studies have conclusively shown that violence displays all of the characteristics of an epidemic disease: **Clustering, Spread, and Transmission.** For example, geographical data

mapping has shown that there are clear crime hotspots. Furthermore, mental trauma from exposure to violence has been scientifically shown to increase a person's risk of adopting violent behaviour themselves, meaning that violent behaviour transmits and spreads based on exposure – just like an epidemic disease.

4.2 What do we mean by a “Public Health Approach to Knife Crime”?

The public health approach to knife crime has been proven to be successful in areas where it has been employed to tackle the causes of violence. This approach essentially involves **treating violence as a preventable public health issue**, using **data and analysis to identify causes** and focusing on **prevention through multi-agency systemic approaches**. The public health approach to any problem is **interdisciplinary and science-based**, concerned with **long-term as well as short-term effects**, and draws upon many disciplines including: medicine, epidemiology, sociology, psychology, criminology, education and economics. The public health approach also emphasises **collective action**. Cooperative efforts from health, education, social services, justice and policy are necessary to solve knife crime. Each sector has an important role to play in addressing the problem and, collectively, the approaches taken by each have the potential to produce important reductions in violence. Public Health approaches focus on a population defined by a shared health risk (i.e. risk of violence) rather than individuals. Solutions must therefore involve co-production with communities.

4.3 The Public Health model requires **four steps**:



4.4 Why is evidence-based policy making important?

Evidence-based policy making means using research findings to **inform new policies or improve effectiveness of existing programmes**, supporting data collection and analysis for research and management, developing policies that **incentivise the use of evidence**, and **evaluating current programmes to better inform future decisions**. This approach prioritises rigorous research findings, data, and analytics.

- 4.4.1 In an era of constrained public resources, evidence-based policy making helps maintain focus on the outcomes we want to achieve, for whom, and at what cost. It **encourages transparency and accountability** by clearly stating the goals of policies and programmes and then independently evaluating their results to see if those goals were achieved. By focusing on outcomes, an evidence-based framework **prioritises effectiveness of social interventions and efficiency** in use of resources. Evaluation also allows cost savings to be accurately calculated. This approach encourages a **virtuous cycle of knowledge building**. By evaluating policies and programmes and by using data, we can learn how well programmes are working. Ultimately, this information can be used to improve programmes or to terminate consistently ineffective programmes and find better approaches. From there, the cycle of learning and improving continues (see 4.3).

5.0 Knife Crime Prevention Research

- 5.1 The Early Intervention Foundation (EIF) conducted a 2015 **review of 67 relevant programmes** to understand what does and doesn't work, entitled 'What works to prevent gang involvement, youth violence and crime?'.
The following factors were found in programmes that were effective in preventing gang involvement and serious youth violence, including knife crime:

- 5.1.1 **Creating positive change rather than focus on negatives of knife crime:** Effective programmes create positive changes in the lives of Children and Young People (CYP) and their families, whilst reducing risk factors and preventing negative outcomes. The focus should be on programmes which **develop skillsets in CYP to equip them to make healthy life choices, and strengthen families' ability to tackle problems together**, rather than teaching about the negative effects of knife crime.

- 5.1.2 **School-based and family-focused:** Effective programmes often involve practicing skills, problem solving strategies, parent training, and/or therapy. School-based programmes should encourage indirect parental support for their children and practice at home. Effective programmes for high-risk CYP tended to be **interactive, family-focused and therapy-based**, reaching CYP in settings they normally interact in (e.g., at home/in school). Family-focused interventions take the influential power of the wider family/peer groups on the CYP's behaviour into account. Parent and family programmes should use content tailored to real-life problems; for example family-therapy programmes can be structured around key phases but still seek to strengthen each particular family by addressing their issues and needs.

- 5.1.3 **Trained facilitators:** Effective programmes often require or recommend trained facilitators, acting in their professional capacity, who have experience working with children and/or families. Training can help ensure facilitators understand what needs to be implemented and how, and therefore can play an important part in ensuring consistency and quality in delivery. Good facilitators tend to have a good level of education and experience of working with CYP and/or families, which may be key to skilfully and confidently treating their often complex problems.

- 5.1.4 **Therapy:** a key feature of programmes targeting high-risk youths and/or families. CYP with greater levels of need and on the fringe of involvement/already involved in crime and violence may therefore require more specialised treatment.

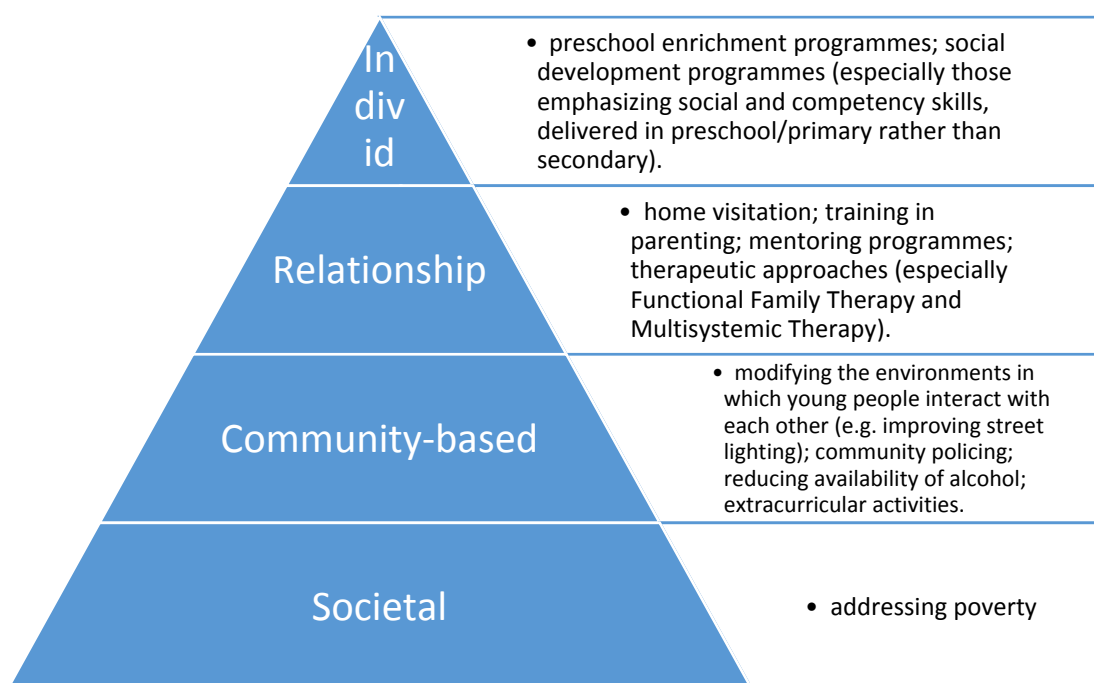
Functional Family Therapy and Multisystemic Therapy have a particularly strong evidence base for success.

5.1.5 **Implementation fidelity and evaluation:** Sticking to the original programme specification and ensuring good implementation quality are crucial in terms of ensuring and/or maximising effectiveness. The importance of implementing the programme as originally specified and intended has also been highlighted in the literature. **Process evaluation and adequate monitoring procedures** may help identify whether the programme was implemented correctly and consistently, whether participants received an adequate proportion of the programme, and any barriers to implementation that need to be addressed. **Effects of any adaptations, intentional, accidental, or otherwise, should be evaluated.** Practitioners replicating an evidence-based programme should still evaluate the outcomes.

5.1.6 **Avoid quasi-military programmes:** None of the effective programmes identified had a military element, which is often linked to deterrence and discipline-based approaches. The bulk of research evidence clearly favours non-military-style programmes that aim to foster positive changes through skill-building, parent training, and therapy.

5.2 **World Health Organisation (WHO) approaches to preventing Serious Youth Violence**

The WHO reviewed successful evidence-based interventions from all over the world, and concluded that approaches to preventing youth violence can be broken down into individual, relationship, community-based, and societal.



Overall, strategies which research has shown to be effective include:

- 5.2.1 Overall, it is clear that **prevention begins at birth**, and that longitudinal approaches such as these will not necessarily show a clear benefit for a number of years. These are long-term rather than quick-fix solutions. However, the **potential cost savings are enormous**, as risk factors for serious youth violence are similar to those for Child Sexual Exploitation, Substance Misuse, and Mental Health Problems, among others.
- 5.2.2 Brent is developing an early years and primary school prevention programme aimed at building self-regulation in young children and resilience in families. The programme is built on evidence-based research as promoted by the Early Intervention Foundation. The proposal will need Schools Forum agreement for Dedicated Schools Grant funding.

6.0 Real World Approaches Utilising a Public Health Approach

6.1 Scotland Violence Reduction Unit (VRU)

- 6.1.1 The Scottish VRU is a national centre of expertise on violence. Part of Police Scotland, the VRU targets violence wherever it occurs, whether it's on the streets, in schools or in homes. Supported by the Scottish Government, the unit has **adopted a public health approach, believing violence is preventable, not inevitable, and treating violence as an infection which can be cured.**
- 6.1.2 Influenced by the 2002 WHO report referenced in Section 6.2, the VRU is the only police member of the WHO's Violence Prevention Alliance, and the only police force in the world to adopt a public health approach to violence. The VRU teamed up with agencies in the fields of health, education and social work to create **long-term attitudinal change in society rather than a quick fix.** The VRU also focused on enforcement seeking to contain and manage individuals who carry weapons or who were involved in violent behaviour.
- 6.1.3 In tackling gang crime, the unit imported a successful anti-gang violence initiative spearheaded in Boston in the 1990s. The Community Initiative to Reduce Violence (CIRV) programme broke up Glasgow's long established gangs by **offering gang members an alternative** to the violent lives they were living. The VRU also successfully lobbied for increases in maximum sentences for carrying knives. With studies suggesting police under-recorded violence by as much as 50 to 70% the VRU's researchers have carried out **injury surveillance in AandE departments**, helping to fully define the scale of the problem facing Scotland. The VRU have a selection of different projects that support their initiative. These include:
- **Injury surveillance** which helps to create a fuller picture of violence, providing agencies with more accurate data to inform the development of prevention and intervention strategies.
 - **Navigator** who work in emergency departments in Glasgow and Edinburgh to help stop the revolving door of violent injury in hospitals. The programme engages with patients at a moment when they may be open to breaking free from the challenges trapping them in a cycle of violence.
 - **Medics against Violence (MAV)** were set up in 2008 by 3 surgeons who dealt every day with the awful consequences of violence. They aim to prevent violence through education and now run an award winning secondary school programme. MAV volunteers (all NHS professionals) work with local schools going into classrooms and speaking directly to children about how to avoid

violent situations and stay safe. To date MAV have reached over 150,000 young people.

- 6.1.4 In September 2018 the Mayor of London announced they are developing and implementing a Violence Reduction Unit in London; to be operational from February/March 2019.

6.2 The Cure Violence Model

- 6.2.1 Cure Violence stops the spread of violence by using the methods and strategies associated with disease control – resulting in reductions in violence of up to 70%. This model (originally called Ceasefire) was developed in the USA to respond to high gun crime, but many elements can be adapted to focus on knife crime. **It focuses on three things:**

- 6.2.2 ***Detect and interrupt potentially violent conflicts:*** Trained violence interrupters and outreach workers prevent stabbings by identifying and mediating potentially lethal conflicts in the community, and following up to ensure that the conflict does not reignite.

- **Prevent Retaliations:** Whenever a stabbing occurs, trained workers immediately work in the community and at the hospital to cool down emotions and prevent retaliations – working with the victims, friends/family, and anyone else connected with the event.
- **Mediate Ongoing Conflicts:** Workers identify ongoing conflicts by talking to key people in the community about ongoing disputes, recent arrests, recent prison releases, etc. and use mediation techniques to resolve them peacefully.
- **Keep Conflicts ‘Cool’:** Workers follow up with conflicts for as long as needed, sometimes for months, to ensure that the conflict does not become violent.

- 6.2.3 ***Identify and treat highest risk:*** Trained, culturally-appropriate outreach workers work with the highest risk, meeting them where they are at, talking to them about the costs of using violence, and helping them to obtain the social services they need e.g. job training and drug treatment.

- **Access Highest Risk:** Workers utilize their trust with high-risk individuals to establish contact, develop relationships, and work with those most likely to be involved in violence.
- **Change Behaviours:** Engage with high-risk individuals to convince them to reject the use of violence by discussing the cost and consequences of violence and teaching alternative responses to situations.
- **Provide Treatment:** Workers develop caseload who they work with intensively (meet several times a week), assisting with needs such as drug treatment, employment, leaving gangs.

- 6.2.4 ***Mobilise the community to change norms:*** Workers engage leaders in the community as well as community residents, local business owners, faith leaders, service providers, and those of high risk, conveying the message that the residents, groups, and the community do not support the use of violence.

- **Respond to Every Stabbing:** Whenever a stabbing occurs, workers organise a response where dozens of community members voice their objection to the stabbing.

- **Organise the Community:** Workers coordinate with existing partners and establish new block clubs, council tenants, and neighbourhood associations to assist.
- **Spread Positive Norms:** Programme distributes materials and hosts events to convey the message that violence is not acceptable.

6.2.5 The Cure Violence model offers elements of new approaches which could be trialled across Brent. We have been successful in sharing some of the local pressures and gaining interest in Brent being a location of assessment. Funding routes are being explored to support the undertaking of this activity.

6.3 ***Redthread Youth Violence Intervention Programme and Hospital Interrupting Violence Exchange***

6.3.1 The Youth Violence Intervention Programme runs in **hospital emergency departments, in partnership with the major trauma network**. Every year, thousands of young people aged 11-24 come through hospital doors as victims of assault and exploitation. It is at this **point of crisis** that the Redthread youth workers utilise their unique position embedded in the emergency departments alongside clinical staff to engage these young victims.

6.3.2 This moment of vulnerability (the **'Teachable Moment'**) when young people are out of their comfort zone, alienated from their peers, and often coming to terms with the effects of injury, is a time of change. Many are more able to question what behaviour and choices have led them to hospital and, with specialist youth worker support, pursue change they haven't felt able to before. Redthread focus on this moment, supporting and encouraging young people to make healthy choices and positive plans to disrupt the cruel cycle of violence that can too easily lead to re-attendance, re-injury, and devastated communities.

6.3.3 Redthread also founded and coordinate the **Hospital-based Interrupting Violence Exchange (HIVE)**, a national network designed to help existing and emerging hospital-based violence intervention programmes share ideas and insights. Regular teleconferences are hosted for practitioners from different projects and areas of the UK to talk through opportunities and challenges. There is also an annual symposium, where all those working on the model get together to discuss the latest developments.

6.3.4 Further discussions have progressed with Red Thread, the Clinical Commissioning Group (CCG) and **Northwick Park Hospital** to identify the opportunity to fund an extension of the existing St Mary provision of hospital – Hospital based interruption and supporting teachable moments. The need to source funding for this provision is ongoing.

6.4 **StreetDoctors**

6.4.1 StreetDoctors give **young people at risk of experiencing violence the skills and confidence to deliver first aid**. Set up by medical students, they are a registered charity led by medical volunteers. Sessions are tailored to be directly relevant to young people at risk of violence, including what to do when someone is bleeding and/or unconscious. Sessions are interactive, giving participants the chance to **practise CPR, the recovery position and managing blood loss**.

6.4.2 They help dispel the myth that there are parts of the body where it is safe to stab someone by explaining how the body's organs work and what happens when someone loses blood. StreetDoctors volunteers are young people themselves, which helps create a **peer-to-peer** relationship with the young people.

6.4.3 StreetDoctors also deliver **StepWise**, a peer education programme over 3-6 months which empowers young people at risk of violence to learn, share and teach emergency lifesaving skills. Young people are provided with first aid accreditation, career guidance and co-facilitate sessions alongside medical

volunteers. This programme therefore goes further by offering personal development through **peer education, career development and first-aid accreditation**.

6.4.4 Children's Services and Community Safety are delivering key information sessions to the team in December 2018 pre rollout. The Safer Neighbourhood Board have funded Street Doctors delivery.

7.0 Tackling Knife crime in Brent – What We Currently Do

7.1 Community Protection

7.1.1 **Offender Management Programme (OMP)** - focuses on reducing reoffending for priority offenders. This enhanced programme includes a targeted and coordinated partnership intervention for a range of offenders, including knife crime offenders and habitual knife carriers, among others. Support includes offenders under 18 years old, and utilizes provision from commissioned services, such as Air Network and St Giles Trust (see below). This intervention is fully funded by the Mayor of Policing and Crime (MOPAC) London Crime Prevention Fund. This is being reviewed for 2019-2021.

7.1.2 **Air Network** - provides a mentoring, sports and well-being programme supporting those on the Offender Management Programme, comprised of an extensive community-based mentoring, activity and personal development programme. This includes an under 18s worker, who focuses on providing support to those known to the Youth Offending Service (YOS) and other CYP services. Workers have prison access to provide support to cohort offenders prior to release, meet the targeted cohort at the prison gate when released, and escort to release appointments. The service has flexible working hours, including an out-of-hours service. Workers provide assistance with appointments if needed (e.g. escort to probation appointments) and provide support around the nine pathways of re-offending (including housing support and assistance securing housing, education, training and employment, and support with drug and alcohol needs).

7.1.3 **St Giles Trust - Gangs Intervention Programme (2017-19)** aims to challenge and work with those involved in gangs to change their behaviour, while holding them to account to take responsibility for their actions. The programme encourages those involved in gangs to exit gang lifestyle and stop carrying knives. Early intervention is provided to those identified as being on the periphery of gang offending. The Gang Mentors Education Programme provides two mentors, one for over 18s and one specialist young person's mentor. Each mentor engages and supports identified individuals involved in gangs that cause

the most harm and risk in the borough to reduce their involvement in gangs and achieve positive outcomes. Educational programmes are offered to all Brent schools to provide early intervention and prevention and increase awareness around the consequences of joining a gang. There is also a peer training project offered to those who have engaged significantly with the Gang Intervention Programme and exited gang lifestyle. This is as well as gang awareness training for professionals who work with gang-affected people and/or families, to build awareness around the issues, and how to best support those involved.

- 7.1.4 **Youth Gangs worker (2017-19):** This funds a youth gangs worker who provides specialist support for CYP engaged in statutory services on the periphery of gang involvement, integrated into the Youth Offending Service (YOS): half of cases are YOS nominals and half are allocated to Family Solutions and wider Children's Services referrals. The worker supports CYP to exit gangs, develop greater empathy, access mentoring provision and diversionary activities, and obtain formally accredited achievements. Work includes: victim awareness; joint enterprise; knife crime; consequences of the index offence/arrest; consequences of crime more generally; gangs lifestyle – strategies to avoid been drawn into gangs; county lines and drug dealing; home visits; goals and aspirations setting; supporting young people to develop positive interests – in sports/music/hobbies.
- 7.1.5 **The Partnership Tasking Team (PTT)** provide focused policing activities linked to the Safer Brent Partnership priorities and the MOPAC local priorities, including Violence with Injury – non DA. Fortnightly tasking enables the PTT officers to respond to local issues of high concern and this is mirrored and aligned to the work of the Police Safer Neighbourhood Officers and other Policing departments. Working together has increased policing capacity and through this approach have successfully found; illegal weapon stashes (knives and guns), removed street drug dealing in locations through the use of enforcement powers and techniques, safeguarded vulnerable CYP at risk of exploitation and prevented the escalation of ASB. Prolific individuals identified by the Partnership Tasking Team and Safer Neighbourhood teams will be referred to Brent's Local Joint Action Groups which meets monthly. Criminal Behaviour Order applications (CBOs) are sought on all individuals prosecuted for criminal offences who meet the threshold. CBOs are effective in prohibiting criminal groups from associating and even banning them from areas. Breach of these orders could lead to imprisonments and the PTT will also be central to monitoring and enforcing breaches through the courts. The PTT also undertake stop and search of known drug dealers and habitual knife carriers to help enhance deterrence mechanisms in hotspot locations.
- 7.1.6 **Identify, Quantify and Manage (IQM) Risk Tool** will employ Predictive Modelling, which uses a range of data sources from YOS, social care, schools, and gang area intelligence. The model draws upon risk indicators identified from extensive research for 'The Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups'. The early identification of vulnerable CYP provided by the model will promote the use of earlier cost-effective interventions, ensuring better decisions are made each time a young person engages with services. The model will introduce a quantifiable and objective risk assessment which can be managed across partner agencies. The dashboard can focus the current risk management partnership meetings already in place through providing instant intelligence and insight into priority cases, for example areas of high knife crime incidents. The tool is currently in development. The deployment of this model into a multi-agency environment will undoubtedly

better safeguard the most vulnerable children through better risk management and early cohort specific interventions.

7.1.7 **Communication Campaign:** Community Safety are have developed a hard-hitting honest media campaign focusing on the effects of Knife Crime. This includes working with Brent mortuary to educate the public on the dangers of knife wounds, taking a new perspective to raise awareness of the real impact on young people, their friends and family.

7.2 **Children and Young People's Department**

7.2.1 **Early Help – The Youth Offending Service (YOS)**

- **Case manager supervision:** Statutory supervision sessions with young people offer needs-led individual support in line with assessed needs, such as anger management and resolving conflicts without the use of knives. A lot of offending behaviour sessions with young people focus upon consequential thinking so that they are better able to make safe decisions and take responsibility for their actions. All YOS caseworkers have been trained to provide Beyond The Blade training to young people.
- **Group work programmes:** The YOS delivers a rolling eight-week Weapons Awareness Programme (see below). Other programmes which have a clear violence with injury focus include Crime Prevention presentations jointly delivered with the Police, and Victim Awareness Sessions delivered by the Brent Centre for Young People.
- **Weapons Awareness Programme:** Delivered in consultation with the Police and other agencies to children and young people who have been known to be involved in, or identified as vulnerable to involvement in, weapon related violence. The programme looks at carrying weapons and the effects that this has on those who carry weapons and others. It covers various topics including attitudes to carrying knives, the law, social implications of knife crime, victim awareness, conflict management and physical and mental health consequences. Young people are encouraged to address their attitudes and develop skills that allow them to understand the consequences of this type of behaviour and how it impacts upon victims and the wider society. The programme includes a session with a victim's mother who talks about her experiences, and a session with a police officer about the law and issues surrounding stop and search. The young people's parents are invited in on the last session to discuss their children's learning. The programme is delivered and facilitated by YOS practitioners and also external providers, including **StreetDoctors** who provide sessions on the impact of knife crime.
- **YOS Risk Management Panel** is a multiagency group that provides regular oversight and coordination of provision for young people who have been assessed as posing a high risk of harm to the public or themselves, including where knife crime has been identified.
- **Adoption of the Trauma Informed Approach:** All YOS case managers and managers have been trained in the Trauma-Informed Approach which offers a wider understanding of the issues relating to the pattern and behaviour of offending and improves YOS's ability to tackle knife crime by providing a psychology-led approach to multi-agency case formulation and intervention

planning. This, in turn, will enable youth justice staff to tailor and sequence interventions more effectively according to the developmental and mental health needs of individual young people. This helps YOS staff to manage the impact upon themselves of trauma in their work with young people.

- **Partnership working:** with a range of key services within the Council such as Family Solutions, social work services and Inclusion. Externally with CAMHS, Police, Brent River College (PRU), Employment Training and education providers and schools to provide a joined up approach to reducing risk of harm to CYP and the communities they live, socialise and learn in.

7.2.2 **Early Help – the Family Solutions Team** contribute towards prevention of knife crime in a number of ways:

- **Troubled Families Programme:** Supporting especially vulnerable families that have been 'stepped down' from statutory children's social care or are at likely risk of escalating problems. Intensive family support that aims to promote resilience and reduce the risk of escalation.
- **Early Help offer:** families at the greatest risk of escalating problems have access to a 'team around the family' model of integrated and intensive family support to ensure families have tailored support when children in need/child protection plans have been discharged. This is available for families with children and young people aged 0-19 years old and is responsive to family needs. The families that benefit from early help have needs which fit within Levels 2 and 3 of Brent's 4 levels of need. Early Help teams are based within children's centres.

7.2.3 **Inclusion – Youth Provision:** There is one Council Youth Centre in the borough (Roundwood Youth Centre), with facilities including a Café, IT suite, multi-use games area, media area, performance area, and dance studio. Brent Connexions Service provides 6 targeted support workers for young people at risk of/who are Not in Education, Employment or Training (NEET), or are at risk of becoming NEET, by signposting to various services including SEND, YOS and CAMHS. The workers act as personal advisors, supporting young people through the journey back into education/work and enabling them to make informed choices about their future.

7.2.4 **Setting and School Effectiveness – Schools** receive an **educational programme in primary schools** within Brent to provide early intervention and prevention by increasing awareness of the consequences of joining a gang, covering different themes including knife crime. This is provided by St Giles and funded by the Brent Safer Neighbourhoods Board. For secondary schools and Pupil Referral Units (PRU's), **Your Life You Choose (YLYC)** delivers a one-day multi-agency presentation to educate young people about the consequences of crime, not only for the offender but their family and friends, victims and the wider community. The project is led by magistrates in the North West London Justice Area. YLYC Brent brings together magistrates, police – safer schools officers and trident officers, prison officers, inclusion officers, Directions project – ex offenders, paramedics, education consultation in cyberbullying and sexting.

7.3 **Public Health**

7.3.1 **Maternal Early Childhood Sustained Home visiting (MECSH)** is a new model for the delivery of effective sustained home visiting. MECSH is an evidence-

based programme that is delivered by health visitors to the families in their caseload in need of additional support.

- 7.3.2 MECSH has developed as a manualised home visiting programme that, uniquely, is fully integrated within public health and community services and achieves both individual family and whole population improvement. It provides support during those critical sensitive periods in child development, and curriculum that promotes children's health and development in all areas: it particularly focusses on emotional control, habitual ways of responding, symbol, language and social skills.
- 7.3.3 Brent Public Health has recently commissioned the **New Beginnings Service from Westminster Drugs Project (WDP)**, the integrated treatment recovery and wellbeing service for substance misuse in Brent which includes a focused young people's service. The New Beginnings service will continue to support a range of strategic initiatives across the workstreams of the Safer Brent Partnership as well as the continued work to support drug misuse offenders across the criminal justice system including the local probation office, Willesden Magistrates and the London prison estate. The young people's service has been be relaunched and will target those young people impacted or directly affected by substance misuse, as well as issues that impact on their wider environment such as gang and knife crime. It includes a co-located post within the Youth Offending Service.
- 7.3.4 Many of those who access the services provided through New Beginnings have been directly or indirectly involved as either perpetrators or victims of knife-related crime. The precise number and scale needs to be mapped. Knife crime and its aftermath directly impacts on those accessing the specialist young people's service. A key area for the New Beginnings Service is to ensure that people engaging in treatment and recovery services are no longer engaged with local drugs markets with all staff trained to deliver brief interventions targeting the carrying of knives. The services at Cobbold Road and Willesden Centre for Health and Care have a zero tolerance policy to the carrying of weapons both in and around service buildings and threats to staff inferring that people are carrying weapons.
- 7.3.5 The young people's service has been relaunched, re-focused and targets working with those young people directly or indirectly affected by substance misuse and issues that impact on their wider environment such as gang and knife crime as well as including the co-located post with the Youth Offending Service. The service offers a range of interventions including group work, one to one support, outreach and drama workshops as well as wider interventions around bullying and resilience.

7.4 Health

- 7.4.1 **Redthread** (discussed above in point 6.3) are based in St Marys Hospital to provide support to young people who enter the hospital suffering from a violent injury.

7.5 Wider Services

- 7.5.1 **Outcome Based Reviews** – Council wide reviews into Gangs, Domestic Abuse and Children at the Edge of Care include key partners and community members.

Findings created new initiatives and programmes to be developed 2018/19. These include:

- A digital solution that connects local young people with advice, support, activities and opportunities in the local area. Brent Youth Zone (<http://www.brentyouthzone.org.uk/>) went live in October 2018 and will officially launch in December.
- An early response service, including out of hours and wrap around support, with interventions aimed at reducing the number of young people who become looked after. This service is scheduled to go live in January 2019.
- Developing a Family Hub model that provides whole-system support as soon as a need emerges, at any point in a child's life. Subject to Cabinet decision on budget proposals, the Family Hub model would be fully operational in October 2020.

7.5.2 Brent Council Communications team have delivered a number of local campaigns and events including 'It's Time to Talk' campaign focused on working with and empowering residents and community leaders to tackle issues such as hate crime, gangs, child sexual exploitation, domestic abuse and extremism. This work involved partnering with The Beat London 103.6 FM to hold a series of panel discussions on the issues. The team also promotes the message from the Mayor of London's Anti-Knife Crime Campaign through Brent's communications channels, including social media, Your Brent (our fortnightly newsletter) and The Brent Magazine.

We have also developed a local campaign highlighting the risk of knife crime, taking on board feedback from those affected by knife crime, to raise the awareness of 'No to knives'. Further messages will be developed and shared, including messages shared by family and friends who have experienced loss.

7.5.3 Local Safeguarding Children Board (LSCB): Contextual Safeguarding. Following two fatal stabbings of young people in Brent in 2017, the Board commissioned a learning event to discuss serious youth violence in January 2018 where Dr Carlene Firmin, Principal Research Fellow at the University of Bedfordshire, presented on contextual safeguarding. This concept promotes the idea that young people's behaviours, levels of vulnerability, and resilience are all informed by the social/public, as well as private, contexts in which young people spend their time. When spending time in extra-familial contexts, young people may be exposed to healthy norms which promote pro-social relationships, or they may encounter harmful norms that are conducive to abusive and exploitative relationships. Redthread was also represented at this learning event. Robust and cohesive partnership working is needed across our diverse sectors and professions to influence the environments in which abuse and harm can occur to effectively safeguard children and young people in Brent. At the April 2018 LSCB Board meeting, it was agreed to reduce the number of priorities from four to the following three: Domestic Abuse; Neglect; and Child Exploitation. An agreement was also made to widen the child sexual exploitation priority to child exploitation to focus on issues such as missing children, gangs and knives as well as sexual exploitation.

7.5.4 **Brent Safeguarding Adult Board (BSAB)** expects safeguarding assessments, and assessments for care and support, to include a focus on keeping safe, and in some circumstances this might include a focus on prevention of, or protection from knife crime. They also expect strong co-operation across agencies, for example in the sharing of relevant information to help prevent and detect crime. The Board itself does seek to raise awareness of different forms of abuse and neglect, and works closely with other Boards and partnerships when focusing on prevention and protection.

7.5.5 **Police**

- **Emergency Response** via 999/101.
- **Proactive work in hotspot areas** using Stop and Search powers, plus dispersal and Sec 60 legislation when available to identify, deal with and deter knife and weapon carriers. Body-worn video provides support and accountability to interactions.
- Dealing with **outstanding wanted offenders** linked to violence and knife crime.
- **Safer Neighbourhoods**: Carry out weapons sweeps in conjunction with local community, ranging from youth groups to local residents. Patrols aimed at dealing with ASB and criminality associated with street-drinking in hotspot areas. Work in conjunction with partners through the Local Joint Action Boards to address locations and addresses where criminality occurs or is based, e.g. crack house closure work leading to a decrease in drugs use and associated acquisitive and violent crime in the area. Dealing with outstanding wanted offenders linked to violence and knife crime. Participating in **Operation Sceptre** activity aimed at identifying and dealing with habitual knife carriers and linked offending. Execution of drugs warrants resulting in crime and ASB reduction in the immediate area.
- **Schools Officers**: Provide talks in assemblies and with groups around knife carrying. Weapons arch in association with schools. Liaise with Pupil Referral Units to identify and divert young people from crime and violence. Provide summer school work to divert young persons from gang activity.
- **Licensing**: Proactive and reactive work to deal with issues connected with licensed premises, reviews where required and assistance rendered to licensees to run safe venues. Proactive work done on Wembley event days to ensure licensed premises operate in a safe manner with a view to reducing criminality, violence and offences committed by those attending events, especially football.
- **Crime Wing**: Reactive response to violent crime – secondary investigation, detailed suspect handling and ongoing victim support with use of Family liaison Officers where required. Dealing with outstanding wanted offenders linked to violence and knife crime. Dealing reactively with domestic abuse matters, ensuring victim support, victimless prosecutions used if required.
- **Gangs Unit and Crime Squad**: Targeted work at persons involved in crime on Brent and borders. Participation in operations such as Operation Viper aimed at offenders involved in gang crime, knife, weapons and violent

criminality. Participating in Operation Sceptre activity aimed at identifying and dealing with habitual knife carriers and linked offending.

7.5.6 Community Engagement

Youth Fund: As a response to and following the recommendations of the 2016 Gangs Outcome Based Review (OBR) the Partnership and Engagement Team have been working with community leaders to develop a Youth Fund (project) that will be composed of four strands i.e. Celebrating the success of young people in Brent, preventing young people from joining gangs through diversionary activities and providing intervention and support to young people at risk of joining gangs or going into crime by providing information, advice and guidance to children, young people, parents and families. Young people and community leaders will form part of the project team and grant assessment panel for this specific project. It is anticipated that the Youth Fund will come on stream by February 2019, allowing Activities to begin from the Easter holidays 2019.

Members of the Partnership and Engagement Team recently attended two public meetings organised by the Community Safety Team at Willesden Green Library on the 14 November and at Harlesden Salvation Army on the 15 November 2018, where we updated the local community on our intentions to work with community organisations to provide diversionary activities for children and young people in key parts of Brent which have been identified as crime hotspots or places where there is known 'gang-activity' such as Church Road, Harlesden, Stonebridge, South Kilburn, St. Raphael's Estate, Chalkhill and Neasden.

Currently the wider Strategy and Partnerships Team have been mapping community organisations and community leaders that deliver projects aimed at tackling knife crime and youth violence. It is our hope that local community organisations with suitable knowledge, experience and skills will deliver projects as part of the Youth Fund initiative and help us address the epidemic of knife crime and youth violence that is currently on the streets of London, including Brent.

8.0 Scope

There are conflicting statements about whether knife crime is linked to gangs, historically they have been linked, but research from the London Assembly's Police and Crime Committee found that fear of being attacked leads to young people now carrying knives who are not necessarily in a gang. The task group will review the links between knife crime and gangs in Brent.

The London Assembly's Police and Crime Committee recommend the public health approach, outlined in paragraph 4.0. This requires good partnership working, including multi-agency working, and working with neighbouring boroughs. The task group will review the partnership working arrangements.

The public health approach is advocated by MOPAC to be adopted London wide. Part of its implementation will include elements like the Violence Reduction Unit, which begins in January 2019 and is London wide. The public health approach requires these wider elements to be backed up with local

interventions. The task group will review what will need to be done locally to complement the wider London approach, including:

- the use of RedThread, and other violence interrupter schemes;
- street based interventions;
- education and employment opportunities for ex-offenders;
- using education for nurturing children to prevent crime; and
- Early Intervention schemes for different ages, including younger children.