



**NHS**  
Brent  
Clinical Commissioning Group

## Health and Wellbeing Board

17 July 2018

### Joint Report from Strategic Director of Regeneration and Environment, Strategic Director of Children and Young People and Director of Public Health

## Knife Crime Prevention – Review of Evidence and Recommendations

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	N/A
<b>Open or Part/Fully Exempt:</b> (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
<b>No. of Appendices:</b>	N/A
<b>Background Papers:</b>	N/A
<b>Contact Officer(s):</b> (Name, Title, Contact Details)	<p>Miriam Shovel National Management Trainee, Community Protection Email: <a href="mailto:Miriam.Shovel@brent.gov.uk">Miriam.Shovel@brent.gov.uk</a> Tel: 020 8937 2571</p> <p>Karina Wane Head of Community Protection Email: <a href="mailto:Karina.Wane@brent.gov.uk">Karina.Wane@brent.gov.uk</a> Tel: 020 8937 5067</p> <p>Melanie Smith Director of Public Health Email: <a href="mailto:Melanie.Smith@brent.gov.uk">Melanie.Smith@brent.gov.uk</a> Tel: 020 8937 6227</p> <p>Sue Gates Head of Early Help Email: <a href="mailto:Sue.Gates@brent.gov.uk">Sue.Gates@brent.gov.uk</a> Tel: 020 8937 2710</p>

## 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 first 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 of a range of successful prevention interventions.

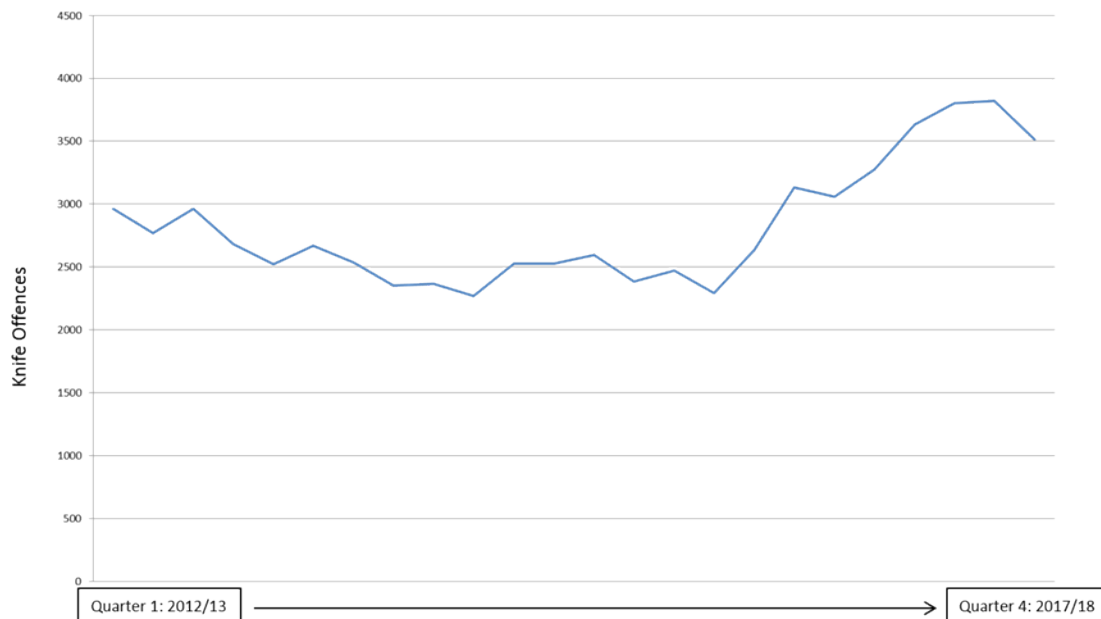
## 2.0 Recommendations

- 2.1 That the Board acknowledges knife crime as a public health issue and consider the need to work together as a partnership to strengthen knife crime prevention measures.
- 2.2 That the Board considers the proposals detailed in section 10, specifically with regard to how the proposals can best be taken forward by health organisations.

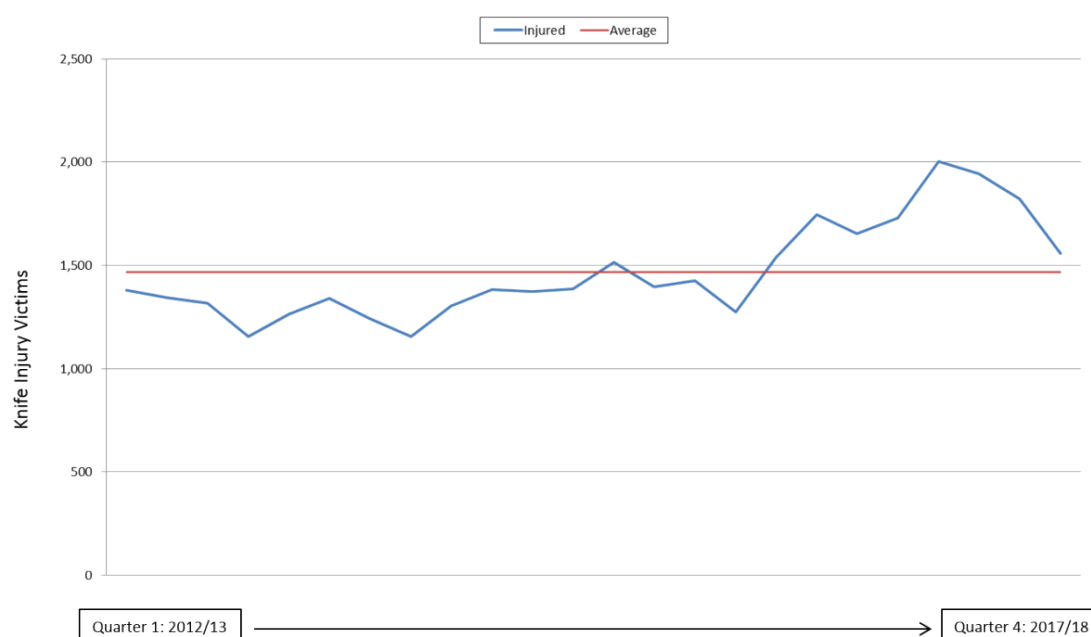
## 3.0 Knife Crime data and analysis – What Are the Problems?

### 3.1 The Pan-London Picture

- 3.1.1 Number of knife offences across London (Metropolitan Police Data, accessed May 2018):



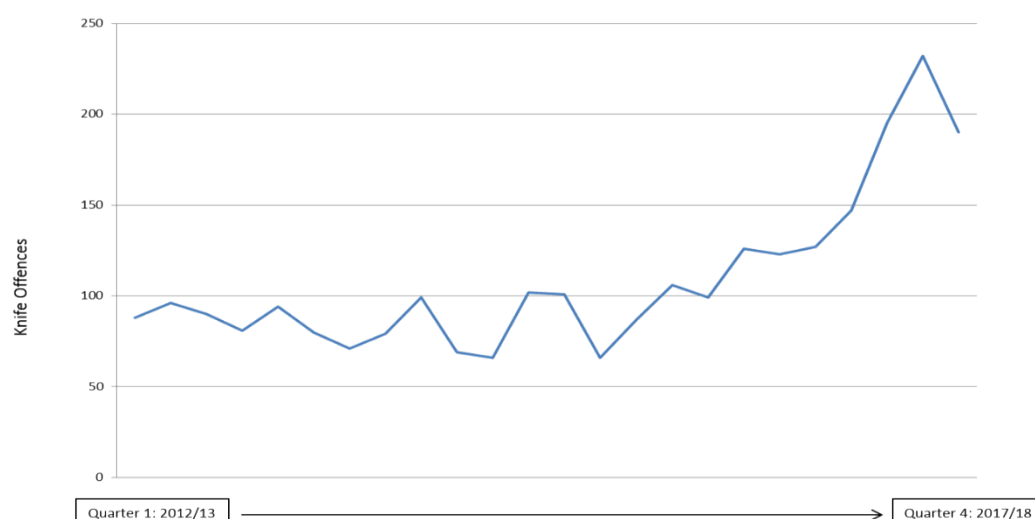
### 3.1.2 Number of London knife injury victims - non fatal (Metropolitan Police Data, accessed May 2018):



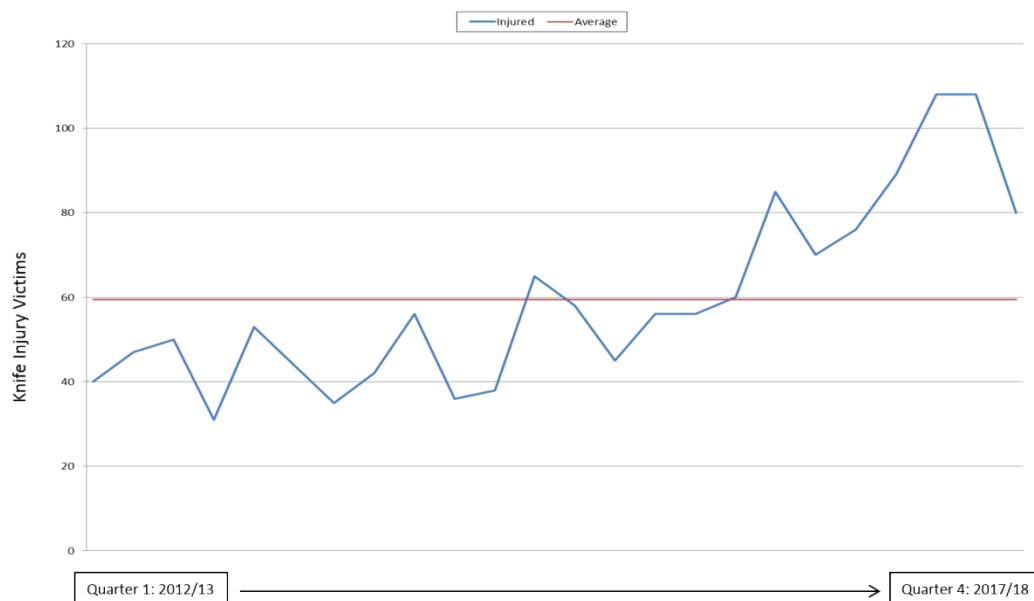
3.1.3 In 2017/18, the highest number of knife crime offences in London was recorded in **Southwark** (866 compared to 842 in 2016/17). The highest number of victims being injured as a result of a knife crime offence was also recorded in **Southwark** (453 compared to 409 in 2016/17). **Total number of offences involving knife crime has increased by 22% from 12,105 in 2016/17 to 14,768 in 2017/18.** Knife related murders in London increased by 86% from 59 (2016/17) to 110 (2017/18); this was a significant single year increase considering that London has averaged 56 knife related murders over the previous five years. The highest number of knife related murders in London was again recorded in **Southwark** (12 compared to 3 in 2016/17)  
Source: Metropolitan Police June 2018.

## 3.2 The Brent Picture

3.2.1 Number of knife offences across Brent (Metropolitan Police Data, accessed May 2018):



### 3.2.2 Number of Brent knife injury victims - non fatal (Metropolitan Police Data, accessed May 2018):



### 3.2.3 In 2017/18, Brent had 764 knife crime offences, which is a **60% increase** on recorded offences on 2016/17 (475). This was the 4<sup>th</sup> highest increase in London and placed **Brent as having the 4th highest level of knife crime of the 32 London boroughs.**

In 2017/18, Brent also saw a **32% year on year increase in the number of victims being injured** as a result of knife crime offences. The 32% increase equated to an additional 92 victims injured by knives than in 2016/17. This was the 4<sup>th</sup> highest increase in London and placed **Brent as having the joint 2nd highest number of injured victims of knife crime of the 32 London boroughs.**

The number of knife related murders in Brent reduced from 4 in 2016/17 to 3 in 2017/18; this was below the London average.

Source: Metropolitan Police June 2018.

## 4.0 The Cost of Knife Crime to Health

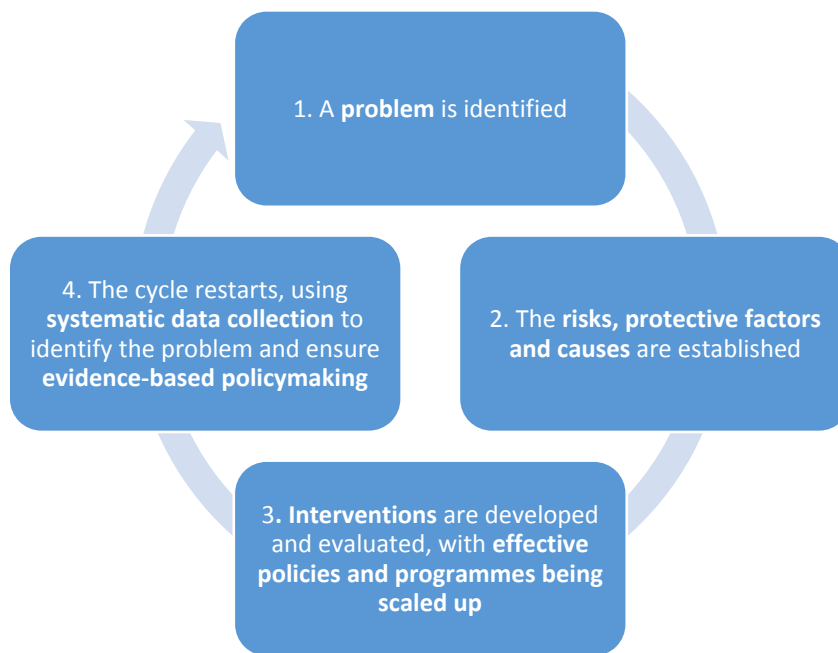
- 4.1 Calculating the single agency cost of knife crime is complicated; many different agencies (central government, local government, police, health, and other agencies) are involved in preventing and responding to those affected. However, there is a clear cost to the health economy.
- 4.2 The Trauma 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.
- 4.3 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.**

- 4.4 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.**"
- 4.5 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.
- 4.6 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.

## 5.0 Knife Crime – A Public Health Issue

- 5.1 *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.
- 5.2 *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.

### 5.3 The Public Health model requires **four steps**:



5.4 *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.

5.4.1 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 programs and by using data, we can learn how well programs are working. Ultimately, this information can be used to improve programs or to terminate consistently ineffective programs and find better approaches. From there, the cycle of learning and improving continues (see 4.3).

## 6.0 Knife Crime Prevention Research

6.1 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:

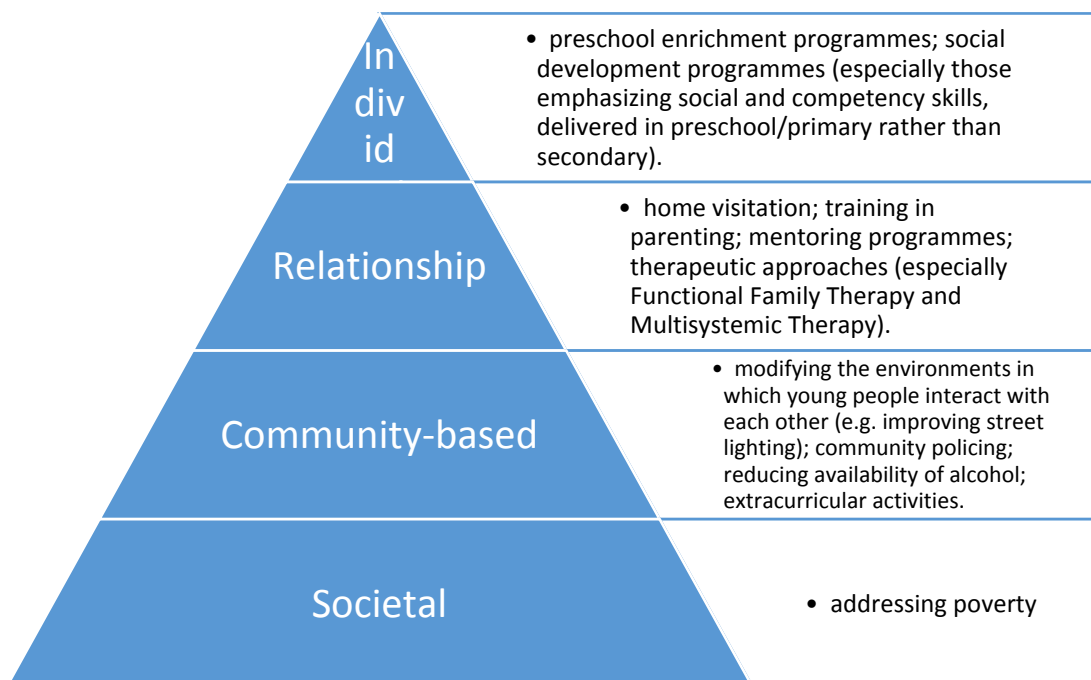
6.1.1 **Creating positive change rather than focus on negatives of knife crime:** Effective programmes create positive changes in the lives of Children and

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.

- 6.1.2 **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.
- 6.1.3 **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.
- 6.1.4 **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.
- 6.1.5 **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. A **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.
- 6.1.6 **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, for example when working with people affected by knife crime.

## 6.2 **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:



6.2.1 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.

6.2.2 Brent is currently 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 and there are plans for a pilot to be in place in summer 2018. The proposal will need Schools Forum agreement for Dedicated Schools Grant funding.

## 7.0 **Real World Approaches Utilising a Public Health Approach**

### 7.1 **Scotland Violence Reduction Unit (VRU)**

7.1.1 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.**

7.1.2 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.

7.1.3 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 A&E 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.

## 7.2 The Cure Violence Model

7.2.1 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:**

7.2.2 **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.

7.2.3 **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.

7.2.4 **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 the 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 and establish new block clubs, tenant councils, and neighbourhood associations to assist.
- **Spread Positive Norms:** Program distributes materials and hosts events to convey the message that violence is not acceptable.

### 7.3 **Redthread Youth Violence Intervention Programme & Hospital Interrupting Violence Exchange**

7.31 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.

7.32 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.

7.33 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.

## **7.4 StreetDoctors**

- 7.41 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**.
- 7.42 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.
- 7.43 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**.

## **8.0 Tackling Knife crime in Brent – What We Currently Do**

### **8.1 *Community Protection***

- 8.1.1 **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).
- 8.1.2 **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).
- 8.1.3 **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 programs 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, 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.

**8.1.4 Youth Gangs worker (2017-19/21):** Community Protection successfully bid for London Crime Prevention Fund (LCPF) funding to increase funding of interventions to tackle serious youth violence and gangs. 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.

**8.1.5 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 we 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.

**8.1.6 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.

- 8.1.8 **Communication Campaign:** Community Safety are currently developing 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.

## 8.2 *Children and Young People's Department*

### 8.2.1 **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; Helping 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 and 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.

**8.2.2 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.

**8.2.3 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.

**8.2.4 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 & trident officers, prison officers, inclusion officers, Directions project – ex offenders, paramedics, education consultation in cyberbullying & sexting.

### **8.3 Public Health**

- 8.3.1 **Maternal Early Childhood Sustained Home visiting (MECSH)** is a new model for the delivery of effective sustained home visiting. MECSH is not an added programme: it is an evidence-based programme that is delivered by health visitors to the families in their caseload in need of additional support: those in the universal plus and partnership plus, and also for some families requiring an intensive multi-agency care package.
- 8.3.2 MECSH has developed as a manualized 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.
- 8.3.3 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 will 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 will include a co-located post with the Youth Offending Service.
- 8.3.4 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.
- 8.3.5 The young people's service will be relaunched, re-focused and will target 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 a co-located post with the Youth Offending Service. The service will offer a range of interventions including group work,

one to one support, outreach and drama workshops as well as wider interventions around bullying and resilience.

## **8.4 Health**

- 8.4.1 **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.

## **8.5 Wider Services**

- 8.5.1 **Outcome Based Reviews** – Council wide reviews into Gangs, Domestic Abuse and Children at the Edge of Care include key partners and community members. Findings due to be shared in the summer with new initiatives and programmes being developed.

- 8.5.2 **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.

- 8.5.3 **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.

- 8.5.4 **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.

#### 8.5.5 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 assembly 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 supported, 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.

### 9.0 Gaps

#### 9.1 Prevention

- 9.1.1 There is a **gap of support for vulnerable adults and young people who do not meet the threshold for our Offender Management Programme or YOS services**. The OMP only works with those who have been arrested, and YOS only works with those who have been given triage, a caution, or have been sentenced. While efforts have been made to work with young people at an earlier stage (i.e. after their first offence) we could provide more services for youths who are high risk but yet to offend. This could be supported by the

Troubled Families agenda and also by an on-street based intervention, with a peer network targeting known hotspot locations with earlier identification and engagement of potentially vulnerable young people as is being suggested from the Outcome Based Reviews.

- 9.1.2 There is a **gap of provision for young people to access to divert them off the streets**. Although there are community-led youth activities, many of these involve a financial cost which excludes some higher-risk CYP including an increased number linked to the Young Brent Foundation. Free youth activities could therefore be increased in the borough, as could extra-curricular school activities and on street positive/peer support. The Young Brent Foundation could strengthen our partnership with other youth clubs – the Council already works with The Unity Centre but could strengthen partnership with the OK Club, South Kilburn. Research suggests that youth clubs need to provide structured activities (such as sport, art or drama) in order to improve youth outcomes. Youth activities that take place regularly, in a group setting, with a clear hierarchy and well defined aims help children to develop better social and emotional skills, and can offer structure to children who lack it at home.
- 9.1.3 There is a **gap in terms of mapping and tracking vulnerable children from birth and assessing their risk**. While a predictive model is being developed within Community Safety, there is currently no resource around mapping potentially vulnerable peer groups and deploying prevention measures.
- 9.1.4 There is a **gap around providing social development programmes in nursery/infant/primary schools**. These programmes reduce antisocial and aggressive behaviour in children, and consequently reduce violence among adolescents. They adopt a variety of strategies, typically focusing on one or more of the following: managing anger; modifying behaviour; adopting a social perspective; moral development; building social skills; solving social problems; resolving conflicts. Evidence suggests these programmes can be effective in reducing youth violence and improving social skills. Programmes emphasizing social and competency skills are among the most effective youth violence prevention strategies (see section 6.2.2 above).

## **9.2 De-escalation**

- 9.2.1 There is a **gap around providing immediate rapid response on-street disruption of knife-related incidents**. A core facet of the Cure Violence model is violence interrupters, who intervene in conflicts as they occur, using mediation techniques to de-escalate incidents and prevent retaliation. Brent currently has no similar service.
- 9.2.2 There is a **themed gap around wider street presence of outreach workers on the streets of Brent**. As well as providing services to keep young people off the streets (see section 9.1.2) it is important to have outreach workers who regularly walk the neighbourhood. This helps disrupt knife crime, as well as the perception of crime in an area, by providing visible and active outreach in the community. Outreach workers hold caseloads of high-risk clients and provide mentoring and positive activities similar to that currently provided by St Giles and Air Network. However, our outreach workers do not currently engage with young people who are not already known to services on the street. Aligning with Community Safety's focus on hotspot areas, we need to ensure that we have offers of support in areas of high risk and vulnerability, targeting more location

based support. For example, the Local Joint Action Groups (LJAGs) could share information about low-level offending of CYP with the YOS to ensure that any anti-social behaviour is known to YOS workers and breaches are quickly and effectively addressed; as well as offering preventative outreach to those not known to YOS.

### **9.3 Rehabilitation**

9.3.1 There is a **gap around providing employment opportunities for those who are attempting to leave criminality behind**, especially those with a criminal record. While Air Network does encourage clients to work towards qualifications (e.g. as a lifeguard), more could be done to partner with local businesses and establish apprenticeships for ex-offenders. More could also be done to identify appropriate employment opportunities within the council for ex-offenders, and encourage those with a criminal record to apply to such jobs.

9.3.2 There is a **gap around providing through-the-gate provisions for offenders nearing release to ensure a smooth transition back into the community**. This requires working in partnership with Young Offenders Institutions (YOIs) to ensure that the necessary support is in place (we have begun to do this by commissioning Air Network to work within prisons, but more could be done).

## **10.0 Proposed Solutions**

The proposals outlined below are recommended based on the research discussed in section 6, the successful programmes highlighted in section 7, and the gaps in Brent's provision identified in section 9. Funding for these proposals would need to be sought and only then could proposals be given more detail and definitive next steps around public health contributions be established.

### **10.1 Prevention**

- Work with young people at an earlier stage, providing support for Children and Young People (CYP) who are both low and high risk but yet to offend, targeting support at an early stage, and supporting those on the periphery of offending. This could be done by recruiting outreach workers specifically for high risk youths who are yet to offend. These workers would have a visible presence in the community, walking streets in high-risk areas to engage with CYP on-street to build their client base, as well as holding caseloads and providing 1-1 and/or group mentoring.
- More extra-curricular activities for young people. Both in schools and youth centres. Community groups/voluntary sector organisations could take the lead on this.
- Adapt the predictive model to focus on serious youth violence, in order to alert frontline workers to high risk CYP before they have offended. This is particularly important given that the type of first time offenses perpetrated by CYP are increasing in severity.
- Develop an early intervention predictive analytics tool to enable identification for additional support to families with children from age 2-3.
- Social development programmes for CYP.

- Follow up all siblings of individuals who come to our attention for a knife-related incident.
- Employ StreetDoctors to provide presentations in all Brent primary and secondary schools.
- Develop preventative programmes to be delivered in Early Years settings and primary schools.

## **10.2 De-escalation**

- Employ Violence Interrupters for the borough. Violence Interrupters were first employed in the Cure Violence model (see point 7.2). Their role is to mediate conflicts as they occur and to prevent retaliatory stabbings.
- Increase the number of outreach workers working outside of core working hours (at weekends and in the evenings) and offer on-street peer support to young people from low-high risk.

## **10.3 Rehabilitation**

- Develop a programme encouraging ex-offenders to apply for council jobs.
- Working with local businesses to develop apprenticeships for at-risk young people.
- Prioritise habitual knife carriers/knife-related offenders when referring to St Giles/Air Network.
- Targeted programme for knife-related robbery (In response to the news that 60% of Brent knife crime is robbery-related).

## **10.4 Training for Professionals**

- Regular training for frontline workers (including health professionals) to ensure they know what is available and make accurate referrals.
- Regular training for school-based staff about the signs/implications of knife carrying and gang involvement.
- Clear guidance on referral pathways for primary school (and younger) children who are displaying early risk factors but fall below statutory thresholds.
- Expand Beyond The Blade training to all frontline staff.
- Train all frontline staff in the Trauma Informed Approach.
- Contextual Safeguarding training.
- Training for social workers by ex-gang members. Previously this has been delivered by St Giles and those who attended said 'it was very useful as it

- helped staff know what questions to ask CYP and how to interact with high-risk CYP’.

## **11.0 Financial Implications**

- 11.1 The proposals stated in section 10 of this report are to be delivered by external health partners and will be financed by the delivering organisation. The only impact on the Council’s budgets will be by way of officer time used to support organisations to secure funding and integrating any commissioned programs into existing delivery. The cost of officer time will be contained within existing approved staffing budgets.

## **12.0 Legal Implications**

- 12.1 There are no direct specific legal implications arising from the recommendations in section 2 of this report and the proposed solutions in section 10 of this report.

## **13.0 Equality Implications**

- 13.1 Under section 149 of the Equality Act 2010, the council has a duty when exercising its functions to have “due regard” to the need to eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act and advance equality of opportunity and foster good relations between persons who share a protected characteristic and persons who do not. This is the public sector equality duty.
- 13.2 The protected characteristic is defined in the Act as: Age, Disability, Gender reassignment, Pregnancy and maternity, Race (including ethnic or national origins, colour or nationality), Religion or belief, Sex and Sexual orientation. Marriage and civil partnership are also a protected characteristic for the purposes of the duty to eliminate discrimination. The previous public sector equalities duties only covered race, disability and gender.
- 13.3 All commissioned services collate data relating to equality as part of the programme of work including gender, disability, sexuality, ethnicity, and age (with particular interest in young victims and perpetrators). The commissioned services are monitored on their ability to deliver effective services to specialist BME cohorts, and to link in with other local specialist partners to facilitate this.

## **14.0 Consultation with Ward Members and Stakeholders**

- 14.1 There has been several consultation meetings with stakeholders, community members and lead members around the issues related to knife crime in recent months.

## **15.0 Human Resources/Property Implications (if appropriate)**

15.1 None.

### **Report sign off:**

**Amar Dave**

Strategic Director of Regeneration and Environment

**Gail Tolley**

Strategic Director of Children and Young People

**Melanie Smith**

Director of Public Health

