A Public Health approach to

SERIOUS YOUTH VIOLENCE

Annual Public Health Report
for Ealing 2019

"We owe our children – the most vulnerable citizens in any society – a life free from violence and fear"

Nelson Mandela

A PUBLIC HEALTH APPROACH TO SERIOUS YOUTH VIOLENCE

Tackling serious youth violence is a matter of social justice. It is about protecting our children from harm using all the tools at our disposal. We must tackle the root causes of serious youth violence as well as dealing with the "symptoms" and their tragic consequences if we are going to make a real and lasting difference to young people's lives. It is easy to get overwhelmed by the challenge of tackling such complex problems which have no quick fixes, but it is important to acknowledge that solutions exist, they have proven effect, and that issues can be addressed incrementally.

Much has been said recently about the importance of taking a "public health approach" to serious youth violence and this report looks at what this means for us in Ealing. Our analysis and conclusions have been informed by young people in the Borough who have told us about their experiences and their thoughts on some of the solutions. Their insights and wisdom are woven through the pages of this report and form a powerful narrative for the change we need to create together.

It is important to be clear what a public health approach is and is not. A public health approach is NOT about medicalising complex social problems, but it does recognise that we can learn from the way we handle outbreaks and epidemics.

A Public Health approach:

- Uses data and intelligence to quantify the burden at population-level and identifies inequalities and risks

- Seeks to understand the root causes of the issue

- Seeks evidence of effectiveness to tackle the issue

- Generates long-term and short-term solutions, is not constrained by organisational or professional boundaries, but seeks out system-level solutions delivered through system leadership

- And most importantly, works with and for communities.

Adapted from GLA (2019)

While this report focuses on serious youth violence, rather than 'knife crime' or violence more broadly, many of the root causes are shared, and as such, the solutions to tackle the root causes may be helpful for other types of violence and broader issues such as promoting child and adolescent mental health.

In seeking to understanding the root causes of serious youth violence, this report shines a light on the importance of healthy child development. Tackling serious youth violence and ensuring the future prosperity and flourishing of our society depends on this investment in our children.

Wendy Meredith, Interim Director of Public Health

Serious Youth Violence is an important Public Health issue because:

- It causes ill-health through fear, injury and loss, affecting individuals, families and communities.
- It is contagious, with clusters of incidents linked in time, by place, or by the groups of people affected.
- It is distributed unequally across population groups and contributes to health inequalities.
- Risk factors for involvement in violence, which overlap with risk factors for other adverse physical and mental health outcomes.
- It has root causes, it can be treated, it can be prevented.

Source: GLA (2019)

A note about considering 'Violence as Contagious Disease'

Violence can be considered to be a contagious disease, ie. being capable of being transmitted from one individual to another. There are three main characteristics of infectious diseases in populations:

1) **Clustering:** in space
2) **Spread:** in epidemics, spread is often non-linear, in waves
3) **Transmission:** is the passage of an infection (or condition such as violence) from one person to another.

Violence also meets the characteristics of infectious diseases in an individual, including **susceptibility, exposure** and **clinical spectrum**. By 'Clinical spectrum' we mean that an individual who has been 'exposed' to violence in his/her past, may display different manifestations of violence in later life. It can be argued that the different 'violent syndromes' that are currently viewed as different categories of violence (e.g. domestic violence, child abuse, suicide) can now be classified as different 'syndromes' of the same 'disease' because they derive from the same cause, but manifest under different circumstances.

By conceptualising violence as a contagious disease, the **strategies for control** of violence are as follows:

1) **Avoid exposure** to violence = primary prevention.
2) Develop ways of **responding to exposure of violence** (i.e. responding to those who have experienced violence in childhood or in the community) = secondary prevention.
3) Develop better methods of **'treating' 'infected' people and communities** = tertiary prevention. This includes prompt response to an incident of violent crime, putting interventions in place to minimise further 'spread'.

The Cure Violence approach in Chicago is based on this theory of violence as a contagious disease (section 3).

Source: Slutkin (2013) Violence is a contagious disease

We should be cautious **not to over-medicalise a complex social problem**, and it is **vital to address structural drivers of violence** at the macro socio-economic-cultural level.

1. USES DATA AND INTELLIGENCE TO QUANTIFY THE BURDEN AT POPULATION LEVEL AND IDENTIFIES INEQUALITIES AND RISKS

WHAT IS A 'PUBLIC HEALTH APPROACH' TO SERIOUS YOUTH VIOLENCE?

There is no single definition of 'Serious Youth Violence' (SYV) and each frontline agency collects slightly different data related to this issue. SYV is often defined by the age of the victim (either under 19 years or under 25 years). Police data for SYV refers to violence against the person offences and instances of violence, robbery and sexual offences involving a knife or a gun.

Serious youth violence is rising

According to the GLA, **serious youth violence is increasing across London**, according to data from a number of frontline services (Figure 1), with a general peak in 2017/18.

Figure 1: Rising number of SYV incidents in London 2012/13 – 2018/19
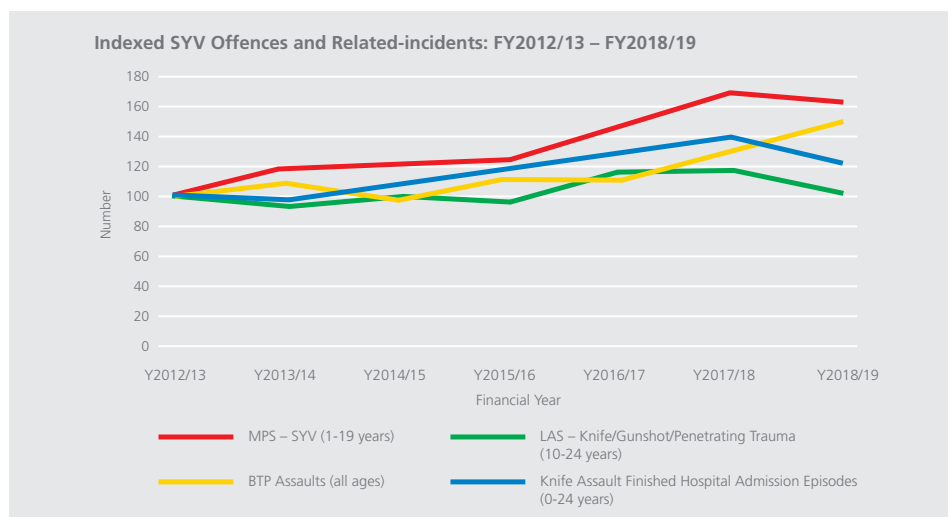
Source: Metropolitan Police Service, British Transport Police, London Ambulance Service, NHS Hospital Admissions Data; Indexed, where number of incidents = 100 in the baseline year (2012/13)

Local police data shows a rise in the number of Serious Youth Violence incidents in Ealing (Figure 2), between 2014 to 2017. London ambulance call outs for assault of young people under 25 has been broadly stable over the past 5 years.

Figure 2: Police SYV incidents (victim under 25 years) and London ambulance call-outs for assaults (under 25 years), in Ealing, 2014-18.
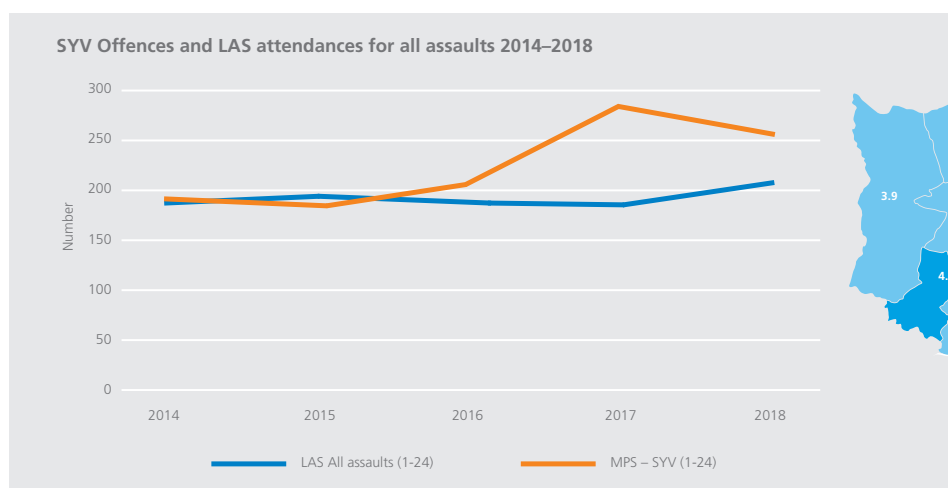
Source: MPS and LAS (2019)

In London

- SYV incidents reported to the police increased by 71% from 2012/13 to 2017/18.

- The proportion of hospital admissions involving a sharp instrument or knife injury for those aged under 25 years increased from 25% in 2013 to 38% in 2017.

- Ambulance data for young people showed an increase in knife/gunshot/penetrating trauma call-outs of 27% from 2013/14 to 2017/18.

Source: GLA (2019)

The rate of serious youth violence in Ealing is significantly lower than the London average (figure 3), although there are 'hotspots' of localised activity (Figure 4). In 2018, there were 406 victims of serious youth violence in Ealing, representing a victimisation rate of 3.8 per 1000, 1-24 year olds (compared to 4.9 per 1000 in London).

Figure 3 – Borough rates of SYV victimisation
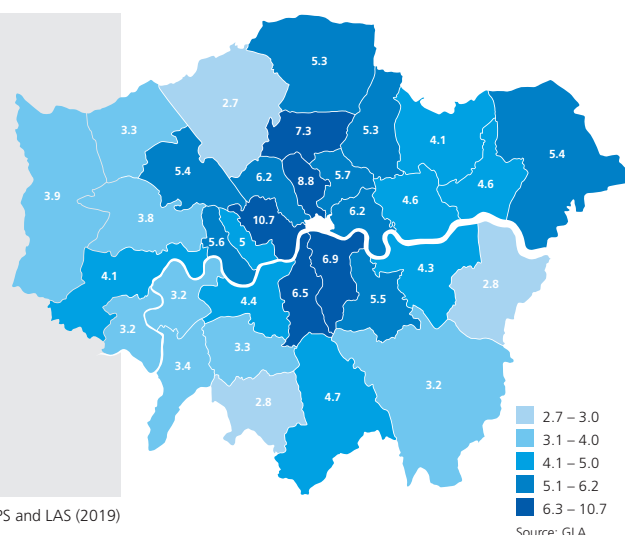
Source: GLA

1. USES DATA AND INTELLIGENCE TO QUANTIFY THE BURDEN AT POPULATION LEVEL AND IDENTIFIES INEQUALITIES AND RISKS

In London

- **Over-representation of males** amongst SYV offenders (77%) and victims (75%).

- **Over-representation of people from a black ethnic background** amongst SYV offenders (35%) and SYV victims (26%), whilst black young people make up 17% of the population in London. The largest proportion of offenders (41%) are from a white ethnic background; 39% of victims are from a white ethnic background.

- **Age:** 85% of victims of SYV are between 15-24 years; the age of SYV offenders range from 10-85 years, with 60% aged 13-28 years.

- **Repeat offending:** 62% of SYV offenders have previously been cautioned or arrested.

Source: GLA (2019)

WHO IS INVOLVED/AFFECTED?

It is important to understand the demographics of the young people involved and affected by Serious Youth Violence.

The demographics of young people involved in Serious Youth Violence in Ealing is similar to the London picture:

- **Over-representation of males** amongst SYV offenders (85%) and victims (76%) (MPS data).

- **Over-representation of black young people** amongst Ealing's youth justice cohort (40%), compared with 16% of the general population (under 18 years). White young people represent 23% of the youth justice cohort (compared to 34% of the population). Asian young people represent 13% of the youth offending cohort (compared with 32% of population). (Youth justice data).

- **Age:** 87% of victims of SYV are between 15-24 years; 32% are 10-17 years; 37% are 18-21 years; 28% are 22-24 years. The age of SYV offenders under 25 years in Ealing: 37% 10-17 years, 39% 18-21 years; 24% 22-24 years (MPS data).

The **location of SYV incidents** is linked to deprivation, as measured by Index of Multiple Deprivation, with the exception of Ealing Broadway. Figure 4 shows the rate of incidents, using police data of the number of incidents in each ward, taking into account the population (aged 1-24 years) in each ward. There is a caveat for this figure in that not all incidents take place in the home ward of the young people involved in the incident. Southall Broadway has the highest rate of SYV incidents, followed by wards in Northolt, Greenford and Ealing Broadway.

Figure 4 – Rate of SYV incidents (per 1000 population aged 1-24 years) by ward

SYV victims rate per 1,000 population (aged 1-24)

- 12.7 to 24.3 (5)
- 10.6 to 12.7 (4)
- 9.5 to 10.6 (4)
- 8 to 9.5 (4)
- 3.4 to 8 (6)

Source: MPS (2019)

Understanding *why* SYV is linked to deprivation and ethnic disproportionality is explored in section 2.

The GLA analysis for London shows that the **temporal pattern** of violent incidents among young people varies by age. SYV incidents involving school-age children are more likely to occur after the school day, whereas for older youth incidents are more likely later in the evening and at weekends.

1. USES DATA AND INTELLIGENCE TO QUANTIFY THE BURDEN AT POPULATION LEVEL AND IDENTIFIES INEQUALITIES AND RISKS

RISK AND PROTECTIVE FACTORS

The **population risk and protective factors** that have been shown to be associated with borough level Serious Youth Violence are shown in table 1 (in order of strength of correlation). This table shows that **Serious Youth Violence is strongly associated with area-level deprivation**. Ealing fares significantly better than London in many of these factors (where statistically significance comparisons are available).

Table: 1 Borough level protective and risk factors for Serious Youth Violence

	Period	Ealing		London
First time entrants into the criminal justice system (10-17)	2017	269.3 per 100,000	🟢	380.3 per 100,000
The proportion of children (under 16 years) living in out-of-work benefit claimant households	2016	16.9%	🟢	18.8%
The Index of Multiple Deprivation (IMD)	2015	23.6		Not available
Long-term unemployment as measured by the rate of JSA claims of 1 year or more	2017	4.8 per 1,000	🔴	3.9 per 1,000
The estimated prevalence of emotional disorders amongst 5-16 year olds	2015	3.6%		3.6%
The estimated prevalence of mental health disorders amongst 5-16 year olds	2015	9.4%		9.3%
The rate of Looked-After Children (LAC)	2018	42 per 10,000	🟢	49 per 10,000
The estimated prevalence of conduct disorders amongst 5-16 year olds	2015	5.8%		5.7%
The estimated prevalence of hyperkinetic disorders amongst 5-16 year olds	2015	1.6%		1.5%
The rate of conception in mothers under the age of 18	2017	13.3 per 1,000	🟡	16.4 per 1,000
Educational attainment (GCSE) *(Average Attainment 8 score)*	2017/18	51.6 (score)	🟢	49.7 (score)

🟢 Better 🟡 Similar 🔴 Worse

Source: Adapted from GLA SYV analysis (2019)

The **individual-level risk factors** that are most closely linked to an individual's involvement in Serious Youth Violence are summarised in table 2, although data for these factors are not available for Ealing.

Whilst some of the factors have a biological basis (e.g. personality traits), most of these factors are shaped by the social environment. For example, risk factors such as psychopathy and aggression, may also be shaped by experiencing adversity in the environment of early childhood, and are therefore amenable to intervention.

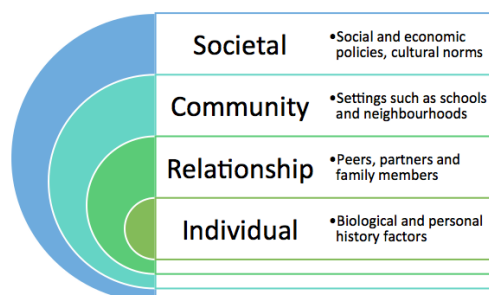**Table 2: Summary of Risk Factors for Youth Violence of Gang Involvement**

Level	Risk factor
Individual	**Younger ages (7-12):** Troublesome, high daring, positive attitude towards offending, previously committed offences, involved in anti-social behaviour, substance use, aggression, running away and truancy
	Older ages (13-25): low self -esteem, anger traits, aggression traits, high psychopathic features, running away and truancy, gang membership
Family	**Younger ages (7-12):** Disrupted family, poor supervision
School	**Younger age (10-12):** Low academic achievement in primary school, learning disability
	Older ages (13-15): Low commitment to school
Peer group	**All ages:** Peers involved in offending
Community	**Younger ages:** Cannabis availability, neighbourhood youth in trouble

Source: Early Intervention Foundation (2015)

2. SEEKS TO UNDERSTAND THE ROOT CAUSES OF THE ISSUE

THE WHO ECOLOGICAL MODEL

Figure 5: WHO ecological model of violence

Societal	• Social and economic policies, cultural norms
Community	• Settings such as schools and neighbourhoods
Relationship	• Peers, partners and family members
Individual	• Biological and personal history factors

The World Health Organisation's ecological model of violence highlights that no single factor can explain why some people or groups are a higher risk of serious youth violence, while others are more protected from it. This model (figure 5) views violence as the outcome of multiple factors interacting at four levels – the individual, the relationship, the community, and the societal.

A public health approach further develops the ecological model, by adopting **systems thinking** to understanding the issue. A public health approach **seeks to understand the issue from multiple perspectives**, taken insights from different disciplines (including sociology and developmental psychology), and includes the perspectives of the affected communities. The following sections describe how factors at the different levels, may interact to increase risk or resilience to serious youth violence.

EARLY CHILDHOOD DEVELOPMENT

Early experiences in life, particularly the first three years, provide the building blocks for lifelong health and wellbeing, which includes educational achievement, good social relationships, economic productivity and being a caring parent and responsible citizen. It is important to understand latest scientific thinking around brain development in childhood and adolescence in order to for us to understand the root causes of serious youth violence.

Three core concepts in early development [1]

1. Experiences build brain architecture

The basic architecture of the brain is constructed through an ongoing process that begins before birth and continues into adulthood. Like the construction of a home, the building process begins with laying the foundation, framing the rooms and wiring the electrical system in a predictable sequence. Early experiences literally shape how the brain gets built; a strong foundation in the early years increases the probability of positive outcomes. A weak foundation increases the odds of later difficulties.

https://developingchild.harvard.edu/resources/experiences-build-brain-architecture/

2. 'Serve and return' interactions shapes brain circuitry

The interactive influences of genes and experience shape the developing brain. The active ingredient is the "serve and return" relationships with their parents and other caregivers in their family or community. Like the process of serve and return in games such as tennis, young children naturally reach out for interaction through babbling and facial expressions. If adults do not respond by getting in sync and doing the same kind of vocalising and gesturing back at them, the child's learning process is incomplete. This has negative implications for later learning and mental health.

https://youtu.be/m_5u8-QSh6A

3. Toxic stress de-rails healthy development

Chronic stressful conditions, such as neglect, abuse or severe maternal depression – what scientists now call 'Adverse Childhood Experiences' (fig 6) without supportive adults, can result in what is called 'Toxic Stress'. This can disrupt the architecture of the developing brain, leading to lifelong difficulties in learning and self-regulation. We know that children who are exposed to serious early stress develop an exaggerated stress response that, over time, weakens their defence system against diseases, from heart disease to diabetes and depression.
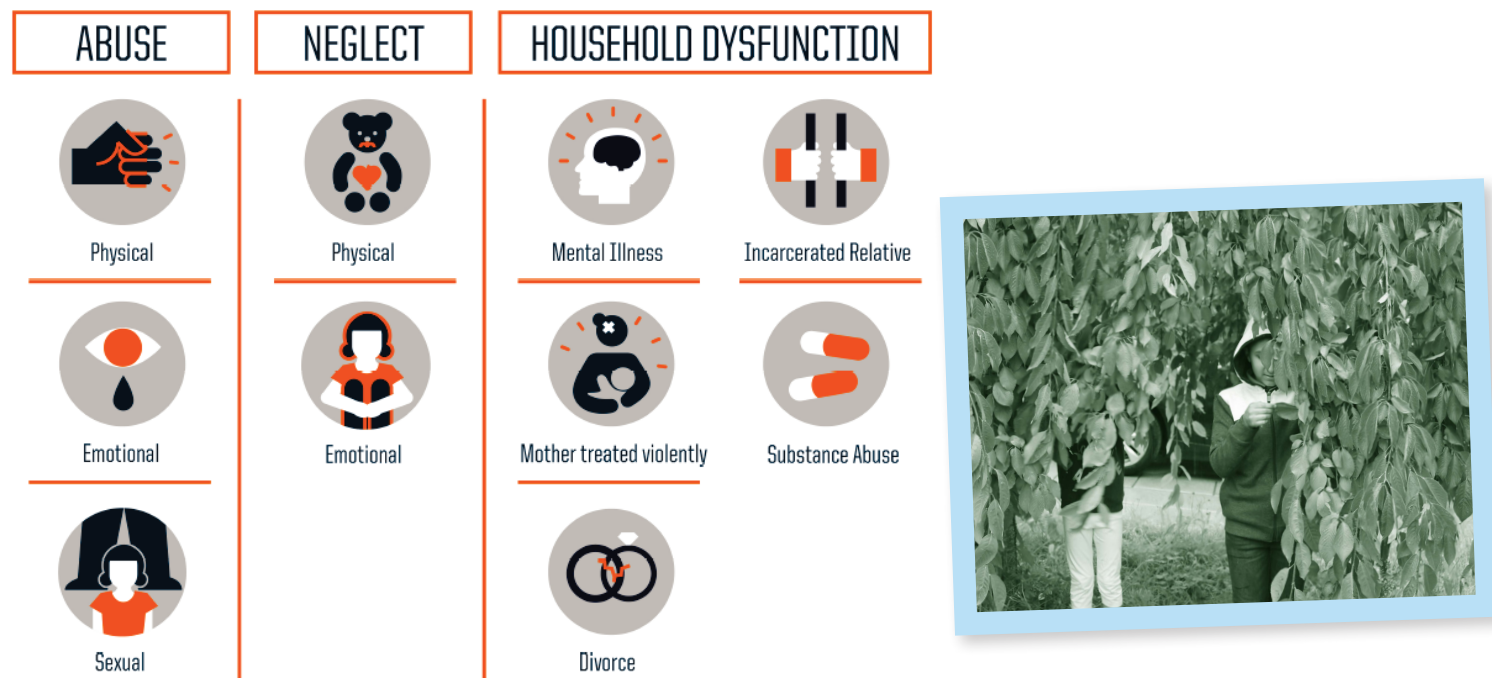
https://youtu.be/rVwFkcOZHJw

[1] Source: Harvard Centre on the Developing Child

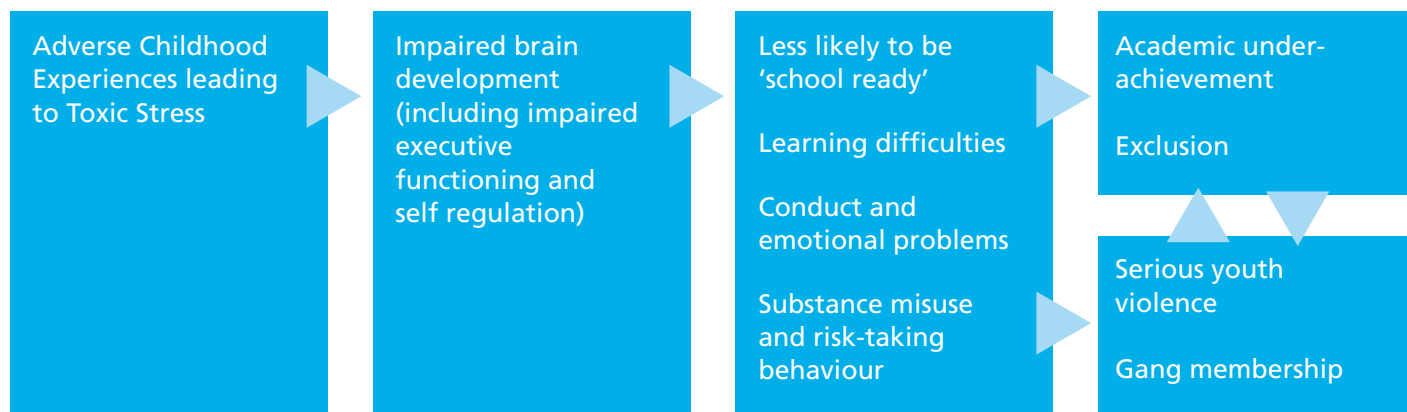## 2. SEEKS TO UNDERSTAND THE ROOT CAUSES OF THE ISSUE

Figure 6: Adverse Childhood Experiences (ACEs)

Experiencing many Adverse Childhood Experiences, without supportive adults, can result in toxic stress.
Figure 7 shows how toxic stress can result in serious youth violence. Note that fig. 7 is a simplified diagram to illustrate the concepts, but in reality the causal pathways are likely to be much more complex and involving many other factors. Children who have experienced adversity in childhood, especially domestic violence, are more likely to be violent later in life.[2] They are also more likely to have difficulties learning, and more likely to act impulsively to perceived threats and use substances in order to medicalise their mental distress. Indeed a study has shown that **compared with those without any ACEs, those with 4 or more ACEs, were 8 times more likely to be a victim or perpetrator of violence**.[3]

Figure 7: How experiencing Adverse Childhood Experiences can result in Serious Youth Violence

[2] Widom (1989) The Cycle of Violence
[3] Hughes (2017) The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis

2. SEEKS TO UNDERSTAND THE ROOT CAUSES OF THE ISSUE

SOCIAL DETERMINANTS OF HEALTH

Poverty and inequality

"Literally, it all starts from poverty." - Ealing young person

Poverty exerts its impact on young people to make them more predisposed to serious youth violence in many ways. This off course does not mean that living in poverty and adverse social conditions always lead to serious youth violence, but these kinds of conditions make it more likely to happen for the following reasons.

1) **Poverty impacts early childhood development**. Living in poverty may increase the chance of experiencing Adverse Childhood Experiences. The weight of a situation like living in poverty, can overload a parent's mental capacity to manage stress and give care and attention to his or her children.

2) **Materialist:** Poverty can result in young people being exposed to the drugs market and associated gang culture.

   "No one is starting out like 'I want to be a drug dealer'. This society is very materialistic. Boys have a short-term mentality... that's why they get in to drug dealing... to buy fancy clothes."
   - Ealing young person

3) **Psycho-social:** Social inequality may impact on how young people feel about themselves, which in turn can impact on their behaviour and propensity to engage in violence. The impact of social status, and psychological factors such as a lack of control, and its link to poor health is clearly established.[4][5] One young person living in South Acton described how living so close to very affluent people in Chiswick, made him very aware of his own poverty. He describes how having to heat up water every morning for a bath impacted on his self-esteem.

   "You don't feel like learning. You're not going to want to get up and learn if you have to wake up thirty minutes earlier than the next man to heat up pots so you can take a bath."
   - Ealing young person

People join gangs for many reasons, not least to fulfil the **universal needs among young people for status, identity and companionship**. The two main causes of carrying knives are **fear of victimisation** and **status acquisition**.

"That's why you'll find all these lot fighting over it (their area) because their friends, their bros, their family, its substitutes basically, if you don't have something like that at home, you go out and find it amongst your friends, right? So then you are willing to fight for it, right?"
- Ealing young person

Observing violence in the community and in the home, may also have a psychological impact.

"You see violence from young, so you kind of get desensitised to it." - Ealing young person

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[4] Marmot (2004) 'Status Syndrome
[5] Wilkinson and Pickett (2010) Spirit Level

2. SEEKS TO UNDERSTAND THE ROOT CAUSES OF THE ISSUE

Ethnicity

Young black people face a number of disadvantages – they are statistically more likely to experience poverty,[6] to have poorer educational outcomes including higher rates of exclusion,[7] to be unemployed and more likely to be in the criminal justice system.[8] There is also evidence to suggest that they are less likely to receive the support they need if they have mental health problems.[9]

The relationship between ethnicity and serious youth violence is complex, however structural inequalities are likely to play a large role. These include higher rates of family poverty (e.g. due to poorer paid work), challenges in the educational system and difficulties in the labour market. Individual and family level risk factors (e.g. single parent families and exposure to violence and other adverse childhood experiences) are likely to be correlated with community disadvantage, which is in turn associated with ethnicity.[10]

Language barriers may also play a role in higher rates of family poverty amongst the many migrant communities in Ealing. Language and cultural barriers may also cause instances of parental role reversal, which impacts on parental supervision and socialisation of young people.

Family factors

Young people identified that **absent fathers** and **lack of positive role models**, may contribute to the problem. Parenting may be more challenging as a single parent, especially when also living in poverty.

"From young they've been conditioned, boys have to be a certain way, can't cry, dad's won't be there."
- Ealing young person

In addition, several young people identified how they were introduced to gangs/offending through family members.

"My oldest cousins introduced me to selling weed." - Ealing young person

Community factors

Community mistrust in the police is another exacerbating factor. Indeed, a small study led by young people from the Bollo Brook youth centre in South Acton in 2018, which involved interviews with 77 young people, showed that 'the police' was the biggest safety concern amongst young men (44%), ahead of 'gangs' (40%) and 'drugs' (33%). This mistrust may be exacerbated by concerns over the use of 'Stop and Search', especially with regards to ethnic disproportionality.

Community social disorganisation, as a result of socio-economic disadvantage, may also play a role. This includes difficulties in active engagement of community residents in the supervision and socialisation of young people. Community disadvantage and instability reduce social networks that facilitate the social control of children.[10]

[6] https://www.jrf.org.uk/report/uk-poverty-2018
[7] https://www.ethnicity-facts-figures.service.gov.uk/education-skills-and-training/absence-and-exclusions/pupil-exclusions/latest
[8] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/643001/lammy-review-final-report.pdf
[9] https://www.rcpsych.ac.uk/pdf/PS01_18a.pdf
[10] McNulty and Bellair (2003) Explaining racial and ethnic differences in serious adolescent violent behaviour

2. SEEKS TO UNDERSTAND THE ROOT CAUSES OF THE ISSUE

Education and learning

Risk factors for serious youth violence, including poverty and ethnicity, can impact on ability to learn.

- Children living in poverty and amongst certain ethnic groups, are less likely to be **'school ready'**. For example, only 59% of Ealing pupils living in poverty (having Free School Meals) have a 'Good Level of Development' (Early Years Foundation Stage) when they start school, compared to 72% of the general school population of Ealing.

- Children living in poverty and amongst certain ethnic groups are more likely to have **Special Education Needs and Disabilities (SEND).**

    - **Pupils who are entitled to Free School Meals** in Ealing are twice as likely to have SEND (26% compared to 13% in the general population).

    - **Black Caribbean pupils** in Ealing are 3 times more likely to be identified as Social and Emotional Mental Health needs category of SEND compared to white pupils (compared to 1.4 times as likely nationally).[11]

Education can transform the life chances of vulnerable children. However, in some instances, **a cycle of under-achievement, behavioural difficulties and ultimately exclusion**, may lead to social exclusion, leaving a young person vulnerable to offending, gang membership and serious youth violence.[12]

There are **'attainment gaps'** at school (2017/18):

KS2: 54% of pupils with Free Schools Meals achieved the expected standard in reading, writing and maths, compared with 68% of general population, although this 'gap' is lower than London and England.

KS2: 53% of black boys achieved the expected standard in reading, writing and maths, compared to 68% of all pupils, which is a higher 'gap' than London and England.

GCSE: 55% of pupils with Free School Meals compared with 69% of the general population achieved a standard pass in English and Maths. This is similar to London but higher than England.

GCSE: 59% of black boys achieved a standard pass in English and maths, compared with 69% of the general population. This is a similar gap to London and England.

The **exclusion rates** in schools (2017/18):

The fixed term exclusion rate in Ealing was 2.57%, compared to 3.74% in London and 5.08% in England.

The permanent exclusion rate was 0.11%, which is similar to England (0.10%) but higher than London (0.08%).

There are **increasing numbers of children with complex needs** – mental health problems, family instability and learning needs. Local young people with experience of school exclusion, described how they felt their school did not try to understand the underlying causes of their negative behaviour, including experiences of abuse.

"They needed to look at the underlying reasons of why I was getting excluded, why I felt so violent, why I felt no one was listening, why I was coming into school with that type of behaviour." - Ealing young person

"I was young, it built up as anger. I never let no teacher shout at me, as this will trigger me." - Ealing young person

The young people felt that being excluded, gave an opportunity to get into further trouble.

"With exclusions, it is taking the kid out of education, for the kid to roam the streets." - Ealing young person

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[11] http://www.education.ox.ac.uk/research/the-unequal-representation-of-ethnic-minorities-in-special-education-in-england-extent-causes-and-consequences/
[12] https://www.ippr.org/files/2017-10/making-the-difference-report-october-2017.pdf

2. SEEKS TO UNDERSTAND THE ROOT CAUSES OF THE ISSUE

Other contributory factors

There are several other socio-cultural factors that may contribute to serious youth violence. These include **violence promoted by music and social media**, which can be factors in escalating and inciting violence.[13] Under-age **gaming** may also contribute to propensity to violence, by normalising or desensitising to violence.

A reduction in service provision as part of public sector austerity, including cuts to the police and youth clubs, has been cited by the media and politicians, and is likely to play a contributory role to the increase in serious youth violence, although not a root cause.

Drugs market and county lines

Agencies working with children and young people increasingly recognise the serious risks presented by people involved in drug supply and particularly in so-called 'County Lines' operations. Like other regions, Ealing has seen children and young people from different backgrounds targeted, groomed and exploited by criminals to hold, transport and supply drugs and to hold weapons and other items. There is evidence of County Lines activity by Ealing children in regions ranging from the South Coast to Norfolk, to Wales. Children are used by gangs and organised crime groups because of the relatively minor sanctions they likely face on being arrested. Social deprivation, limited opportunities and exposure to criminal activity within their peer group raise the vulnerability for children, and the perceived low risk / high reward of involvement in drug supply can appear to a vulnerable young person a positive opportunity.

Once exploitation is underway, a child or young person may be taken against their will to properties far outside of the area they know and forced to engage in activities to support a drug supply operation. The use of threats, intimidation and violence, including sexual violence, is an established tactic involved in the exploitation of children and young people. In some cases, child victims of exploitation within a very short time themselves become groomers and exploiters of a new cohort of children against whom they may use the same tactics. The exposure to and normalisation of violence inevitably impacts on children's physical and mental health and is clearly linked to longer term negative outcomes, such as withdrawal or exclusion from education, unemployment, substance abuse, reoffending and domestic abuse.

Child and adolescent mental health

Youth offenders and those involved in gangs have a higher prevalence of mental health and substance misuse than the general population, as shown below. Poor mental health in adolescence is often a symptom of some of the shared underlying root causes, linked to early life experiences and the social environment that the young person lives in. This may include long term or pervasive exposure to violence and fear of victimisation.

In a sample of 100 young gang members, it could be expected that:
- 86 will have conduct problems (<18 years) or antisocial personality disorder (18+)
- 67 will have alcohol dependence
- 59 will have anxiety disorders (including post-traumatic stress disorders)
- 57 will have drug dependence (mainly cannabis)
- 34 will have attempted suicide
- 25 will have psychosis
- 20 will have depression

Source: Coid (2013) Gang membership, violence and psychiatric morbidity

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[13] Serious Youth Violence Commission Interim Report 2018

3. SEEKS EVIDENCE OF EFFECTIVENESS TO TACKLE THE ISSUE

SCIENTIFIC PRINCIPLES

The science of early childhood development suggest that the following key principles will be effective in promoting healthy development of children.[14]

1) Supporting responsive relationships for children and adults
2) Strengthen core life skills
3) Reduce sources of stress

Supporting responsive relationships

Healthy development, including brain development, depends on the quality and reliability of a child's relationships with the key people in his or her life. As such, the need to promote responsive 'serve and return' relationships, in a variety of settings, starting in infancy, cannot be overstated. This includes promoting the relationship between adults and children, as well as strong relationships between staff and service users.

Relationships also build resilience. Having at least one stable and committed relationship with a supportive adult is the most common factor in children and young people who develop the capacity to overcome serious hardship.

Strengthen core life skills

Executive functioning and self-regulation are the set of essential skills to manage life, work, and relationships successfully. They support our ability to focus, plan for and achieve goals, adapt to changing situations and resist impulsive behaviours. The skills develop over time with practice. Children facing significant adversity can develop these skills – and adults can strengthen them – when staff and services create the environment that provide 'scaffolding' for efforts to use these skills. Scaffolding is developmentally appropriate support that gets people started and steps in as needed, allowing them to practice the skills before they must perform them alone. Adults can facilitate the development of a child's executive function skills by establishing routines, modelling appropriate social behaviour, and creating and maintaining supportive, reliable relationships.

Reduce sources of stress

While recognising that not all stress is bad, severe, unremitting 'toxic stress' can impact on a child's healthy development. Reducing sources of stress in the lives of children and their families, includes work to tackle the wider social determinants of health, including housing and good quality work. This also includes efforts by services to ensure that staff are adequately trained, caseloads are not too high and services are structured and delivered in ways to reduce stress rather than exacerbate it. For frontline professionals, it may mean that efforts are made to ensure that parents can meet their families' basic needs.

[14] Source: Harvard Centre on the Developing Child

EVIDENCE BASE OF WHAT WORKS TO PREVENT SERIOUS YOUTH VIOLENCE

Evidence-based solutions exist to promote healthy development of children and young people, which will also prevent serious youth violence. Universal interventions, mainly delivered in schools, have the advantages of promoting the healthy development of all children and are less stigmatising. Targeted programmes can be for at risk young people and families (early intervention) or high-risk families (who are already experiencing problem behaviours).

3. SEEKS EVIDENCE OF EFFECTIVENESS TO TACKLE THE ISSUE

Table 4: Summary of effective programmes to reduce serious youth violence [15]

Universal or targeted	Type of programme	Key principle	Description
Universal	School curriculum and skill-based programmes	Strengthen core life skills	These programmes typically deliver a core curriculum through a series of information and skills-based sessions delivered to whole classes. They are mostly interactive, involving skill demonstrations and skill practice (e.g. through role-play and games). e.g. Lifeskills training
	School wide climate change programmes	Supporting responsive relationships, reducing sources of stress	These programmes aim to create positive and safe learning environments at a school-wide or classroom level, and to build and encourage positive relationships between the school, parents, students, and the community. e.g. Olweus bullying prevention programme
	Classroom management programmes	Supporting responsive relationships, strengthen core life skills, reducing sources of stress	These programmes aim to reduce aggressive, disruptive, and other behaviour problems whilst promoting social and emotional skills (e.g. problem solving, empathy) and a positive learning environment. They equip teachers with methods to manage difficult behaviour and encourage prosocial behaviour among students. e.g. Incredible Years Classroom Management
	Parent/family training programmes	Supporting responsive relationships, strengthen core life skills	These programmes aim to equip parents with the knowledge and skills to guide their child, and enhance positive parent-child interactions and family protective factors. e.g. Families and Schools Together
Targeted- at risk youth	Parent/family training and home visiting	Supporting responsive relationships, strengthen core life skills, reducing sources of stress	These programmes aim to help parents develop effective responses to a child's negative behaviour and encourage positive parent–child interactions. Some are home visiting programmes, whilst others are group-based parent training programmes. e.g. FNP, Incredible Years and Triple P parenting programmes
	School curriculum and skill-based programmes	Strengthen sore life skills	These programmes aim to prevent, delay, or reduce risk factors and negative outcomes, as well as improve skills and enhance positive outcomes. Most of the programmes are delivered with small groups of children or young people, who have been referred by a teacher or another professional because they are displaying concerning behaviour for example. e.g. Incredible Years Child Training Programme
	Combined school and family programmes	Supporting responsive relationships, strengthen core life skills, reducing sources of stress	These programmes combine child training or tutoring with parent training, family training, or home visits. They all aim to reduce risk factors and increase protective factors. The child training components tend to be group based, whereas the parent/family components are a mix of one-to-one and group formats.
	Other community-based programmes	Supporting responsive relationships, strengthen core life skills, reducing sources of stress	The programmes include mentoring, youth development and leadership.
Targeted – high risk	Family-focused therapy based programmes	Supporting responsive relationships, strengthen core life skills, reduce sources of stress	These programmes aim to reduce problem behaviours in young people and improve family functioning. They work with the young person and their family to equip the family as a whole to tackle the problems faced by the young person and sustain positive changes. The therapist may also take into account wider risk factors such as the influence of deviant peer groups, and liaise with other services, and the young person's school, for example. e.g. FFT, MST
	Trauma-focused therapy based programmes	Strengthen core life skills	These programmes aim to reduce the symptoms of post-traumatic stress disorder (PTSD) or the emotional and/or behavioural problems associated with exposure to traumatic life events, and to increase positive functioning and improve coping skills. They primarily work with the young person in individual or group sessions. Therapy is structured around key cognitive behavioural therapy techniques (e.g., psychoeducation, relaxation skills, exposure), helping the young person to process and manage their traumatic memories and be better equipped to deal with stresses in the future. e.g. Trauma-Focused CBT
	Other programmes	Supporting responsive relationships, strengthen core life skills, reduce sources of stress	These programmes involve residential outdoor therapy, motivational interviewing techniques, cognitive behavioural therapy techniques, and mentoring.

[15] Source: Early Intervention Foundation (2015) What works to prevent gang involvement, youth violence and crime

3. SEEKS EVIDENCE OF EFFECTIVENESS TO TACKLE THE ISSUE

Key principles of programmes [15]

Effective programmes shared some of the key principles:

- **Preventative and positive youth development goals**, e.g. aiming to increase positive attitudes, behaviours, and improve skill sets.
- **Involved parents**. With school based universal interventions, parents were kept informed through letters and homework assignments. With targeted interventions with at risk groups, parents played a more active role in the interventions, including parent training.
- **Range of interventions** including **group-based and interactive** for universal interventions, delivered to whole classrooms of children; most were interactive involving skill-based demonstrations, practice through role-play and/or games. More **targeted interventions involved a mix of 1:1 and group based**.
- **Trained facilitators** who have a good level of education and regularly work with young people (this may also involve trained school staff).
- **Well-specified goals, with structured and/or manualised content** (e.g. lessons plans that could be easily replicated).
- **Regular and/or frequent contact** – usually at least weekly, over at least a term, a year or longer.
- **Implementation fidelity** – the programme was delivered according to the model.

Mentoring [15]

Mentoring is often used to help prevent, divert, and provide ways out for young people engaged in, or thought to be at risk of involvement in gang and youth violence. The Early Intervention Foundation's rapid review found that **mentoring programmes have potential to improve outcomes relevant to youth crime and violence**. However, they also highlight the importance of giving careful consideration to the content of mentoring activities, the mentor's motivation for involvement, the frequency and duration of meetings, the use of other interventions alongside mentoring provision, the mentee's characteristics, and post-programme provision of services, all of which may explain variations in how effective (or ineffective) mentoring can be.

Sports based programmes [15]

Sports-based programmes aim to provide opportunities for young people to engage in supervised prosocial activities, learn new skills, build self-esteem, and develop trust between young people, schools, police and communities. There is some evidence to suggest that these programme reduce youth offending and violence, although this largely comes from studies using weak evaluation designs.

Information-sharing [16]

An information sharing partnership between health services, police, and local government took place in Cardiff, Wales. This involved sharing anonymised information collected from patients treated in emergency departments after injury sustained in violence (exact location/venue, type of injury and weapon used) with police and the council community safety department. This intervention led to a **significant reduction in hospital admissions for violent injury** and was associated with an **increase in police recording of minor assaults** in Cardiff compared with similar cities in England and Wales where this intervention was not implemented.

Cure Violence (CV) programme [17]

The Cure Violence (CV) programme, which started in Chicago, USA, aims to stop the spread of violence by using the methods and strategies associated with disease control. The three key elements include:

1) **Interrupting transmission directly**. Violence 'interrupters' are employed to work with young people to prevent retaliatory violence and mediating ongoing conflicts.

2) **Identifying and challenging the thinking of those at highest risk of violence**. Outreach workers link young people to positive alternatives and challenge thinking about violence and less harmful ways to resolve personal conflicts and disputes.

3) **Changing group norms regarding violence**. This is done via outreach to faith and community organisations, as well as media campaigns.

Evaluations of the CV models have found evidence of improvement in several outcomes related to violent crime in CV neighbourhoods, compared to controls. However, overall the evidence in support of CV is mixed. This is in part due to the **methodological challenges of evaluating complex interventions targeted at neighbourhood-level change**, including addressing unmeasured confounding factors. The evaluations also highlighted implementation challenges that may have impacted on effectiveness.

Potentially ineffective or harmful approaches [15]

Robust studies consistently indicate that **deterrence and discipline-based approaches** that aim to deter young people from offending behaviour via scare tactics (e.g. prison visits) or militaristic programmes (e.g. boot camps) are ineffective and may even make things worse (i.e. Increase the chance of offending), particularly for at-risk young people.

The evidence suggests that, grouped together during implementation, offending peers may encourage offending behaviour, and undermine intervention effects.

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[15] Source: Early Intervention Foundation (2015) What works to prevent gang involvement, youth violence and crime
[16] Florence et al (2011) Effectiveness of anonymised information sharing and use in health service, police and local government partnership for preventing violence related injury: experimental study and time series analysis
[17] Source: Butts et al (2015) Cure Violence: a public health approach to reduce gun violence

4. WORKS WITH AND FOR COMMUNITIES

Working with communities to understand the issues and co-produce solutions, is the only way to create effective and sustainable solutions. Public Health England are developing a 5 C's public health approach to serious violence which incorporates the essential components of a partnership approach.

- A public health approach must be underpinned by **community consensus**, recognising that the community's engagement is essential and ensuring their needs are reflected in the programmes of work.

- The approach requires **collaboration** across and between key organisations and stakeholders who work together on mutually agreed programmes of work with shared resources to support effective working.

- Work should be informed by the multi-agency perspectives of the whole group and be **co-produced**.

- To be successful it requires **cooperation** from all organisations and stakeholders to **share data and intelligence** and work together to interpret and use data in a meaningful way.

- Concurrently we need to provide individuals with a meaningful **counter-narrative**, an attractive alternative to becoming involved in gangs and county lines.

Source: PHE (2019)

VIEWS OF EALING YOUNG PEOPLE

This report is informed by the views of young people in Ealing. Discussions took place in May 2019, as part of a focus group with the YES safeguarding group and as individual interviews with young people at the Bollo Brook Youth Centre. Young people were asked about what they thought were the causes of youth violence, and what solutions could help this issue.

The key themes are highlighted in the table below.

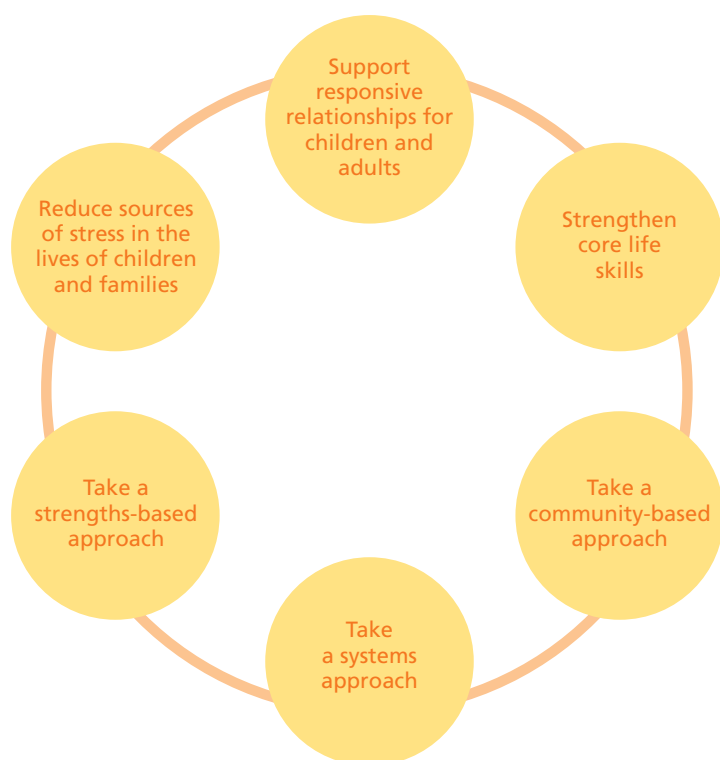| Theme	Illustrative quotes
Causes:	
Psychological motivations	*"You are doing it for a reputation."* *"Kids need guidance and support... when you're not comfortable with yourself, someone is there for you, but it is not the right person, the right attention you need. It's like negative attention, but at the time it feels good."* *"That's why you'll find all these lot fighting over it (their area) because their friends, their bros, their family, its substitutes basically, if you don't have something like that at home, you go out and find it amongst your friends, right? So then you are willing to fight for it, right?"* *"The gang members are the cool ones, a lot of weak minded kids who don't have that stability at home will go to that as a family."* *"The whole thing is like a survival thing. Do now and think later. Even if they have problems that are stopping them doing well, they can't admit that."* Some young men talked about being unable to control their need for revenge, once someone had 'disrespected' them somehow. *"I feel it is compulsory."*
Family factors	*"You see violence from young, so you kind of get desensitised to it."* *"From young they've been conditioned, boys have to be a certain way, can't cry... dad's won't be there."* *"My oldest cousins introduced me to selling weed."*
Poverty	*"No one is starting out like 'I want to be a drug dealer'... This society is very materialistic. Boys have a short-term mentality... that's why they get in to drug dealing, to buy fancy clothes, not even saving it to buy a house."* *"You don't have space at home, you don't have space at Bollo, you're going to feel like you belong outside on the street. And that's why people have such strong ties to their ends, their area, because that's where they grew up, on the streets"*
School exclusions	*"They needed to look at the underlying reasons of why I was getting excluded, why I felt so violent, why I felt no one was listening, why I was coming into school with that type of behaviour.* *"I was young, it built up as anger. I will never let no teacher shout at me, as this will trigger me."* *"With exclusions, it is taking the kid out of education, for the kid to roam the streets."*

Solutions

Early intervention, including access to mental health support	Many young people felt that opportunities to discuss their personal issues and mental health, should be provided at an early opportunity. *"Just someone to talk to... It should be someone the young person can relate to."* *"A lot of people are ashamed to talk about how they feel, are ashamed to say I need help."*
Mentoring	*"We need actual mentors in schools... Call more people in rather than getting rid of the child."* *"My mentor was fighting for me, when the college didn't want to let me back in."* *"Some parents don't know how to handle their kids themselves, that's why I think there should be someone in between schools and parents that the kids have a good relationship with, that can literally be there for anything else, any guidance."*
High quality PSHE	They also felt strongly in building core life skills, particularly being able to understand mental health and key practical skills for adult life, including managing finances. *"I think there should be a core subject, an hour a week, a curriculum whether it is rent, or housing."* *"To understand the emotions you will go throughout in high school, if you don't understand them yourself how can you understand someone else's... we need to be taught about our own emotions, so we can handle them."*
Physical activity	Re Tai Kwondu: *"If kids like fighting... he puts all his anger into swinging his leg higher."* Re boxing: *"You want to punch all your anger out. It's stress relief, it chills you out. If a kid is angry, there should be somewhere you go to relieve stress."*
Mindfulness	*"Mindfulnesses is teaching you to focus your brain, relax, breathe, sort things out, take things step by step, release tension in your body…could be taught in schools."* *"Some people find meditation helpful and some who don't, that's why I think it is good to give physical options."*
Career options	*"At year 9 stage, you know when you're picking your GCSEs, if people were reaching out and saying 'there's this course on.' And actually bringing these things to life, they see what's out there. They get lost in doing what their friends are doing. But now, the friends won't actually be doing it because the cool thing will be to actually achieve... you are actually getting somewhere"* *"If people start doing these apprenticeships, work experience. People need to liaise, businesses, colleges, all of these need to liaise, come together."* *"It's about giving more options, not just like 'go out and find your own.'"*

Support responsive relationships for children and adults

Strengthen core life skills

Take a community-based approach

Take a systems approach

Take a strengths-based approach

Reduce sources of stress in the lives of children and families

Tackling Serious Youth Violence requires a **systems approach**, not constrained by organisational or professional boundaries. The system-level solutions to promoting healthy child development, and therefore preventing serious youth violence, should follow the following key principles.

Ealing has a **strong foundation** of working within these principles.

The **Brighter Futures** model in children's social care has been nationally recognised for its strengths-based, relational approach. Working in multidisciplinary teams, including psychologists and social workers, staff have been trained in trauma-informed approaches, such as mentalisation. The **Trusted Relationships pilot** in children's social care, seeks to build on these approaches, with a focus on young people playing a lead role in their care. Ealing Council is also developing a **'Contextual Safeguarding'** approach to protecting vulnerable young people, with support from the University of Bedfordshire, recognising the ecological model (fig 5) to violence prevention and safeguarding children.

Ealing Council is **expanding the role of mentors**, using Trusted Relationships funding. This includes mentors working closely in schools and alternative provision, with young people at risk of exclusion or those who have been excluded. Furthermore, Ealing Council is rolling out the **Mentors in Violence Prevention** programme which is part of the Scottish public health model, involves Year 10 mentors delivering classes to Year 7 pupils on all aspects of violence including bullying.

Ealing Learning Partnership is a partnership between schools and the council to promote educational excellence and wellbeing for all learners through collaboration and innovation. There are several priority areas being implemented of relevance to this topic, including promoting a whole school approach to wellbeing and careers development/pathways to employment. As a successful 'trailblazer' site, Ealing will also be rolling out **Mental Health Support Teams** in schools from 2020, to deliver early intervention evidence-based psychological therapies in schools.

As part of its **Future Ealing** programme of work, Ealing Council is focusing on **building 2500 new affordable homes**, ongoing work to ensure that growth in the borough is inclusive and an apprenticeship scheme to support employment opportunities.

As with other London boroughs, Ealing's Community Safety Partnership has a **Knife Crime and Serious Youth Violence action plan**, which focuses on criminal justice and early intervention solutions, although currently has less of a focus on primary prevention of serious youth violence.

Ealing Council **Scrutiny Review Panel** looked into the issue of Knife Crime and Youth Engagement in 2018/19. There are several recommendations which align to the public health approach, which include **prioritising youth service provision and youth engagement, focusing on positive** not just negative behaviours of young people in schools and other settings, ensuring that there is a **comprehensive careers service** that promotes non-academic career pathways, and recommending that **council departments and partner agencies work together to address the root causes** of knife crime.

5. GENERATES SYSTEM-LEVEL SOLUTIONS DELIVERED THROUGH SYSTEM LEADERSHIP

Recommendations

Support responsive relationships for children and adults

- **All:** Stakeholders should consider to what extent their policies, services and practices strengthen family relationships, and how this may be improved.

- **All:** Services that work with vulnerable children, young people and families should consider ways to build trust amongst staff and service users and to reduce staff turnover that disrupts relationships between staff and clients.

- **All:** Public sector organisations should consider how services can be offered through trusted organisations and individuals in the community that have already built strong relationships with community members.

- **All:** Organisations should consider how to promote the use of mentors and youth workers to support and advocate for young people.

Strengthen core life skills

- **LBE/Schools:** Commission/deliver programmes that explicitly focus on self-regulation and executive function skills (evidence-based parenting programmes and school-based social-emotional learning programmes).

- **LBE/Early years settings/schools:** Develop education and early learning policies that recognise the importance of executive function and self-regulation.

Reduce sources of stress

- **LBE:** Concerted action on the social, economic and environmental determinants of serious youth violence. This includes ongoing work to ensure that growth Is inclusive and affordable houses are built.

- **All:** Consider how the basic needs of families who are experiencing severe hardship of homelessness can be better met, including reducing barriers to access.

- **All:** Stakeholders should consider to what extent their services routinely identify and respond to the major stressors affecting families.

- **All:** Stakeholders should identify to what extent their services provide welcoming environments and ensure that staff working with vulnerable families have adequate caseload sizes, support/supervision, and workforce development to manage their own stress so that they can help their families effectively.

- **All:** Stakeholders should consider ensuring that frontline staff working with vulnerable young people and families (e.g. youth workers, police) are trained in trauma-informed practice/approaches.

5. GENERATES SYSTEM-LEVEL SOLUTIONS DELIVERED THROUGH SYSTEM LEADERSHIP

Take a strengths-based approach

- **All:** Should consider having an overarching vision, across agencies, for healthy development of Ealing's children, moving away from the narrow focus on 'tackling youth violence or knife crime' to supporting healthy development, especially brain development, of all our children, in early years, in schools and in the community.

- **Schools/LBE:** Should focus on measuring and promoting mental wellbeing, by taking whole school approaches that incorporate evidence-based strategies (table 4).

- **Schools/LBE:** Should consider how to promote more diverse career options and opportunities for young people in schools, raising aspiration and working with young people's strengths. This also includes building on apprenticeship programmes.

Take a community-based approach

- **All:** Stakeholders should consider how to make young people, families and communities affected by serious youth violence at the heart of any efforts to tackle this issue, and co-produce solutions with them.

- **All:** Stakeholders should consider how culturally appropriate their services and interventions are, given the ethnic disproportionality highlighted in the report.

- **Schools/police/LBE youth centres/community and voluntary sector** – should work young people and communities to create a meaningful counter-narrative to serious youth violence.

- **Police/LBE youth services** – should roll out roundtable discussions with young people in the community to tackle the issue of distrust.

Take a systems approach, using systems thinking

- **All:** Stakeholders should consider how this issue can be tackled across organisations, including considering key issues such as shared vision, data sharing, governance and monitoring. At the heart of this should be a learning system, that continuously learns and makes improvements through testing, monitoring, feedback and adaptation.

The chart below shows how the health of people in this area compares with the rest of England. This area's value for each indicator is shown as a circle. The England average is shown by the red line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator. However, a green circle may still indicate an important public health problem.

🔴 Significantly worse than England average

🟡 Not significantly different from England average

🟢 Significantly better than England average

⚪ Not compared

England worst — Regional average^€ — England average — England best
25th percentile — 75th percentile
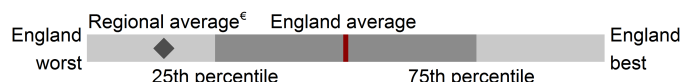
	Indicator names	Period	Local count	Local value	Eng value	Eng worst		Eng best
Life expectancy and causes of death	1 Life expectancy at birth (Male)	2014 – 16	n/a	80.7	79.5	74.2		83.7
	2 Life expectancy at birth (Female)	2014 – 16	n/a	84.2	83.1	79.4		86.8
	3 Under 75 mortality rate: all causes	2014 – 16	2,172	317.5	333.8	545.7		215.2
	4 Under 75 mortality rate: cardiovascular	2014 – 16	520	79.8	73.5	141.3		42.3
	5 Under 75 mortality rate: cancer	2014 – 16	818	123.7	136.8	195.3		99.1
	6 Suicide rate	2014 – 16	85	9.8	9.9	18.3		4.6
Injuries and ill health	7 Killed and seriously injured on roads	2014 – 16	236	22.9	39.7	110.4		13.5
	8 Hospital stays for self–harm	2016/17	366	103.9	185.3	578.9		50.6
	9 Hip fractures in older people (aged 65+)	2016/17	206	492.4	575.0	854.2		364.7
	10 Cancer diagnosed at early stage	2016	458	49.7	52.6	39.3		61.9
	11 Diabetes diagnoses (aged 17+)	2017	n/a	78.3	77.1	54.3		96.3
	12 Dementia diagnoses (aged 65+)	2017	2,198	78.2	67.9	45.1		90.8
Behavioural risk factors	13 Alcohol–specific hospital stays (under 18s)	2014/15 – 16/17	53	21.8	34.2	100.0		6.5
	14 Alcohol–related harm hospital stays	2016/17	1,999	680.5	636.4	1,151.1		388.2
	15 Smoking prevalence in adults (aged 18+)	2017	28,926	11.0	14.9	24.8		4.6
	16 Physically active adults (aged 19+)	2016/17	n/a	53.4	66.0	53.3		78.8
	17 Excess weight in adults (aged 18+)	2016/17	n/a	56.9	61.3	74.9		40.5
Child health	18 Under 18 conceptions	2016	63	11.3	18.8	36.7		3.3
	19 Smoking status at time of delivery	2016/17	168	3.5	10.7	28.1		2.3
	20 Breastfeeding initiation	2016/17	3,862	90.3	74.5	37.9		96.7
	21 Infant mortality rate	2014 – 16	42	2.6	3.9	7.9		0.0
	22 Obese children (aged 10–11)	2016/17	916	23.2	20.0	29.2		8.8
Inequa–lities	23 Deprivation score (IMD 2015)	2015	n/a	23.6	21.8	42.0		5.0
	24 Smoking prevalence: routine and manual occupations	2017	n/a	21.2	25.7	48.7		5.1
Wider determinants of health	25 Children in low income families (under 16s)	2015	11,645	16.6	16.8	30.5		5.7
	26 GCSEs achieved	2015/16	2,009	61.7	57.8	44.8		78.7
	27 Employment rate (aged 16–64)	2016/17	172,600	75.3	74.4	59.8		88.5
	28 Statutory homelessness	2016/17	386	2.9	0.8			
	29 Violent crime (violence offences)	2016/17	7,892	23.0	20.0	42.2		5.7
Health protection	30 Excess winter deaths	Aug 2013 – Jul 2016	288	16.0	17.9	30.3		6.3
	31 New sexually transmitted infections	2017	2,964	1,271.6	793.8	3,215.3		266.6
	32 New cases of tuberculosis	2014 – 16	486	47.3	10.9	69.0		0.0

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