Addressing the root causes of serious violence and exploitation of young people in West Yorkshire:

Crest

Crest have partnered with the West Yorkshire and Harrogate Health & Care Partnership and the Violence Reduction Unit to investigate the root causes of serious violence in West Yorkshire and how best to address them

Overview

Crest Advisory have worked with the Health and Care Partnership and the VRU to conduct a broad research piece on serious violence and exploitation of young people in the Police Force Area; assessing what personal and area level health, social, and structural inequalities are acting as drivers or catalysts in their engagement in criminality and exploitation. This has been completed by identifying and engaging with a range of stakeholders (including young people and service users), publicly available crime data and insight from local services. This report brings together this qualitative and quantitative evidence, a best practice review, and sets out recommendations that can help the H+CP and the VRU to leverage their resources and influence to minimise the impact and onset of health inequalities under the key objective of violence reduction and youth safety.

Research questions

Four overarching research questions drive this research:

1. What are the relationships and impacts of health inequalities; determinants of health, decreased sense of self-worth and lack of autonomy in Young People aged 11-25 and their potential to be involved in serious violent crime and exploitation?
2. What has been the social and economic impact of COVID-19 on young people and the potential increased involvement in serious violent crime and exploitation?
3. What are the root causes that influence women and girls involvement in different types of serious violent crime and exploitation?
4. What does the evidence base around the impact of economic inequalities on serious violence and exploitation of young people look like? What does the evidence suggest is 'working' to reduce this impact across different population groups and local areas?

Executive summary: The relationship between health inequalities and serious violence and exploitation of young people in West Yorkshire

Health inequalities drive violence and exploitation in West Yorkshire, and violence itself is a health inequality. **5 key health inequalities emerged as influential in the lives of young people in West Yorkshire and their journey toward or away from violence and exploitation.**

1. Deprivation and socioeconomic disadvantage

- As nationally, most violence offences occur in neighbourhoods with the highest levels of deprivation in West Yorkshire. Health deprivation seems to be almost as important as income in this relationship
- Deprivation and poverty leaves young people more vulnerable to childhood adversity and poor mental health, key risk factors for violence. In West Yorkshire, many young people appear to be growing up in these environments
- Living in poverty is making the fast money achieved via crime considerably more attractive, aligning young people to an inherently violent business. Young people with no legitimate ways to earn money are particularly vulnerable to exploitation if their families are in precarious financial situations, crime can represent a medium of control.
- Long term experiences with deprivation and poverty can shape the way young people see the world and their role in it. Young people in the circumstances are seeing crime and eventually violence become normalised or even glamourised with a lack of plausible and desirable alternatives.

2. Trauma and unmet mental health need

- Unmet mental health needs and low self-worth increase young people's vulnerability to exploitation, violent victimisation, and perpetration - both factors stood out in our stakeholder and youth engagement whilst the data speaks to insufficient mental health support in the context of rising complexity
- Substance misuse as a symptom of ACEs is consistently correlated with violence in research evidence. In West Yorkshire, high levels of substance use in children and families may indicate trauma-related needs
- Emotional dysregulation is another symptom of ACE-related trauma which is heavily related to violence and exploitation. Stakeholders in West Yorkshire have told us that young people on the cusp of violence exhibit this trait
- A notable theme in the qualitative evidence was the fact that much of the trauma experienced by young people in West Yorkshire was being passed down through families, potentially exacerbated by service provision which is ill-equipped to deal with intergenerational health inequalities.

Executive summary: The relationship between health inequalities and serious violence and exploitation of young people in West Yorkshire

3. Education engagement

- Meaningful engagement in rewarding education is consistently found to be a protective factor against violence, exploitation, and other negative health outcomes Poor educational outcomes are disproportionately suffered by children already impacted by inequality, this disproportionality is mirrored in the criminal justice system
- As nationally, in West Yorkshire, the attainment gap between disadvantaged children and peers with similar levels of ability grows dramatically after primary school
- Schools have a powerful safeguarding role, but West Yorkshire has a high rate of persistent absenteeism and a potential problem with elective home education
- Stakeholders told us that feeling inadequate at school could start the process leading young people to violence. Providing alternative routes to success may help to minimise the notable West Yorkshire NEET cohort who are especially vulnerable to violence
- Disengagement from education often leads to subsequent exclusion from the labour market which is a powerful driver for violence and exploitation. West Yorkshire has a a high rate of youth unemployment anyway which has been worsened by Covid-19

4. Contextual harm

- Using the methodology from Crest's research into serious violence nationally we found that there are potentially 61,220 11-25 year olds in West Yorkshire (13% of the population) at risk of serious violence as a result of income deprivation and high levels of neighbourhood crime.
- As well as a plethora of negative health outcomes, unstable living arrangements substantially increase the risk of exploitation, abuse, and violence. Homelessness in West Yorkshire is impacted by the current housing market, the large youth population (who are particularly vulnerable to homelessness), and prevalence of domestic abuse which is a key driver in female homelessness
- Our community engagement showed that young people may be at risk of being drawn into violence and exploitation in West Yorkshire through sheer proximity to crime in their areas and a lack of safe spaces designed for them which makes them in turn more vulnerable to antisocial peer influences
- Social media and other online spaces are also areas where young people are vulnerable to exploitation, abuse, and violence. This risk has been amplified by the digitalisation of children's education and social lives during Covid-19

Executive summary: The relationship between health inequalities and serious violence and exploitation of young people in West Yorkshire

5. Service provision and delivery

- Health and structural inequalities can impact access to, and the quality of, service provision designed to protect and divert young people and their families from violence and exploitation. Young people and their families may have limited access to support due to the unequal availability or suitability of services in their area; this may explain the health inequality-violence correlation identified in this research. Stigma, language and institutional discrimination can also limit access
- The way in which people who have suffered trauma appear or present to services does not always fit with notions of vulnerability, this can also affect how they are treated by professionals. We heard that this is frequently the case for young people and their families in West Yorkshire.
- Our research found several examples of good practice in tackling inequalities in West Yorkshire which revolved around a trauma-informed approach. Flexibility, empathy, and the ability to give a person control over the service and support are key to effective projects and behaviours.

The social and economic impact of COVID-19 on young people

- Frustration, isolation, anxiety and low self-worth all been used to describe young people's mental health during Covid-19. With already high levels of unmet need, this may be a difficult trend for health and welfare services to get on top of. For already vulnerable young people, including the LGBTQ+ community, the pandemic could be provoking and exacerbating existing vulnerabilities and trauma
- As a result of Covid-19, young people are seeing more poverty, mass joblessness, and feel like they have even fewer opportunities. This could lead to a generation with dangerously low aspirations and fertile ground for exploiters
- The instability brought by Covid-19 is an emerging issue for young people's education: impacting their behaviour, their attainment, and their aspirations for the future. It will be essential for schools to consider this to keep engagement
- Stakeholders working with young people told us that online service provision has been essential to continue to reach young people during Covid-19. But despite the online offer, engagement is down among the most vulnerable.

Executive summary: The specific challenges faced by young women and girls

- The vast majority of young victims referred to Victim Support in West Yorkshire between March 2020-2021 were females. However, the nature of violence and exploitation suffered by women and girls remains less visible than young men
- The majority of homicide victims are male, but whilst the number of male victims has decreased, the number of female victims increased to the highest level in over a decade in 2019. The nature of femicide is quite different and is intimately related to domestic abuse, stalking and harassment, and sexual violence
- In West Yorkshire, rates of domestic abuse, stalking and harassment, and sexual offences are all higher than the national average and have been for some time. These violent offences disproportionately impact young women and girls
- In West Yorkshire, low arrest and conviction rates and a delays in the court process disincentivize reporting of gender based crimes, and can lead to a long-term loss of confidence in the criminal justice system and potentially an entrenchment of the problem
- Young women face specific risks in the context of accommodation which make them more vulnerable to exploitation. Stakeholders explained that some women will choose risky accommodation to avoid sleeping outside. In 2019-2020, there were ten times as many women in West Yorkshire aged 18-24 made homeless due to domestic abuse than young men of the same age, highlighting the increased vulnerability of young women in the home
- Women and young girls also face specific challenges and pressures related to self-worth and wellbeing which may make them more vulnerable to exploitation. Young female stakeholders say Covid-19 has made the problem worse
- We heard that in West Yorkshire, some women and girls take an active role as perpetrators of violence, crime, and gang activity in West Yorkshire. However, little systematic evidence exists around this paradigm, or their role in gangs.
- Stakeholders worry that gender-based perceptions and stereotypes of victimhood can hinder the effectiveness of identification, data collection and appropriate service provision for young people but we also heard about the importance of service provisions for young people which focus on gender-specific intervention.
- Our research has highlighted that a gendered understanding and a trauma-informed approach is essential when tackling the inequalities and trauma faced by women which have been exacerbated and created by the pandemic.

Recommendations

Professionalise and cascade trauma informed practice

Trauma emerged as distinct health inequality in West Yorkshire leading to violence, but also as a cross-cutting theme with particular resonance for people in areas of high deprivation. Trauma informed practice (TIP) is already an established practice across the Health and Care Partnership but there are real practical difficulties in robust implementation. To fully harness the power of TIP and ensure effective system wide functioning, the H+CP and VRU should use their leverage to encourage the professionalisation of the approach

A focus on accommodation for those at risk of violence

Insufficient accommodation makes a person particularly vulnerable to violence and exploitation. More systematic research into the specific housing challenges faced across by vulnerable groups in West Yorkshire, the impact of violence, and current provision will help drive engagement with social landlords, housing officers, and other housing partners across the police force area. The aim should be to identify vulnerability early, make appropriate referrals, provide sufficient support, and prevent evictions

Provide community mental health support with practical guidance

Non-crisis mental health support and practical guidance for young people and families is lacking nationally, this is particularly important in areas with higher deprivation. Community-led initiatives show significant promise in addressing a number of needs in this respect. Volunteer and peer-based positions could be created for people with local knowledge to be trained referrers and listeners and deployed in local community spaces to offer a holistic range of support and guidance

Adopt a gendered understanding of specific offences

West Yorkshire has high levels of some gendered crimes and low levels of arrests/convictions. The H+CP and the VRU have an opportunity to leverage their contacts and position in the system to call for the West Yorkshire wide adoption of a gendered understanding of femicide, domestic abuse, stalking and harassment, and sexual offences. A system-wide acceptance of these issues as interlinked and interdependent can drive the joined up approach needed to tackle the issue at the root

Developing aspiration lifting programmes in areas of high deprivation

Continued experiences with deprivation has led to a small cohort in West Yorkshire with low aspirations due to a lack of hopeful vision for the future. This is a perfect context for violence and exploitation. Programmes which are designed to provide meaningful guides to the various futures for young people in deprived areas may be an impactful tonic, but they must be designed and delivered in ways which are responsive to the distinct needs and issues faced by young people with experiences with poverty and deprivation

Stakeholder engagement: to ensure we captured the views of local people, we held interviews and focus groups and received written evidence from both adult and youth stakeholders from across West Yorkshire

Objective
- To gather qualitative evidence on the factors leading to and the impact of serious violence and exploitation on young people in West Yorkshire. Additionally, to discuss what changes stakeholders would welcome in West Yorkshire to tackle youth safety issues.

Stakeholder engagement
- Crest started off by making contact with adult representatives working with young people in West Yorkshire. We interviewed 23 adult stakeholders and asked for written evidence from others.
- Once we had developed good working relationships with the adult stakeholders, we worked with them to identify young people from various backgrounds who would be appropriate for interview. We worked with the adult representatives to draft an interview template appropriate for the young people they work with.
- We engaged with a diverse range of young people, some from challenging backgrounds including: PRUs, the SEND cohort, and youth offending teams. To ensure we understood the specific vulnerabilities of each young person, we held pre-interview debrief sessions with the adult representatives to discuss any necessary adjustments. Where the young people were particularly vulnerable, we worked with youth workers to enable them to deliver interviews in their own time. The transcripts were then sent to Crest for analysis.

Youth-led engagement
- Following one of our youth focus groups, we identified several young people who were particularly engaged and connected to their community. After consulting their adult lead, we approached them to be our youth ambassadors.
- In collaboration with our youth ambassadors, Kemmi and Isha, we developed a youth engagement and communications strategy.
- With the support of Crest, the youth ambassadors successfully delivered a focus group to five young women in Bradford aged between 18-22.
- In addition, the youth ambassadors wanted to contribute creatively to the project and after discussing the project aims with Crest, they wrote a spoken word piece and an accompanying video (slide 19) to express their feelings on how violence and exploitation impacts them and other young people in their area.

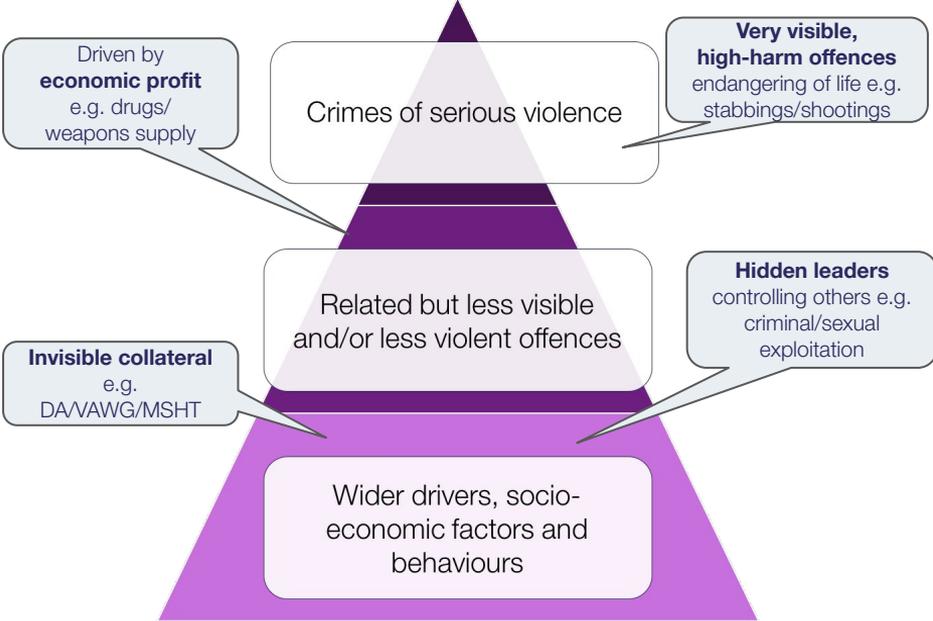| **Stakeholder engagement in numbers:**	3x focus groups, 14 young people, mixed genders, aged 16-25	4 x 1:1 interviews, mixed genders, aged 12-17	10 written responses to our interview questions, mixed genders, aged 14-25	= 28 young people
	1x focus group with five detached youth workers operating across West Yorkshire	15x 1:1 interviews with adult representatives of young people	5x written responses to our research questions	= 25 adult stakeholders
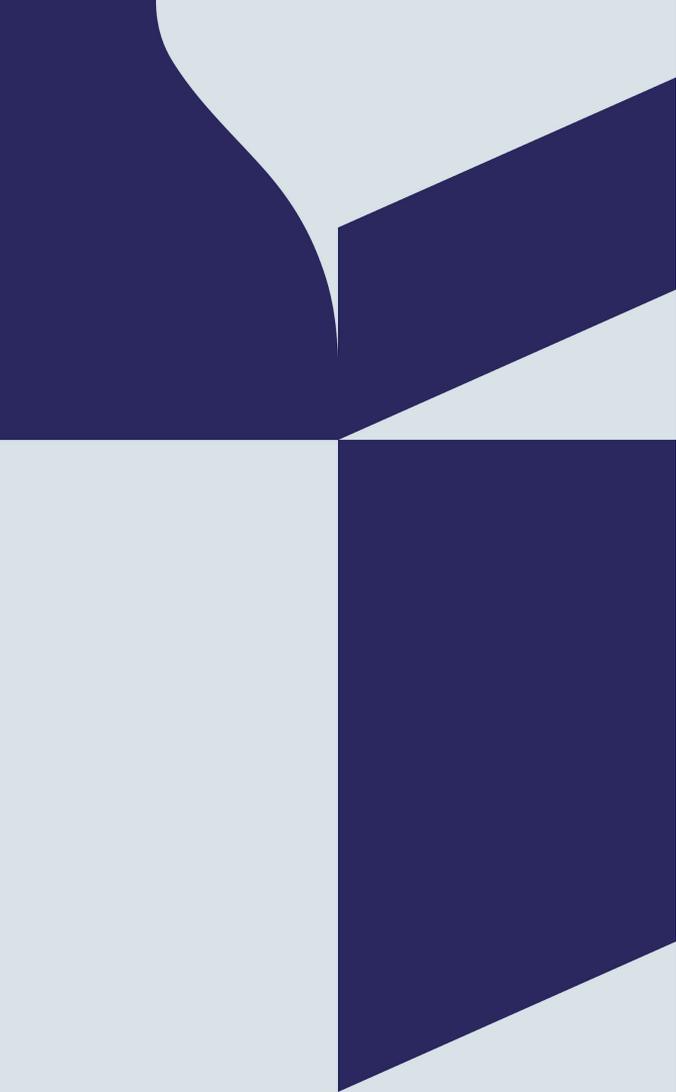
The scale and nature of serious youth violence and exploitation in West Yorkshire

Crest

We utilise a holistic definition of serious violence and exploitation that can take into account the hidden harms and deeper drivers
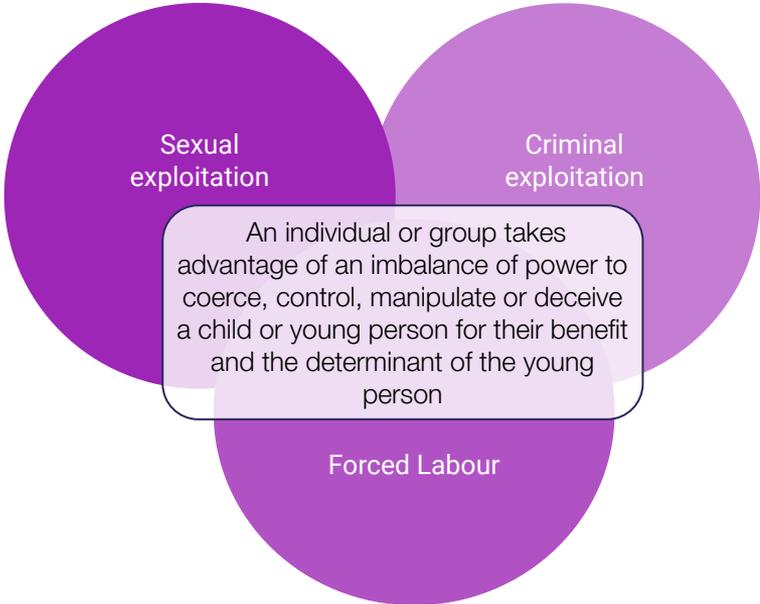
The most visible and prominent manifestation of the problem are high-harm serious violent crimes, but focusing on these alone misses the wider offending context, much of which is hidden.

The different categories of exploitation all frequently overlap and interact in the story of the young person so definitions must be broad enough to encompass this.

A taxonomy of Serious Violence

Driven by **economic profit** e.g. drugs/ weapons supply

Crimes of serious violence

Very visible, high-harm offences endangering of life e.g. stabbings/shootings

Related but less visible and/or less violent offences

Hidden leaders controlling others e.g. criminal/sexual exploitation

Invisible collateral e.g. DA/VAWG/MSHT

Wider drivers, socio-economic factors and behaviours

Exploitation Definition and Types

Sexual exploitation

Criminal exploitation

An individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person for their benefit and the determinant of the young person

Forced Labour
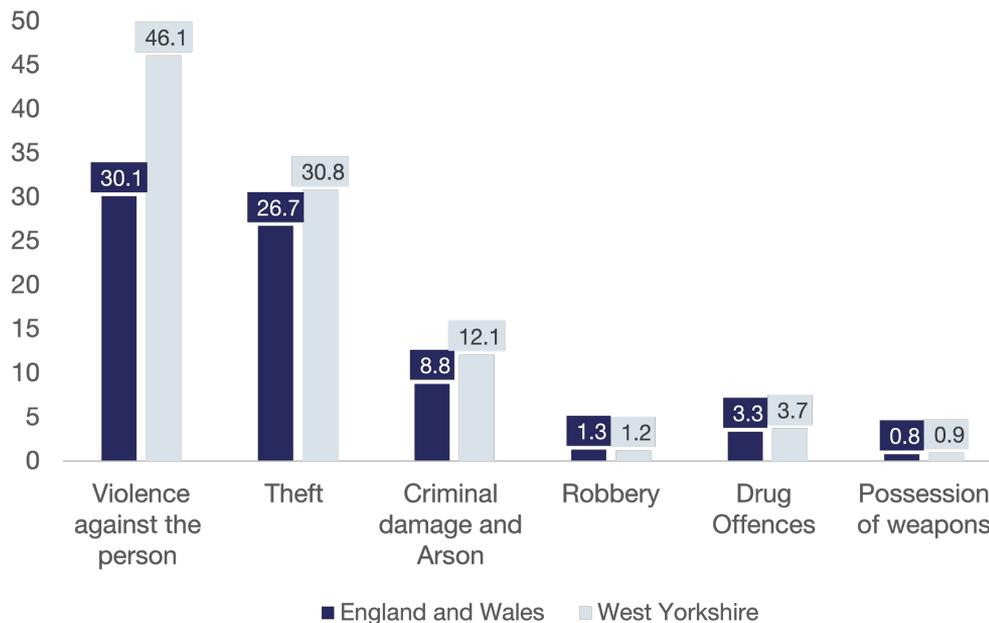
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Police recorded crime has consistently been higher in West Yorkshire than in England and Wales. This is true across a number of important offence groups, such as violence against the person, weapons possession and drugs

Interestingly, whilst total recorded crime and crime across select offence groups decreased over the last year - as a result of Covid-19 restrictions coming into place in March - there was a national and local increase in drug offences. **In West Yorkshire drug offences went up by 21.5%**, from 7,097 offences in 2019 to 8,626 in 2020.

Police recorded crime for select offences, per 1,000 population, year ending September 2020.

	England and Wales	West Yorkshire
Violence against the person	30.1	46.1
Theft	26.7	30.8
Criminal damage and Arson	8.8	12.1
Robbery	1.3	1.2
Drug Offences	3.3	3.7
Possession of weapons	0.8	0.9

■ England and Wales ▢ West Yorkshire

When we spoke to **detached youth workers** in West Yorkshire, they **said that the following types of offences are most common** among the young people they work with:

- Drug possession
- Public disorder
- Alcohol-related offences
- Possession of weapons (knife crime)
- Anti-social behaviour
- Robbery
- Criminal damage and arson (specifically, setting fires in people's houses)

The rate of both knife or sharp instrument offences and firearm offences is higher in West Yorkshire than England and Wales. Stakeholders also noted that they perceive knife crime as one of the biggest youth safety issues in the area

Knife or Sharp Instrument and Firearm offences (excluding air weapons) per 100,000 population, year ending March 2019.
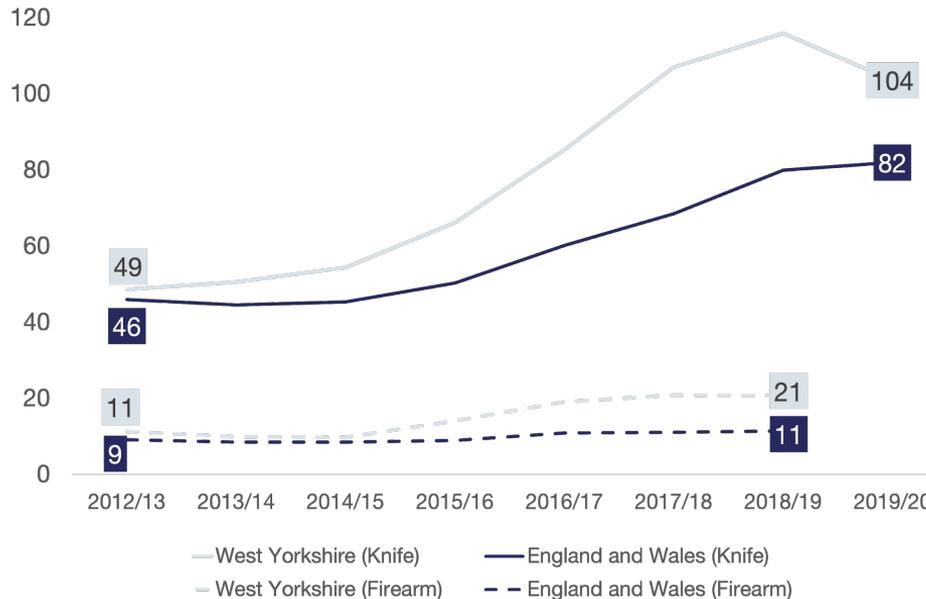
During the first lockdown (March 2020) hospital admissions for knife injuries dropped sharply but as restrictions were eased these incidents spiked to higher levels than pre-Covid. **Both Leeds and Bradford were identified by the Home Office as in the top 30 areas in England and Wales for hospital admissions with a sharp object between April - September 2020.**

Chart values — West Yorkshire (Knife): 49 (2012/13) rising to 116 (2018/19) then 104 (2019/20); England and Wales (Knife): 46 (2012/13) rising to 82 (2019/20); West Yorkshire (Firearm): 11 rising to 21; England and Wales (Firearm): 9 rising to 11.

Legend:
— West Yorkshire (Knife)   — England and Wales (Knife)
— West Yorkshire (Firearm)   - - England and Wales (Firearm)

Stakeholders working with young people in West Yorkshire commented on the increase in use of knives by young people

"In Leeds, there is a lot of knife crime and there are an increasing number of young people who are getting involved. Young people say they need knives for protection."
Detached youth worker, Leeds

"In recent years, there has been an escalation of young people using weapons. 20 years ago, young people had fist fights, but now they use knives."
Detached youth worker, Bradford

During an interview with Crest, one 12 year old in contact with Kirklees CSP commented in a casual that young people in his area carry knives:

"Near where I live in Batley, I know people who have knives and they fight. They are older, like teenagers. I know some boys at my school who have knives, but they don't bring them to school."

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In line with the national trend, West Yorkshire has seen a fall in the number of children entering the criminal justice system, but the offences committed are becoming more serious and more violent

Nationally and in West Yorkshire, the number of proven offences committed by 10-17 year olds has fallen dramatically, particularly over the last five years. The number of young first time entrants into the criminal justice system has also plummeted. However **the seriousness of crimes committed by this group is increasing**, especially in Leeds where between 2016/17 and 2019/20 the proportion of offences with a gravity score of 5 - 8 increased from 16% to 23%. There has also been a proportionate **increase in violent offending among this group.**

Proven offences committed by 10 - 17 year olds in West Yorkshire by offence group, year ending March 2014 & 2020
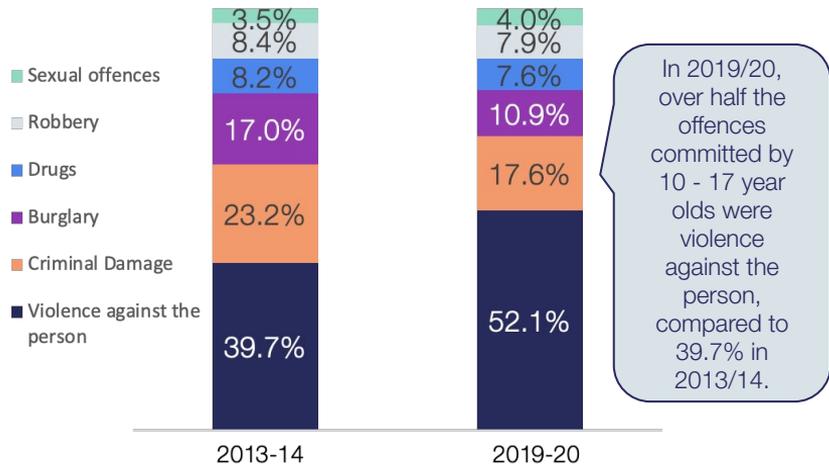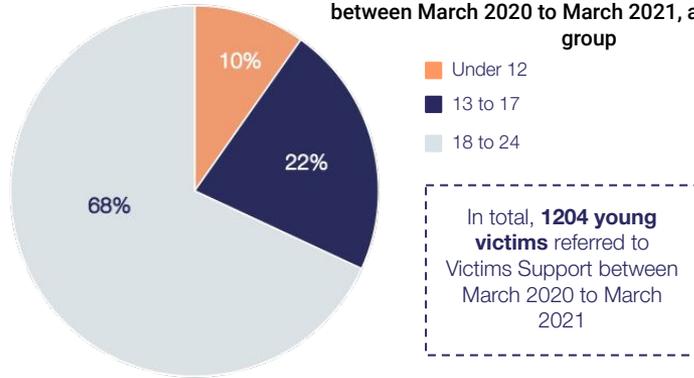
Total proven offences committed by 10-17 year olds In West Yorkshire, broken down by gravity score, year ending March 2017 - 2020

Legend (left chart):
- Sexual offences
- Robbery
- Drugs
- Burglary
- Criminal Damage
- Violence against the person

2013-14:
- 3.5%
- 8.4%
- 8.2%
- 17.0%
- 23.2%
- 39.7%

2019-20:
- 4.0%
- 7.9%
- 7.6%
- 10.9%
- 17.6%
- 52.1%

In 2019/20, over half the offences committed by 10 - 17 year olds were violence against the person, compared to 39.7% in 2013/14.

"Overall, petty crime is the most common offence among young people and only a small percentage of the young people in the area are involved in serious crime. However, this small group of young people is very productive."
Youth advocate, Wakefield

Right chart (gravity score, 1-4 and 5-8):
- 2016/17: 14% / 86%
- 2017/18: 14% / 86%
- 2018/19: 17% / 83%
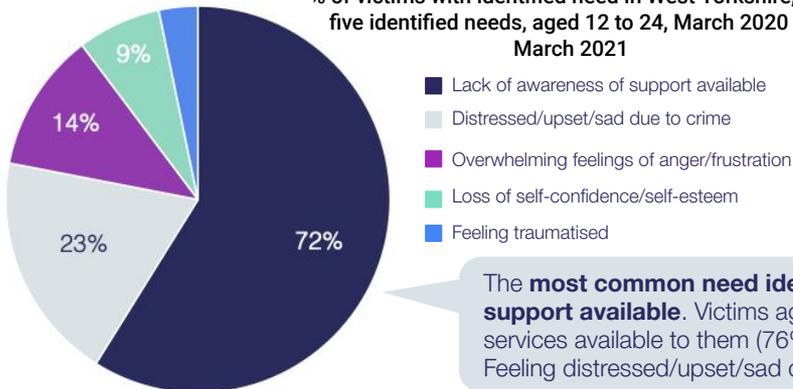- 2019/20: 18% / 82%

■ 1 - 4   ■ 5 - 8

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The majority of referrals of 0-24 year olds to Victim Support were related to <u>violent offences</u> between March 2020 to March 2021

% of victims referred to Victim Support in West Yorkshire between March 2020 to March 2021, according to age group
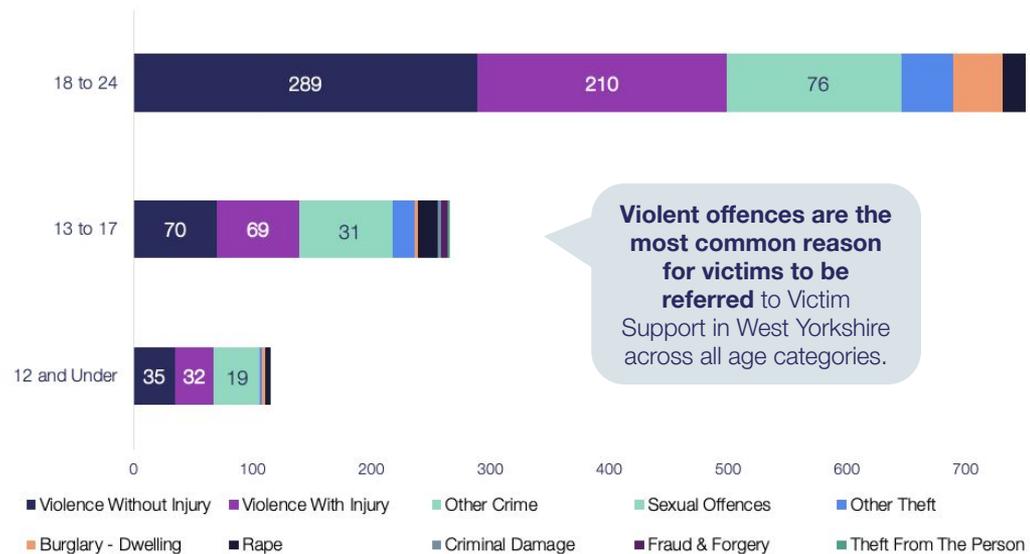
- Under 12 — 10%
- 13 to 17 — 22%
- 18 to 24 — 68%

In total, **1204 young victims** referred to Victims Support between March 2020 to March 2021

Number of victims referred to Victim Support in West Yorkshire according to which offence, by age group, March 2020 to March 2021

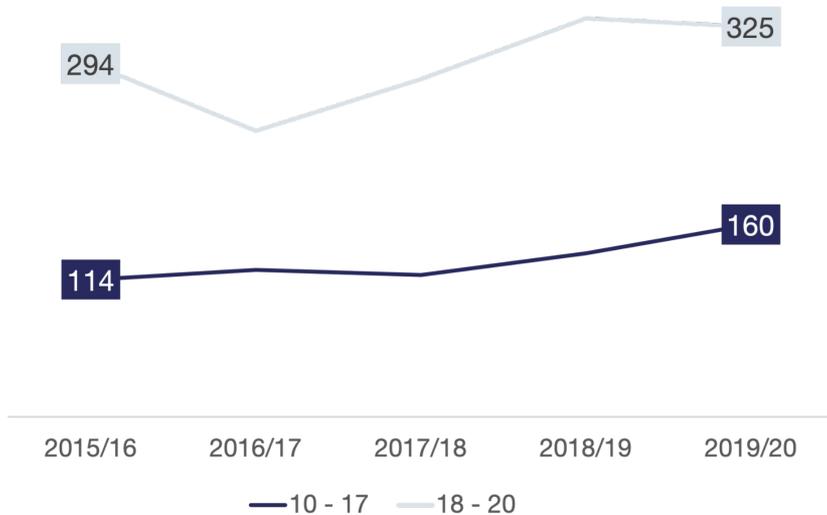| Age group	Violence Without Injury	Violence With Injury	Other Crime
18 to 24	289	210	76
13 to 17	70	69	31
12 and Under	35	32	19

Violent offences are the most common reason for victims to be referred to Victim Support in West Yorkshire across all age categories.

- Violence Without Injury
- Violence With Injury
- Other Crime
- Sexual Offences
- Other Theft
- Burglary - Dwelling
- Rape
- Criminal Damage
- Fraud & Forgery
- Theft From The Person

% of victims with identified need in West Yorkshire, top five identified needs, aged 12 to 24, March 2020 to March 2021

- Lack of awareness of support available — 72%
- Distressed/upset/sad due to crime — 23%
- Overwhelming feelings of anger/frustration — 14%
- Loss of self-confidence/self-esteem — 9%
- Feeling traumatised

The **most common need identified in victims aged 12 to 24 was lack of awareness of support available**. Victims aged 18-24 were most likely to have a lack of awareness of support services available to them (76%), while 69% of 13-17 year old victims were not aware of services. Feeling distressed/upset/sad due to crime was the most common need for under 12s (47%).

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Drug-related offences for young people are rising in West Yorkshire. For young people aged 10-17 drug-related offences are a good indicator of exploitation by criminal groups

Although the number of arrests of children is in long term decline, there have been increases in drug-related arrests since 2017/18 - a good proxy indicator of exploitation by criminal groups

Stakeholders commented on the link between involvement of young people with drugs and exploitation and the escalation from taking drugs to dealing them

Number of under 21 year olds arrested for a drug-related offence in West Yorkshire, year ending March 2016 - 2020

294   325

114   160

2015/16   2016/17   2017/18   2018/19   2019/20

— 10 - 17   — 18 - 20

"With boys, drugs is an issue. There is often an escalation from smoking drugs, to running drugs, and then dealing drugs."
Youth advocate, Bradford

"The young people I work with get into drugs, including heroin, because their parents and their grandparents also abuse substances and it is normalised to the young people."
Youth advocate, Wakefield

"Generally, the young people in West Yorkshire start dealing drugs to their peers and then it escalates from there."
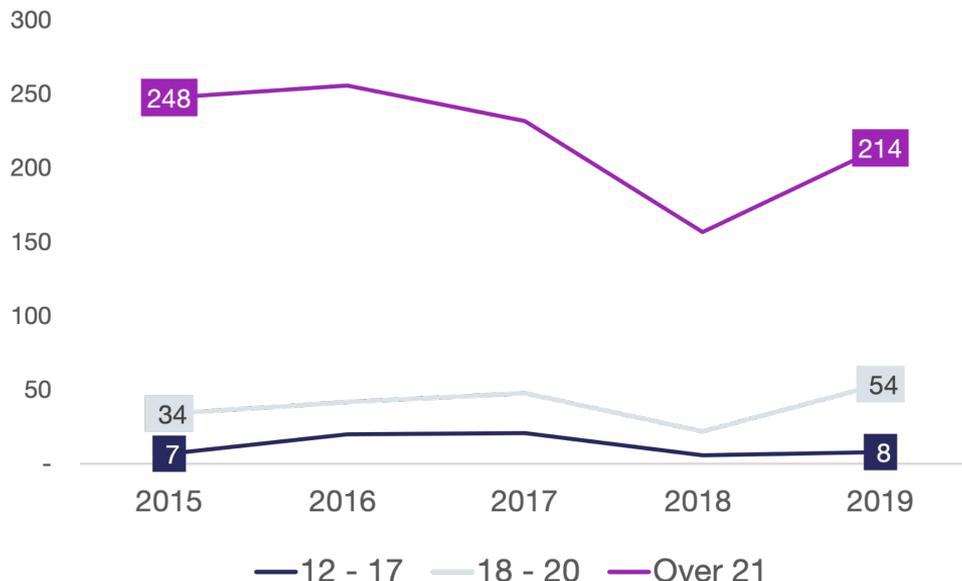Detached youth worker, Leeds

"Sometimes when a young woman has been exploited, she then ends up recruiting other young girls, normally through enticing them with drugs and alcohol. I think it is to regain a sense of power."
Women's rights advocate, Leeds

Although the increase in number of under 21s convicted of Class A drug offences is lower than the national average, stakeholders commented on the prevalence of possession and supply drugs among young people in West Yorkshire

Number of production, supply and possession with intent to supply a controlled drug (Class A) offences in West Yorkshire, 2015 - 2019

248

214

34

54

7

8

300
250
200
150
100
50
-

2015   2016   2017   2018   2019

— 12 - 17   — 18 - 20   — Over 21

The number of under 21 year olds convicted of Class A drug offences has increased by 49% since 2012 which is lower than the national increase of 61%. In contrast, the number of over 21 year olds convicted decreased by 62%.

According to stakeholders, the possession and supply of drugs is widespread across West Yorkshire

"There are kids running county lines out of Huddersfield." Detached youth worker, Huddersfield

"There are a lot of young kids involved in the selling and delivery of drugs in Kirklees." Detached youth worker, Wakefield

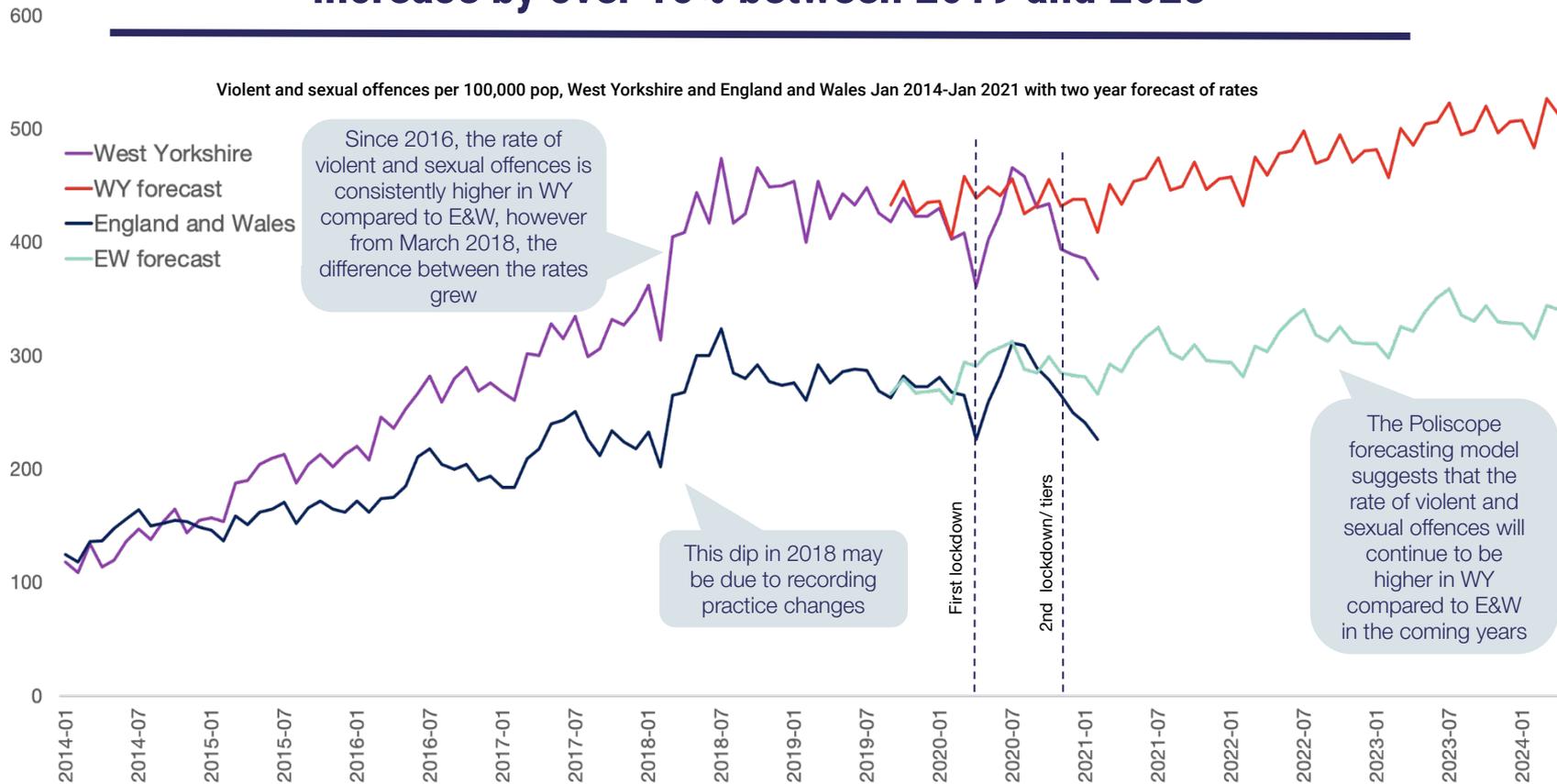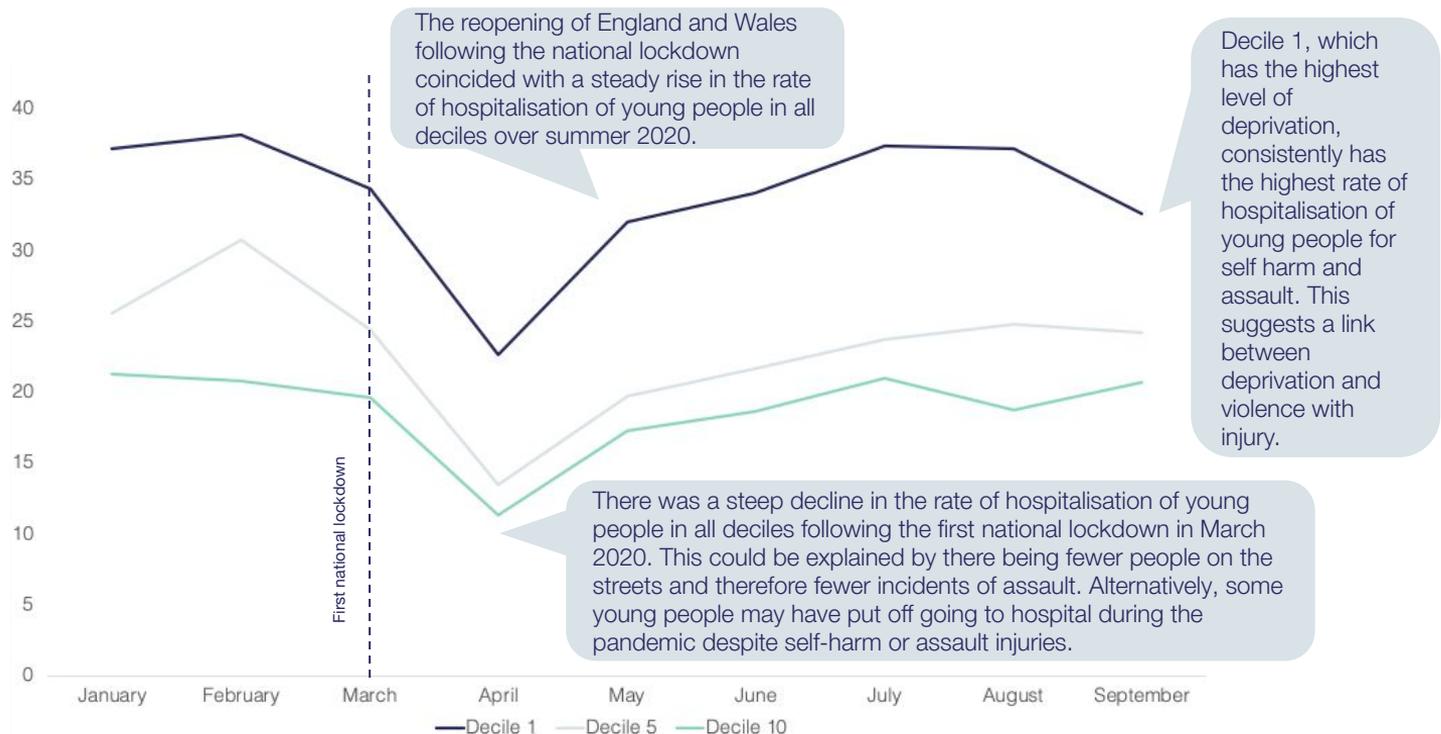*"I work with one 14 year old boy who sells drugs on his own patch. He is very relaxed about the whole thing."* Youth advocate, Huddersfield

Covid-19 Insight: Youth drug use in public has increased according to detached youth workers

"During Covid-19 young people have still been on the streets and I've seen a lot more drug taking. Young people have started taking drugs out in the open where people can see them. They used to go into dark areas, but now they are taking drugs out in the open. They're also doing different types of drugs now. I think it's because the police and other service aren't out on the lookout for them as much now, so the young people feel that they can get away with it."

Crest, in partnership with Justice Episteme, has developed a unique forecasting model, **Poliscope**, which suggests the rate of violent and sexual offences could increase by over 15% between 2019 and 2023

Violent and sexual offences per 100,000 pop, West Yorkshire and England and Wales Jan 2014-Jan 2021 with two year forecast of rates

Legend:
- West Yorkshire
- WY forecast
- England and Wales
- EW forecast

Since 2016, the rate of violent and sexual offences is consistently higher in WY compared to E&W, however from March 2018, the difference between the rates grew

This dip in 2018 may be due to recording practice changes

First lockdown

2nd lockdown/ tiers

The Poliscope forecasting model suggests that the rate of violent and sexual offences will continue to be higher in WY compared to E&W in the coming years

Sources: Crest and Justice Episteme Poliscope forecasting, March 2021

The rate of hospitalisation of young people (0-24) following assault or self-harm has returned quickly to pre-Covid levels especially in areas with high levels of deprivation, like over 60% of West Yorkshire neighbourhoods

Rate of hospitalisation per 100,000 following self harm and assault (0-24 years) in 2020, in England and Wales, split by IMD deciles

The reopening of England and Wales following the national lockdown coincided with a steady rise in the rate of hospitalisation of young people in all deciles over summer 2020.

Decile 1, which has the highest level of deprivation, consistently has the highest rate of hospitalisation of young people for self harm and assault. This suggests a link between deprivation and violence with injury.

First national lockdown

There was a steep decline in the rate of hospitalisation of young people in all deciles following the first national lockdown in March 2020. This could be explained by there being fewer people on the streets and therefore fewer incidents of assault. Alternatively, some young people may have put off going to hospital during the pandemic despite self-harm or assault injuries.

January | February | March | April | May | June | July | August | September

— Decile 1   — Decile 5   — Decile 10

Most neighbourhoods in West Yorkshire are between decile 1-5

Decile key:

Decile 1: high deprivation
Decile 5: medium deprivation
Decile 10: low deprivation

Difference in rate of hospitalisation per 100,000 for April 2018 vs. April 2020:

Decile 1: 12.3%
Decile 5: 10.3%
Decile 10: 5.7%

Relative % change in peak rate of hospitalisation per 100,000 for 2018 vs. 2020:

Decile 1: -7%
Decile 5: -19%
Decile 10: -3%

As part of our youth led-creative engagement, our youth ambassadors in Bradford created this spoken word piece describing the impacts of child sexual exploitation and child criminal exploitation

Our youth ambassadors, Kemmi and Isha met with Crest to discuss how they wanted to contribute to this project and after discussing the project aims with Crest, they decided that they wanted to use their creativity to explain the impact of criminal and sexual exploitation of young people.

The youth ambassadors decided to write a **spoken word piece and an accompanying video** to express their feelings on how violence and exploitation impacts themselves and other young people in their area.

The young people who created the video described to us that they wanted to **"subvert traditional gender stereotypes by focusing the narrative on a young boy who has been sexually exploited and a young girl who has been criminally exploited."**

Through this piece, the youth ambassadors tell a different story than the data; they believe that there are young people in their area who are being exploited under the radar. It is therefore essential to listen to local stakeholders to understand their experiences rather than simply relying on the data to speak for them.

Spoken word piece created by the Youth Ambassadors
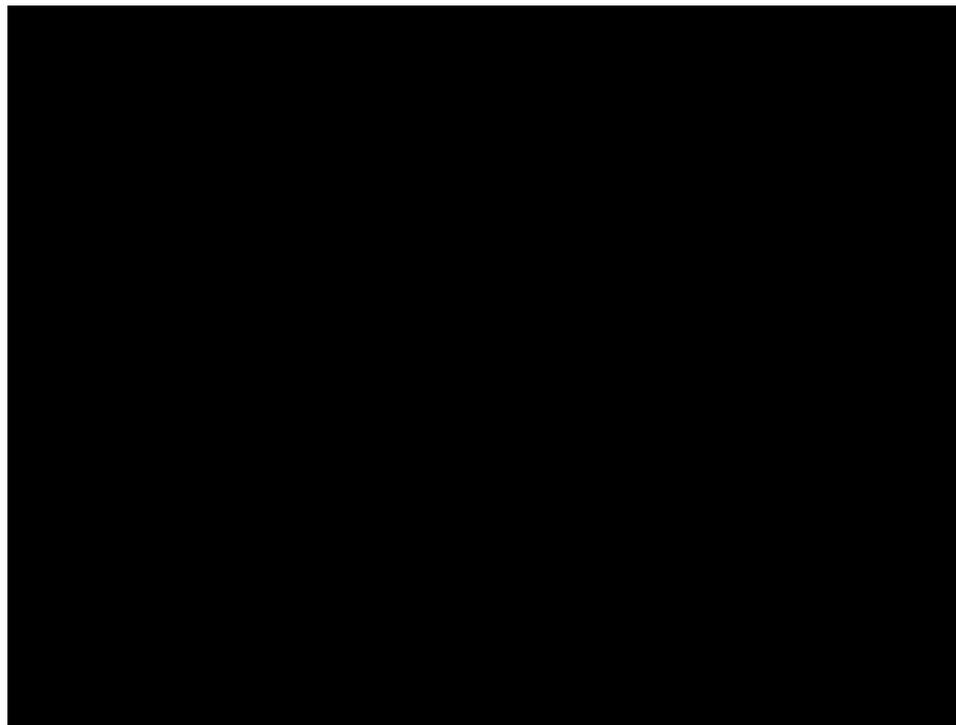
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Young people and adult stakeholders we spoke to gave the following <u>key factors</u> which they felt described the <u>victims</u> of violence and exploitation in West Yorkshire

Many of the adult stakeholders that we interviewed noted that there is **no clear profile** of the young people who are at risk of being exploited in West Yorkshire.

With this in mind, we have compiled a profile of a 'victim' of youth violence and exploitation in West Yorkshire based on what we have heard **from adult stakeholders and young people**.

Lack of parental supervision
Children with parents who work multiple jobs and are away from home are more vulnerable

Familial involvement in crime
Young people are being drawn into gangs and criminality if a family member is already involved - often young people are recruited by their own family in this scenario

Girls are more likely to be victims of sexual exploitation than boys
Although stakeholders noted a rise in sexual exploitation of young men, young women are more often victims of sexual exploitation

Unemployment
Young people who struggle to find a job are more likely to get involved in criminality and potentially violence due to a lack of options to make money
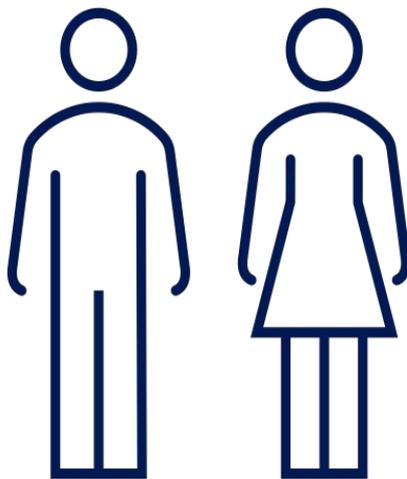
Excluded from school
Stakeholders noted a link between being excluded from school and being involved in a gang - but the causality is hard to determine

Boys are more likely to be criminally exploited than girls in West Yorkshire
However, stakeholders noted that when girls are involved in gangs, criminality and violence, they are less likely to be caught by police

From economically deprived backgrounds
Young people from lower income families were considered to be more likely to get involved in violence. Often to support their family or to buy the things they want

Not engaged with services
Some children choose not to engage, others don't have a choice as they feel there are no appealing youth services in their area

Young people and adult stakeholders we spoke to gave the following <u>key factors</u> which they felt described <u>perpetrators</u> of violence and exploitation in West Yorkshire

We have compiled an **anecdotal profile** of what a 'perpetrator' of violence and exploitation in West Yorkshire looks like based on what we have heard from adult stakeholders and young people.

Girls' involvement is different than boys'
Girls who are involved in violence, exploitation and crime are most commonly on the periphery

From economically deprived backgrounds
Young people with less money are more likely to be perpetrators, according to stakeholders. They tend to get involved in crime initially to support their family or buy the things they want

Social network involved
If a young person's social network, including their family and peer group is involved in violence and crime, it is much more likely that they will become involved too

Often victims themselves
Stakeholders highlighted that young perpetrators of violence and crime have often experienced trauma or have been exploited themselves
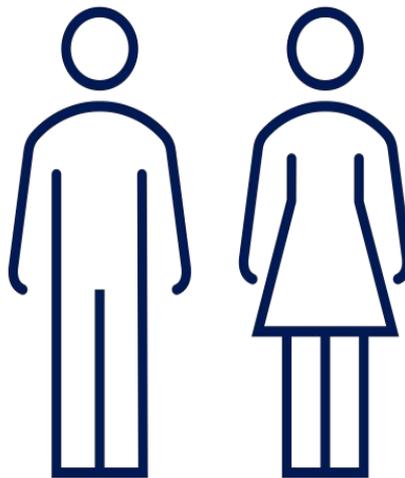
Poor attainment at school
Stakeholders noted that young people who fail to achieve good qualifications at school have a higher likelihood of being involved in crime and violence as they have fewer opportunities

Young people who are destitute
When we spoke to a representative of young asylum seekers, they told us that young people who have no legal option of employment (destitute) are more vulnerable to getting involved with crime and violence

Lack of support from parent or role models
Stakeholders noted that young people who lack parental support or role models are more likely to be perpetrators of violence and crime

Not engaged with services
Stakeholders noted that the young people involved with violence, crime and exploitation are often the young people not known to/engaged with services such as sports clubs
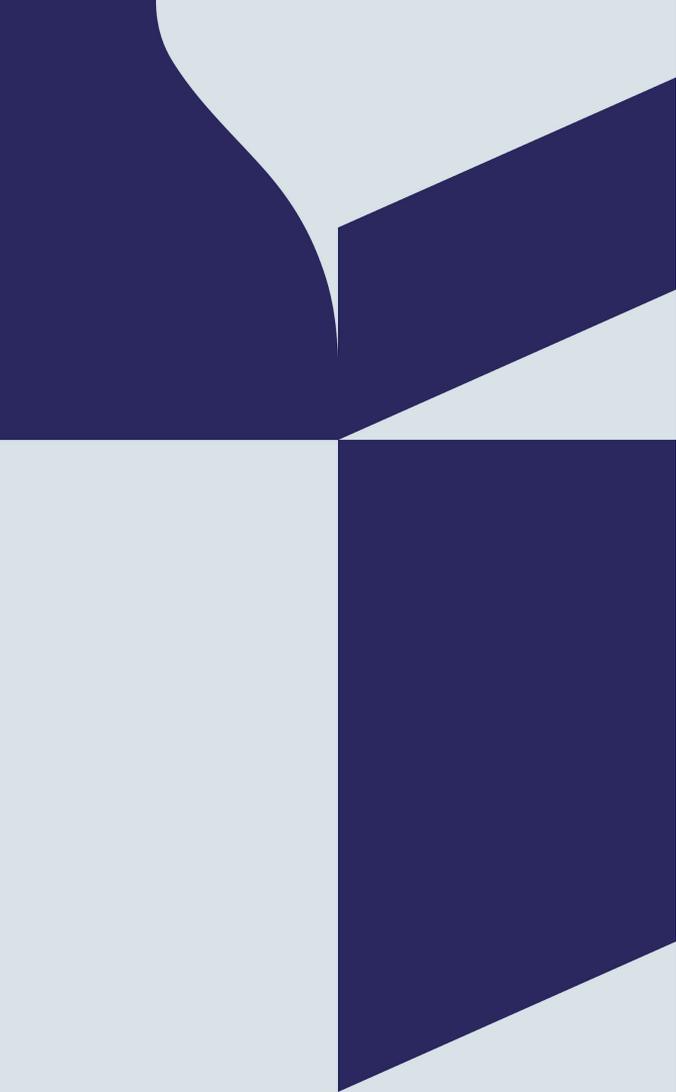
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The relationship between health inequalities and serious violence and exploitation of young people in West Yorkshire

Crest

What are health inequalities? Health inequalities are differences in health status, social determinants of health, access to healthcare, and health-related behaviours between areas and communities

Health outcomes are shaped by *social determinants of health* like **housing and income**, by **health-related behaviours**, and by people's **access to and experiences of healthcare**. The starkest example is the *social gradient in health*, which describes differences in life expectancy between deprived and affluent areas. *Healthy life expectancy* describes the average length of time spent in good health. There is an **almost 20 year gap between healthy life expectancy in the most and least deprived parts of England**.

Health status	Access to health and social care	Social determinants	Health-related behaviours
Life expectancy	Housing	Admissions to elective care	Smoking
Healthy life expectancy	Income	GPs per head	Substance misuse
Preventable mortality	Environment (e.g. pollution)	Stigma	Physical activity
Rate of chronic illness	Transport	Language barriers	Diet
Rate of mental ill-health	Education and employment	Quality of care	*Violence?*

How do health inequalities impact young people? Though inequalities in physical health often appear later in life, young people experience inequalities in mental health and wellbeing

How do health inequalities affect young people's wellbeing?

In their **qualitative longitudinal study of economically marginalised young people in Teesside, North East England, MacDonald and Shildrick (2013)** note that inequalities in mortality and morbidity tend to appear later in life. They suggest that it is more useful to think about **the impact of health inequalities on young people's wellbeing**. In their study, health inequalities impacted wellbeing in a number of ways.

1. **Depression was common among marginalised interviewees, and linked to their labour market status**. Precarious work and unemployment contributed to mental ill-health, and mental ill-health made it harder to find non-precarious work.

2. **Many had parents/step-parents with chronic health problems and work-related incapacities** (from past industrial work).

3. **There was an abnormally high level of close bereavement**, defined as the loss of parents, siblings, partners, children and friends, among interviewees. Most relatives had died from chronic illnesses, but young people also lost loved ones to accidents, overdoses and suicide.

People who experience **severe mental health problems** are a priority group for WYHCP's **Improving Population Health** programme. Nationally, people with severe mental illnesses have a **lower life expectancy** than the general population. **Even in the most deprived areas, where life expectancy is lowest overall, people with severe mental health issues have a substantially lower life expectancy at birth**. This points to very significant additional barriers.

For both adults and children, **severe mental illness is associated with poverty.** For the 11 year olds who participated in the UK Millennium Cohort Study in 2012, severe mental illness was strongly related to household income. **Children from the lowest income quintile were four times as likely to have severe mental health issues** as children in the highest quintile.

One detached youth worker in Leeds commented on the relationship between **diet and educational attainment:**

"If the young people in the area do not get healthy food from the food bank, then it impacts their education. These young people end up not concentrating in school or they don't attend at all."

Sources: MacDonald, Robert and Shildrick, Tracy (2013), 'Youth and Wellbeing: Experiencing Bereavement and Ill Health in Marginalised Young People's Transitions', *Sociology of Health and Illness* 35(1), 147-161; Das-Munshi, Jayati et al (2020), 'How do ethnicity and deprivation impact on life expectancy at birth in people with serious mental illness? Observational study in the UK'. *Psychological Medicine* 1–9; Elliott, Iris (2016), *Poverty and Mental Health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy*.

How are health inequalities related to violence? Health inequalities drive violence and exploitation, but violence itself is an inequality and contributes to the deepening of other inequalities

Violence itself is an inequality: It's concentrated in more deprived areas, and it disproportionately impacts people in higher levels of deprivation.

Between 2015 and 2018, 41% of the people admitted to a hospital for violence-related injuries in West Yorkshire lived in an area with an IMD decile of 1 (highest deprivation). Only 7% of the violence related hospital admissions were from the areas with an IMD decile of 5 (least deprived).

In 2019/20, **gun crime, knife crime, and serious youth violence offences in West Yorkshire showed high levels of correlation with deprivation**.

In the *Victims of Serious Violence in England and Wales 2011-2017* report, the authors concluded that six years of Crime Survey data suggested that '**[more than any demographic characteristic], area-level deprivation is a key risk factor for violent victimisation'**.

Between 2015 and 2018 in West Yorkshire

41%
of people admitted for violence-related injuries lived in an the highest IMD decile of deprivation
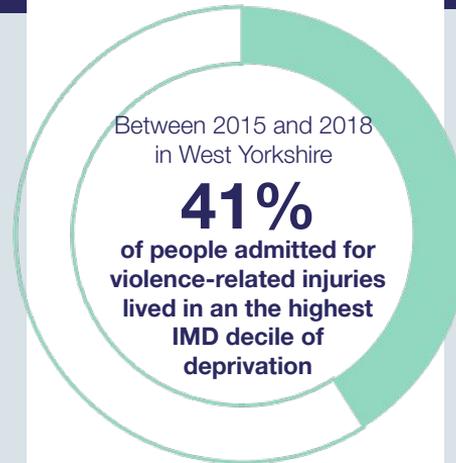
Exposure to violence makes health inequalities worse: it impacts the health and wellbeing of individuals and communities alike.

A 2014 household survey found that early **experiences with violence and abuse predicted health harming behaviors** including substance misuse, poor diet, low level of exercise and risky sexual behaviour.

Though most research has focused on familial violence, a 2010 study found that **children with greater exposure to community violence had lower self-worth**.

This is the case even where children do not directly witness violence, but are indirectly exposed to it: a quasi-experimental study carried out in Colombia found a significant relationship between violent crime in a child's residential block and their mental health.

Sources: Bellis, MA et al (2014), 'National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England', BMC Medicine 12; Cuartas, Jorge & Leventhal, Tama (2020), 'Exposure to community violence and Children's mental Health: A quasi-experimental examination', *Social Science & Medicine* 246, 1-10; Bellis, MA et al (2008), 'Contribution of violence to health inequalities in England: demographics and trends in emergency hospital admissions for assault', *Journal of Epidemiology & Community Health* 62, 1064-1071; Bellis, MA et al (2011), 'National five-year examination of inequalities and trends in emergency hospital admission for violence across England', *Journal of the International Society for Child and Adolescent Injury Prevention*, 17(5), 319-325; Lam, Christine et al (2019), 'Are paediatric stabbings in London related to socioeconomic status?', *Trauma*, 21(4), 310-316; Copeland-Linder, Nikeea et al (2010), 'Community Violence, Protective Factors, and Adolescent Mental Health: A Profile Analysis', *Journal of Clinical Child & Adolescent Psychology*, 39:2, 176-186. Victims of serious violence in England and Wales, 2011–2017.

Key findings: Our evidence suggests five key and interrelated health inequalities drive violence and exploitation of young people in West Yorkshire

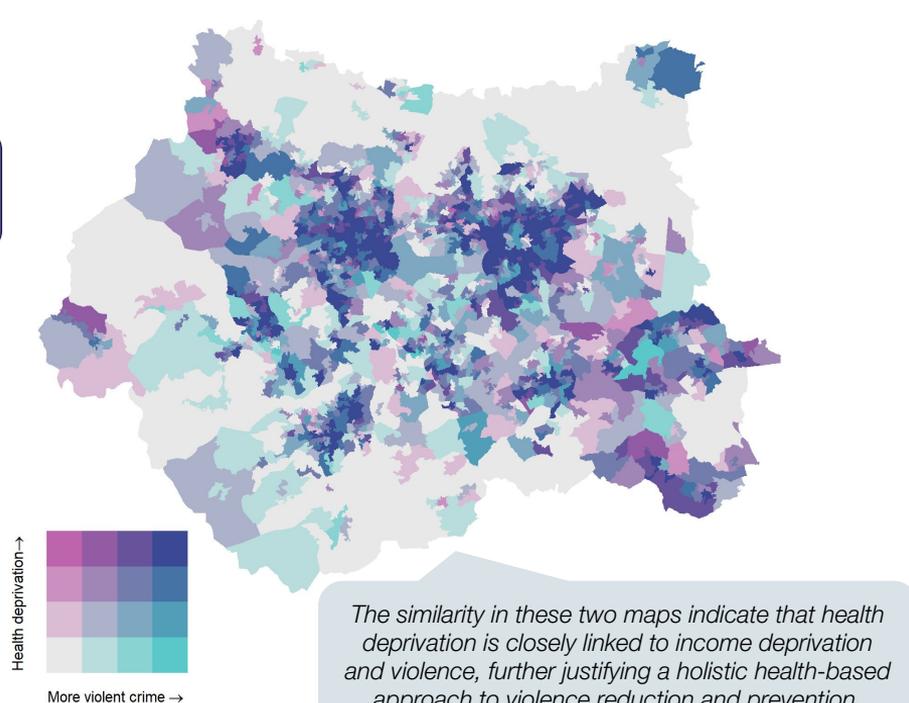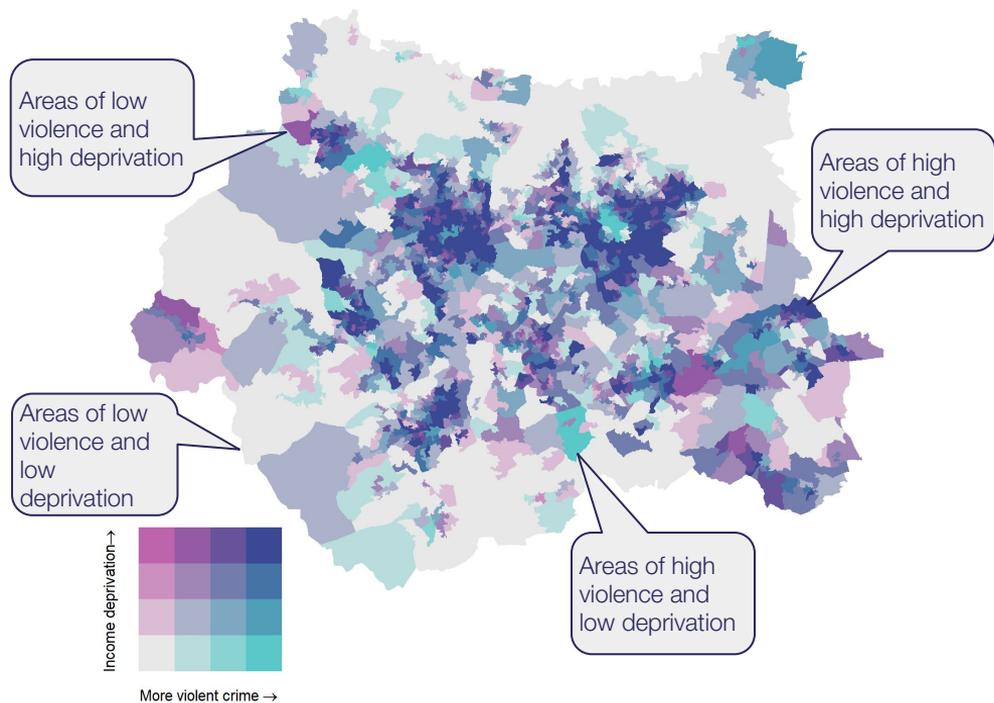| Deprivation and socio-economic disadvantage	Trauma and mental health	Education attachment	Contextual and extra-familial harm	Quality and availability of services
• Deprivation and a lack of meaningful opportunities are incentivising crime for young people and making violence more likely • Long term experiences with deprivation is shaping the norms around what is desirable and achievable for a young person, leading to violence and exploitation becoming more plausible. • Fewer opportunities, higher poverty, and an impending economic downturn are damaging young people's aspirations, potentially making young people more vulnerable to exploitation.	• Early trauma, including: abuse, familial breakdown, parental substance misuse, and community violence are driving youth violence and exploitation • Intergenerational trauma in some instances is leading to younger generations being involved in violence • Unmet mental health need and low self-worth have been identified as key drivers which are being worsened by the pandemic • Stakeholders expressed concern that the pandemic could be provoking and exacerbating trauma	• The role of a good education on future life prospects is continuously mentioned by young people and stakeholders as a key protective factors • The role of school in providing boundaries, purpose, and structure to young people is also important • Schools provide support and referral pathways for young people at risk • Covid-19 is leading to further disengagement, lack of motivation and increasing the attainment gap for vulnerable pupils	• High deprivation increases youth vulnerability to high crime and violence • Young people may be at risk of being drawn into violence and exploitation in through sheer proximity to crime in their areas and a lack of safe spaces designed for them. • Peer networks are key in leading to crime and exploitation for young people • Insufficient and unstable accommodation can make violence much more likely • The threat from online harm, grooming, and crime is becoming considerably more prevalent due to Covid-19	• Structural and intergenerational inequalities can hinder the efficacy of service provision • Traumatised young people and those with complex needs require specialised services and approaches which are difficult to provide in the current delivery context • Our stakeholders identified both gaps in services and areas of good practice • A lack of engagement from the most vulnerable young people and their families is prevalent and is worsened during Covid-19
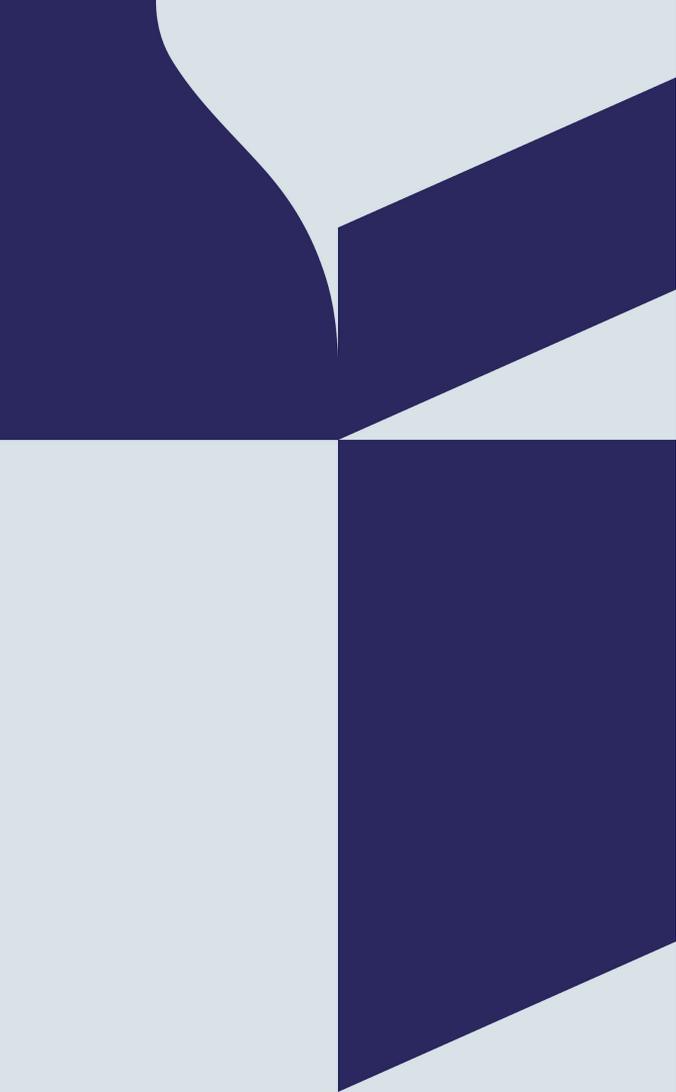
1. Deprivation and socioeconomic disadvantage

As nationally, most violence offences occur in neighbourhoods with the highest levels of deprivation in West Yorkshire. Health deprivation seems to be almost as important as income in this relationship

Violent crime and Household Income deprivation in West Yorkshire 2019

Violent crime and Health deprivation in West Yorkshire 2019

Areas of low violence and high deprivation

Areas of high violence and high deprivation

Areas of low violence and low deprivation

Areas of high violence and low deprivation

Income deprivation→

More violent crime →

Health deprivation→

More violent crime →

The similarity in these two maps indicate that health deprivation is closely linked to income deprivation and violence, further justifying a holistic health-based approach to violence reduction and prevention.

Sources: Ministry of Housing, Communities & Local Government: English indices of deprivation 2019, *Index of Multiple Deprivation*.

Deprivation and poverty leaves young people more vulnerable to childhood adversity and poor mental health, key risk factors for violence. In West Yorkshire, many young people appear to be growing up in these environments

Experience with deprivation shape children's risk of adversity, including trauma and abuse. **Crowded and inadequate housing conditions, precarious employment, and financial pressures make household conflict more likely**.

A 2014 study found that, **in the most deprived neighbourhoods** in England, **child protection plan rates for emotional abuse were nine times higher** than in the most affluent areas; for **neglect, seven times higher**; and for **physical and sexual abuse, six times higher**.

For both adults and children, poverty is associated with mental ill-health. Precarious employment has a particularly damaging effect on self-esteem and mental health: as *The Marmot Review: 10 Years On* points out, *'[r]ates of self-reported work-related stress, depression and anxiety have been increasing, at least partly as a result of poor quality work'*, and this disproportionately affects young people and people from ethnic minority backgrounds. **Social welfare law advice is sometimes offered in mental health settings** to address social determinants of health — for example, employment, benefit and housing issues.

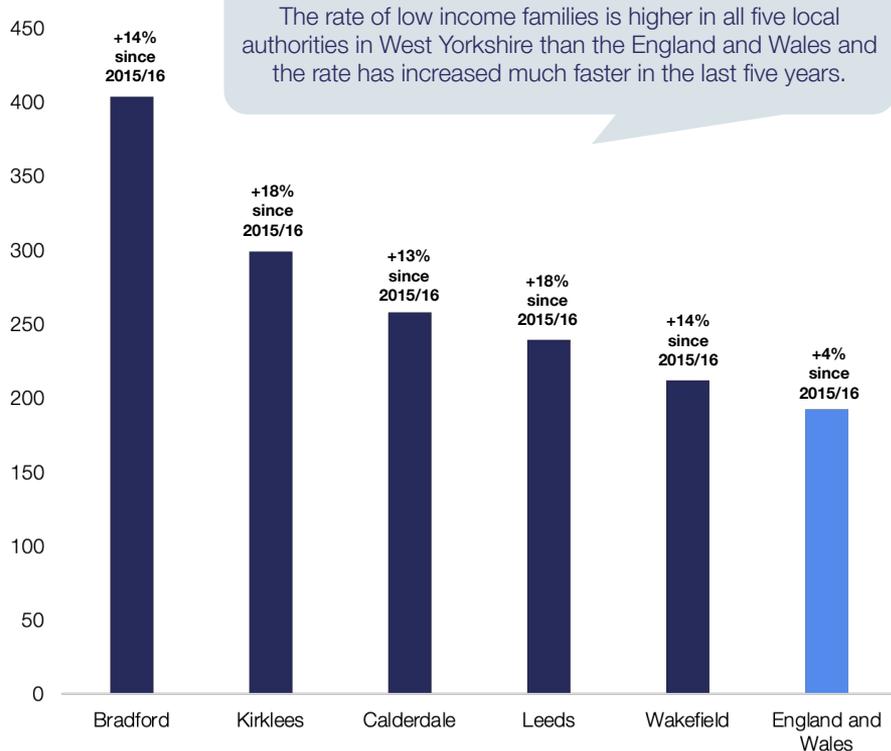| Local authorities in West Yorkshire	IMD 2019: Average rank (151 total)	Income deprivation impacting children rank	Proportion of people living in the most deprived areas
Bradford	18	32	50%
Wakefield	49	56	32%
Calderdale	55	65	29%
Kirklees	61	74	29%
Leeds	65	72	33%
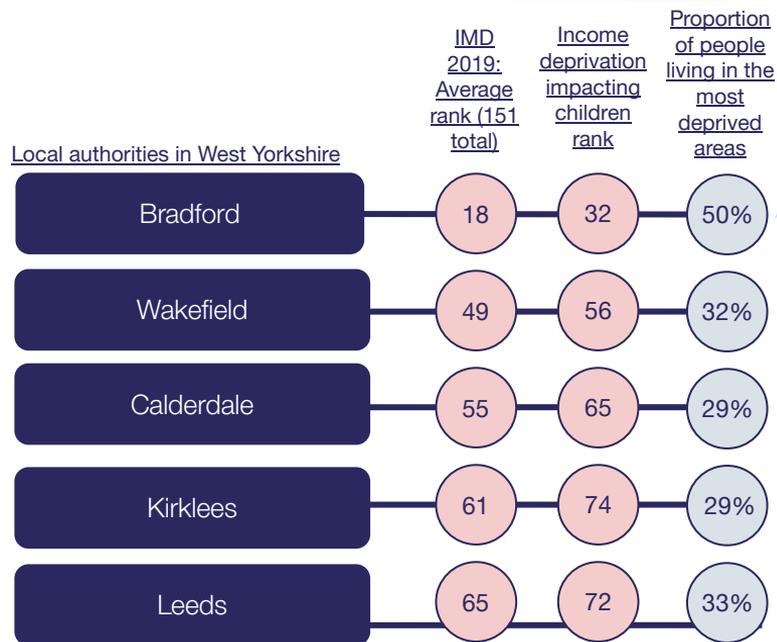
This means that **50% of Bradford's population live in the most deprived areas in the country.**

The Index of Multiple Deprivation (IMD) ranks every small area in England from most to least deprived according to measures of income, employment, education, crime, and service quality.

Sources: Bywaters, Paul et al (2016), *The relationship between poverty, child abuse and neglect: an evidence review*. Joseph Rowntree Foundation. Brennan, Iain (2020), *Victims of serious violence in England and Wales, 2011–2017*. College of Policing. Marmot, Michael et al (2020), *Health Equity in England: The Marmot Review ten years on*. Institute of Health Equity. Elliott, Iris (2016), *Poverty and Mental Health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy*. Mental Health Foundation. Advice Services Alliance and The Low Commission (2015), *The Role of Advice Services in Health Outcomes: Evidence Review and Mapping Study*. Ministry of Housing, Communities & Local Government: English indices of deprivation 2019, *Index of Multiple Deprivation*.

At a surface level, living in poverty can make the fast money achieved via crime considerably more attractive, aligning young people to an inherently violent and exploitative business

Rate of children living in absolute low income families per 1,000 children (0 -15 years) in 2019/20

The rate of low income families is higher in all five local authorities in West Yorkshire than the England and Wales and the rate has increased much faster in the last five years.

During our interviews with practitioners and young people in West Yorkshire, the **most frequently cited factor driving serious violence and exploitation** among young people was a **lack of economic opportunities, poverty, and financial hardship**.
Although the mechanisms connecting economic inequalities to violence are far from straightforward, we have repeatedly been told that **young people are becoming involved in crime (predominantly drug dealing) to support their families, or to simply buy themselves the luxuries the other children have.**

"But what the majority of [drug dealing] is, is just kids who want to help out their mum."
Young Person in the contact with Kirklees CSP

"Young people get involved with drugs because they think the money is quick and pretty easy. But I feel like once you actually get into it you can get in so deep and then it becomes a lifestyle and you can't get out."
Young Person in the contact with Kirklees CSP

"It's about image. There is a pressure from seeing others look a certain way. You want to look like you have money so others don't think that you are basic or poor."
Young Person in contact with Kirklees youth offending team

"It is common for young people in the area to sell weed, normally to earn money to help their family."
Young Person in contact with Kirklees youth offending team

Source: DWP Stat X-plore (2020), Children in low-income families, 2019/20;

Young people with no legitimate ways to earn money are particularly vulnerable to exploitation if their families are in precarious or difficult financial situations

Whilst crime and violence are not synonymous, we know that the **drug trade is inherently violent and exposes young people to incredible risks,** and that **a child selling drugs is always exploitation**. But for a young person watching their family struggle or being denied the most basic of luxuries, **locked out of nearly all legitimate ways to earn money,** this lifestyle represents agency and the control to change things in their life. Especially with deprivation soaring due to the pandemic, **young people are increasingly being pushed into this dangerous life, which is difficult to get out of, through simple cost benefit calculations that we all make**.

Stakeholders noted lack of employment opportunities as a key challenge for young people across West Yorkshire

"Criminality is an established route to economic betterment in the area because there are not enough opportunities or jobs for young people."
Youth advocate, Southeast Wakefield

"There are a lack of legal opportunities for young people to make money in my area."
12 year old, engaged with Kirklees CSP

"There are not a lot of opportunities for young people like me in my area, so obviously young people are going to go out and do other things, such as sell drugs, because there's nothing else they can do."
Apprentice, Bradford

"Deprivation and a lack of opportunity drive young people to get involved with crime and violence. There are no jobs or legitimate means of earning an income for young people in Kirklees. If you are from a poor estate and you see someone driving a Range Rover, you'll find that appealing."
Youth advocate, Kirklees

This inability to work legitimately to provide everything from luxuries to necessities is particularly pronounced for young asylum seekers. This is a highly vulnerable group of young people who require specific support.

A stakeholder from a community-based support service for refugees and **asylum seekers** told us that **labour exploitation among young people they work with is common because they have no legal right to work.** Some young people are also being criminally exploited within the drug trade as a means to support themselves, which puts them amongst the most vulnerable group to very serious violence in the country.

When we asked a **young person in contact with youth services in Kirklees** what he would change to help young people to stay away from violence, he said:

"Give poor families just like a little sum of money, because then the young people will think - now that my mum has got a bit of money, I don't need to go out and get it myself."

Long term experiences with deprivation and poverty can shape the way young people see the world and their role in it. Crime and eventually violence become normalised or even glamourised in this context

Lacking a hopeful positive vision of the future as a guide can have detrimental impacts on young people's outcomes. A feeling of powerlessness to shape one's future and low self-esteem can push young people from deprived areas toward crime (and in the future, violence) as other routes seem unfathomable. **We have heard from adult stakeholders and young people that a lack of meaningful and inspiring opportunities is among the most important drivers of violence in their area.**

Generational joblessness and deprivation

This factor was cited as driving **a sense of hopelessness among young people that they could achieve a comfortable life outside of crime.** If the only wealthy successful people you encounter are dealing drugs, and nobody tells you about the alternative paths, criminality is likely the the model of success you will aspire to. In this context, exploitation of young people is much easier for those willing to exploit young people who want to make money in areas where their employment options and aspirations are limited.

"With many in our community receiving disability (or similar) benefits as the main income in their household, there seems little incentive for some young people to aspire to anything more or instil a work ethic not found in their household. There is a sense of "loss" or bitterness from not having a credible or valued role in the community, yet unfortunately this is matched with a sense of entitlement where many young people in our community see receiving benefits as a long term career path. This is also reflected in the lack of value seen in education. "
Youth Advocate, South east Wakefield

"Even the people in the area who have legal jobs have illegal side gigs. I know men who have jobs but they get extra money by working for the guys in nice cars."
Young person in contact with Kirklees CSP

"Sometimes the opportunity is there, but no one has shown you how to take advantage of it or you haven't been introduced to it. Or maybe you haven't seen that you have a certain skill, or no one has ever pointed it out to you" - Young person in contact with Kirklees CSP

The young people are getting kicked out of schools, they're getting kicked out of PRUs, then they turn to violence and crime because they feel like it's their only option."
Detached youth worker, Leeds

"There are kids whose parents work multiple jobs going to class with children whose parents are architects. This can cause feelings of inadequacy among the poorer young people"
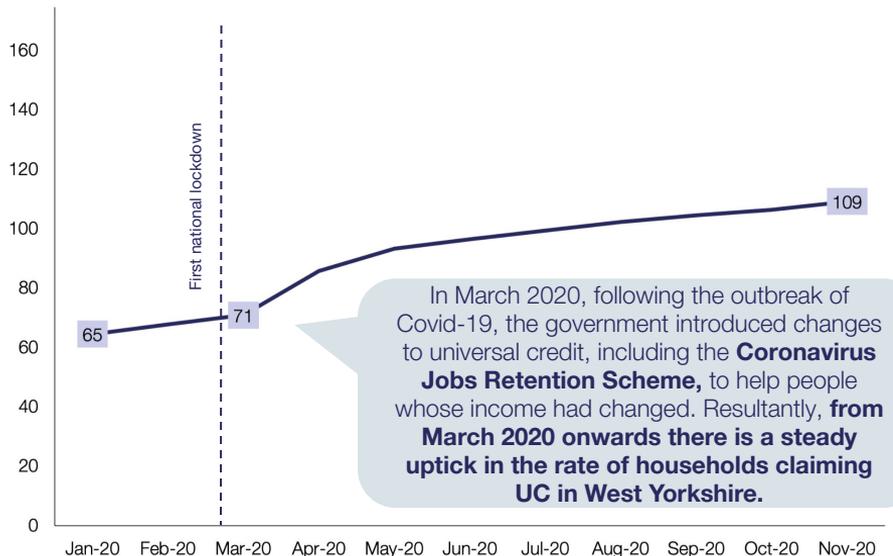Young person's advocate, Huddersfield

"My brother was going to a boy's friend's house and they have loads of designer labels and loads of money in the house like £1000s. My brother was helping them and he smoked weed from them too. This is why the police came to speak with me and him. I was in year 6 and my brother was in year 8. I see the older boys and I know and they are selling drugs as they have big cars and they don't work." Young person in contact with Kirklees CSP

As a result of Covid-19, young people are seeing more poverty, mass joblessness, and feel like they have even fewer opportunities. This could lead to a generation with dangerously low aspirations and fertile ground for exploiters

Across the UK increasing levels of household deprivation have been accelerated, in West Yorkshire this trend is particularly pronounced. Children and young people are not immune to the popular and media narratives which paint the UK's economic prospects as disastrous, and this can further ingrain a sense of hopelessness among young people in their future prospects. **Some of the young people we spoke to directly addressed the fact that because of the pandemic, their life choices had become even more limited**. For those looking to exploit young people, this outlook generates considerably easier targets

Rate of households claiming Universal Credit (UC) in West Yorkshire, per 1000 households, January to November 2020

First national lockdown

In March 2020, following the outbreak of Covid-19, the government introduced changes to universal credit, including the **Coronavirus Jobs Retention Scheme,** to help people whose income had changed. Resultantly, **from March 2020 onwards there is a steady uptick in the rate of households claiming UC in West Yorkshire.**

Stakeholders made the connection between fewer economic opportunities due to the Covid-19 pandemic and the increased likelihood of young people being involved in crime and violence

"With young people's parents losing their jobs, young people are going to want to keep up with their friends. They're still going to want those new trainers and they're going to want what other people have got. So young people think - well, if I can get those trainers by holding a shop up with a gun, then that is the length that they are going to go to."
Detached youth workers, Leeds

"People are destitute, especially in these times. So they look to other ways [drug carrying] to fund their lifestyle. People in this area do that, not to buy nike trainers and big screen TVs… what they actually want to do is pay their electricity bill, they want to pay the food bill, and they want to be able to provide for their younger siblings"
Detached youth worker, Leeds

"I know some young people who get involved in crime to help their families who are struggling financially. And this has become more common during Covid-19."
Apprentice, Bradford

Sources: Department for Work & Pensions, Universal Credit Statistics, published 23 February 2021, https://stat-xplore.dwp.gov.uk/webapi/jsf/login.xhtml. Benefit changes timetable 2020, Turn2Us.

2. Trauma and unmet mental health needs

Crest

The relationship between mental health and violence is complex, but unmet mental health needs and low self-worth increase young people's vulnerability to exploitation, violent victimisation, and perpetration

There is little evidence to suggest that people with mental health needs generally have an increased risk of violence perpetration, but a recent study estimates that **between 2015-16 5.3% of all violent incidents in England and Wales were committed by people with severe mental illness, which is disproportionate to their numbers**.

People with mental health needs are considerably more likely to be victims in violent crime than perpetrators and are estimated to be up to 4 times more likely to be the victim of violent crime than those without mental health difficulties.

Local kid from PRU: *"Bullying can push some young people into violence, particularly if a gang can give them the support or sense of belonging that they are missing."*

Exploitation

In 2015, SafeLives analysed the characteristics of a hundred young people who were either experiencing or at risk of child sexual exploitation (CSE). **89% of these young people had mental health issues, and 64% had a history of self-harm.**

For many of these young people, poor mental health was likely linked to childhood adversity and trauma; **63% had been exposed to domestic abuse in their childhood home, and 60% had experienced neglect or abuse themselves**.

Similarly, **children in care are disproportionately likely to experience CSE or child criminal exploitation (CCE)**. This reflects emotional and psychological needs which have not been met, and a history of isolation and (perceived) rejection. Again, **both CCE and CSE exacerbate mental health needs as well as reflecting them**.
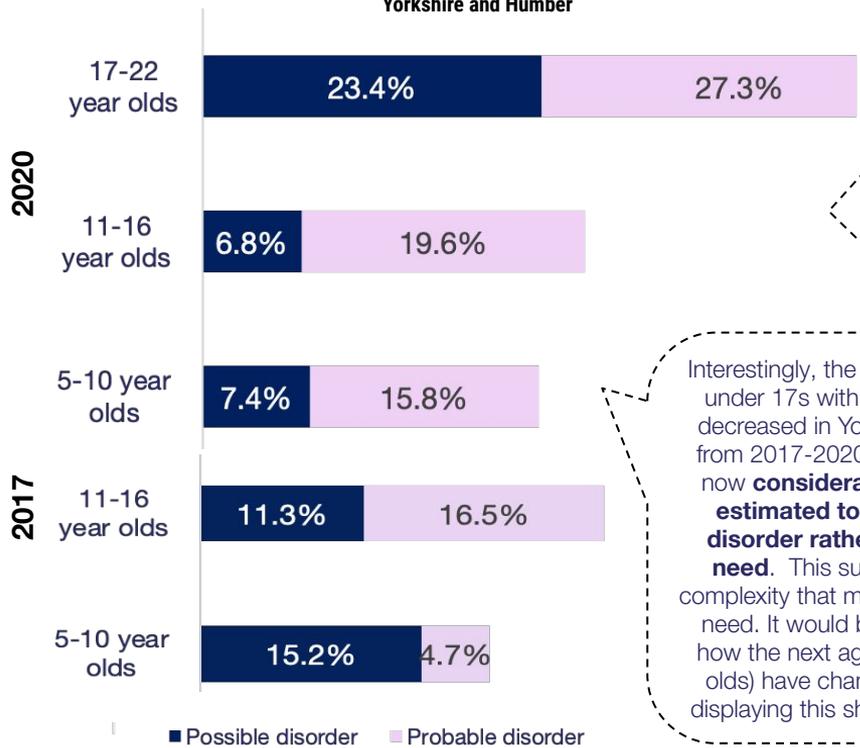
Gang Membership

Research on the mental health needs of young people who join gangs has shown that **young people with poor mental health are more likely to join gangs — and that in turn, gang membership exacerbates pre-existing mental health issues**.

Many of the risk factors for gang membership overlap with the risk factors for poor mental health, including **socioeconomic disadvantage, histories of abuse or neglect, low self-esteem and substance misuse**.

As a result, one review concludes, *"it is vital that we learn to live with the juxtaposition that **gang members are violent individuals and also vulnerable victims**, and that the current one-dimensional perception that gang members are merely violent perpetrators is amended."*

Sources: The economic impact of violence perpetration in severe mental illness: a retrospective, prevalence-based analysis in England and Wales. Lancet Public Health. 2020; 5: e99-106; Centre for Public Health (2015), *The mental health needs of gang-affiliated young people;* Beresford, Hayley and Wood, Jane (2016), 'Patients or perpetrators? The effects of trauma exposure on gang members' mental health: a review of the literature', *Journal of Criminological Research* 2(2), 148—159; Frisby-Osman, Sarah & Wood, Jane (2020), 'Rethinking How We View Gang Members: An Examination into Affective, Behavioral, and Mental Health Predictors of UK Gang-Involved Youth', *Youth Justice* 20(1-2), 93—112; SafeLives (2015), Young people at risk of sexual exploitation: Research briefing for professionals working with young people; SafeLives (2015), Young people at risk of sexual exploitation: Research briefing for professionals working with young people; Hallett, Sophie (2016), ''An Uncomfortable Comfortableness': 'Care', Child Protection and Child Sexual Exploitation', *British Journal of Social Work* 46(7), 2137—2152; Crest Advisory (2020), *County Lines and Looked After Children*.

Data suggests mental health need for under 18s is increasing in complexity in Yorkshire and Humber. With a slightly lower rate of mental health, this may be both the product of and contributing to unmet mental health needs

Estimated % young people with possible and probable mental disorders 2017 and 2020, Yorkshire and Humber

2020

17-22 year olds: 23.4% | 27.3%

11-16 year olds: 6.8% | 19.6%

5-10 year olds: 7.4% | 15.8%

2017

11-16 year olds: 11.3% | 16.5%

5-10 year olds: 15.2% | 4.7%

■ Possible disorder   ■ Probable disorder

If up to 25% of under 17s in Yorkshire and Humber had a possible or probably mental disorder in 2020 and only 2.8% of the same group in West Yorkshire had been assessed in mid-2019, we can expect high level of unmet mental health needs amongst this group.

Interestingly, the overall percentage of under 17s with a possible disorder decreased in Yorkshire and Humber from 2017-2020. However there are now **considerably more children estimated to have a probable disorder rather than a possible need**. This suggests a growth in complexity that may accompany unmet need. It would be interesting to see how the next age group (17-22 year olds) have changed and if they are displaying this shift in seriousiouness.

"For some of the young people we work with, their self-worth is zero. Moreover, a lot of these young people don't even know what help looks like because they have never asked for it. In many of the communities we work in in Kirklees, asking for help is a sign of weakness, so young people just don't do it"
Youth advocate, Kirklees

2.8%
of under 18s accessed mental health treatment in <u>West Yorkshire</u> in 2018/19

3.0%
of under 18s accessed mental health treatment in <u>England</u> in 2018/19

There are high levels of depression among young people. Not just because of COVID but before. It stems partly from an inability to achieve (either in education or employment). These young people fall further and further behind their peers and then turn to crime."
Lead youth worker, Leeds

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In West Yorkshire, an increasing number of children are coming into contact with NHS mental health services. However, research suggests that local provision is lacking, particularly for young adults who show the highest level of disorders

Increasing number of children are coming into contact with the mental health service in West Yorkshire in the Covid period especially. While increases in numbers of referrals to services may well be an indicator of meeting demand rather than increasing demand, there evidence presented on the previous slide suggests that a growing proportion of young people have mental health needs which are not being met in the current system. A 2019 annual report on CAMHS found that 26% of referrals to children's mental health services were rejected. This 'raises concerns that the growing number of CYP with complex needs that do not fit clearly into diagnostic boxes, those with lower-level mental health needs and older adolescents may be unable to access the support they require'. This is compounded by the lack of alternative services to support CYP who can't access CAMHS.

Referrals and people in contact with CAMHS in West Yorkshire CCGs*, February 2020 to February 2021

- ■ Open referrals: childrens and young peoples mental health services
- ▫ People in contact with children and young peoples mental health services

*for a list of included CCGs see Annex 1
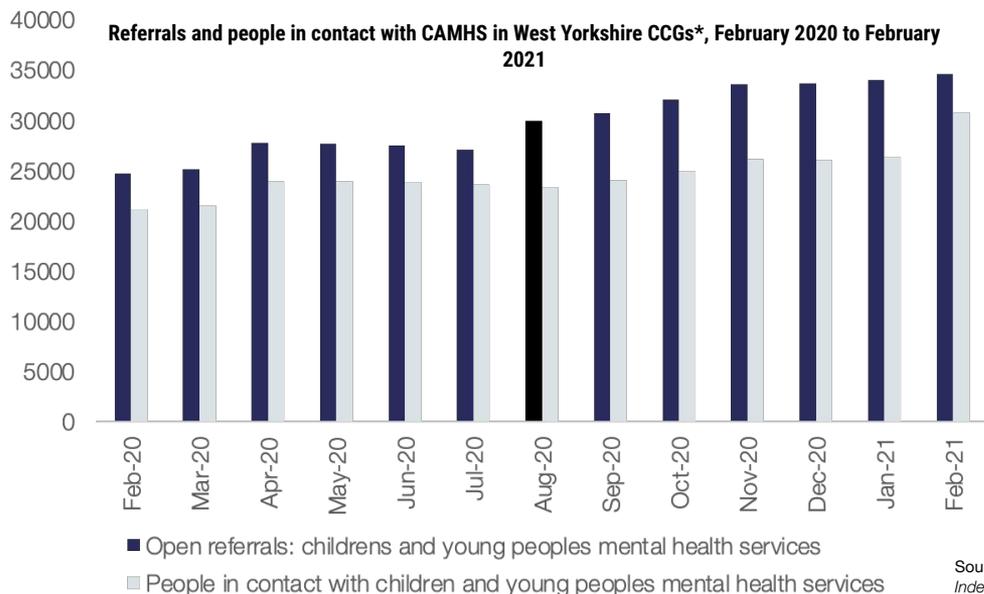
Between March and April 2020, the Centre for Mental Health surveyed parents, practitioners, children and young people in Bradford and Craven about their experience of mental health support. **Nearly half agreed that it was difficult for a young person to access support** when they first experienced mental health issues. **BME children were significantly (20%) less likely than all children to report that they knew where to go for help** if they, or a friend, experienced a mental health problem. Meanwhile, **three-quarters of parents** reported that it had been difficult to access support for their children, and **two-thirds had found it difficult to access support for their child in a crisis**. Professionals were even more damning: **76% felt that it was difficult for 4-16 year olds to access support** for identified mental health needs, and **72% felt that it was difficult for them to access support in a crisis**.

According to the survey responses, the primary unmet mental health needs in Bradford and Craven include the emotional impact of social isolation and poverty; the impact of adverse childhood experiences; SEN and neurodevelopmental needs; support for young adults; support for children in care; and support for BME young people, who are being held back by stigma and a lack of culturally competent provision.

Source: NHS Digital, Mental Health Services Monthly Statistics. Centre for Mental Health (2020), *Bradford and Craven: Independent system-wide review of children and young people's mental health system*; Children's Commissioner (2020), *The state of children's mental health services*.

Frustration, isolation, anxiety and low self-worth all been used to describe young people's mental health during Covid-19. With already high levels of unmet need, this may be a difficult trend for health and welfare services get on top of

Percentage of respondents with low life satisfaction during Covid-19

☐ March 2021
■ March 2019

> Young respondents aged 16-24 reported significantly lower life satisfaction during Covid-19 than any other age group

> Life satisfaction has been lower throughout the pandemic for all under 75s, however the difference between March 2019 and March 2021 for 16 to 24 yr olds is particularly stark

Chart values (Series1 = March 2019, Series2 = March 2021):
- 16 to 24: 4.3 / 17.8
- 25 to 34: 3.7 / 14.2
- 35 to 44: 6.4 / 9.5
- 45 to 54: 8.4 / 12.3
- 55 to 64: 6.9 / 13.2
- 65 to 74: 3.7 / 8.3
- 75+: 5.7 / 5.4

■ Series1 ☐ Series2

Source: PHE analysis of Opinions and Lifestyle Survey data from Office for National Statistics, 2021

Stakeholders told us that young people have struggled with their mental health and wellbeing throughout the pandemic more than ever before

"The pandemic has negatively impacted my confidence and mental stability."- Young person engaged with Kirklees Community Safety Partnership

"All of my friends will agree with me, I think our mental health has gone down the drain during the Covid-19 pandemic. Because we don't know what we're doing, we don't know what we are working towards."- Young person engaged with a community youth programme, Bradford

"Covid-19 has had a massive impact on young people's mental health. Even young people who you would not expect to have mental health issues are suffering." - Youth advocate, Bradford

"Because of Covid-19, we have seen an increasing number of young people who are feeling anxious. Their mental health is not in the best place at the moment." - Detached youth worker, Leeds

"The fact that I am now restricted to socialising through a screen has really impacted my mental and physical well being." - Young person engaged in a community group, Bradford

Stakeholders specifically commented on lower levels of physical activity leading to decreased sense of self worth and wellbeing among young people

"I have struggled with anger and anxiety during the pandemic… It has been been difficult to adjust to everything being more or less indoors and not being able to get out and about to see friends." - Young person engaged with Huddersfield Town FC youth club

"It can be difficult to get out of bed during Covid. There is nothing to do, even on weekends."- Young apprentice, Bradford

"There has been a decrease in young people's physical activity during Covid-19 and I think this is leading to decreased self-worth." - Detached youth worker, Leeds

Adverse Childhood Experience (ACE) research tells us the connection between trauma and future vulnerability to violence can be explained through an understanding of 'health-harming behaviours' as coping mechanisms

In 1985, the chief of Kaiser Permanente's San Diego Department of Preventive Medicine found that **most of the patients at the obesity clinic which he ran had been sexually abused as children — and that what he had approached as a public health problem could be understood as a coping strategy, even a solution**. This insight led to the first Adverse Childhood Experiences study, carried out in partnership with the Centers for Disease Control and Prevention (CDC). Through a survey of more than 17,000 patients, the team showed that **experiences of maltreatment and household dysfunction were related (a) to one another and (b) to mental ill-health, substance abuse, sexual violence (victimisation), and physical health problems in adulthood**.

Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) 2018/19

Bradford	125	
Calderdale	121	
Leeds	114	
Wakefield	112	
National	96	
Kirklees	93	
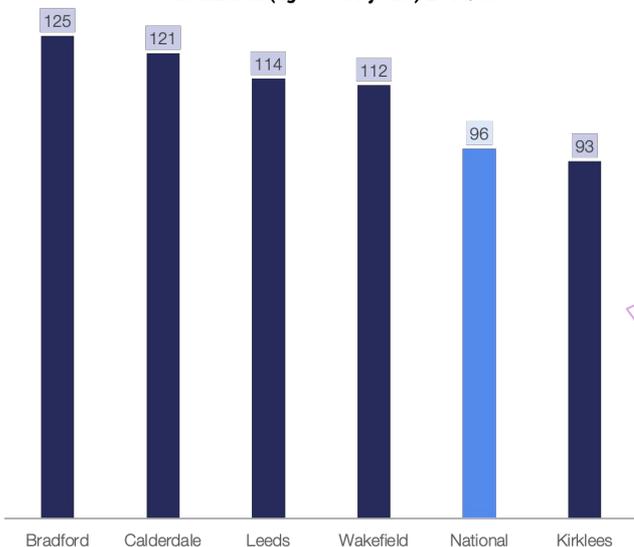
A higher rate of young children who have suffered some sort of violent trauma is a good indication of serious abuse and youth violence rates.

All local authorities in West Yorkshire except for Kirklees had a notably higher rate than the national average indicating a higher level of ACE related need amongst young people.

Subsequent research has shown that **ACEs are linked to substance abuse, violence perpetration and violence victimisation**. A 2014 survey found that **adverse childhood experiences predicted violence victimisation** and perpetration, as well as risky sexual behaviour, substance misuse, poor diet and low levels of exercise.

A 2016 survey of over 5000 adults in Hertfordshire, Luton and Northamptonshire found that after controlling for sociodemographic factors, **respondents who had experienced four or more ACEs were 7.7 times more likely to report that they had been victims of violence in the last year, and 10 times more likely to report that they had perpetrated violence.**

Sources: LGA Inform *Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) per 10,000 children (aged 0-14 years) in England*; Felitti, Vincent (2010), 'The relationship of adverse childhood experiences to adult medical disease, psychiatric disorders and sexual behavior: implications for healthcare' in Lanius, Ruth et al, The Impact of Early Life Trauma on Health and Disease: The Hidden Epidemic; Van der Kolk, Bessel (2014), The Body Keeps the Score: Mind, Brain and Body in the Transformation of Trauma.

Substance misuse as a symptom of ACEs is consistently correlated with violence in research evidence, in West Yorkshire, high levels of substance use in children and families may indicate trauma-related needs

Academic studies have found that **both substance misuse and emotional dysregulation are correlated with violent offending, as well as with childhood trauma**. We have heard in our stakeholder interviews that this is common amongst young people on the cusp of violence.

The **rate of children receiving substance misuse treatment is generally higher in West Yorkshire than nationally,** which may indicate more met demand than simply higher need. However, West Yorkshire has many indicators of substance misuse amongst children and their families, and higher drug related deaths than the national average.

West Yorkshire and England rates of young people (aged 14 - 17 years) accessing substance misuse treatment services (drugs and alcohol). 2010-2020

The total number of under 18s accessing treatment in WY has decreased since 2013/14 with a **small uptick in 2019/20.**

In West Yorkshire, **48%** of young people **accessing substance misuse treatment** in 2019/2020 were aged **14 to 15 years old.**
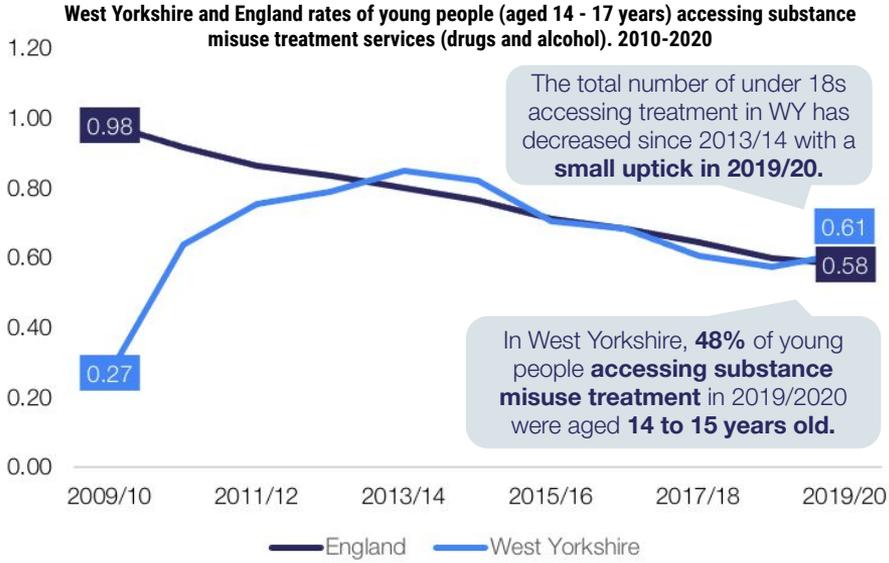
*"Young people have been stuck inside during the Covid lockdown and this has had a **very detrimental impact on young people from the most deprived backgrounds, including those with parents with substance misuse issues.** These young people who are most in need of support can't get that at the moment."* - Detached youth worker, Bradford

In 2019/20, **20% (6943) of all children in West Yorkshire referred to and assessed by children's social care had parental alcohol or drug misuse identified as a key factor.**

1,936 children (6%) were referred to due to their own alcohol or drug misuse.

In 2019, **376 people in West Yorkshire died due to drug poisoning or misuse**, this is 20 drug related deaths per 10,000 people in the police force area, **nearly twice the rate of the England average**.

In 2018, **one in eight (13%) LGBT people aged 18-24 took drugs at least once a month**. Around one in eleven (9%) of young people aged 16-24 have done so.

Sources: Smoking, Drinking and Drug use among Young People in England (SDD), 2018, National Drug Treatment Monitoring System, Public Health England.; Characteristics of Children in Need (2020) *C3 Children in Need factor identified at end of Assessment;* ONSE (2020) *Drug-related deaths by Local Authority, England and Wales,* LGBT in Britain Health Report, Stonewall (2018), data provided by YouGov, Home Office.

Emotional dysregulation is another symptom of ACE-related trauma which is heavily related to violence and exploitation. Stakeholders in West Yorkshire have told us that young people on the cusp of violence exhibit this trait

Research literature shows that **chronic childhood abuse can cause *'complex trauma'*** which makes **it hard for children (and adults) to regulate their emotions**. Emotional dysregulation has consistently been linked to aggression and violent offending; it can also make young people more vulnerable to exploitation and had been correlated with several negative outcomes.

Case study: childhood trauma leading to violence through emotional dysregulation

A mother of four (aged between 2-12 years), fled domestic abuse by the father with her children. The family were moved several times due to the father locating them. There is a non-molestation order in place against the father

⬇

The 10 year old boy often has violent outbursts when he is told that he cannot see his dad. The mother is struggling to cope with the boy's behaviour. She is struggling with her own mental health, low mood and depression

⬇

The children were referred to social care because they were struggling with angry outbursts. The children have particularly confused emotions regarding their father and they are struggling to regulate their emotions

⬇

In one recent incident, the 10 year old boy packed his bag and left home. He was reported missing by his mother, but was later found nearby.

An Early Intervention Community Project for children and families in Pontefract and Knottingley highlighted that Covid-19 has had a huge **emotional impact on young people, particularly aged 9-11 and 16-22.**

"The use of electronic gaming has created arguments, anxiety and frustration for the young people's parents, along with explosive aggression from the children, sometimes resulting in assault to the parent."
Women's rights advocate and domestic abuse support worker, Bradford

In 1:1 interviews, children aged 9-11 years old said that playing video games "passed the time and killed boredom". However, most said that excessive **gaming initiated bullying, which created anger and anxiety for them.** 80% of this interviewed cohort were seen by Police.

In the 16-22 year old cohort, practitioners have reported **spikes in self-harm and depression** which have required specialist referrals to CAMHS or SPA (Single Point of Access).

A notable theme in the qualitative evidence was the fact that much of the trauma experienced by young people in West Yorkshire was being passed down through families, some of this is likely to be related to the nature of service provision

Case study: intergenerational health inequalities and parental non-engagement with services

A teenage boy lives in a deprived area, on a **"notorious" council estate** in West Yorkshire. Throughout his childhood, the young person's parents have had **substance misuse issues.** The youth worker tells us that they are also **suspected of drug dealing.**

The young person's **parents have made no effort to engage with services** and do not encourage their son to attend school. His youth worker says he attends school once a week at most.

The young person has **difficulty in regulating his emotions** and often threatens his mum. He is **suspected of being involved in criminality** including burning cars and selling drugs.

However, the youth worker working with the young man said that he is **"terrified of these people [his family and other community members who deal drugs], but he doesn't know anything else".**

When we spoke to this young person, he said that although he knows that support services exist, he has **never bothered engaging because he doesn't like talking or doing activities.**

"The young people I work with get into drugs, including heroin, because their parents and their grandparents also abuse substances and it is normalised to the young people."
Youth advocate, Wakefield

"You go to a house to drop off stuff for Christmas. And the kids haven't got anything but mum and dad have got a can of beer and a packet of cigarettes".
Youth advocate, Huddersfield

"Historic tensions with the police in the area have never been repaired and this mistrust of the police has been carried on from one generation to the next. In Wakefield, a child is brought up with the belief that interactions with the police should be avoided."
Youth advocate, Wakefield

Case studies like these suggest that an inability to address trauma and mental health needs at an early stage leads to **an intergenerational transmission of vulnerability.**

When this vulnerability has been passed down from parent to child, appropriate intervention can become more difficult as parents can be unable to engage with services in the way they are designed to deliver. **As our stakeholder evidence indicates, this impacts the way the parents are viewed by support workers, and potentially then the level of support they receive.**

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Our stakeholders are concerned that for already vulnerable young people, including the LGBTQ+ community, the pandemic could be provoking and exacerbating existing vulnerabilities and trauma - one of the most important risk factors for violence

Adult stakeholders working with the most vulnerable young people in West Yorkshire commented on the detrimental impact of Covid-19 on their mental health and wellbeing

Stakeholders told us that young people who seemed to have turned a corner in terms of improvement in mental health and engagement with services **became disheartened and less engaged during the pandemic**, especially when a great deal of outreach moved online. One stakeholder who works with LGBTQ+ young people said that the mental health impacts on this cohort have been particularly worrying.

"There has been an increase in mental health issues, feelings of isolation, stress, anxiety, and family problems among young people during Covid. This is particularly worrying for young LGBTQ+ people who are in general more likely to self-harm, have suicidal thoughts, higher rates of smoking and substance misuse."
LGBTQ+ youth advocate, Kirklees

A 2018 report by Stonewall highlighted the mental health problems experienced by LGBT young people in Britain:

70%
of LGBT people aged 18-24 felt life was not worth living in 2018

48%
of LGBT people aged 18-24 deliberately harmed themselves in 2018
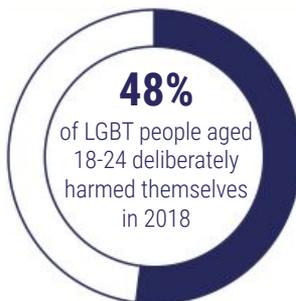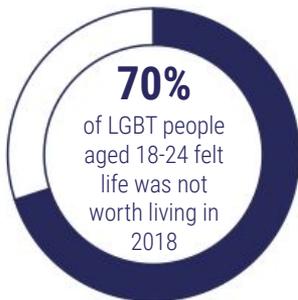
Youth stakeholders worry about the impact of being stuck at home during the pandemic on their own and other young people's mental health and wellbeing

Many of the young people we spoke to feel as though they have **lost their sense of identity** after being stuck at home for a year. Some young people even expressed concern that this might **lead the most vulnerable young people to turn to violence to express themselves.**

Young people also noted that for those with a **poor home environment, Covid-19 may have led them to feel particularly low and isolated**. According to young people, this has led to **increased aggression and emotional dysregulation.**

"I think something that might have affected young people over lockdown is the families they live in. If young people are at home all of the time, they might get frustrated and agitated. At least with school and work you have the opportunity to get out and move into a different environment."- Young person engaged with a community group in Bradford

"All of these children who have been causing fights have been stuck at home with nowhere to go, they may have witnessed their parents fighting, their parents might have lost their jobs; for these reasons the young people might be acting more aggressive than normal." - Young person engaged with a community group in Bradford

"I think there are issues with self-identity. Young people may be struggling with their sense of identity during lockdown so they may use violence to express themselves; or they may feel lonely because of the isolation of lockdown and they may join a group, and that group may be involved in criminal activity or violence." - Young person engaged with a community group in Bradford

Source: LGBT in Britain Health Report, Stonewall (2018), data provided by YouGov.

3. Education engagement

Crest

Meaningful engagement in rewarding education is consistently found to be a protective factor against violence, exploitation, and other negative health outcomes

There are three broad mechanisms connecting educational experiences with violence and exploitation:

Daily attendance provides structure and monitoring	Providing a sense of achievement and inclusion	Impacting real or perceived future prospects
When in school, young people are kept off the street and protected from environmental risks associated with offending and victimisation such as unstable homes and negative community influences.	Self-esteem from achievement in classes, but also from the feeling of inclusion and community schools can foster are powerful protective factors against violence and exploitation.	Educational attainment impacts young people's prospects in further education and employment and thereby makes them more vulnerable to exploitation. Children with a social care status, children from Black Caribbean and GRT backgrounds, children from low-income backgrounds and children with social, emotional and mental health needs have relatively low educational attainment. In West Yorkshire, data suggests that children are starting primary school at a lower level of development and communication skills compared to the national average, this inequality persists far into adolescence and adulthood.
Schools also play a crucial role in safeguarding. On a statutory level this is part of their duty to promote the wellbeing of every child. In a more practical sense, schools can help identify vulnerable children who may be involved in, or at risk of being involved in, criminal and sexual exploitation. In doing this, they are able to direct children towards relevant interventions and services – often also providing a safe space to engage with those services. Schools are consistently the second largest referrers to social care, after the police. In 2019/20, 18% of referrals came from schools.	The adverse of this relationship is when poor educational inclusion leads to the erosion of a young person's self-worth. Constant underachievement or punitive approaches to behaviour can change a young person's identity as someone who doesn't do well in school, someone who creates problems.	
This makes temporary and permanent school exclusions particularly harmful for children on the cusp of violence.	Exclusion from school exacerbates this even by acting as a traumatic event where the young person has their peer relationships eroded or completely removed, and gets a label as someone excluded from normal society.	A young person having a difficult time in school can be pushed further into crime and violence if they are also lacking a hopeful vision for the future.

A focus group of detached youth worker in Leeds commented on the relationship between diet and educational attainment:
"If the young people in the area do not get healthy food from the food bank, then it impacts their education. These young people end up not concentrating in school or they don't attend at all."

Case study: the benefit of young people visiting universities
We spoke to one youth worker based in Wakefield who organises an annual visit to Leeds university for local young people, hosted by uni students originally from Wakefield. For many, this will be their first experience of university and being shown around by students from a similar background gives the young people a sense that university may be attainable for them too.

Poor educational outcomes are disproportionately suffered by children already impacted by a social, economic or structural inequality. This disproportionality is then mirrored in the criminal justice system
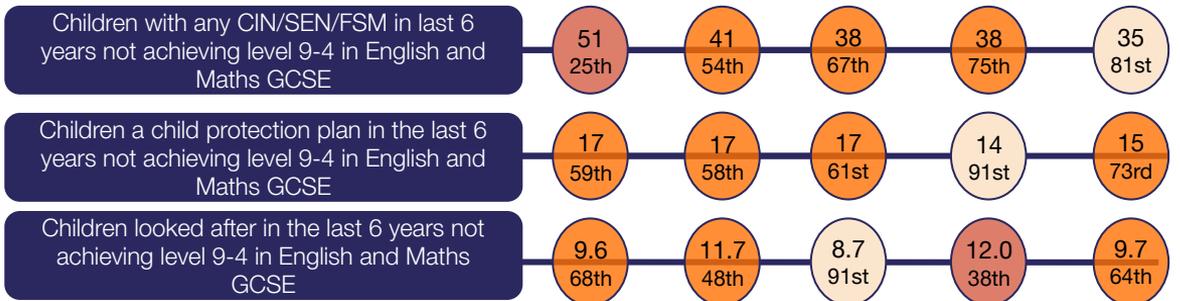
In 2018/19, nationally **the average Progress 8 score for White British children was -0.05, compared to -0.91 for Irish Traveller children, -0.70 for Gypsy/Roma children, -0.24 for White and Black Caribbean children and -0.23 for Black Caribbean children**.[43] The attainment gap for Black Caribbean children is widening. The same data shows that **the average Progress 8 score for pupils who are not eligible for free school meals is 0.06, while the average for children who are eligible for free school meals is -0.53**.

Children with social, emotional and mental health needs generally have lower attainment than children without these needs, regardless of the educational setting they are in. Children with SEMH needs are **more likely to be persistent absentees**, which impacts their academic performance.

In 2018, the Ministry of Justice found that **41% of children who had committed knife possession offences were eligible for free school meals**. Children sentenced to custody are more likely to be eligible for FSM than children given Rehabilitation Orders or cautions.

Rate per 1000 children and rank of 152 local authorities

Indicators of educational inclusion, 2018/19	Wakefield	Leeds	Kirklees	Bradford	Calderdale
Children with any CIN/SEN/FSM in last 6 years not achieving level 9-4 in English and Maths GCSE	51 / 25th	41 / 54th	38 / 67th	38 / 75th	35 / 81st
Children a child protection plan in the last 6 years not achieving level 9-4 in English and Maths GCSE	17 / 59th	17 / 58th	17 / 61st	14 / 91st	15 / 73rd
Children looked after in the last 6 years not achieving level 9-4 in English and Maths GCSE	9.6 / 68th	11.7 / 48th	8.7 / 91st	12.0 / 38th	9.7 / 64th

Looked after children have lower attainment than children in with similar socioeconomic backgrounds, they are more than **5x as likely to be excluded** and are **5x as likely to receive a caution or conviction**. Though less than 1% of children are in care, 33% of boys and 61% of girls in custody report being looked after.

Black Caribbean pupils are **3.5 x more likely to be permanently excluded** from, are around 8 x more likely to be stopped by the police, and are **overrepresented among children in custodial settings**.

Sources: DfE (2020), Key stage 4 performance 2019 (revised); Sinclair, Ian et al (2020), 'The education of children in care and children in need: Who falls behind and when?', Child & Family Social Work, 25(3), 536—547. 43.; o Day (2019), Maintained Special Schools for Children with Social Emotional and Mental Health Needs and their Work with Parents, University of Exeter, Unpublished Dissertation.

As nationally, in West Yorkshire, the attainment gap between disadvantaged children and peers with similar levels of ability grows dramatically after primary school

The figure shows that the attainment gap between disadvantaged children and children from low income families and their peers with similar starting levels of attainment is similar in West Yorkshire to the England average, with significant local variation. **What this doesn't capture is the fact that both school readiness (pre-year 1) and attainment generally is lower in West Yorkshire than nationally**. This means that in terms of real attainment (rather than relative), disadvantaged students in West Yorkshire even further behind their peers.

In **Calderdale**, where the levels of inequality appear to be the lowest, the 2018/19 attainment scores in KS4 was slightly higher than than national average; all other West Yorkshire local authorities scored lower.

This means that for two children who left primary school in **Kirklees** with the same level of attainment, the one eligible for free school meals will fall behind around 6 points by the end of secondary school.

"Pupils are defined as **disadvantaged** if they are known to have been eligible for free school meals at any point in the past six years (from year 6 to year 11), if they are recorded as having been looked after for at least one day or if they are recorded as having been adopted from care."

Educational progress of pupils from KS2 to KS4 compared to the average attainment score for all pupils who had a similar attainment starting point, 2018/19

Bradford: 0.03, -0.01, -0.31, -0.33; Calderdale: -0.23, -0.22; Kirklees: -0.1, -0.58, -0.52; Leeds: 0.03, -0.52, -0.38; Wakefield: -0.08, -0.56, -0.46; England: -0.03, -0.53, -0.45

■ Total ■ FSM ■ Disadvantage

Sources: DfE (2020): *Key stage 4 performance 2019: Local authority characteristics data.*

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As well providing a sense of achievement and belonging, schools have a powerful safeguarding role for the most vulnerable children. West Yorkshire has a high rate of persistent absenteeism and a potential problem with elective home education

The safeguarding role schools play in providing a safe, monitored environment and identifying concerns and unmet needs at an early age is particularly important for preventing violence and exploitation in the immediate-term. This is jeopardized by persistently low attendance, withdrawal from mainstream education, and elective home education. In West Yorkshire, absentee levels are substantially higher than the national average and the number of children being withdrawn from school needs to be monitored (particularly in the post-Covid period) to avoid any further increases.

Rate and rank of 152 local authorities

Indicators of educational inclusion, 2018/19

	Wakefield	Leeds	Kirklees	Bradford	Calderdale
Children withdrawn from school to be home educated (per 1000 children)	2.6 34th	1.7 77th	1.6 86th	1.8 72nd	2.4 41st
Children in alternative provision or pupil referral units (per 1000 students)	5.4 63rd	1.6 147th	2.7 140th	2.9 137th	3.6 122nd
Children who are persistently absent (per 100 students)	13 10th	11 46th	11 60th	14 3rd	10 102nd

Example of young person in Kirklees absenteeism from education (PRU):
We interviewed one young person, aged 15 years old from Kirklees, who had been excluded from mainstream education. He now attends a PRU, however, he admitted that he only attends once a week. His youth worker said that the young person's parents make no effort to encourage him to attend school.

Stakeholders commented on the important role of schools in supporting vulnerable children

"Young people on educational health care plans seem to be the ones that are at a higher risk of exploitation."
Children's safeguarding officer, Knottingley

"Young people won't refer themselves with safeguarding issues, it's very reliant on schools who are working with family to pick the issues and then know where to refer them to."
Young persons counsellor, Bradford

Stakeholders commented on the interaction between health inequalities and educational attendance:

"If the young people in the area do not get healthy food from the food bank then it impacts their education, they end up not concentrating in school or don't attend at all."
Detached youth worker, Leeds

Sources: Children's Commissioner, CHLDRN. *Children withdrawn from school to be home educated per 1000 children, Number of children in alternative provision or pupil referral units per 1000 students, Number of children who are persistently absent during the year per 100 student enrolled*

Stakeholders told us that feeling inadequate at school could start the process which leads young people violence. Providing alternative routes to success was recommended, this may help to <u>minimise the West Yorkshire NEET cohort who are especially vulnerable to</u> violence

Percentage of 16-17 year olds NEET, 2019, local authorities

<u>Stakeholders told us about the connection between educational engagement and criminality:</u>
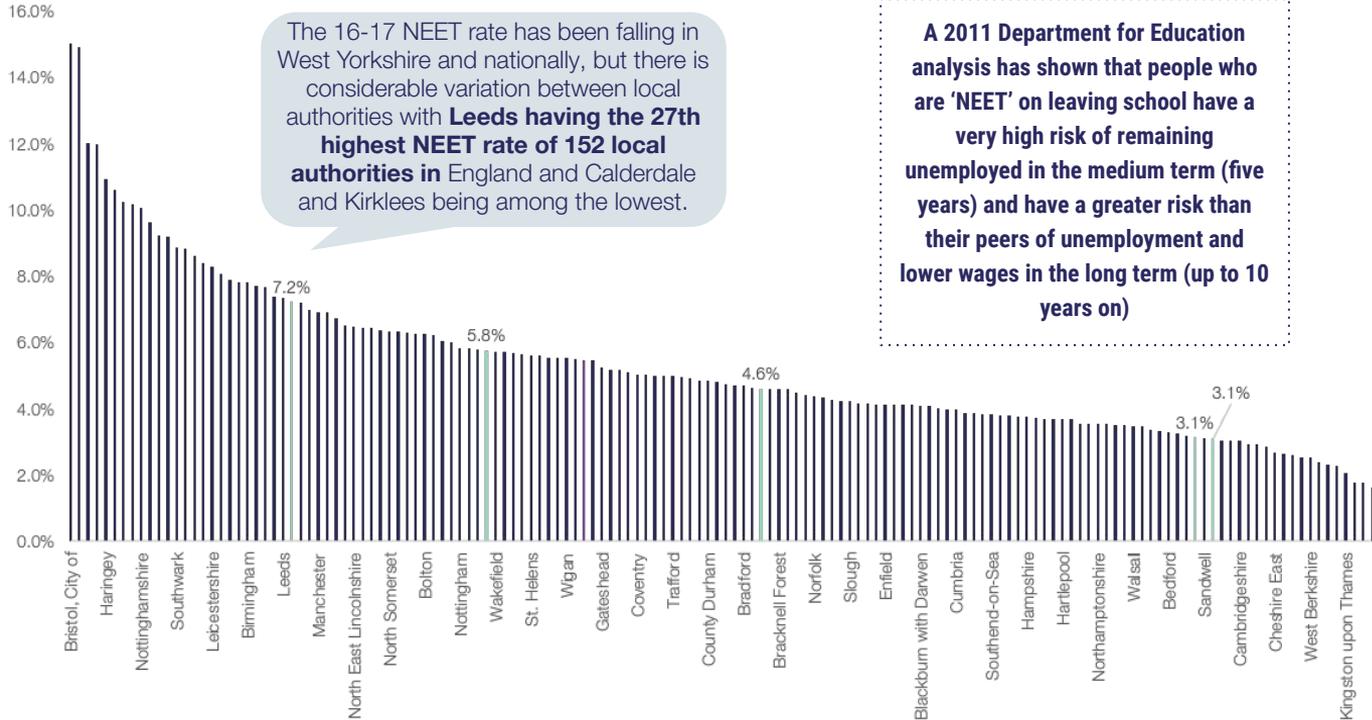
The 16-17 NEET rate has been falling in West Yorkshire and nationally, but there is considerable variation between local authorities with **Leeds having the 27th highest NEET rate of 152 local authorities in** England and Calderdale and Kirklees being among the lowest.

A 2011 Department for Education analysis has shown that people who are 'NEET' on leaving school have a very high risk of remaining unemployed in the medium term (five years) and have a greater risk than their peers of unemployment and lower wages in the long term (up to 10 years on)

"If school says you won't amount to anything, you believe them. You might turn to crime as it feels like the only way to succeed."- 17 year old, in contact with the Kirklees YOT

"There are young people who are getting kicked out of schools and then PRUs and they turn to violence and crime because they feel like it's their only option."- Detached youth worker, Leeds

"Our education system centres around education as a way to success. However, maybe someone who is vulnerable does not see their way to success as being through education. So I think we need to show other pathways in life."- Young woman, aged 18, part of a Bradford community group

Source: Crawford C, Duckworth K, Vignoles A, Wyness G (2011) Young people's education and labour market choices aged 16/17 to 18/19. London: Department for Education. Department for Education (2019) *NEET data by local authority*

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The instability brought by Covid-19 is an emerging issue for young people's education: impacting their behaviour, their attainment, and their aspirations for the future. It will be essential for schools to consider this to ensure that young people fulfil their potential

Digital poverty and the attainment gap
Stakeholders told us that digital poverty has widened the attainment gap during the pandemic

"Some young asylum seekers have not been able to continue to access education during the pandemic due to all of the obstacles in their way."
Advocate for young asylum seekers in Leeds

"Digital poverty has impacted disadvantaged young people's ability to learn during the pandemic as they do not have sufficient facilities to learn at home, e.g. laptop, decent internet connection. This inability to carry out school work remotely has impacted some young people's mental health."
Youth advocate, Bradford

Research indicates the connection between low attainment at school and offending:
In 2017, Ministry of Justice and Department for Education research found that less than 50% of young offenders who have committed knife possession offence attained 5 or more GCSEs compared with 90% of the total population.

Behaviour and aggression
Youth stakeholders described how aggression and violent outbursts among young girls have increased during the pandemic

"When we came back to school after the first lockdown, there was just this general mood of aggression…I've seen more fights break out in school in the last few months than I have in the past ten years at this school."
Young person engaged with a community group in Bradford, attends an all-girls school

"Every corridor that you walk down, there would be a group of girls having a fight and teachers getting involved … I feel like it must be the consequence of lockdown because I have been at the school for years and it's never been this way." - Young person engaged with a community group in Bradford

"I feel like a lot of young people came back to school feeling like it's a waste of time. I think that young girls are causing fights because they are bored." - Young person engaged with a community group in Bradford

Motivation and aspirations
Young women engaged with a community group in Bradford told us that their motivation and aspirations have changed during the pandemic

"At this point [third Covid-19 lockdown], my motivation is non-existent, none of us have any idea if our exams are happening. I feel as though my A Levels have gone out of the window."

"I worry about the future. Right now things are really bad, but once lockdown is over and things go back to being as normal as possible, you'll have people who have lost a year of their lives, people who would have done volunteering or who would have had life experiences."

"All of my friends will agree with me, our mental health has gone down the drain during the pandemic. We don't know what we're doing, we don't know what we are working towards. My exams are happening in two weeks, but I have no idea what format they will take.

Disengagement from education often leads to subsequent exclusion from the labour market which is a powerful driver for violence and exploitation. West Yorkshire has a a high rate of youth unemployment, worsened by Covid-19

The relationship between unemployment and violence is contested, but we know that higher unemployment rates are linked to higher suicide and homicide rates, unemployed people are twice as likely to be violently victimised, and that exclusion from the labour market has been identified as a motivating factor for joining a gang.

Rate of unemployed Universal Credit claimants per 1000 in the same age group, March 2019-March 2021, West Yorkshire and England
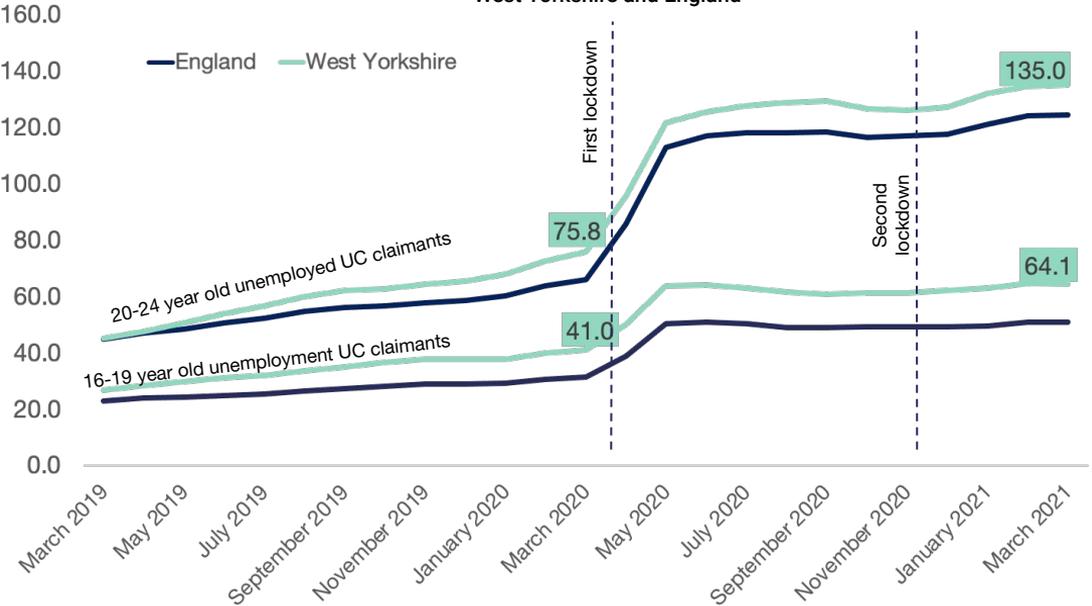
How has COVID affected young people in the labour market?[1]

Under 25s were more likely to be furloughed than any other age group: **in the first three months of the scheme half of eligible 16-24 year olds were placed on the scheme.**

They were also more likely to lose their job, in August **7% of 18-24 years olds reported being made redundant** compared to 4% of 50-65s.

In July, **a third of new universal credit claims were under 25s**, up from a fifth in March.

Incomes are predicted to drop, training, apprenticeships, and graduate jobs are stalling, recruitment freezes are proliferating.

51

Source: DWP Stat X-plore (2021),People on Universal Credit, March 2019 - March 2021; Population estimates - ONS mid-2018 estimates by local area

4. Contextual harm

A young person can be put at risk due to their environment. Insufficient or low quality accommodation, proximity to violence, a lack of safe spaces, and peer abuse are all contextual factors which put young people at risk

What do we mean by contextual harm?

1. Extra-familial harm - threats from peer groups, the local community/neighbourhoods, online, school/college etc.

- High crime neighbourhoods put young people in the proximity of violence creating necessary if not always sufficient conditions for their violence and exploitation.
- Young people are influenced equally (if not more) by their peers, if schools, neighbourhoods and other shared spaces are not safe or regulated they can become breeding grounds for violence and exploitation
- Young people are spending unprecedented amounts of time online, without sufficient knowledge and regulation young people can be exploited virtually in a way which may or may never spread into the physical world.

If young people have lived through or been exposed to violence this can have a negative impact, sometimes causing them to repeat the behaviour. They can suffer with various 'trauma symptoms' such as anger, disassociation, low mood, and anxiety as they can go into fight, flight and freeze mode as a way to help them to feel in control and safe.
Domestic abuse counsellor, West Yorkshire

2. Housing and accommodation - homelessness and rough sleeping, temporary or low quality accommodation

- There is significant overlap between between the factors driving youth violence and homelessness /rough sleeping- poverty, social exclusion, family breakdown, unmet mental health needs and experience of trauma. Homelessness/rough sleeping also makes a young person more vulnerable to to exploitation and pushes them toward crime as a means of controlling their current situation.
- Cramped or unpleasant accommodation pushes young people away from their home for longer periods of time and incentivises risky situations. A lack of safe spaces for young people leaves this group particularly vulnerable to violence and exploitation.
- Cramped or unsuitable accommodation has been linked to domestic abuse
- For some individuals with particular vulnerabilities and needs, a dearth of affordable and available housing can lead to accommodation provision which worsens their situation - women and girls, asylum seekers, looked after children

"Exposure to community violence can lead to increased emotional, social and behavioural problems. It normalises the behaviour and individuals make that choice to get involved with the 'norm'. Involvement in a violent community can contribute to depression, anxiety and multiple mental health disorders which can result in substance misuse, unsafe sex and exploitation."
Domestic abuse counsellor, West Yorkshire

As well as a plethora of negative health outcomes, unstable living arrangements substantially increase the risk of exploitation, abuse, and violence. High levels of homelessness in West Yorkshire is impacted by the current housing market

In West Yorkshire in Feb 2021, **there were 26 families on housing benefits for every 1000 households**,

This is up from around 13 in every 1000 households in Feb 2020.

From 2012 to 2020, houses prices in England and Wales vastly outstripped wages leaving people more reliant on the depleting pool of social housing or risky private rents

In this period in West Yorkshire, house prices grew by **40%**

At the same time, the median income in West Yorkshire only grew **19%**

A 2018 report by Shelter identified almost 1500 people in West Yorkshire were either homeless in temporary accommodation or rough sleeping, with Wakefield having the highest prevalence of homelessness where one in 862 people were currently homeless. The homlessness problem should be understood in the context of soaring housing prices and declining social housing in West Yorkshire, leading to more people are being forced into insecure and sometimes unaffordable private rented housing.

The impact of homeless or home insecurity on young people:
- **Young homeless people are twice as likely to die as their housed peers.**
- **Risky behaviour and exhaustion**, young people will often take risks to find somewhere to sleep.
- **Mental health issues** such as depression, anxiety, and anorexia
- **Poor health**- homeless young people often do not have access to enough affordable and nutritious food and substance misuses is high
- **High joblessness** - getting into work is particularly difficult for this group
- **Violence impacts young homeless people on the streets, but abuse at home is also often a reason why young people end up homeless in the first place.** An evaluation of a serious youth violence outreach programme in London found that 95% of the cohort interviewed had been or were currently homeless.

"Having a good home is fundamental to your safety and your security. And if you've not got that, then you're at risk of being exploited." Housing support officer, West Yorkshire

Reasons for homelessness in 2019 in West Yorkshire:

4% of people became homeless due to end of social rented tenancy

16% of people became homeless due to end of private rented tenancy

4% of people became homeless due to eviction from supported housing

Between the ages of 18-25, young people gain independence. For some, this means less support from family and friends, including in terms of accommodation. This sometimes sudden removal of support can lead to young people becoming homeless

Reason for loss of settled home for households owed a statutory homelessness duty in West Yorkshire by number of people, October to December 2019

Data available at a national level (April 2019 to March 2020) indicates that young women aged 16-24 are more likely to be owed a statutory homelessness duty than young men of the same age.
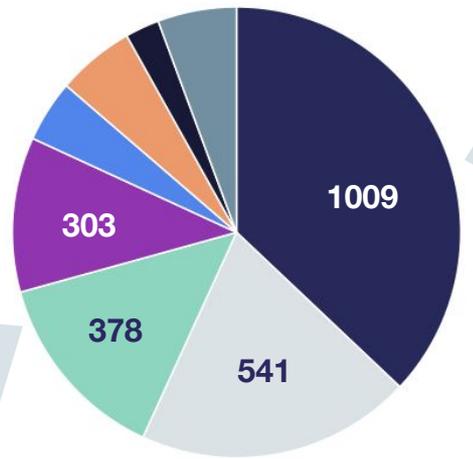
Domestic abuse and other violence and harassment are among the top reasons homelessness among people in West Yorkshire. This indicates that **violence is a key cause of homelessness across the region.**

1009

303

378

541

- Family or friends no longer willing or able to accommodate
- End of private rented tenancy - assured shorthold
- Domestic abuse
- Non-violent relationship breakdown with partner
- End of social rented tenancy
- Eviction from supported housing
- End of private rented tenancy - not assured shorthold
- Other violence or harrassment

Across all local authorities in West Yorkshire, the most common reason for loss of settled home was **family or friends no longer willing or able to accommodate.**

The **most common reason** for young people in England to become homeless is **family or friends no longer or willing to accommodate.**

34,000 women aged 16-24

In England, there were **57,000** homeless people aged 16-24 between April 2019 to March 2020.

22,210 men aged 16-24

Females aged 18-24 in England are **61% more likely** to be homeless due to **family or friends no longer willing or able to accommodate**
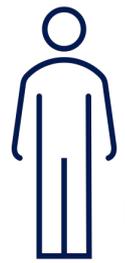
Males aged 18-24 in England are **78% more likely** to be homeless due to **eviction from supported housing** than girls

Crest research into serious violence in the UK suggests that there are 61,220 11-25 year olds (13% of the population) at risk of serious violence as a result of income deprivation and high levels of neighbourhood crime in West Yorkshire

Proportion of 11-25 year olds at risk due to income deprivation *and* neighbourhood crime - Local authorities in the 10th decile only

Legend:
- 0 - 10%
- 10 - 20%
- 20 - 30%
- 30 - 40%
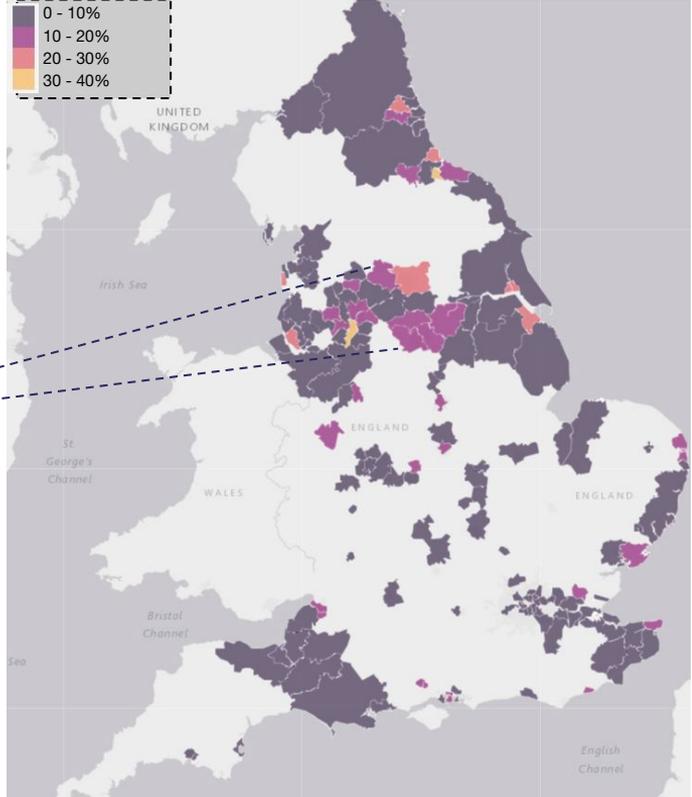
All five local authorities in West Yorkshire were among the top 10% in England in terms of number and percentage of young people at risk due to their neighbourhood. Leeds had the 11th highest proportion of young people at risk, but came 1st in terms of volume due to their large youth population, similarly Bradford was 18th in terms of proportion and 4th in terms of volume. What this means in real terms is that there are very high numbers of young people at risk in West Yorkshire.

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Our community engagement showed that young people may be at risk of being drawn into violence and exploitation in West Yorkshire through sheer proximity to crime in their areas and a lack of safe spaces designed for them

Areas with high crime and violence provide necessary but not always sufficient proximity to risk for young people.

A lack of safe spaces for young people outside the home can lead to higher risk situations.

Continued exposure to crime can also shape the way that young people view the world.

"The level of violence near my house is bad. I've seen people kick the door in at the house across the road. It makes me feel worried when I watch it."
Young person in contact with youth services

"In terms of violence, I'd say many, many, many of my clients [asylum seekers] have been randomly attacked… you just get random acts of violence, people being mugged, people getting in altercations on the street and getting beaten up."
Advocate for young asylum seekers, Leeds

"Near where I live in Batley, I know people who have knives and they fight. They are older, like teenagers. I know some boys at my school who have knives."
Young person engaged with Kirklees CSP

"There is a lack of facilities and resources directed at young people in the area. As a result, they hang out on street corners where they are more likely to be exploited."
Young persons advocate, Southeast Wakefield

"Young people are exploited at fast food restaurants such as local chicken shops. The young people know that if they hang around the chicken shop, then they can be recruited and earn money through county lines."
Young persons advocate, Bradford

"Some young people are out on the streets getting involved in criminality because they are bored. They do not have positive places to go, this has been a particular issue during Covid-19 lockdown."
Family and young persons charity, Bradford

"I feel worried about leaving my area because of the violence I hear about elsewhere. There are issues in my area too, but I don't think anything bad will happen to me because I know everyone."
Young person in contact with youth services in Kirklees

"If you grow up surrounded by crime and violence, it seems more normal to get involved."
Young person in contact with youth services in Kirklees

"One of the young people we work with openly talks about wanting to work in a crack den. In Leeds and Bradford, the kids on the streets are very socially aware of the things that they could be drawn into, but they are quite accepting of it."
Detached youth worker, Leeds

A lack of safe spaces also make the threat of harmful peer networks even greater for young people. A young person can be drawn into high risk situations by their peers or they can be directly abused and/or exploited by these other young people

Stakeholders we interviewed told us that a young person's social network can be a significant driver into violence and criminality. Additionally, once the young people have established associations and bonds, it can be very difficult to choose a different lifestyle.

"Peer pressure is a root cause driving young people into getting involved in crime and exploitation. The pressure to get involved can be even stronger if the young person is hanging around with an older group of people, they can have a big influence on the young person." - Youth advocate, Bradford

"I was asked by an older guy I know if I would sell drugs over county lines, but I said 'no'. I told my support worker about it and I don't see that person anymore." - 12 year old, SEND cohort, Kirklees

"Some people don't realise they are being used, they think they are all friends. I also don't think that some of the older ones even realise that they are using the younger kids. They all just want to make money." Young person in contact with Kirklees CSP

"Young people get caught up with gang loyalty. Once you're in, you're in and the only way to get out is to leave the area. However, your family and friends left behind are at risk." - Lead youth worker, Kirklees

"We work with a young girl who is in a gang with 15 young men. She is a very strong young woman and she knows what she wants in life, but I don't think she will leave the gang. These are her friends." Detached youth worker, Leeds

Research indicates the importance of understanding the social and peer networks of young people at risk of violence.

Research suggests that the relationship between areas of high deprivation and violence is partially explained by the exposure to of young people to violent peer groups. So, **neighbourhood level disadvantage indirectly impacts young people's risk of violence and exploitation by increasing their opportunities to become involved in harmful peer networks**.

Violence and abuse within a friendship group or relationship is another more direct impact of a young person's social network on their involvement in violent and exploitation. **Peer-on-peer abuse is a growing concern in safeguarding policy** which has recently come to a head when over 13,000 young people posted details on an open website of their experiences of **misogyny, sexual abuse, harassment and assault in school** provoking a government investigation. Young people are also increasingly **at risk of criminal exploitation and violence from their peers in the county lines model** which can use young people to groom and exploit others.

Social media and other online spaces are also areas where young people are vulnerable to exploitation, abuse, and violence. This risk has been amplified by the digitalisation of children's education and social lives during Covid-19

There is an inherent lack of monitoring and safeguarding in online spaces which the vast majority of children and young people have almost unfettered access to. Social media provides **opportunities for young people to be connected to and groomed by exploiters,** it opens a**ccess to illicit commodities like drugs and weapons**, and provides a space to amplify **social pressure on young people to respond to perceived embarrassment or disrespect** online with real world violence. So, whilst social media in itself isn't driving violence and exploitation it is connecting young people to risks on a scale not yet seen, and now, with young people spending unprecedented amounts of time online due to the digitalisation of both their education and their social lives, there will be an immense challenge for law enforcement and safeguarding to get ahead of the digital curve.

Exploitation and grooming during the Covid-19 pandemic

"I think that there has been a massive increase in online exploitation over the pandemic. Young people have been forced onto social media networks to make connections because they can't go out to see their friends. They are trying to make connections and feel better, but they are becoming more isolated and trusting people that they shouldn't because of that need for connection."
- Youth advocate, Bradford
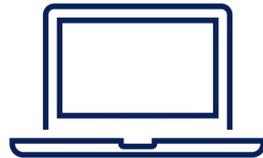
"Parents who are concerned about their child's online activity during the pandemic have taken their child's phone away. As a result, the young person's access to services is limited because they can no longer access in person or online services." -
Youth advocate, Bradford

Physical violence and threats

Locally, 2020 research by the University of Huddersfield and the five Youth Offending Teams of West Yorkshire found strong evidence that **some young people's problematic social media activity – such as displaying and provoking hostility and violence – acts as a driver for some 'in real life' violent offending in West Yorkshire.** The researchers found that nearly 1 in 4 (23.44%) cases in the study were directly related to a young person's prior social media use. Of the cases identified as related to social media use, the majority were related to acts of violence. Typically, disputes online were found to escalate to the point where physical fights would occur.

"The use of electronic gaming has created arguments, anxiety and frustration for the young people's parents, along with explosive aggression from the children, sometimes resulting in assault to the parent." - Youth practitioner, Pontefract and Knottingley

"The majority of pupils in the Covid period spend their time online, with 67% watching TV/Films/Youtube, 52% using social media and 50% getting involved in online gaming." - West Yorkshire VRU SNA 2021

The existing child protection framework is not designed for adolescents at risk *outside the home*. Recent research highlights that those at risk in the community are far less likely to have action taken to support them than those facing abuse in the home

In practice, **the child protection system has evolved to protect children from harm experienced within the family, not children who are at risk from exploitation and abuse from peers or criminal gangs**. This is reinforced by the legal framework, social work training, as well as culture and practice within the system.

Research into social care decisions in the UK found that out of **a sample of 43 cases where a young person was assessed to be at risk of serious harm in a non-family setting, 40 were given a 'no further action' decision**.

1. The legal provisions specify that when instigating care proceedings, the local authority must show that the harm to the child is attributable **to the care and control provided by parents**. Social workers may therefore be reluctant to start a process where there is no further escalation point.

2. Cultural issues: Crest were told in our violence and vulnerability research that people become social workers because they want to protect 'vulnerable children' (as they imagine them), and now they find themselves working with teenagers who don't fit their image of childhood or vulnerability.

3. Practical skills: Social workers are trained to recognise **family abuse**. They may also feel that they have fewer legal and procedural levers over the external environments in which significant harm is present - whether that be a local park or school - as they do in family settings.

Cases of young people 'A' and 'B' involved violence, including knife possession and stabbings.

Cases of 'C' and 'D' involved gang affiliation or exploitation to sell drugs.

"'A' was admitted to [hospital] in the early hours of Saturday with stab wounds.'A' has reported this has happened...following him being at a party and on his way home."

"On Sunday police were called to 'B's home address as his father stated that there were **people trying to kill his son with machetes**. Local neighbours had also witnessed this and called police."

"Patient 'C' attended A&E...following head injury during assault. Sister reports he has been selling drugs and as a result has been threatened multiple times by other teenagers in the area and assaulted."

'D' was being **groomed by other students who are members of a gang to sell drugs.** When he refused to take some cannabis he was then punched in the face "

60

Source: Lloyd, J., & Firmin, C. (2020). No further action: contextualising social care decisions for children victimised in extra-familial settings. Youth justice, 20(1-2), 79-92.

5. Service provision and delivery

Health and structural inequalities can impact access to and the quality of service provision designed to protect and divert young people and their families from violence and exploitation

In our interviews, as in our previous research on county lines exploitation and vulnerability as a driver of violence, we have heard examples of **young people slipping through the cracks**. Broader health and social research suggests that **this is more likely where young people come from ethnic minority backgrounds, live in deprived areas, have experienced abuse or neglect, or came to the UK as refugees. Our research summarised on slide 42 suggests that in West Yorkshire, an additional category should be added to this list - young people in families who are well known to services. This suggests an intergenerational transmission of inequalities.**

Stakeholders told us that intergenerational vulnerabilities can impact the efficacy of service provision for young people in West Yorkshire

"The authorities assume the worst of young people and the harsh policies reflect this. I have heard the police talk about children and about how there is no hope for them."
- Youth worker, Wakefield

"Part of being associated with a crime family means you get stereotyped by statutory authorities and you may not receive the support you need. Some young people are also forced into crime because of their family connection."
- Youth worker, Leeds

"The police have preconceptions about members of the same family due to generational involvement in crime and violence. If the police hear about something happening in an area they will say: "well, which one of them was it?"
- Detached youth worker, Kirklees

Case study: health and structural inequalities in a young person's life leading to inadequate service provision

A young boy from a deprived area grows up in a household where both parents misuse substances and are suspected of drug dealing.

⬇

The authorities are aware of this situation but have not offered effective support to the family or the young boy.

⬇

The young boy's brother then goes to prison, adding further strain on the family and entrenching the idea that this family is beyond hope.

⬇

The local authorities fail to intervene, despite the fact that the young person is expected to be involved in crime including arson and burglary.

A youth worker in Kirklees described the inadequate service provision that a young boy he works with who is from a notorious crime family has received after services have, we quote, "written him off".

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Young people and their families may have limited access to support due to unequal availability or suitability of services in an their area. Stigma, language barriers and institutional discrimination can also limit access

Structural inequalities contribute to the **mental health needs** of economically disadvantaged young people and families, young people and families from ethnic minority backgrounds, LGBT young people and young women. These inequalities also affect their **access to, and experience of, health services**.

Societal discrimination can shape people's willingness to engage with health services. For example, a review of Gypsy, Roma and Traveller engagement with health services cites **discrimination from healthcare staff**, **cultural and language barriers**, **a lack of 'health literacy'** and **lack of trust** as significant problems.

Access to health and wellbeing services can be considerably worse in areas with higher deprivation. Unplanned secondary health care use (A&E visits and emergency hospital admissions) is higher for people living in more deprived areas, but planned secondary health care use (elective hospital admissions and outpatient appointments) is not. This suggests that, despite their complex needs, people in the most deprived areas are not receiving as good care as those in the least deprived areas.

Both having a black or ethnic minority background and coming from a higher area of deprivation increase the likelihood that someone will be detained under the Mental Health Act. **The use of compulsory treatment has also increased overall.** In their response to the 2018 review of the Mental Health Act, the Royal College of Psychiatrists linked this increase to **the decline in funding for community mental health services**.

There is far less evidence about children and young people's experience of psychiatric intervention. However, a 2016 study analysed Child and Adolescent Mental Health Services (CAMHS) data collected as part of the Child Outcomes Research Consortium. It found that **children from ethnic minority backgrounds were significantly less likely to be referred via primary care**, and **much more likely to be referred by education or social services**. Black children were **nearly ten times more likely to be referred by children's social care than by a primary care service**. This suggests, as with adults, **late rather than early intervention**.

LGBT young people face additional barriers in accessing support:

26% of **LGBT young people** aged 18-24 have **avoided medical treatment for fear of discrimination.**

18% of **LGBT young people** aged 18-24 have **experienced difficulty in accessing healthcare services.**

"Asylum seekers often do not know where to go to seek medical attention, therefore the problem may go untreated and then it will escalate." Young asylum seeker advocate, Leeds

"In order to have a gym membership, you need to set up a direct debit, however asylum seekers cannot open a bank account. This really limits their ability to go to the gym and take exercise." Young asylum seeker advocate, Leeds

Sources: Royal College of Psychiatrists (2018), *Review of the Mental Health Act 1983: The Royal College of Psychiatrists' Submission of Evidence*; Edbrooke-Childs (2016), 'The association between ethnicity and care pathway for children with emotional problems in routinely collected child and adolescent mental health services data', *European Journal of Child and Adolescent Psychiatry* 25, 539—546; McFadden, Alison et al (2018), 'Gypsy, Roma and Traveller access to and engagement with health services: a systematic review', *European Journal of Public Health* 28(1), 74—81; Roe, Jenny (2018), 'Ethnicity and children's mental health: making the case for access to urban parks', *The Lancet Planetary Health* 2(6); Mental Health Foundation (2017), *While Your Back Was Turned: How mental health policymakers stopped paying attention to the specific needs of women and girls*; Carr, Sarah and Pezella, Alfonso (2017),' Sickness, "sin" and discrimination: Examining a challenge for UK mental health nursing practice with lesbian, gay and bisexual people', *Journal of Psychiatric and Mental Health Nursing* 27(7), 553-560. LGBT in Britain Health Report, Stonewall (2018), data provided by YouGov.

The way in which people who have suffered trauma appear or present to services does not always fit with notions of vulnerability, this can also affect how they are treated by professionals

Trauma and experiences with exploitation or abuse can leave young people and their families' struggling to regulate their emotions or presenting in guarded ways

The Violence and Vulnerability Unit (2018) noted that for criminally-exploited children, there was "**a tendency to view these young people's behaviour as a sign of criminality, almost a lifestyle choice, rather than evidence of a vulnerable child in need of protection**".

The young people who are most at risk of involvement in serious violence — teenage boys — are the least likely to be viewed as vulnerable. A 2016 study found that **15 to 17 year olds were generally perceived as 'streetwise', 'cocksure' and 'switched-on'** by custody officers.

As explained on slide 41, a common effect of early trauma is *emotional dysregulation*. This means that people with experience with early or even recent trauma may be prone to angry or emotional outbursts, they may appear guarded or flippant or even rude to some professionals. **And this is impacting the quality of service and support these vulnerable people receive at critical stages of their lives.**

Trauma can reduce an individual's trust in authority and the wider environment, leading to disengagement or a lack of trust in services

Recent research suggests that **early trauma is the most common cause of 'epistemic mistrust'**. Epistemic mistrust describes an inability to trust, and so take in, new information. A 2017 clinical study found that, in a sample of 79 adolescents (most of whom had experienced serious maltreatment), *'as exposure to trauma and adversity increases, ET [epistemic trust] decreases.*

This research helps to explain why so many young people and their families are described as 'hard to reach' or disengaged — especially from statutory services like education and social care, which may be perceived as coercive and punitive.

According to a 2020 survey of 72 women who experienced repeat care proceedings: *'by conceptualising parents with histories of trauma as people who understandably find trust in relationships complex and fraught, then **we can move away from non-engagement as illustrative of parental deficit or deceit** and begin to understand it as in part an adaptive strategy for survival'*.

14% of the 1,204 under 25s referred to Victim Support in West Yorkshire reported overwhelming feelings of anger or frustration.

"The community and authorities are too quick to write kids off. Young people should be given more opportunities to move on from their transgressions." - Youth advocate, Wakefield

"There is a general lack of trust by some of the young people in Kirklees of statutory agencies, including police, doctors, hospitals." Youth advocate, Huddersfield

Sources: Dehaghani, Roxanna (2017), 'Vulnerable by law (but not by nature)': examining perceptions of youth and childhood 'vulnerability' in the context of police custody', Journal of Social Welfare and Family Law 39(4) , 454-472; Violence and Vulnerability Unit (2018), County Lines — A National Summary and Emerging Best Practice; Home Office (2018), Serious Violence Strategy.

Our research has highlighted that a trauma-informed approach is essential when tackling the inequalities. Flexibility, empathy, and the ability to give a person control over the service and support are key to effective projects and behaviours

Trauma-informed care is designed to increase practitioners' awareness of the negative impact of trauma, so that they can reduce any trauma individuals might inadvertently experience through routine services. It therefore seeks to reduce the stress associated with ACE-related trauma and increase people's resilience.

Creating a trauma informed service might include:

- Staff training about trauma, its development and impact on the immune and nervous system

- Increasing practitioners sensitivity so users see them as trustworthy and feel safe to disclose traumatic incidents

- The design of services to create a sense of safety and give clients more control over the service provided to them

- Providing holistic joined up support with several services if required

Case study: the importance of trauma informed holistic approach for families that have experienced domestic abuse

A 10 year old boy has been separated from his father due to domestic abuse against his mother. There is a non-molestation order in place and the young boy cannot see his father.

The young boy is struggling to control his emotions, he often has angry outbursts when he is told by his mother that he cannot see his father.

The mother and her five children were referred to a service in West Yorkshire which supported her in understanding how DA, parental separation, and lack of positive contact with the father impacts the children.

The mother and children have been attending group sessions with a social worker where they practice grounding techniques and how to self-regulate and manage their emotions and anxiety safely. The children attend individual sessions as well where they participate in wellbeing exercises.

The service is also working with the children's schools to ensure they understand the trauma that the children have experienced and that support is available within the school.

Statutory and support services are increasingly aware of trauma-informed practice in West Yorkshire, but system level adoption is likely to be needed to see real change

Characteristics of <u>effective projects</u> to support young people who have experienced trauma:

- Consistent, long-term and trusting relationships
- The work is strengths- and asset-based
- Support is holistic and joined-up, addressing multiple needs
- There is adequate practitioner and service capacity
- The work is based on shared, evidence-informed methodologies and practices
- Services are consulted on and/or co-produced with the young people

Characteristics of <u>effective behavioural and philosophical support</u> for traumatised people:

- Move away from zero-tolerance or punitive behaviour and engagement policies, allow people to make mistakes
- Professionals are curious and sharing, seek to understand and help other services more about the stories of the people being supported
- Services are collaborative, professionals can share control over the design and pace of the support being offered,
- Professionals are allowed to be flexible, with budgets, timelines, milestones, even locations

<u>Stakeholders told us about the disadvantage of short-term engagement with young people by organisations and practitioners</u>

"There are a lack of sustained relationships between young people and services in the area. The young people are constantly changing youth workers and programmes are normally short in duration. As a result, many young people do not bother to engage."
Youth advocate, Huddersfield

"There are a lot of organisations delivering services to young people in Kirklees who simply helicopter in and then helicopter out when the money runs out. Young people need to have sustained relationships, the consistency of staff and long term relationships is crucial."
Youth advocate, Kirklees

We spoke to one young person who is engaged with the Kirklees CSP and attends a PRU, who said that he has *"never bothered with services because [he] doesn't like doing the activities".* It is essential that services develop activities and foster relationships with young people like our interviewee who are hesitant to engage.

72% of the 1,204 under 25s referred to Victim Support in West Yorkshire had a reported **lack of awareness of the support system available to them**

Stakeholders working with young people told us that online service provision has been essential to continue to reach young people during Covid-19. But despite the online offer, engagement is down among the most vulnerable

Through our interviews with stakeholders we identified some services for young people that have continued to operate successfully online during Covid-19

Detached youth workers across West Yorkshire told us about how they have adapted during the pandemic to ensure that they continue to reach young people.

"The youth work service has had to adapt. We've taken our services online, some were already online but now most services are online. We've started doing remote cooking sessions, mental wellbeing sessions, absolutely any type of session that you can think of really and we've taken it online."
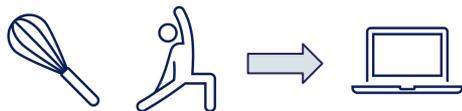
"The rugby club has continued to meet virtually over lockdown and the coach gives team members a weekly training plan to get on with during Covid. This has helped me to stay motivated to come back even stronger next season."
Young person in contact with Kirklees CSP

Stakeholders worry that young people who have disengaged from services during the pandemic will instead engage with negative activities, including crime and violence

We spoke to a stakeholder in Wakefield who runs an sports programme for young people in the area. He told us that **engagement has been down by one third throughout the pandemic**, even when in-person training resumed. There is a worry that the halt in service provision will have put some young people off engaging with services for good.

"There are no youth clubs open at the moment to give young people something positive to do. So instead they are out doing other things and within that there is violence and exploitation."
Detached youth worker, Bradford

"We have not been able to engage young people in sports and health and fitness during Covid-19 and we have found that they have started to go off and do other things which might not be beneficial to them."
Detached youth worker, Leeds

Young people told us that their interactions with services have been negatively impacted by the pandemic, highlighting the importance of face-to-face service provision

*"The rugby club hasn't been meeting during Covid-19 and I miss the physical exercise and seeing friends."*
Young person in contact with Kirklees CSP

"I know that it is really important to be involved with community groups, but it has been difficult to stay involved during Covid-19."
Young person in contact with Kirklees CSP

"As a sociable person, being restricted to a screen has really impacted me. I think it has become really unhealthy."
Young person engaged with a community group in Bradford
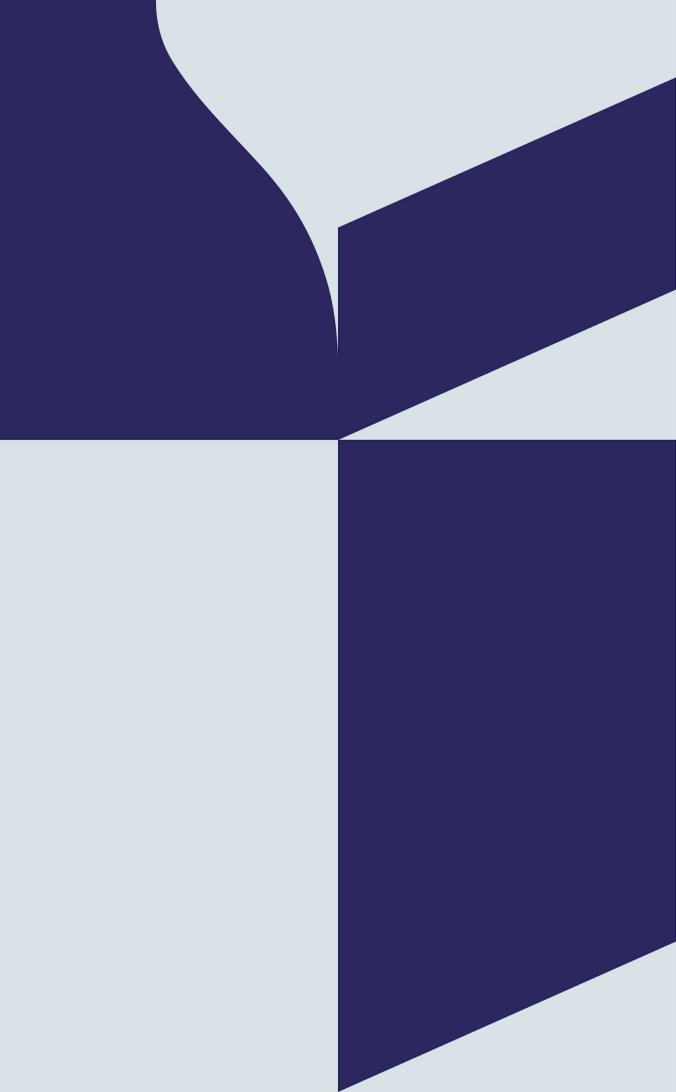
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The specific challenges faced by young women and girls

Crest

The vast majority of young victims referred to Victim Support in West Yorkshire between March 2020-2021 were females. However, the nature of violence and exploitation suffered by women and girls remains less visible than young men

The nature of much of the violence suffered by women and girls is less visible to many data collection and analysis methods. The College of Policing's assessment of victims of serious violence found that among several sources - victim surveys, hospital records, and homicide records - males were more likely to be impacted by violent victimisation, but that there was little difference in police reports. This incongruence was attributed to **the underestimation of domestic abuse by victimisation surveys and the fact that domestic violence is less definiable for many practitioners and victims.**

Women and girls are less likely to report violence and exploitation. The CoP review also found that **males were considerably more likely to report violent victimisation than females,** and that **males victims were more likely to treatment by a medical professional.** It is also the case that sexual violence, which is overwhelmingly perpetrated against females, is the most underreported serious violent crime, and that this is especially the case when the offenders are gang affiliated.

Women and girls involved in serious violence and exploitation are less likely to be noticed. When young women do seek medical attention, **their injuries are often considered to be less related to serious youth violence and/or gang violence**. As we know there is a significant overlap in victims and offenders in gang and youth violence, this means that the involvement of women and girls in the broader picture serious violence is frequently missed. We also know that girls and young women involved in serious violence are frequently overlooked by police and other intelligence generating bodies, and that gendered assumptions about grooming and exploitation lead to implausibly gendered CSE and CCE cohorts within local authorities.

The vast majority of of young people referred to Victim Support in West Yorkshire in the last year were female.
The top three crime types that led to referral (for all people) were **Violence without injury (33%), violence with injury (26%)** and **sexual offences (12%).** There were 58 referrals for rape (5%).

72%
of under 25s referred to Victim Support in West Yorkshire in March 20-21 were female

Sources: College of Policing (2020) *Victims of serious violence in England and Wales, 2011–2017*; Brodie et al (2013) *A qualitative study of gang-associated sexual violence towards, and exploitation of, young people in England*; Eshalomi, F (2020) *Gang Associated Girls: Supporting young women at risk*. National Youth Agency (2020) 'Hidden in Plain Sight' – A Youth Work Response to Gangs and Exploitation during COVID-19. Crest Advisory (2020) *County Lines and Looked After Children*
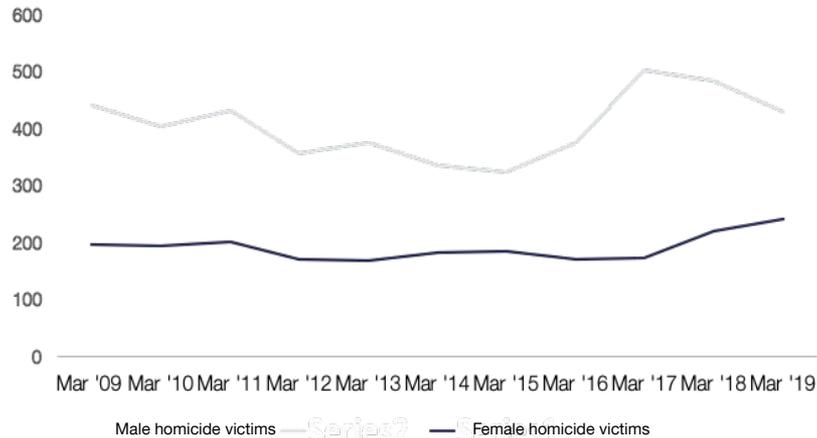
Whilst the number of male homicide victims has decreased, in 2019 the number of female victims increased to the highest level in over a decade. The nature of femicide is different and intimately related to domestic abuse, harassment, and sexual violence

The majority of homicide victims are male, but the rate of female victims in the UK was as high in 2019 as it has been in a decade. In the period April 2019 - August 2020, **60% of the homicide victims in West Yorkshire were male, but they made up 95% of the offenders, and all were aged 15-24.**

Women are more likely to know their killer than males, they are more likely to be killed in their homes, and considerably more likely to be killed by a partner, ex-partner or family member. The perpetrators of femicide are more likely to have a history of violence, known abuse, and the victims have often already reached out for help.

UK homicide victims, by gender, year ending March 2009 to year ending March 2019

Male homicide victims
Female homicide victims

This figure was as high as **84% in 2013/14**

57%
of female homicide victims knew their killers in 2018/19

Compared to **2% of male victims** in the same year

38%
of female victims were killed by a partner or ex-partner
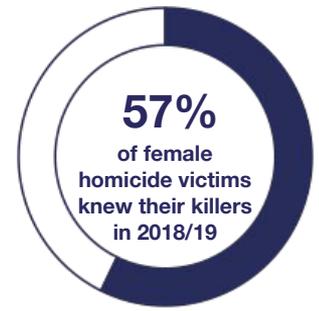
Source: *ONS 'Homicide in England and Wales: year ending March 2019'; 'Crime in England and Wales: Police Force Area data tables. ITV (2020) Twice as many women killed by men during Covid lockdown, charity reveals; The Femicide Census (2020) The 10 Year Report.*

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In West Yorkshire, rates of domestic abuse, stalking and harassment, and sexual offences are all higher than the national average and have been for some time, these violent offences disproportionately impact young women and girls

Despite a homicide rate that is largely on par with national averages (if slightly higher) the **rates of stalking and harassment, and sexual offences in West Yorkshire are stubbornly high**. These are serious violent crimes which are uniquely experienced by girls and women at the hands of males so may involve similar drivers and root causes, and by extension, require similar and coordinated responses.

Young females are the group most likely to experience domestic abuse, stalking and harassment, and sexual assault and are rarely perpetrators

Police recorded crime rate, year ending March 2018 - 2020, England and Wales and West Yorkshire
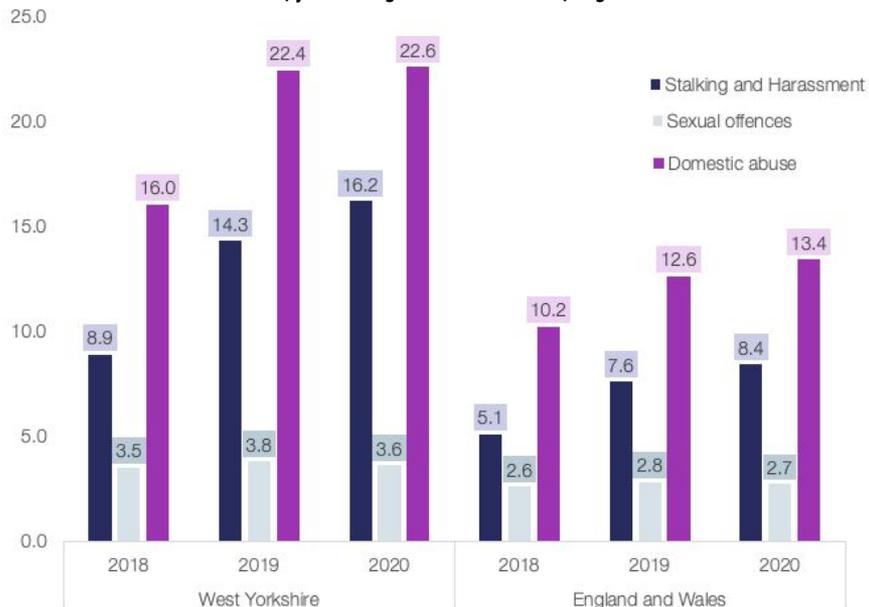
According to the CSEW 2020, **females aged 16-19 were the most likely to experience stalking and harassment (13%)**, followed by 20-24 year old women (10%) which is still nearly twice as high as the third highest category.

Females aged 16-19 were also the most likely to experience domestic abuse (14%) followed by 20-24 year old women (10%). The most impacted male age category was 16-19 year olds at 5%.

In the 2017 CSEW, **females aged 16-19 were the most likely to experience sexual (9%) followed by women aged 20-24 (7%).**

Over 20 times more males than females under 21 years old were arrested for notifiable sexual offences in 2018.

Source: ONS. *Police Recorded Crime 2017-2019, Police force area data tables; ONS CSEW 2020 and 2017; ONS (2018) Sexual offending: victimisation and the path through the criminal justice system*

Gender-based inequalities combined with low conviction rates for male perpetrated violence substantially increase the barriers for young women seeking to escape danger, violence, and abuse

Low charge and arrest rates for domestic abuse related offences

25%

Successful DA related offence arrests

7%

of crimes flagged as DA were charged
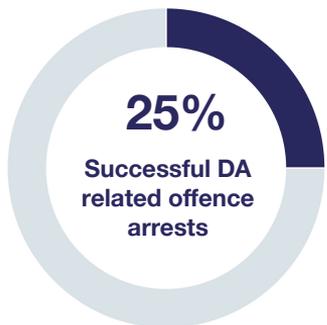
For the year ending November 2020, West Yorkshire had **25 arrests per 100 domestic abuse related offences** which makes it the **7th lowest arrest rate** of all police force areas in England and Wales, the average rate was 34.
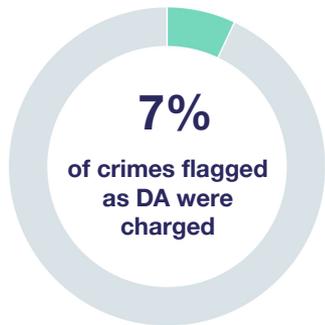
In the same period, only **7% of crimes flagged as domestic abuse were charged** putting West Yorkshire in **joint 3rd place for the lowest rates among police force areas.**

The charge rate for rape and sexual offences, year ending 2020, was much lower in West Yorkshire than nationally

2.5%

Charge rate for sexual offences in West Yorkshire

3.4%

Charge rate for sexual offences in England and Wales

Significantly fewer cases were dropped in West Yorkshire because a victim did not support action (21% vs 34%) however **34% of sexual offences cases were not assigned an outcome in West Yorkshire** compared to only 26% of all cases which suggests particularly large backlogs.

The charge rate for stalking and harassment offences, year ending 2020, was also much lower in West Yorkshire than nationally

2.5%

in West Yorkshire

4.0%

in England and Wales
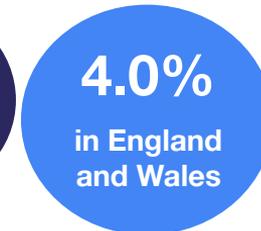
Slightly more **cases were dropped in West Yorkshire because a victim did not support action (48% vs 44%)** and slightly more investigations were closed with **no suspect identified (16% vs 15%).** Even when the **suspect was identified and the victim supported the action** more cases were dropped in West Yorkshire compared to England and Wales (**24% vs 23%**)

Low arrest and conviction rates and a huge court backlog disincentivizes reporting of gender based crimes, and can lead to a long-term loss of confidence in the criminal justice system and potentially an entrenchment of the problem.

Young women face specific risks in the context of accommodation which make them more vulnerable to exploitation. Stakeholders explained that some women will choose risky accommodation to avoid sleeping outside

Due to pay gaps, benefit systems, and gender norms, women generally are **less economically independent** so more frequently lack the means to permanently escape dangerous situations. Women are also considerably **more likely to experience economic abuse or coercion**, which incentivises staying in abusive situations especially, due to the **lack of sufficient and affordable accommodation.** The **additional threat that young women face from rough sleeping** is a factor leading some young women to stay in potentially abusive and risky situations for fear of even worse unknowns.

However, **for female prison leavers and asylum seekers, shared accommodation is often their only option.** A stakeholder working with female prison leavers in West Yorkshire told us that due to a shortage of accommodation, **female prison leavers will often have to share bathrooms with several men.** Similarly, insufficient accommodation is a factor which makes female asylum seekers especially vulnerable to exploitation and according to our stakeholders, **almost all female asylum seekers are victims of sexual exploitation.**

Women are more likely to accept risky accommodation to avoid sleeping rough due to the risks they perceive

"Deprivation makes women more vulnerable to exploitation because they put themselves in risky situations in order to survive."
Family support charity, West Yorkshire

"Women are often particularly vulnerable to exploitation because they need a place to sleep. Many women perceive sleeping rough outside as much more dangerous than sharing a room with a stranger."
Women's rights charity, West Yorkshire
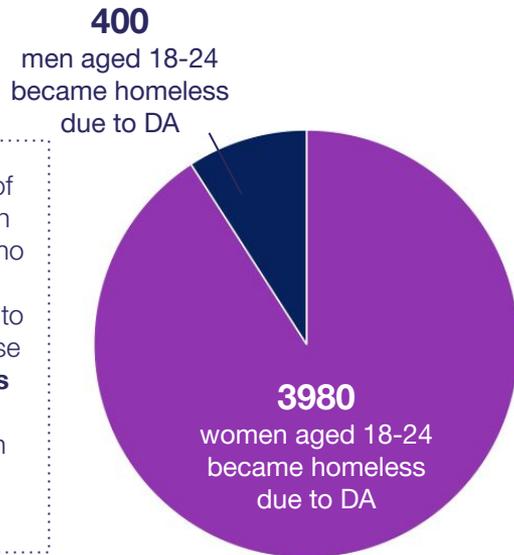
Lack of safe accommodation can lead women to crime

"I have worked with several female prison leavers who have actually gone on to commit crimes in order to be recalled to prison because their accomodation in the outside world is so awful. These women were sharing a bathroom with several men."
Women's rights charity, West Yorkshire

"Support for female prison leavers is "diabolical". The accommodation provisions they recieve make the women more vulnerable to exploitation."
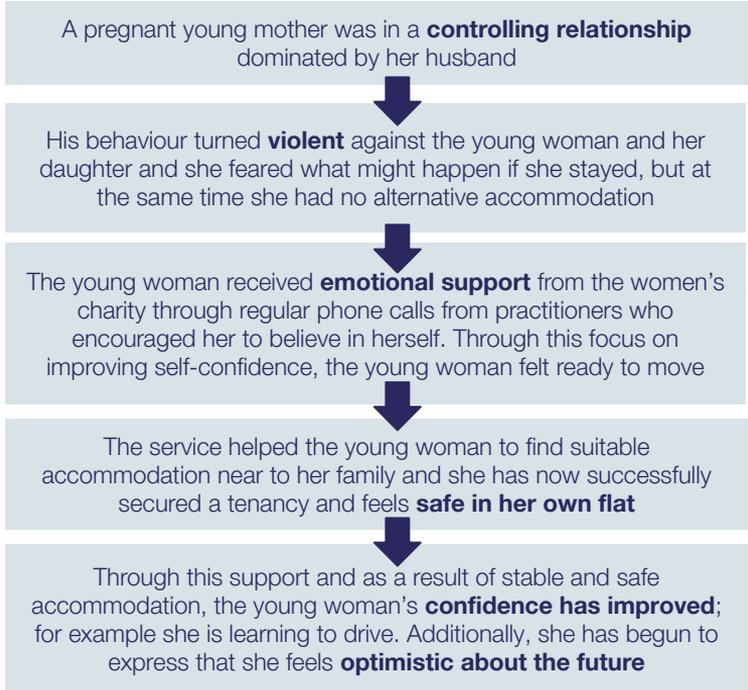Women's rights charity, West Yorkshire

Ten times more young women than men aged 18-24 became homeless due to domestic abuse in England in 2019/20, highlighting the increased vulnerability of young women in the home

400
men aged 18-24 became homeless due to DA

The number of young women aged 18-24 who became homeless due to domestic abuse was **10 times higher** than young men in England in 2019-2020.

3980
women aged 18-24 became homeless due to DA

We heard from stakeholders in West Yorkshire who work with young women trapped in abusive relationships. One **domestic abuse support service** based in Bradford told us about the support they offered to a woman who was referred to the service as 'high risk' in September 2020.

The client was trapped in an **emotionally and physically abusive relationship** with her husband and she recognised that she needed to leave. However, **one major obstacle stood in her way - lack of alternative secure accommodation.**

Case study demonstrating how secure accommodation can improve women's life chances in West Yorkshire

A pregnant young mother was in a **controlling relationship** dominated by her husband

His behaviour turned **violent** against the young woman and her daughter and she feared what might happen if she stayed, but at the same time she had no alternative accommodation

The young woman received **emotional support** from the women's charity through regular phone calls from practitioners who encouraged her to believe in herself. Through this focus on improving self-confidence, the young woman felt ready to move

The service helped the young woman to find suitable accommodation near to her family and she has now successfully secured a tenancy and feels **safe in her own flat**

Through this support and as a result of stable and safe accommodation, the young woman's **confidence has improved**; for example she is learning to drive. Additionally, she has begun to express that she feels **optimistic about the future**

Source: Ministry of Housing, Communities & Local Government, Reason for loss of last settled home of 16-24 year olds initially owed a prevention or relief homelessness duty in 2019-20.

Women and girls face specific challenges and pressures related to self-worth and wellbeing which may make them more vulnerable to exploitation. Young female stakeholders say Covid-19 has heightened feelings of low self-worth

Studies have found that during adolescence, body image and self image of young women is more adversely affected than that of young men

Gender differences in body image
In a 2011 study which examined 239 young people (mean age 16 years, 54% female), researchers found that girls were significantly less satisfied with their body. **80.8% of girls desired to alter their body size**, compared to 54.8% of young men.

Gender differences in self esteem
Research indicates that **low self-esteem in adolescence is associated with greater risk of mental health problems, substance dependence and lower levels of life and relationship satisfaction** in later life (Boden et al, 2008). In the 2011 study mentioned above, **girls also scored lower than boys on self esteem during adolescence**. Researchers have suggested that one reason may be that many traditional male qualities are consistent with high self esteem, e.g. self-confidence, assertiveness. By contrast, these qualities in girls do not fit with traditional gender norms.

"Women and girls tend to get involved in serious crime and violence through low self-esteem or self-worth. They lack support and are trying to find the love they are missing from somewhere else." - Women's rights group, Bradford

When we interviewed a group of young girls aged 18 to 22 in Bradford, they said that young women's insecurities have increased over Covid-19. Their views echo the research: young women are particularly concerned about their weight and noted the impact on their mental health.

"Something I have noticed amongst young girls who are my age is that over the lockdown they have been comparing themselves to people online, but at the same time our physical activity has been reduced, which has led to weight gain for some people. The combination of seeing perfect-looking people online and weight gain has been really bad for many young girls' mental health."

By contrast, some young women told us that weight loss during the pandemic, associated with a loss of routine, has made them feel concerned.
"I am worried that I have lost weight during lockdown as I have no routine and I keep forgetting to eat."

The impact of TikTok and e-girl aesthetic on young women's self-worth
TikTok, a video sharing social network which surged in popularity during the pandemic, is marketed at young people - 41% of its users are aged 16-24 (Omnicore, 2020) and the platform's most followed stars are young women. In her 2020 research paper, M. Kennedy notes that 'it is significant that many of the most-followed stars of TikTok are young, female, normatively feminine, white and wealthy'. Resultantly, the young women who have been stuck in their bedrooms during the pandemic have been bombarded with images of so-called perfection, potentially intensifying their feelings of inadequacy.

Sources: Agam R, Tamir S, Golan M (2015) Gender Differences in Respect to Self-Esteem and Body Image as Well as Response to Adolescent's School-Based Prevention Programs. J Psychol Clin Psychiatry 2(5): 00092. Lawler M, Nixon E (2011) Body dissatisfaction among adolescent boys and girls: the effects of body mass, peer appearance culture and internalization of appearance ideals. J Youth Adolesc 40(1): 59-71. Boden, J. M., Fergusson, D. M., and Horwood, L. J. (2008). Does adolescent self-esteem predict later life outcomes? A test of the causal role of self-esteem. Dev. Psychopathol. 20, 319–339. Kennedy M. 'If the rise of the TikTok dance and e-girl aesthetic has taught us anything, it's that teenage girls rule the internet right now': TikTok celebrity, girls and the Coronavirus crisis. European Journal of Cultural Studies. 2020;23(6):1069-1076.

Girls and young women involved in gangs are subjected to some of the most serious forms of violence and exploitation, but what we know about their role and experiences is still extremely limited

What we know about girls associated with gangs

Girls and young women are exposed to a wide variety of harms from gangs: they are exposed to physical violence in the form of **domestic abuse from their associated male gang member**, as well as **violence designed to control them and punish them for perceived transgressions**. Girls are also exposed to similar levels of physical violence from rival gangs, with **girls being targeted to 'send a message'** but with an additional (and almost entirely gendered) threat of sexual violence. Although males do experience sexual violence and exploitation at the hands of gangs, they are exposed to significantly less risk than females for whom the experience is common. **Girls as young as 12 are expected to have sex with gang members on demand, they are sold as commodities to settle debts, and they are targetted for reprisals by other gang members**.

There are reports of females perpetrating violence in gangs, but these are **sporadic, unconnected and involve lower levels of violence**. In terms of exploitation, women and young girls are known to be used to **groom other females and younger males**, but this is almost always considered in the service of a male dominated gang.

Why don't we know more?

2019 figures from the Children's Commissioner found that 34% of the surveyed females were associated with gangs, yet we know very little about their role, their motivations, and what works to divert them from harm.

It is frequently noted that the **injuries of gang associated females are 'less visible' so their involvement in gangs is considerably under recognised**. This may be the case, as **sexual offences and psychological abuse more easily hidden and overwhelmingly underreported**, certainly fewer females die at the hands of gangs, but it may also be the case that gendered perceptions prevent the identification of injuries on females as 'gang related'. **This perceived invisibility of girls and young women in gangs can often lead to further harm and exploitation.** Young girls are targeted by gangs to transport illicit items and **groomed to run county lines due the perception (and often reality) that they will be stopped less by the police.** Simply not knowing the extent and nature of the problem prevents meaningful interventions for the girls and young women involved in gangs, as victims or perpetrators.

Sources: The Children's Commissioner (2019) The characteristics of gang-associated children and young people; BBC (2019) Girls in gangs 'failed by authorities'; The Centre for Social Justice (2014) Girls and Gangs. Eshalomi, F (2019) Gang Associated Girls

The root causes of girls' involvement in gang violence and exploitation are similar to those of boys, but there are important gender differences in how these factors are understood. This can lead to deeper exploitation of girls in these structures

Reasons for joining a gang frequently cited in the literature/research

Lack of opportunities and alternative options

Gang associated area and/or peer group

Protection	**Status and respect**	**Desire to belong/ family**
Boys: protection comes from joining the gang	Boys: getting respect through their actions and that of the gang	Boys: the gang is the family unit
Girls: protection comes through association with a male in a gang and his relative power	Girls: status through association with a gang member rather than self-achieved	Girls: can also have a sense of family, but are frequently involved in a romantic or sexual way

Why do girls associate with gangs?

A 2013 study conducted interviews with nearly 200 young people in gangs. When asked about their motivations, the responses were similar, but split down gender lines. For example, **status, power, and respect** were common narratives, but for boys, this was about 'being known on the road' and 'getting a name for themselves' through their actions, whereas the **female responses revolved around achieving status through association rather than self-achieved status.** Other common reasons cited by these young people and several other studies are a **lack of opportunities in a 'legitimate' career path** (economic) and **living in an area with high gang activity.** These appear to be cross-cutting themes which are less gendered in their impact and understanding.

Why do girls suffer so much violence and exploitation in gangs?

Young women are objectified, used and controlled within the gang, and overall hold a fixed lower status and esteem. Girls are also targets for rival gang members, they are commodified within and between gangs, and are often exposed to the risks of gangs without being offered the protections. **Girls are also blamed for their own harm based on gendered stereotypes of presentation and experience**.

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Sources: The Children's Commissioner (2013) A qualitative study of gang-associated sexual violence towards, and exploitation of, young people in England; Public Health England (2015) The mental health needs of gangaffiliated young people. The Centre for Mental Health (2013) A need to belong: what leads girls to join gangs

Stakeholders told us that some women and girls take an active role as perpetrators of violence, crime, and gang activity in West Yorkshire. However, little systematic evidence exists around this paradigm

Why do girls get involved with gangs, violence and exploitation in West Yorkshire?

The young woman has been **exploited herself** in the past. Some young women try to 'take back power' by recruiting other girls.

> **"Sometimes when a young woman has been exploited, she then ends up recruiting other young girls, normally through enticing them with drugs and alcohol. I think it is to regain a sense of power."**
> Together Women

Intimate involvement with gang members can lead young women to commit violence.

> **"Girls encourage the problems. They sometimes get abused by their boyfriends in gangs who have a lot of girls. I've seen girls attack each other."**
> 16 year old in SEND cohort, Huddersfield

Seeking **affection and a social network.** Stakeholders feel this is more common for young women from single-parent families.

> **"Girls join gangs to be part of a social network. They have relationships with the guys in gangs and they attach themselves to the criminal element but they don't often carry out serious crime themselves. They are on the periphery."**
> Youth Advocate, South East Wakefield

What is the nature of female involvement as perpetrators of violence, exploitation and gang activity in West Yorkshire?

Women can take on a **predatory role** in gangs and help to recruit both young girls and boys in West Yorkshire.

> **"Young men and boys are also groomed, including by women. It's a bit of a taboo, but it does happen."**
> Young person, Bradford

Some young women are **key members and leaders** of organised crime networks and gangs in West Yorkshire.

> **"There are girls in the area who are at the core of a very active criminal network. These girls take an active part in the criminality, they are not excluded and the criminality is certainly not only a male-only environment."**
> Youth Advocate, South East Wakefield

Case study: a female gang leader

When we spoke to the Youth Association in Leeds, they told us that their detached youth workers are in contact with a **young woman who is the leader of a group of 15 young men in West Yorkshire.** The stakeholders described her as a "strong woman who knows what she wants in life", however, she cannot leave the gang because these are her friends and community. She doesn't know anything else.

Though young males are known to commit more violent offences than young females, a higher *percentage* of young female offenders have proven violence against the person offences

In the most recent Crime Survey, **82% of violent incidents reported in which the victim could say something about the offender were perpetrated by a male**, this is as high as it has been in 10 years. 70% of self-reported domestic violence in the survey was perpetrated by a male.

Amongst known offenders aged 10-17, **the rate of males committing violence against the person offences was 3.5 times higher than females**, and there were 56 times more boys known to have committed sexual offences than females in the same group. In the 18-20 prison population, the figures are more stark, with 34 times more males receiving custody for VAP offences and over 60 times for sexual offences.

In terms of *proportions,* considerably more known female offenders committed violence against the person offences. However, these were mostly low-level offences such as common assault. Drugs are also an outlier in this regard, with a much higher percentage of young male offenders committing drug offences.

The five most frequent known offences committed by 10-17 year olds in 2018/2019, by gender

47% of proven offences committed by **girls** were violence against the person

27% of proven offences committed by **boys** were violence against the person
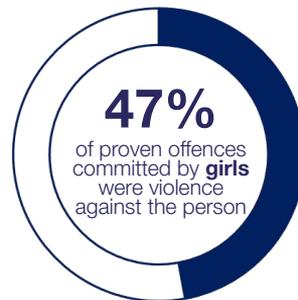
3,863 girls
13,633 boys

The five most frequent known offences committed by the 18-20 year old prison population in 2019/2020, by gender

39% of the **female** prison population (18-20 years) were charged with violence against the person

28% of the **male** prison population (18-20 years) were charged with violence against the person

118 females
3,973 males

Stakeholders worry that gender-based perceptions and stereotypes of victimhood can hinder the effectiveness of identification, data collection and appropriate service provision for young people

Our stakeholders highlighted that male victims, particularly of sexual abuse, often struggle to come forward due to gender-based norms

The nature of women's involvement in crime, violence and exploitation is not well understood, in part due to gender-based stereotypes of violence and aggression. As a result seeking help for aggression and violent behaviour can be difficult to find

There is an entrenched narrative, particularly in relation to violence, of men as aggressors and women as victims. Furthermore, with regards to types of offences, we often assume that victims of sexual violence are female.

Resultantly, these stereotypes can impact the likelihood of young people seeking support. A recent study (Bates, Weare, 2020) found that **male victims of sexual abuse felt that their experiences of abuse were perceived as weakness and they struggled to identify themselves as victims.**

Women are typically regarded as less physically aggressive than men, their traditional gender role is that of being weaker, more passive and in need of more protection than men (Gerber,1991). As a result, when women are physically aggressive or violent, we tend to try to explain it, for example as self-defence, provoked or due to some other personal circumstance.

In a 2020 research paper, Bates et al. note that many criminal justice agencies still work on the model of needing to label a discrete 'victim' and 'perpetrator', and Hine, Noku and Bates (2019) have pointed out that there continues to be a reluctance to label women as perpetrators, even when there is clear use of violence by both parties.

This gender-based stereotype of violent and aggressive behaviour coupled with the hesitancy of the criminal justice system to acknowledge that women can be perpetrators too, has led to few options for women seeking help for aggressive behaviour (Bates E), meaning that women are not getting the support they may need.

"I feel like boys can be more vulnerable to sexual exploitation than girls because they may feel that they can't express themselves as that's not a masculine thing to do."
Young person, attends youth group in Bradford

"I think sexual exploitation impacts boys as well, but in different ways. I think it may be under-reported as boys are less likely to reach out for help. I think it's generally more accepted for girls to reach out for support."
Young person, attends youth group in Bradford

"Support for female prison leavers is "diabolical". The accommodation provisions they recieve make the women more vulnerable to exploitation."
Women's rights charity, West Yorkshire

Sources: Bates EA, Weare S. Sexual Violence as a Form of Abuse in Men's Experiences of Female-Perpetrated Intimate Partner Violence. Journal of Contemporary Criminal Justice. 2020;36(4):582-595. Bates E, Klement K, Kaye, L, Pennington C. The Impact of Gendered Stereotypes on Perceptions of Violence: A Commentary (2020). Gerber, G. L. (1991). Gender stereotypes and power: Perceptions of the roles in violent marriages. Sex Roles, 24(7-8), 439-458.

The stakeholders we spoke to highlighted the importance of service provisions for young people which focus on gender-specific intervention

We heard from stakeholders about examples of successful services offered specifically to young women in West Yorkshire

One women's organisation based in Leeds told us about a **breakfast club** which it hosts, **run by women under the age of 25.** The stakeholder said that this initiative gives the young women involved and **sense of pride and purpose in addition to helping them to gain new skills** including food preparation, event organisation and hospitality.

The young women involved are often vulnerable themselves, for example some have been victims of domestic abuse, however, this initiative enables them to support other vulnerable people by ensuring that they receive a healthy meal. In addition, the women involved support each other through regular conversation.

Our **youth-led focus group** involved the youth ambassadors **interviewing five young women aged 18-22 who are part of a community group based in West Yorkshire.** This community group meets regularly (currently over zoom) to **discuss issues impacting young women and to collectively organise community outreach.** This group offers the young women opportunities to get involved with education, career and life-skill enhancing initiatives and also to make connections with a wide variety of people. Similarly, a 2020 review (Temin M., Heck C.) of evidence around community-based girl groups, or safe spaces, found positive effects in the majority of cases on outcomes related to gender and health attitudes and knowledge, education, psychosocial well-being, and economic and financial outcomes.

Stakeholders suggested improvements to the gender-specific service offer in West Yorkshire

A group of young women aged 18 to 22 who attend a community group based in Bradford told us that it is important for services to offer a **variety of activities for young people, including options with mixed gender groups and single gender groups.** This group of young people said that they value having a space to come together to discuss issues openly with other young women.

One stakeholder who works with young asylum seekers in Leeds told us that she believes there needs to be more services directed specifically at young men:

"There is lots of funding for women's centres in the area and I think that young men can often be overlooked as a result. In terms of funding and concentration of services, these have gone towards young women. But I think we're at the point now where we need to talk about young men and how intervention with them is actually going to keep young women safe too."

Our research has highlighted that a trauma-informed approach is essential when tackling the inequalities and trauma faced by women which have been exacerbated and created by the pandemic

Case study: how a women's support service provided emotional and practical support to a woman leaving domestic abuse by her husband

A young woman was referred to a women's support service based in West Yorkshire after experiencing domestic abuse from her husband. He had been very controlling throughout the relationship, but during the pandemic his behaviour became more violent and threatening. He told the young woman that she was worthless and did not deserve to live. And at this point the woman decided she needed to leave.

When the young woman first began to engage with the service, she was very quiet on the phone and the practitioner could hardly hear her. The young woman said that she wasn't used to making decisions because her husband organised everything and had gone everywhere with her. The practitioner provided emotional support by reassuring the client and praising her progress to help build up her confidence.

The practitioner also helped the young woman by helping her to find an independent safe space for herself and her children. When the client felt anxious before visiting properties, the practitioner would talk through the practicalities to reassure the young woman.

The client has made a great deal of progress as a result of this trauma-informed approach - she is more confident and is smiling and laughing. She has secured a tenancy and is now living in her own flat with her children. She feels she can make her own decisions, for example she is planning to learn to drive.

Adapting services offered to women during Covid-19

A young persons independent sexual violence advisor based in West Yorkshire told us that during the pandemic, the organisation has been adaptive to their clients' communication preferences:

"As an organisation we try to be as accessible as we can, including calls, texting, email, video chat, and we can meet outside at a safe location. This client-led approach is important because many of our clients have had choice taken away from them, so it is important not to do that again."

"The control started creeping in slowly – not allowing me out of the house and refusing to allow me to see my family. I was expected to send him photos of my constant moves - where I was, who I was with and what I was doing. He would text me constantly when he was at work and would demand explanations for any delayed replies".
Female victim of domestic abuse

Evidence review: How do deprivation and economic inequalities impact serious violence and exploitation of young people? What 'works' to reduce this impact and why?

Crest

What do we mean by <u>deprivation</u>?

Deprivation vs poverty

Poverty and deprivation are linked. A person is considered to be in poverty if they lack the financial resources to meet their basic needs. Deprivation encompasses not just financial resources, but educational attainment, access to quality healthcare, financial security, and other related opportunities and privileges which shape the outcomes of a person throughout their life. As the two concepts are linked and financial resources represent such a large part of deprivation, much of the evidence uses these terms interchangeably. **We have therefore considered poverty as the key component of deprivation, but not the single defining factor**.

Absolute vs relative deprivation

Poverty and deprivation have been repeatedly linked to violence and exploitation in a number of different ways over time. There is a growing literature which suggests that it is actually *inequality* in income and socioeconomic status which leads to crime and violence rather than absolute deprivation. **Relative deprivation theory holds that feelings of unfairness and exclusion are heightened by income inequalities, and these feelings drive violent crime (amongst other things).**

However, there is an equally strong body of evidence to suggest that *absolute* poverty and deprivation are just as (if not more) important for violent crime and exploitation. It is also increasingly difficult to separate absolute and relative deprivation as social media has made it possible for any person or community to directly compare their socioeconomic position to that of millions of different people in an instant. As such, **we have considered socioeconomic inequality as one of several mechanisms connecting deprivation and violence, whilst understanding the structural role perceptions of inequality play across all of the relationships.**

Why focus on deprivation and violence?

Exposure to violence as a victim, witness, or perpetrator transcends socioeconomic class. Everybody has the potential to be exposed to violence or exploitation in their lifetime. There are also myriad other related inequalities which interact with deprivation to increase a young person's vulnerability to violence and exploitation.

However, **young people suffering from higher levels of deprivation have been continuously shown to be disproportionately vulnerable**.

The interventions mentioned in this review are not presented as a means to address deprivation, but rather programmes and approaches to try to mitigate some of the worst effects on individuals, families and communities which have an established relationship with serious violence.

Sources: Gilligan, J. (2003) Shame, Guilt and Violence. Social Research. 70(4): 1149-1180; UCL (2021) The impact of the economic downturn and policy changes on health inequalities in London.

How is deprivation related to violence and the exploitation of young people?

Deprivation is a broad concept. It encompasses many different aspects of our lived experience and its impact can extend beyond lifetimes (i.e. generational inequalities, passed down from parent to child). **To begin to assess the evidence around the interventions designed to address the impacts of deprivation on violence, you must start by understanding the different ways the two concepts are linked**.

The evidence review will present a synthesis of the available evidence around what works to reduce violence and the exploitation of young people related to deprivation through one of these 8 mechanisms all of which emerged in our West Yorkshire specific research. Evidence is organised according to the primary target of the support/programme: universal, targeted, family, school, or system approach.

Deprivation

is **directly** linked to violence ...

Impacting the **immediate cost/benefit calculations** of people living in deprivation which make crime seem attractive or necessary

Defining the norms around what is acceptable, achievable, and desirable in a young person's life

is **indirectly** linked to violence ...

Adverse Childhood Experiences and trauma

Substance misuse

School inclusion and attainment

The **quality of and access to services**

Experiences with the **criminal justice system**

Exposing young people to **contextual harm**

Violence and exploitation

A framework for assessing the evidence around what works to reduce violence and exploitation of young people from deprived areas

	1. Preventing the onset of or the impact of adverse childhood experiences (ACEs)	2. Addressing substance misuse in young people and /or families	3. Increasing educational inclusion, generally or for disadvantaged and underrepresented groups
Mechanism	ACE focused programmes can reduce the violence and exploitation of young people from deprived areas by **either preventing trauma from ACEs occurring in the first place or by providing the appropriate support to manage the impact of ACE related trauma in later life.**	Substance misuse programmes can reduce violence and exploitation through a variety of mechanisms. Interventions can **prevent substance misuse, provide treatment for young people suffering from problematic substance use, or reduce the trauma of families with a parent with problematic substance misuse issues**.	Programmes aimed at increasing educational inclusion for children in deprived areas reduce violence and exploitation because **attainment, attendance, and good educational outcomes are well established protective factors against short- and long-term of violence and deprivation.**
Weight of Evidence	The evidence justifying a focus on ACEs to reduce violence in the long-term is significant, but few discreet programmes have clear empirical evidence of success due to implementation and evaluation difficulties.	Preventative interventions are considerably more successful when combined in a holistic package of early support. In terms of treatment, some successes have been reported in pharmacological and psychological based treatments. Programmes designed to reduce the trauma of problematic familial substance use have shown the greatest success in UK based trials.	Programmes designed to address psychological and communication needs of students are well evidenced in attainment, attendance and other positive outcomes for disadvantaged children. School-wide cultural shifts and training also have early evidence of UK-based successes for vulnerable children.
Potential Impact	Preventative ACE programmes which are well funded and implemented have a very high and sustainable potential impact on future levels of violence impacting young people from deprived areas. Programmes which deal with trauma after the fact have a large potential impact on a small group of people/families.	Almost all substance misuse programmes have the potential to have a high impact for a small group but this small group are the correct target for deprivation related violence initiatives. Programmes which can break intergenerational health inequalities are high impact and sustainable.	For the general population of children from disadvantaged areas, school-wide and universal programmes for wellbeing have the potential to have a great impact on school experience. For very vulnerable children, it is unlikely that an education initiative alone will produce much impact.
Ease of Implementation	Small-scale successes from individual programmes have been consistently reported but sustainable impact requires a system-level approach. All empirical failings in adopting such an approach stem from difficulties in implementation.	Discrete programmes in this arena are more effective than others, allowing for smaller-scale investments and limited cultural barriers. However, treatment can be costly and therapeutic support must be long-term.	Most evidence is still early (not systematic) so pilot programmes with robust evaluation plans and theories of change are recommended. External funding and support for schools will also be required to avoid ineffective implementation,

A framework for assessing the evidence around what works to reduce violence and exploitation of young people from deprived areas

	4. Preventing offending and/or reoffending or reducing the negative impact of CJS experience	5. Increasing the availability, access and quality of services to disadvantaged and underrepresented groups	6. Minimising and addressing the impact of contextual harm
Mechanism	Programmes which look to reduce reoffending or meet the needs of offenders aim to **increase the protective factors which provide resilience against offending, victimisation, and the health and social impacts of deprivation**. Another stream of programmes in this sphere are not aimed at offenders specifically but at young people who may offend in the future.	These set of programmes and approaches **target the elements of health and social care provision that act as barriers for disadvantaged groups and work to reform them in accordance with the needs of the relevant population**. By improving the service provision in deprived areas, they can increase individual and community resilience to violence and exploitation and bolster the ability of services to keep young people safe.	Young people and their families can be directly removed from contextual harm with **more suitable accommodation** and programmes which find better and more efficient ways to achieve this. Programmes can also prevent harm by **reducing and recognising the risk factors associated with contextual harm**.
Weight of Evidence	There is significant evidence to suggest that supporting offenders before and after release will decrease the likelihood of reoffending and that this is especially required in areas of higher deprivation. However, systematic UK evidence is fairly lacking due to the often short-term / limited nature of the programme under study.	Despite considerable variation in design and difficulties in evaluation, almost every approach to engaging the target population in service delivery has shown a capacity to improve health outcomes and protective factors of disadvantaged groups who are currently not adequately approached, engaged, or represented in the interventions designed to keep them safe.	Individual and family-level programmes which remove people from contextual harm consistently report positive results in local pilots. System level approaches are often required to better understand these risks but systematic evidence of their successes are still limited due to the difficulty in evaluation and implementation.
Potential Impact	Successful well-implemented interventions have the potential to impact the lives of the offender and their community in the long-term and this will be more impactful in areas with higher deprivation. However, the evidence suggests that success rates are likely to be low.	Impact of community engagement is likely to be low to negligible in the short- to medium- term. However, building community engagement processes into all community based programming can have a large and sustainable potential impact on the delivery of services in deprived areas.	Targeted programmes impact small groups of highly vulnerable people quickly. Systemic change may impact service provision and delivery on a larger scale but impact may become difficult to assess.
Ease of Implementation	As the target population is small and well-defined interventions should be easier to implement. But the complex needs and long-term support required to reintegrate for many offenders is likely to be a costly and long-term pursuit.	Public bodies have a statutory responsibility to engage communities so these approaches may be able to be facilitated within this function. Most community engagement also builds on existing resources. However, implementation requires robust design and evaluation to ensure the right communities are engaged appropriately.	Contextual harm is difficult to recognise and ameliorate and most programmes are costly and long-term. However the potential improvements are sustainable if correctly implemented and should reduce longer term demand on social / statutory services.

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Programmes designed to prevent Adverse childhood experiences (ACEs) or reduce their future impact enjoy significant theoretical support but interventions lack robust evidence of success due to common implementation barriers

Why do programmes designed to prevent and address ACEs reduce deprivation related violence and exploitation?

As slide 28 explains, children living in deprived areas are significantly more likely to suffer early trauma and to have unmet mental health needs. ACE research tells us that the relationship between trauma and violence is explained with an understanding of health-harming behaviours as a coping mechanism which make children more vulnerable to violence and exploitation on the one hand, and emotional dysregulation which makes young people more resistant to help and support on the other.

How do programmes designed to prevent and address ACEs reduce deprivation related violence and exploitation?

ACE focused programmes can reduce the violence and exploitation of young people from deprived areas by either preventing trauma from ACEs occurring in the first place or by providing the appropriate support to manage the impact of ACE-related trauma in later life. Whilst there is significant theoretical evidence justifying a focus on ACE-related trauma, there is a lack of causal evidence of their long-term and sustainable successes.

A potential reason for this clash in evidence and experience may be that most studies evaluate single short-term interventions focused on the individual rather than the system which are considerably more difficult to implement and evaluate, but which are recommended highly by most experts in the field.

DEEP DIVE: TRAUMA INFORMED PRACTICE (TIP)

The complexity and magnitude of the impact of childhood adversity means that a system-wide understanding of trauma needs to be cascaded from practice, to commissioning to policy, across multiple agencies all working from the same agenda. Trauma-informed practice (TIP) offers this agenda. The cornerstone of TIP is recognising the role of trust between practitioners and those who have suffered ACEs, and that for a number of scientifically backed reasons, achieving and maintaining this trust can be a difficult and lengthy process.

The theoretical justification for TIP is significant, increased trust and control for traumatised people are consistently among the top conclusions in the relevant literature. However, very few programmes have been systematically evaluated, and of the few that have, results are negligible.

Frequently, the evidence is limited due to a miscommunication of what is meant by 'trauma-informed practice' and how it is supposed to impact service delivery. Therefore, to realise and measure the potential of TIP, practice models should have detailed theories of change which specify how each service will lead to reduced risk of or actual trauma and *why,* as well as robust evaluations of the evidence underpinning core components and how they represent an improvement from current provision.

Rapid evidence review

Universal support to prevent or reduce ACE related trauma in the populace

- Perinatal health and intimate partner violence screening programmes have been robustly evaluated by the Early Intervention Foundation and found to increase the physical and mental well being of the mother

Targeted interventions to prevent ACEs in at risk populations

- Home visits by family nurses to first-time teenage mothers has strong evidence of reducing maltreatment in the US and Europe but this has not been replicated in the UK

Targeted interventions to reduce ACE related trauma and prevent further harm

- Two interventions for separating families have strong causal links to improving behaviour and reducing family conflict, neither ran in the UK
- Therapeutic interventions for parents and children who are at risk of / experiencing maltreatment due to ACE related trauma show very mixed results. Three intensive trauma-based interventions show strong short-term improvements for traumatised children and parents, but none ran in the UK
- Cognitive behavioural therapy (CBT) is the most frequently evaluated therapeutic intervention. Some studies find successes among certain ACE populations, particularly maltreated children, but most reviews show mixed to no improvements on behaviour, mental health, and self-image outcomes

Family support to prevent or manage ACE related trauma

- Universal preventative support offered to parents which focus on increasing communications skills, conflict resolution, behavioural management and childcare duties have shown strong causal results when offered at key transitional periods like school moves and pre-birth. However, all robust positive evidence is from US based evaluations

- Targeted family support for parents at risk of maltreating or with high risk children have shown high impact robust successes in UK and international trials. Results are more mixed among looked after children and their carers

School based programmes to prevent or manage ACE related trauma

- A Campbell review of the effects of trauma-informed approaches in schools found no studies met their criteria for inclusion which indicates that despite growing support evidence to support this approach is lacking. However, evidence from people who have suffered ACEs consistently highlights the pivotal role schools play in supporting, identifying or failing these children
- Meta-evaluations with some UK trials found therapeutic day care for maltreated children improved emotional, social, and developmental outcomes
- Social-emotional curriculums to help students resilience also lack direct evidence on reducing ACE related trauma but several have strong evidence in improving emotional and social wellbeing and reducing health-harming behaviour with some robust UK evaluations

System level interventions

- Trauma-informed practice is the key system-level intervention emergent in the literature, but the impact on reducing and preventing ACEs has yet to be robustly demonstrated (see previous slide)
- Evidence suggests that victims can be reluctant to disclose ACE experiences and practitioners can be reluctant to seek it. Routine enquiry proposes to solve this by encouraging services to routinely ask about the childhood experiences of their clients. UK based evidence is still developing but a long-term pilot programme in the North West has shown the serious limitations in the approach when it is not accompanied by sufficient expertise and staff training

A framework for assessing the evidence around preventing the onset of or the impact of Adverse Childhood Experiences and trauma*

Universal support	Targeted support	Family based interventions	School based interventions	System approaches
Weight of evidence Single universal programmes are very difficult to evaluate and therefore have limited evidence of impact.	**Weight of evidence** Several systematic evaluations have produced reasonable results, but UK evidence is lacking.	**Weight of evidence** Good evidence of success with some UK based pilots.	**Weight of evidence** Robust evidence has been produced for some school-based programmes but not school-based approaches which are still relatively new.	**Weight of evidence** Evaluation is extremely difficult and evidence of success is lacking, theoretical evidence (justification) is significant.
Potential impact Potential impact is high but for a small population, and only when delivered in conjunction with other support.	**Potential impact** When implemented to a high standard, targeted interventions have been found to produce large but short term effects on small populations.	**Potential impact** Potential impact is high but for a small population, and only when delivered in conjunction with other support.	**Potential impact** High impact for large groups if delivered at an early stage, unlikely to impact very vulnerable children alone.	**Potential impact** Very high and sustainable potential impact if implemented to a high standard.
Ease of implementation Screening services are among the easiest to implement but staff must be sufficiently trained.	**Ease of implementation** Implementation of targeted programmes will be easier than other forms due to the smaller population but long-term commitments are required for success.	**Ease of implementation** After sufficient design and training, implementation should be straightforward but success relies on a strong service network to make referrals to.	**Ease of implementation** School approaches have significant implementation barriers if teachers are expected to deliver on top of their regular duties.	**Ease of implementation** Very difficult implementation, costly and long-term but should reduce costs in the long-term (by reducing demand).

* See Annex 2 for full list of interventions and approaches reviewed

Substance misuse is related to violence and deprivation in a number of ways which must determine the nature of the programme, however family-centred approaches show significant promising evidence for protecting young people from violence in UK trials

Why do programmes designed to address substance misuse reduce the violence and exploitation of young people from deprived backgrounds?

Substance misuse and addiction disproportionately impacts people from more deprived areas. It is linked to violence and exploitation directly through exposing young people to an inherently violent business if they are the using illicit substances, or indirectly through trauma if their family are problematic substance users. Substance misuse is also related to a plethora of other factors which make a young person vulnerable to both violence *and* deprivation including, unmet mental health needs, school and labour market exclusion, and experiences with the criminal justice system

How do programmes designed to address substance misuse reduce the violence and exploitation of young people from deprived backgrounds?

Substance misuse programmes can reduce violence and exploitation through a variety of mechanisms dependent on the nature of the substance, the user, the relationship, and the outcome. Interventions which aim to prevent substance misuse all together are considerably more successful when combined in a holistic package of early support like that designed to prevent ACEs. For young people from deprived areas suffering substance misuse, some successes have been reported in pharmacological and psychological based treatments. If the aim is to reduce the trauma of problematic familial substance use, multi-component family-centred approaches which combine treatment with family counseling have shown the greatest success in UK based trials. This approach also lends itself to the sustainability of early interventions and the principles of and trauma informed practice.

CASE STUDY: A young person diverted from substance misuse through engaging with a local sports club

A young man from Wakefield was known to police and was not engaged with school. He was consistently using drugs and was headed for a life of crime.

The young person joined the sports programme, run by the stakeholder we interviewed. This programme gave the young person structure and a sense of validation outside of his gang.

In addition, the young person re-engaged with school and his grades improved as the programme makes it mandatory for participants to maintain their grades in order to play.

The young person and his mother said that the programme is what he needed to "reload" and find discipline and a sense of self-worth. He is now teetotal and has recently joined the Royal Navy.

We spoke to a stakeholder who runs an American football programme for young people in Wakefield. He told us about the success of the programme in diverting many young people, including the young person in this case study, from a path of substance misuse to a more positive future through the model of **ICE (Inspire-Challenge-Encourage).**

Rapid evidence review

Universal support to prevent substance misuse

- Several holistic programmes focusing on early intervention particularly have had an evidenced impact on substance misuse of families and young people. However, the universal programmes with the most systematic evidence for substance misuse are for those delivered in school or to families.
- Mass awareness campaigns have limited evidence of success, and some have been shown to increase the likelihood of drug use.

Targeted support to prevent substance misuse among high-risk young people

- The evidence of preventative interventions aimed at vulnerable or disadvantaged young people is insufficient and mixed.
- Youth-based community programmes have shown some successes in long term behaviour changes. A long-term study of an employment skills programme in the US target at disadvantaged young people found long-term positive effects in employment, arrest rates and time spent in jail.
- Behavioural management interventions for high-risk adolescents have consistent evidence of good successes, but very few are UK based.

School based programmes to prevent substance misuse in young people

- The evidence of skills programmes taught in school which aim to reduce substance abuse are mixed, successful programmes focus on a wider range of skills and behaviours. There is little evidence which suggests the efficacy of educational programmes in school, internationally or in the UK.

Targeted interventions for people with substance misuse issues

- For entrenched users, heroin assisted treatment (HAT) is superior in nearly all objectives. In 2019, Middlesbrough introduced the first HAT programme, early results are promising and an evaluation is planned.
- For young people with multiple vulnerabilities there is some evidence to that counselling can produce positive outcomes, but successes are limited.
- For regular cannabis users, CBT has shown small scale successes.

Family-based approaches to preventing or addressing substance misuse

- On balance, the evidence suggests that family-based approaches to substance misuse and its impact are the most effective at reducing the risk factors for violence and exploitation in young people. However, if this support is coercive, these programmes can have the opposite effect, as was suggested in the evaluation of the Family Intervention Projects (FiPs)
- There is some evidence to suggest that individual substance misuse treatment of a parent will reduce negative impacts on their child. However, research frequently concludes that programmes which combine treatment with support and counselling for the broader family are particularly effective. One UK based programme (Parents under Pressure) combines parental support with substance abuse with very positive early results.
- Several intensive family-centred programmes aimed at parents with high-risk substance abuse have shown positive results in UK trials including The Moving Parents and Children Together and the Intensive Family Preservation Service.
- Evaluations of the Troubled Families programme show positive assessments from professionals in their ability to source quality substance misuse treatment.
- Research consistently links the treatment of substance misuse issues with domestic abuse prevention and monitoring.

Criminal justice interventions

- There is little evidence in the UK or internationally to support (or refute) the effectiveness of enforcement-based interventions. The evidence suggests that communicating priorities with the community can prevent the alienation of some of its members, as well as the unrealistic expectations of others.
- Diversion schemes like family drug and alcohol courts show promising results in the UK but rigorous evidence is lacking.
- On the other end of the spectrum, assertive outreach programmes which target individuals for treatment as an alternative to arrest have also shown some successes in Scotland, Kent, and Brighton.

A framework for assessing the evidence around preventing or addressing substance misuse in young people and/or their families*

Universal support

Weight of evidence
Little robust evidence of success in the UK or elsewhere.

Potential impact
Small impacts for large groups.

Ease of implementation
Large-scale adoption would require significant commitments.

Targeted support

Weight of evidence
Treatment and care enjoys significant evidence of success but what works specifically for young people is less known.

Potential impact
High impact on communities and individuals in the long term.

Ease of implementation
Current drug treatment services may be able to ease the original implementation costs.

Family based interventions

Weight of evidence
Good evidence from UK trials on relevant populations.

Potential impact
High impact on individuals and their families, potentially long term.

Ease of implementation
Holistic and multi-component interventions have the highest success rate.

School based programmes

Weight of evidence
Fair evidence from international evaluations, UK evidence is lacking.

Potential impact
Low impact for large groups.

Ease of implementation
Pilots should be implemented at relatively low cost, larger scale roll out will be more challenging.

Criminal Justice approaches

Weight of evidence
Little robust evidence of success in the UK, some anecdotal evidence of successes.

Potential impact
Large impacts for small groups.

Ease of implementation
May require national or at least force-level coordination and buy in.

* See Annex 2 for full list of interventions and approaches reviewed

Education initiatives which focus on the common vulnerabilities of young offenders and children from deprived areas have significant potential and robust evidence. Buy in from the whole system is often a prerequisite for successes among very vulnerable children

Why do programmes designed to increase educational inclusion for young people from deprived areas reduce violence and exploitation?

In general, children from families with lower incomes have worse educational outcomes than their peers. School exclusion is directly related to violence and exploitation of young people in a number of ways explored in the Education Inclusion Report [link]. Poor attainment, low attendance, and bad educational outcomes are all also related to violence through complex relationships with a child's self-esteem and the limiting of available choices to support oneself and one's family in the future.

How do programmes designed to increase educational inclusion for young people from deprived areas reduce violence and exploitation?

Programmes aimed at increasing educational inclusion for children in deprived areas reduce violence and exploitation because education and school attendance are well established protective factors against short- and long-term risk. Inclusion can be effectively bolstered by programmes for screening and addressing psychological and communication needs which are disproportionately suffered by both pupils from low-income families and young offenders. This inequality has been found to have increased during the pandemic in recent research. Whole-school approaches are effective at reducing exclusions but the impact on attainment is less evidenced. For very vulnerable children, early identification and integrated approaches are necessary to see any success

CASE STUDY: BUILDING FUTURES TOGETHER LEEDS

The aim of this intervention is to **offer an alternative to those who are not necessarily academically motivated** and to engage with those who are not engaged in the school curriculum, to steer them away from crime, anti-social behaviour, exploitation and becoming NEET. This is achieved by **providing life skills, opportunities and construction training** in the form of a 6-week training course at an apprentice school in Leeds.

This intervention is promising as it provides a much needed alternative route to success for potentially vulnerable students. However, 6 weeks is unlikely to be sufficient for many. To that end, **the provider is also looking to provide ongoing support following the training course** for the young person supporting and encouraging them to engage in the school curriculum in order to progress within this industry. They also intend to provide support in the form of assisting the young people to gain work experience, attend other training opportunities and possible future work opportunities within the industry. T**his is a robust and promising addition to the programme.**

Rapid evidence review

Universal support to maintain education inclusion

- Robust international evidence is consistently produced for the positive impact of universal social and emotional skills based programmes on educational and wellbeing outcomes, but UK evidence is more mixed.
- Of the socio-emotional programmes evaluated in the UK, there is evidence to suggest they directly improved the attainment of disadvantaged children
- Offering healthy nutritious food at school is thought to improve pupil concentration, behaviour, and reduce sickness and the benefits should theoretically be felt by disadvantaged students more.
- Although causality is difficult to establish, positive outcomes from UK evaluations of breakfast clubs, school meals, and food growing programmes seem to be felt by disadvantaged students more

Targeted support to increase inclusion and attainment for vulnerable pupils

- Targeted interventions for looked after children lack causal evidence because one intervention alone is unlikely to be sufficient to address the complex needs of this group of children. A long-term multicomponent intervention with a strong theory of change is often recommended
- Nurture groups - small groups of at risk children and trained staff which focus on creating secure attachments - have an extensive evidence base underpinning them. A recent UK evaluation found that they improved social, emotional and behavioural outcomes and children's enjoyment of school. However, experiments in secondary education settings have yielded limited results.
- A broad and robust evaluation in 2017 of a London-based intervention which combined targeted communication and social skills support for vulnerable learners with family and teacher support found the impact of the intervention was negligible. The authors attributed this to the short-term nature of the intervention and the fact that it was administered by an external provider

Family support to maintain education inclusion for disadvantaged children

- An intensive home-visiting and parental support programme for low income expectant mothers has produced consistently positive outcomes on children's early cognitive and language development
- Integrated care provided to very vulnerable families have international evidence to suggest good outcomes for early development
- The 2020 assessment of the Troubled Families Programme reported a steep increase in successful family outcomes. The proportion of carers who reported no attendance concerns regarding their children increased by 23% between 2017-2019 whist in the programme.

School based programmes to improve educational inclusion

- Attachment aware schools have been trialed in Stoke-on-Trent and Leicestershire with positive outcomes reported for vulnerable students. These schools aim to equip teachers and other staff with the skills to understand and appropriately manage children's behaviour
- Similarly, upskilling teachers with 'Emotional Coaching' skills has shown to have a positive impact on children in deprived rural England.

System level support to improve educational outcomes for disadvantaged students

- For very vulnerable children, an integrated approach that starts before birth and ends after school is consistently recommended by experts and practitioners. One intervention or agency is unlikely to be sufficient.
- A 2018 literature review from the Department of Education on what works to increase the educational outcomes of children in need concluded that among the most frequently reported recommendation were improved cooperation, coordination, and sharing between agencies and services.

A framework for assessing the evidence around increasing educational engagement, generally or for disadvantaged and underrepresented groups*

Universal support for students	Targeted support for students	Family based support	Training/support for teachers/staff	Whole school/system approaches
Weight of evidence Good evidence of success from robust UK based evaluations in relevant populations.	**Weight of evidence** Limited evidence of success in the UK due to the short-term nature of the programmes.	**Weight of evidence** Good evidence of success in some UK trials, particularly effective or speech and language outcomes .	**Weight of evidence** Good evidence from UK based pilots, but testing is still in a relatively early stage.	**Weight of evidence** Limited evidence due the difficulties in robust evaluations, good theoretical evidence for its necessity.
Potential impact Moderate impact for large groups.	**Potential impact** High impact for small groups.	**Potential impact** High impact for moderate groups.	**Potential impact** High impact for large groups with potentially sustainable effects.	**Potential impact** High impact for large groups.
Ease of implementation Resources and sufficient training are the major barriers, structural change is unlikely to be necessary.	**Ease of implementation** Few barriers to implementation but to address high risk needs interventions need to be complex.	**Ease of implementation** Few barriers to implementation but to address high risk needs interventions need to be complex.	**Ease of implementation** High set up costs and organisational /culture barriers.	**Ease of implementation** Very high set up costs and organisational /culture barriers.

* See Annex 2 for full list of interventions and approaches reviewed

There is significant evidence and choice around interventions to reduce reoffending. Several programmes can address elements of the challenge for offenders in deprived areas, but a single short-term intervention is unlikely to be capable of meaningful change

Why does reducing improving outcomes for offenders reduce the violence and exploitation of young people from deprived backgrounds?

The relationship between deprivation and experiences with the criminal justice system is multidirectional. As slide 45 shows, children from lower income families are more considerably more likely to be stopped, sanctioned, and more likely to received more severe punishments. This is also the case for Black children, children with social care status and looked after children. Then, due to the stigma attached to a criminal record, these people can become trapped in a cycle of deprivation and offending.

How do programmes which improve outcomes for offenders reduce the violence and exploitation of young people from deprived backgrounds?

Programmes which aim to reduce reoffending or meet the needs of offenders aim to increase protective factors like meaningful employment, prosocial peer networks, and shared community values which have all been shown to reduce the likelihood of offending (*and* victimisation). Most evidence for these programmes are mixed due to the difficulty in aim and evaluation, but consistently the most promising approaches are holistic and long-term, designed to meet a variety of complex needs in a flexible and empathetic manner. Another stream of programmes in this sphere are not aimed at offenders specifically but at young people who may offend in the future. This stream have significant overlap with those outlined in the ACEs and trauma section.

CASE STUDY: DIVERSION SCHEMES IN WEST YORKSHIRE

Two promising diversion schemes have been piloted/proposed in West Yorkshire which follow the principles of deprivation-informed violence reduction:

1. Since December 2019, St Giles Trust have been working alongside the Police, and West Yorkshire Liaison and Diversion Service to combine their service with c**ulturally competent SOS case workers** with **lived experience of serious youth violence and criminality**.

The aim of this collaboration is to engage with the young person at the '**teachable moment**' when they have been arrested and are reconsidering their options and life choices. St Giles works with education, training and employment to provide meaningful opportunities for young offenders. The approach has been trialed in Kirklees and Leeds District and based on results and has been extended West Yorkshire wide.

2. Pain2Purpose - is delivered by a rehabilitated former gang member, previously sentenced to 17 years 10 months. The support proposed is to divert young people from custody and to reduce reoffending in 1:1 and group sessions. This can be provided in youth offending institutes through YOTs on release.

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Rapid evidence review

Universal support for offenders to prevent reoffending

- There is good evidence that prison-based interventions reduce reoffending, they are most effective when coupled with follow up post-release support
- There is a substantial evidence around the impact of Cognitive behavioural therapy (CBT) in reducing recidivism. However, some UK evidence suggests it is less effective for disadvantaged and/ or young offenders, this may be due to the highly individualised approach which neglects the role of broader risk
- There is some UK evidence for the impact of educational programmes in prison but that it must be linked to tangible employment in most cases
- There is a evidence that meaningful employment is essential to successful reintegration, however evidence of programmes is mixed which has led researchers to conclude that stand-alone employment programmes are unlikely to be effective if they don't address the other needs that may be acting as a barrier to employment, like learning difficulties or substance misuse.
- Diversion schemes are found to be more successful than custodial sentences, but research suggests that white children are the most likely to benefit
- There is strong UK evidence for therapeutic communities, CBT, and pharmacological substitution as substance misuse treatments for offenders, US evidence suggests this is important for female offenders.
- There is not enough evidence to show a direct link between accommodation programmes and reoffending but research shows the significant risks for women and young people who cannot return home after custody
- UK studies consistently find that supervision in the probation period can reduce reoffending but only when the supervisor has the training and skills to take a strengths-based motivational approach. Providing offenders with long-term 'mentors' has shown to be impactful for offending and employment
- Small but positive impacts are consistently reported for 'restorative justice' programmes i.e. those designed to deal with the aftermath of the offence on the victim or community in collaboration with the impacted parties

Targeted support for particular offenders to prevent reoffending

- Research consistently finds that the transition from the YOT model to the adult probation model is a sensitive time for young offenders which can push them back to crime, there is a lack of evaluated interventions in this field.
- UK and international evidence on the impact of peer-targeted interventions show limited impacts, and sometimes negative effects, for instance, curfew orders have been found to damage pro-social relationships for young people.
- Family-based interventions for young offenders have shown consistent but small positive impacts in US studies. For female offenders, family-based interventions have been shown to be impactful in primarily US studies.
- Small positive impacts have been report for behavioural and therapeutic interventions designed to meet specific needs of offenders including violent offenders, sexual offenders, and domestic abuse perpetrators.
- There has been some good evidence of the use of drug courts but a recent review of evidence suggests that ultimately, the UK experiment failed.

Universal preventative programmes

- Social-emotional programmes delivered in UK schools have been shown to increase certain protective factors associated with offending,
- Evaluations of deterrence-based programmes like boot camps have consistently found them ineffective or even harmful in reducing offending

Targeted preventative programmes

- Some early intervention programmes for high-risk families have shown long-term positive impacts on the child and parents criminal behaviour.

System level interventions

- Most research concludes that most offenders have a range of complex needs which must be addressed to aid reintegration and prevent reoffending so a holistic long-term intervention is required
- The Integrated Offender Management (IOM) found a lack of meaningful partnership working and chronically underfunded partners hindered success.

A framework for assessing the evidence around preventing offending and/or reoffending of disadvantaged and underrepresented groups or reducing the negative impact of CJS experience*

Universal support for offenders	Targeted support for particular offenders	Universal Programmes for potential offenders	Targeted Programmes for potential offenders	System approaches
Weight of evidence Significant robust evidence of success with some UK trials in relevant populations.	**Weight of evidence** Mixed evidence from some UK trials, success depends on context and needs.	**Weight of evidence** Mixed evidence depending on the specific programme.	**Weight of evidence** Mixed evidence depending on the specific programme.	**Weight of evidence** Very limited UK evidence of success but very difficult to evaluate.
Potential impact Well-evidenced holistic support can have a high impact for moderate populations and potential community wide effect.	**Potential impact** High impact for small groups.	**Potential impact** Low impact for large groups.	**Potential impact** High impact for moderate groups.	**Potential impact** Well-evidenced holistic support can have a high impact for moderate populations and potential community wide effect.
Ease of implementation High setup and maintenance costs for the most impactful programmes.	**Ease of implementation** Lower set up costs but for long periods.	**Ease of implementation** High implementation costs but can be integrated with other prevention services.	**Ease of implementation** High implementation costs but can be integrated with other prevention services.	**Ease of implementation** High setup and maintenance costs for the most impactful programmes.

* See Annex 2 for full list of interventions and approaches reviewed

By engaging disadvantaged groups in the design, delivery, commissioning, and evaluation of health and care services, programmes can have more meaningful impacts on the factors which protect young people from violence

Why do programmes aimed at improving service provision impact the relationship between deprivation and violence?

As demonstrated on slides 62-63, economic and structural disadvantage impacts the quality and availability statutory and other support services. These health and social services can shape the course of a young person's life, either providing the social security net for life's challenges, or gradually eroding protective factors of health, community, family, and education. By improving the service provision to disadvantaged groups, these programmes can work to increase individual and community resilience and bolster the ability of services to keep young people safe.

How do programmes aimed at improving service provision work to reduce violence and exploitation of young people from deprived backgrounds?

These set of programmes and approaches have been selected because they target the elements of health and social care provision that act as barriers for disadvantaged groups and work to reform them in accordance with the needs of the relevant population. Based on the available evidence, a view has been taken that the best way to achieve this is through engagement and collaboration with the relevant community in the research, design, delivery, commissioning, and/or evaluation process. Despite considerable variation, almost every approach to engaging the target population has shown a capacity to improve health outcomes and protective factors of disadvantaged groups who are currently not adequately approached, engaged, or represented in the interventions designed to keep them safe.

THE PRINCIPLES OF COMMUNITY ENGAGEMENT (CE)

Community engagement encompaasses a rang eof approaches to maximise the involvement of local communities and specific groups in the initiatives and programmes designed to improve their health and well-being[1]. CE approaches aim to promote equity in health and social care by working in partnership with individuals and groups that face barriers to good service provision, and seek to increase their control and input in the services they may need through participatory methods [2].

Public Health England have developed a typology for understanding CE approaches according to four different strands which focus the proceeding evidence:

1. strengthening communities – approaches which building community capacity to take action on health and the social determinants of health

2. volunteer/peer roles – focus on enhancing individuals' capabilities to provide advice, information and support or organise activities around health and wellbeing in their or other communities

3. collaborations and partnerships – involve working in partnership with communities to design and/or deliver services and programmes

4. access to community resources – focus on connecting people to community resources, information and social activities

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Programmes to improve service provision *generally*

- Robust research has repeatedly found that people from deprived backgrounds and people from black and ethnic minority groups are hindered from receiving high quality timely health and social support due to: language and communication barriers, transport and accessibility issues, a lack of trust in the system and those providing support, an inability to influence their care/support, and a lack of culturally appropriate, informed, and sensitive provision. To overcome these barriers, collaboration and partnerships approaches to community engagement (CE) have been used with positive outcomes.
- Community-based participatory research (CBPR) has had positive impacts on reducing health inequalities among disadvantaged populations by engaging them in the research and design, though UK evidence is still limited.
- Other CE approaches aimed at general population wellbeing include approaches to strengthen communities which draw on and build from community strengths to make positive social and health changes. Case study evidence from UK programmes show promising outcomes.
- Another group of CE focuses on ensuring access to and knowledge of community resources. For example, social prescribing is a model which empowers staff with local knowledge of the resources available to match individuals to community activities to support them. UK based evidence shows strong outcomes for deprived communities.

Programmes to improve service provision for specific outcomes and groups

- Volunteer and peer roles have shown positive health and social impacts for volunteers *and* the disadvantaged communities they typically work in.
- Social network approaches to CE which aim to strengthen the community and support between people via collective organisation also have several notable UK based success stories. For example, Recovery Communities which create safe spaces for people with a history of drug or alcohol misuse to offer peer support and develop relationships.

Family-level engagement to improve service provision

- Recent evidence finds that parents from working-class backgrounds and black and ethnic minority families are more at risk during pregnancy, less likely to be offered antenatal support, and significantly less aware of the available financial and social support. This suggests the efficacy of programmes which directly target low income and underrepresented families for early help and childcare like the targeted interventions mentioned in the ACE and trauma section.

System level approaches to improving service provision

- Most CE approaches and programmes require a system level engagement, regardless of where the support is primarily focused (universal, targeted or the family). Despite difficulties in robust evaluations, community engagement approaches have consistently shown positive impacts on the social determinant of health among for deprived and disadvantaged groups.
- The specific type and shape of CE must be determined by a thorough examination of the context, though implementing these programmes in deprived areas pose distinct challenges. poor health system infrastructure and service delivery, poor staffing and resources, and limited access to health services can lead to empowered communities becoming dispirited and compromising the whole endeavour.
- Reverse commissioning and other value-based commissioning represent promising approaches to engaging underrepresented communities in service design but without specific targeting of these groups, evaluations shows their contribution can be minimal.
- Complex long-term value-based programmes embedded in communities like the C2 Connecting Communities model are theoretically sound and have shown some significant successes, though systematic evaluations are still lacking at this stage.

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A framework for assessing the evidence around improving the availability, access, and quality of service provision to disadvantaged and underrepresented groups*

Universal programmes

Weight of evidence
Strong case-level evidence of success in UK trials amongst relevant populations .

Potential impact
High impact for large groups and the wider community.

Ease of implementation
High implementation costs decreasing over time with use.

Targeted programmes

Weight of evidence
Significant theoretical and practical evidence of success in several UK trials.

Potential impact
High impact for moderate groups and the wider community.

Ease of implementation
High implementation costs decreasing over time with use.

Family based interventions

Weight of evidence
Very limited practical evidence but high theoretical justification for necessity.

Potential impact
High impact for small groups but these are appropriate targets.

Ease of implementation
Moderate implementation costs and can be worked into other (early) service provision.

System-level approaches

Weight of evidence
Some strong evidence of UK based success despite difficulties in robust evaluations.

Potential impact
High impact for large groups and the wider community.

Ease of implementation
Very high implementation costs decreasing over time with use. Evaluation costs are also relevant.

* See Annex 2 for full list of interventions and approaches reviewed

System wide approaches to minimising contextual harm are grounded in theory but lack direct evidence of success. Programmes which provide safe accommodation for young people consistently yield positive results

Why do efforts to reduce contextual harm reduce the violence and exploitation of young people from deprived backgrounds?

Insufficient accommodation, precarious living conditions, high crime neighbourhoods, and insecure schools are all key indicators of areas with high levels of deprivation. These factors can all present a contextual risk for young people in becoming involved in violence or exploitation by providing the necessary proximity to violence and those who commit it. By recognising and addressing these risks, programmes aimed at reducing contextual harm can therefore directly reduce deprivation related violence.

How do programmes to reduce contextual harm reduce the violence and exploitation of young people from deprived backgrounds?

Local efforts to reduce contextual harm for young people and their families can directly remove them from violent or exploitative situations by providing more suitable accomodation and better more efficient ways to achieve this.
Programmes can also aim to prevent harm by providing family and individual services to reduce the risk factors associated with homelessess and extra-familial risk. At a systemic level, child protection services can aim to understand and prevent these risks by adopting new models of thinking and working, like contextual and transitional safeguarding.

CASE STUDY: WAKEFIELD DISTRICT HOUSING

Wakefield District Housing is a social housing provider with a stated commitment to the wellbeing and health of their tenants as well as the safety of their community. In our interview process, we were told about the work the group does to meet lifestyle and wellbeing issues which impact tenants quality of life and threaten the longevity of their tenancy. Tenants are offered mental health support and counselling (if appropriate) as well as practical support on paying bills, accessing benefits and other financial services and maintaining a tenancy.

This approach is an example of minimising contextual harm to vulnerable groups by working in partnership with social landlords in a way that benefits the individual (avoiding eviction), the community (minimising homelessness and violence), and the local authority who are providing less crisis/ emergency housing and support.

A Housing for Heatlh Network as announced West Yorkshire wide which includes WDH as a key player. This is productive way to cascade learning and good practice to other social (and potentially private) landlords.

Rapid evidence review

Universal support to prevent and/or reduce extra-familial harm

- Contextual safeguarding: Dr Carlene Firmin suggested an alternative approach to child protection designed to respond better to adolescents facing serious problems outside the home - in the real world and online. The pilot helps those at risk of child sexual and criminal exploitation, peer-on-peer abuse, youth violence and involvement with gangs and has been piloted in several areas. Despite the model's popularity and logical appeal, the findings of an initial evaluation are mixed - and show that the organisational culture of social work cannot be changed easily. Contextual safeguarding is also an approach that can be appropriately adopted in schools.
- Relocation of young people facing extra-familial risk: relocation can often be seen as the only way available for local authorities to keep young people safe. However, evidence suggests that people are increasingly being placed outside of their local areas which effectively isolates them, or in unregulated placements, which can place young people in even greater risk.

Targeted interventions to prevent and/or reduce extra-familial harm

- Transitional safeguarding: identifies adolescents and young people as a distinct group facing specific risks particularly around housing, employment, youth violence and exploitation. These risks are particularly pronounced for young people who cannot depend on a safety-net provided by their families. There is currently no systematic evidence of this approach in practice but significant evidence which justifies its necessity.
- Social network analysis has been used as a tool in intelligence to map the associations between OCGs, there is growing evidence of VRUs using this method in a child protection capacity to map the extra-familial risks a vulnerable child may face and plan to minimise them.

Family support to prevent or manage contextual harm

- There have been some successful UK based programmes which focus on the family as a means to prevent or undo a young person becoming homeless.
- Reconciliation/ mediation services for families where there is a risk of a young person becoming homeless as a result of family breakdown and broader preventative support for high risk families are both programmes with evidence of UK based successful trials.

Universal support address to insufficient accommodation

- Emergency accommodation programmes are essential to managing short-term contextual harm as well as longer term risks and exposure to violence and exploitation. UK based programmes have reported success.
- There are several tools available for parents to understand and protect their children from online harms and evidence suggests this is increasingly necessary, but very few local schemes have been implemented or evaluated.

Targeted programmes to address insufficient accommodation

- Tenancy moves for individuals and families in social housing at risk from domestic abuse and gang violence. A London-based project has helped young people and families move into a safe area with the help of specialist support, allowing them to rebuild their lives and networks. However, practitioners reported challenges from a shortage of affordable housing
- Floating support for vulnerable people living independently: sustained contact with a trusted professional during a particularly vulnerable transitional period for many young people which helps them to sustain their tenancy and access relevant financial resources and support services. Care leavers are a particularly relevant group for this service
- Housing First: intensive and holistic support for a small group of people with complex needs who have experienced homelessness which gives them a stable home to rebuild from. The evidence suggests this is highly effective but only for this group of people who are unlikely to be families or young people.

A framework for assessing the evidence around minimising and addressing the impact of contextual harm*

Universal support to prevent and/or reduce extra-familial harm	Targeted support to prevent and/or reduce extra-familial harm	Family support to prevent or manage contextual harm	Universal programmes to prevent or reduce contextual harm due to insufficient accommodation	Targeted programmes to prevent or reduce contextual harm due to insufficient accommodation
Weight of evidence Theoretical justification for universal approaches to contextual harm is very strong but evidence of intervention or programme success is limited.	**Weight of evidence** Theoretical justification for targeted approaches to minimise extra-familial is strong but evidence of intervention or programme success is limited.	**Weight of evidence** Family-centred approaches to preventing homelessness enjoy particularly strong evidence of success.	**Weight of evidence** Some UK evidence of success on a small scale.	**Weight of evidence** Robust but small scale evidence of UK based successes.
Potential impact Long-term potential impact is high for large groups is successfully delivered.	**Potential impact** Long-term potential impact is high for small groups is successfully delivered.	**Potential impact** High impact for small groups highly relevant to violence reduction.	**Potential impact** High impact for small groups highly relevant to violence reduction.	**Potential impact** High impact for small groups highly relevant to violence reduction.
Ease of implementation Difficult to implement, high quality training and evaluations are needed and professional cultural barriers may exist.	**Ease of implementation** Setup costs may be moderate but provision of similar services should already exist and could be built on.	**Ease of implementation** Lower setup and implementation costs due to targeted nature.	**Ease of implementation** Accommodation needs require large costs.	**Ease of implementation** Accommodation needs require large costs plus additional ongoing support costs.

* See Annex 2 for full list of interventions and approaches reviewed

Programmes with cross-cutting impact: Reducing the everyday impact of socioeconomic inequality; tackling the perception of crime as necessary or desirable

A pathway from deprivation to violence found in criminological and sociological studies, is a sense of shame and a feeling of exclusion from society linked to experiences of poverty, to which many people respond to with anger and violence. Visible inequalities in things like food, uniform, clothes and housing are expected to exacerbate this.

At a more straightforward level, a route from deprivation to violence is simply making the fast money young people can achieve via crime more attractive. This emerged as one of the most significant themes in our stakeholder and youth engagement. For young people who are locked out of the labour market, the pull of the drug market and an inherently violent business is particularly strong if they feel their families cannot provide the luxuries their peers have. This is reinforced by the everyday impacts of socioeconomic inequality.

Programmes which directly transfer money to families in need or reduce other costs should be the most effective for tackling this driver of violence and exploitation, meaningful employment opportunities for younger people is also a promising approach.

However, among the programmes mentioned which tackle trauma, substance misuse, educational engagement, contextual harm, and service provision, some have a dual effect on the short and long term impacts of socioeconomic inequality and deprivation

A 2020 update of a long-term study on the effect of a **targeted mass employment skills programme** in the US found the programme had lifelong effects on substance use, participation in employment, arrest and conviction rates, and reduced the average amount of time spent in jail.

UK trials of breakfast clubs, free school meals, and other **universal school-based food provision programmes** have produced demonstrable increases in educational attainment and social wellbeing for some of the most vulnerable groups of children.

Safer London's Pan London Housing Reciprocal **a universal programme which helps to relocate social housing tenants at risk of domestic abuse or other violence whilst maintaining their tenancy rights**, offers stability and security to some of the most vulnerable families.

Social prescribing, a **universal community engagement approach,** empowers staff with local knowledge of the resources available to match individuals to community activities and support. Evaluations find it increases health and wellbeing measures and connects people from deprived areas with support and funding they may not otherwise know about.

Programmes which s**upport young offenders with accommodation, employment /education, and other practical needs** are consistently proven necessary to reduce reoffending but most support is not this holistic.

For details information about these programmes and their evidence base see Annex 2

Programmes with cross-cutting impact: Tackling a sense of hopelessness among disadvantaged young people about their future, increasing self-esteem and bolstering aspirations

Lacking a hopeful positive vision of the future as a guide can have detrimental impacts on young people's outcomes. A feeling of hopelessness and lack of aspirations can push young people from deprived areas toward crime (and in the future, violence) as other routes seem unfathomable. We have heard from stakeholders and young people that a lack of meaningful and inspiring opportunities is among the most important drivers of violence in their area.

Young people need support to set and achieve their goals from family, schools, and communities and programmes which focus on skills, career advice, and work experience should all be encouraged.

For certain situations, addressing trauma, poor school engagement, substance misuse or accommodation concerns can be the most powerful way to address a young person's perceptions of the future, but there are a group of interventions which address these targets *and* have evidenced impacts on self-esteem, self-belief, confidence, and positivity about the future.

Nurture groups, a targeted school-based intervention, have been found to positively impact behavioural, social, and academic outcomes as well as improving self-esteem among vulnerable primary school aged children

PATHS and other **universal school-based programmes** focused on social and emotional learning, have had demonstrable impacts on enhancing certain protective factors in young children, including anger management, motivation and self-esteem

Community engagement approaches to service delivery generally enjoy consistent evidence for increases in health outcomes as well as ider social outcomes, like self-belief and social support which act as protective factors against violence and exploitation.

The Family Nurse Partnership, and other **targeted preventative integrated support programmes**, has shown evidence of increased early cognitive skills and mental development, improved behaviour, increased self-esteem, and reduced substance misuse, arrests, and convictions in later life. Not all positive outcomes were upheld in a UK in a 2015 evaluation, but early **cognitive, language, and social development of the child** were all found.

Motivation and strengths-based approaches combined with holistic support for young offenders decrease the likelihood of recidivism and increase optimism about the future

For details information about these programmes and their evidence base see Annex 2

Programmes with lower implementation costs and barriers to success can still have an impact on violence and exploitation of young people in deprived areas if they are robustly designed to meet a specific need

Several of the programmes mentioned require system-level integration, long-term commitments and a shift in culture approach. These are likely to be the programmes with the highest and most sustainable impact for the largest groups of people.

However, there are several highly promising programmes which are likely to involve fewer implementation costs and barriers whilst maintaining their impact on deprivation related violence and exploitation.

They achieve this by targeting a smaller or well defined populations, providing discrete support to address specific issues, or (as with some community engagement programmes especially) by building on existing programmes, frameworks, or community resources.

There is strong evidence suggesting that **universal screening programmes for domestic abuse and mental health needs in expectant mothers** reduces childhood and family vulnerability. The programme would only require upskilling healthcare staff who are in contact with these women anyway and has the potential of genuine early intervention.

Incredible Years Preschool programme, and other **short-term family-based training programmes** for parents with concerns about their preschool aged children have shown strong evidence on maltreatment levels in UK trials. Programmes are short-term and delivered at a very early stage.

Volunteer and peer related community engagement programmes have shown to have good health and wellbeing impacts in deprived and underrepresented communities. Though volunteers must be sufficiently trained, supported, and rewarded.

Mentoring programmes and CBT support for young offenders post-release have shown consistently positive outcomes compared to control groups. A long term commitment is necessary to have an impact on future violence but programmes are relatively contained and low resource.

For details information about these programmes and their evidence base see Annex 2

There are programmes with strong UK evidence in communities with a similar needs profile to West Yorkshire. But relying only on these programmes may exclude the adoption of newer or more complex approaches

Programmes for UK areas with especially high deprivation

Roots of empathy is a social and emotional skills programme for primary-school aged children. Two positive evaluations in Scotland found the programme had an even larger impact in areas of high deprivation.

C2 Connecting Communities is a long-term value-driven model of community engagement designed for disadvantaged communities in England. Case study evidence show positive and sustainable results for the communities involved.

Social prescribing empowers staff with local knowledge to match individuals to community activities to support them. A 2020 review of UK evidence including a programme in Bradford attested to their efficacy for health and wellbeing outcomes but noted most evidence was not robust due to poor evaluations.

Programmes to help young people without English as a first language

A 2007 meta-review concluded that food growing programmes improved attainment and helped the language skills of students who did not have English as a first language. What helped these young people the social extracurricular activity built in to school time (meaning transport and cost barriers considerations were removed)

Programmes to reduce substance related offending

A 2012 evaluation found therapeutic communities were consistently associated with a reduction in reoffending and drug use, the College of Policing concluded that reduced crime, but that UK evidence is still insufficient.

Programmes to reduce alcohol-related domestic abuse in the UK

A 2018 review of 7 alcohol abuse trials for parents in the North East found case management interventions showed a positive effect. They concluded that parents were most likely to benefit from an extended interventions which allows them to understand the impact of their alcohol use on their child.

One to watch given the similar geographies

Building Successful Families in Sheffield has evolved from an extension of the Troubled Families Programme to develop an educational inclusion focus. The team uses data to identify schools with the highest risk of exclusion then build a team around the them. This has yet to be evaluated but the approach is promising.

One to potentially avoid given the target group (young, more deprived)

The 2015 Scottish What Works to Reduce Reoffending, the MoJ's 2013 *Transforming Rehabilitation*, and several other older evidence reviews (2010, 2007, 2005, 2004) concluded that CBT had the strongest evidence base around reoffending and addressing other offenders needs. However a 2012 US based evaluation found that these programmes were less effective in deprived areas and a 2013 Scottish qualitative study found CBT could misunderstand the nature and drivers of youth offending.

For details information about these programmes and their evidence base see Annex 2

The specifics of the approach or programme selected must reflect the specific needs of the community, however, based on the evidence, these principles for implementation are highly recommended for any intervention

1. **Community engagement**: Which model of CE is the most relevant will be guided by the context of the programme, but the adoption of any model of CE is highly recommended. To sufficiently engage people from deprived areas and other underrepresented groups is an essential goal for service commissioning and delivery that has become more pertinent in the wake of the pandemic which we still know very little about. The evidence and models of community engagement are detailed in Annex 2

2. **Place-based approach**: when considering the relative merits of a universal or targeted approach, it is worth considering that a universal programme may be applied in a specific community or neighbourhood with more effect. Areas with higher levels of deprivation are logical selections for programmes with a universal community reach to achieve higher impact at lower cost.

3. **Robust design and implementation**: A consistent theme in the evidence is the importance of designing programmes with well articulated theories of change, robust evaluation plans, coherent definitions of terms, and collaboratively developed and understood measures of success.

4. **Long-termism**: In both the research evidence and our stakeholder engagement, a prominent theme was the need to deliver programmes with a long-term and secured delivery plan. When addressing the protracted needs and entrenched issues associated with experiences with deprivation, short-term gains are likely to be infrequent. Long-term commitments will ensure good work doesn't get lost later down the line.

5. **Building trust takes time**: Especially in areas with high deprivation, building trust with young people and their families and providing stability in support is essential to success, this is likely to be a drawn out and difficult process. Commissioning structures should have this understanding at their core when creating and funding initiatives.

Conclusions and recommendations

Overview of conclusions

Violence is a cause and consequence of inequality

Violence is concentrated in deprived areas and makes deprivation more pronounced, it causes mental health needs and deepens trauma which make young people more vulnerable to more violence, it impacts education and traps people into low aspirations, and experience with violence can hinder the quality of service provision. **There is a strong case to see violence as an inequality in itself**.

Deprivation is at the centre of many health inequalities that lead to violence

Deprivation is directly related to violence and exploitation through making the fast cash achieved via crime more appealing and defining the norms that govern a young person's life. However, our evidence has shown that deprivation is also linked to violence and exploitation through trauma, substance misuse, educational engagement, experiences with the criminal justice system, exposure to contextual harm and the quality and provision of available services.

Unequal service provision deepens the inequalities that impact violence

Mental health support, quality education and extracurricular activities, work experience and part-time jobs, stable high-quality accommodation, access to safe communities and spaces, and diversion schemes are all services which enhance the resilience of young people to violence and exploitation. In West Yorkshire, as nationally, these services are unequally distributed leaving space for violence and exploitation to emerge between the cracks.

The pandemic may leave a generation with low ambitions and self-esteem

Exposure to poverty, joblessness, and constant news about poor economic conditions nationally combined with stunted social and educational development, lack of support and interventions, and an unprecedented time spent on social media has led to the young people we partnered with and their representatives report dangerously low self-esteem and lacking hopeful visions of the future. This provides fertile ground for violence and exploitation.

A gendered understanding of specific offences is needed in West Yorkshire

High prevalence of male-perpetrated gendered offences, low arrests and conviction rates and declining local budgets in West Yorkshire have led to a situation in which young women and girls face distinct risks and barriers to help. A gendered understanding of femicide, domestic abuse, stalking and harassment, and sexual offences and the connections between them should act as a call for action for the various agencies and provoke the system-level response needed to address this complex challenge.

There are multiple opportunities for the Health and Care Partnership and the Violence Reduction Unit to use its leverage to further a deprivation-responsive strategy in violence and health

The H&CP and VRU are already key vehicles for collaborative action on health inequalities and can use their influence to bring partners together behind reducing violence. The impetus created by the new West Yorkshire Combined Authority, the Mayor and PCC, the Covid economic recovery plans, and forthcoming legislative changes around tackling violence all provide significant opportunities to develop a more systemic response to the roots of violence explored in this report.

The new statutory ICS health and care partnerships, bringing together key NHS, local authority and other partners in the local system will be responsible for making a plan to address the system's public health and social care needs. The new NHS ICS body and local authorities must 'have regard' to that plan when making decisions, **bringing a much stronger role for NHS organisations and a source of influence over bodies tackling violence.** This comes at a time when local authorities will be subject to the new Serious Violence Duty requiring local partners to come together develop a strategy for tackling serious violence where the VRU is well placed as a convener and subject matter expert. **Below we have identified 5 areas where the H+CP and the VRU can use their influence**.

1. The development of **trauma informed practice across partnerships** - like the Complex Childhood Trauma Steering Group - which should be used to evaluate and standardise the trauma-informed offering in West Yorkshire

2. Developing **a focus on accommodation needs for those at risk of violence**. The West Yorkshire Health & Housing Work Programme highlights the importance of housing to enhance wellbeing, reduce health inequalities and tackle homelessness. The West Yorkshire Housing Partnership proposes the piloting of practical housing-related solutions in this respect.

3. **More and better mental health support for young people** in West Yorkshire. This was a key issue mentioned by children and adults alike. The H+CP's children, young people and families programme highlights that it is developing work around increasing access to mental health - a particular focus on community level interventions which are easily accessible particularly to those in deprived areas should form part of this work.

4. The Domestic Abuse Act 2021 requires local authorities to assess the **need and demand for accommodation-based support for all victims**, and develop a strategy to meet the support needs of victims. For the first time children are recognised as victims of DA in their own right and provision therefore needs to address their needs.

5. Developing **aspiration lifting programmes** that are focused on areas of high poverty and deprivation. Such programmes can build resilience and offer a pathway out of violence and their development is an important component in reducing those not in education, employment or training. The West Yorkshire Economic Recovery Plan highlights the prevention of NEETs and youth unemployment as 'a must win battle' for economic recovery.

1. Evidence establishes the importance of and the need for Trauma Informed Practice across West Yorkshire. But more work needs to be done to professionalise, standardize and strengthen its application

Trauma emerged as distinct health inequality in West Yorkshire leading to violence and exploitation of young people, but also as a cross-cutting theme with particular resonance for people in areas of high deprivation. Trauma informed practice (TIP) is already an established practice across the Health and Care Partnership which is promising. However, research evidence suggests that there are real practical difficulties in robust implementation and evaluation of the approach which can hinder system-level integration and limit efficacy on the ground. **To fully harness the power of TIP and ensure effective system wide functioning, the H+CP and VRU should encourage the professionalisation of the approach.**

A professionalisation of the trauma-informed practice may include:

- **Well-articulated theories of change** which detail how each component of the approach will address the different impacts of trauma, why and how this approach differs from the previous approach and the evidence base for this approach being applied in the specific service
- **Specific understandings of success** in trauma-informed practice for each service, what are the performance indicators, milestones, and how will these be evaluated at different stages
- **Evaluation methodologies and timetables**
- **A training strategy for specified services** - is it sufficient for teachers, police officers, and youth workers to receive the same package of training? Is there scope for shared training or should it be bespoke for the service and role of the individual being trained?

Some immediate steps for achieving this broad aim:

- **Tracking, mapping, and articulation of the current trauma-informed offering across West Yorkshire** - who is using this approach and how? Can this information be brought together and presented in a digestible format for external sharing? *What is missing from this picture?*
- **An audit of training** needed and training required for current services using the trauma informed approach
- **A review of current of theories of change**: what exists in the current TIP offering? This is an area which health partners may be able to provide valuable learning for the violence reduction arena - how are health partners designing, implementing, and measuring their trauma informed practice? How can this be applied to violence?

2. Insufficient accommodation emerged as a key driver of violence uniquely suffered by women and girls and people in poverty. To start to address these needs, more requires to be understood about the issue, the current approaches, and the key players

Insecure and insufficient accommodation makes a person particularly vulnerable to violence and exploitation, this is especially the case for people in areas of higher deprivation and women and girls. The evidence in this report has highlighted some of the impacts of this issue, but more systematic research into the specific challenges faced across by vulnerable groups in West Yorkshire, the impact on violence, and the current provision in this area may be required. Complementing the work of the Health & Housing Work Programme of the Housing Partnership, the purpose of this scoping should be to **identify a strategy for engagement with social landlords, housing officers, and other housing partners across the police force area to identify vulnerability early, make appropriate referrals, provide sufficient support, and prevent evictions or abandoned tenancies.**

Areas of research and good practice to consider:

- What are the processes and procedures for families at risk of losing their tenancy due to non-payment of rent?
- To what extent are housing officers and social landlords engaged in the identification of vulnerable families and young people?
- Who is in charge of the communal spaces?
- What support is available for vulnerable tenants across West Yorkshire? (e.g. offenders, looked after children, families with mental health /substance abuse needs/ experience with homelessness)

"And I think there is a bit of a gap. Some young people do have support from from social services, social workers, social work team, and others don't have have anything... but not not everywhere, or not every landlord" - Housing support officer for young people

Questions which should be being probed by local authorities under the new obligations of the Domestic Abuse Act 2021:

- What current services and approaches exist to help women suffering domestic abuse to get safe accommodation?
- Are housing actors engaged in the identification of potential domestic abuse concerns? What are the different processes?
- What are the current processes if domestic abuse is alleged in a council/social house?
- What assistance is available for women and girls who report stalking and/or harassment in their place of living if they live in council/social?

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3. Non-crisis mental health support and practical guidance for young people and families is lacking nationally, in areas with higher deprivation this is particularly important. Community-led initiatives show significant promise in addressing a number of needs in this area

Higher quality and greater availability of mental health support for young people in West Yorkshire emerged among the top priorities from young and adult stakeholders alike. Current provision is demonstrably inadequate for addressing and identifying lower-level needs before they reach crisis point and can become a driver of violence and exploitation. To understand exactly what is missing, at what level, and the opportunities for earlier identification, **a review of local mental health support services should be conducted, with a focus on access and quality in areas with higher deprivation**.

Our evidence suggests that practical problems associated with higher deprivation and socioeconomic disadvantage can provoke mental health and wellbeing needs. This suggests that a combination of **non-clinical lower-level mental health support, practical advice and support** (on things like benefits, local support services, housing routes), **and strong local referral pathways delivered in areas of high levels of deprivation will provide an effective and holistic resilience building service.**

Broader research suggests that **mental health support (and other services) for individuals considered to be 'hard to reach' - in this instance, young people from deprived backgrounds - is considerably more impactful if it is delivered in the places these people already are** - schools, housing estates, churches and accessible GPs could house these services in deprived areas to minimise transport barriers and increase awareness.

Following the principles of community engagement, **volunteer and peer-based positions could be created for people with local knowledge to be trained referrers and listeners**. This would have the dual effect of empowering specific community members and embedding services in local communities.

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The Youth Outreach Project at New Horizon Youth Centre supports young people to reduce offending behaviour and make positive life choices through one-to-one support, drop-in services and group work sessions. Drop in services include accommodation advice and referrals, accredited education and training programmes, counselling, and music production workshops. Learning from the outcomes of this model will be a helpful exercise to actioning this recommendation

4. A gendered understanding of femicide, domestic abuse, and sexual violence is necessary to unravel the drivers and appreciate the unique impact on women and girls. A system-wide adoption could act as a necessary call to action

A gendered understanding of the scale and nature of violence against women and girls: There are key differences between male violence against and exploitation of females and other types of interpersonal violence and abuse. Women and girls are more likely to experience **repeated and severe forms of abuse, including sexual abuse and exploitation**; they are more likely to have **experienced violence, psychological or emotional abuse over an extended time period**; they are more likely to have experienced **high levels of fear**; and they are more likely to be subjected to **controlling and coercive behaviours**.

A gendered understanding of the drivers of violence against women and girls: There is a body of research demonstrating the relationship between gender inequality and violence and abuse. Societies with greater economic, social and political parity experience lower rates of violence against women and girls. This means that in order to address this form of violence and exploitation, you must also address the attitudes and behaviours which underpin it.

The cost of failing to address violence against women and girls in a systemic, gender-informed way places an unnecessary burden on public services and emergency resources. For instance, the greatest growing demand for policing is domestic abuse incidents.

Adopting a gendered understanding of girls and women's involvement in serious violence and exploitation comes with a recognition that it cannot be addressed by a single agency or even sector. To begin challenging attitudes and behaviours, **a coordinated multi-sectoral approach is needed with a consideration of how all aspects of the public sector impact women and girls**.

The H+CP and the VRU have an opportunity to leverage their contacts and position in the system to call for the West Yorkshire wide adoption of a gendered understanding of femicide, domestic abuse, stalking and harassment, and sexual offences. **This gendered approach could be embedded in policy and strategy during the process of assessing needs and services to fulfil the obligations under the new Domestic Abuse Act (2021).**

A system-wide acceptance of these issues as interlinked and interdependent may drive the joined up approach needed to tackle the issue at the root.

Source: Women's Aid (2019) Domestic abuse is a gendered crime; Myhill, A. (2017) 'Measuring domestic violence: context is everything.' Journal of Gender-Based Violence; Walby, S. and Towers, J. (May 2017) 'Measuring violence to end violence: mainstreaming gender', Journal of Gender-Based Violence, vol. 1, no.; The Improvement Service (2018) Why Adopt a Gendered Analysis of Violence and Abuse; Scottish Government (2016), Equally Safe: Scotland's Strategy for Preventing and Eradicating Violence Against Women and Girls

5. Aspiration lifting programmes if delivered effectively, should be powerful resilience building tools for many young people in West Yorkshire. These need to be place-based and delivered in poverty-responsive ways

Continued experiences with deprivation, school exclusions, insufficient accommodation, and intergenerational trauma has led to a small cohort in West Yorkshire with low aspirations due to a lack of hopeful vision for the future. Covid-19 and the accompanying restrictions has further eroded resilience and made the outlook of many young people bleak. This is a perfect context for violence and exploitation. Programmes which are designed to provide meaningful guides to the various futures for young people in deprived areas may be an impactful tonic, but they must be designed and delivered in ways which are responsive to the distinct needs and issues faced by young people with experiences with poverty and deprivation to be effective.

Aspiration lifting programmes might include:

- **Place based vocational training** in crafts and trade alongside detailed and straightforward guides to the routes to working successfully in the field
- **Accessible skills based training in growing industries** like technology, coding, languages, healthcare etc.
- **Meaningful work experience and apprenticeships**
- **Subsidised sports teams and extra-curricular activities**
- **Tailored careers, training, and education advice** and support delivered in areas with higher levels of deprivation
- **University visits** at an early (pre-GCSE) stage alongside practical support from alumni on how to get into the institutions and the benefits of attendance.

Poverty-responsive delivery should include:

- **Trauma-informed staff and volunteers** with a specific understanding of the impact deprivation can have on behaviour of young people and how to appropriately respond
- **No-fees on attendance**
- **Transport is considered and planned** to allow young people to attend without relying on their family or (sometimes pricey) public transport
- **Work is paid fairly**: work experience should be remunerated sufficiently and volunteer roles should have sufficient means to cover all of their expenses upfront
- **Staff should include people with lived experience of poverty or deprivation**

Key recommendations from youth and adult stakeholders in West Yorkshire related to our areas of research

Addressing deprivation and socio-economic disadvantage	Addressing trauma and mental health needs	Addressing educational inequality	Building supportive systems around young people	Improvements to service provision
• Offer subsidised or free sports coaching to young people from economically deprived backgrounds • Services working with young people should organise excursions to varied locations to broaden young people's understanding of the world and widen their aspirations • Provide all young people with nourishing food to ensure that they can concentrate at school and learn	• Simplify the pathway for young people to access mental health support • Support schools to enable them to more effectively support young people with mental health needs • Practitioners working with young people and families who have been through trauma must work with schools to develop support around the young people within the educational context • Increase support for young people with emotional dysregulation (often as a result of experiencing trauma) • More opportunities for young people to express themselves	• Create a programme for young people to learn about alternative career options • Increase vocational opportunities and training for young people • Support young parents to continue their education • Organise visits to higher education institutions to encourage young people to believe that they can further their education • Ensure all young people have sufficient educational provisions at home such as laptops and tablets • Increased support for young parents to further their education	• Educate parents on the dangers of youth online exploitation and give them tools to help safeguard their children • Develop a more coordinated approach, sharing examples of 'what works' among stakeholders working with young people across West Yorkshire, e.g. third sector gang meeting • Services working directly with young people should foster positive relationships between local authorities (police, fire) and young people • Services must prioritise long-term, trusted relationships with young people and their families	• Create programmes to educate young people on positive relationships • Develop an anonymous advice service for young people with safety concerns • Prioritise services which give young people the chance to channel their aggression and emotions in a positive way • Increase provisions for activities inclusive of disabled participants • Offer tailored support for young women involved in criminality and gang-related activity • Offer young people access to mentors from their community • Offer a greater variety of activities to young people

"If I were to give advice to professionals working to reduce youth violence, I would say - start young."
Young person, engaged with a community group in Bradford

Thank you

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Crest

Annex 1: Methodology and Stakeholder engagement

Crest

Stakeholders Engaged

Adult Stakeholders

- NHS Leeds CCG Engagement, Leeds
- Youth advocate, Bradford
- Young Persons Independent Sexual Violence Advisor, Huddersfield
- Youth Advocate, Bradford
- LGBTQ+ youth rights advocate and youth practitioner, Leeds
- Youth practitioner, Holmfirth
- Youth practitioner and advocate, Wakefield
- Youth Intervention Team Manager, Kirklees
- Victim support officer, Kirklees
- Housing association representative, Kirklees
- Housing support officer, Leeds

- Detached youth worker, Leeds
- Detached youth worker, Leeds
- Detached youth worker, Bradford
- Detached youth worker, Wakefield
- Detached youth worker, Doncaster
- Domestic abuse counsellor, Bradford
- Domestic abuse counsellor, Bradford
- Youth engagement consultant, Huddersfield
- Women's rights advocate, Bradford
- Detached youth worker, Kirklees
- Detached youth worker, Bately
- Detached youth worker, Bradford
- Youth counsellor, Kirklees
- Youth practitioner working with young asylum seekers, Leeds

We engaged with a **diverse range of young people across West Yorkshire**, some from challenging backgrounds including: PRUs, the SEND cohort, and youth offending teams. However for safeguarding reasons the names of the youth stakeholders will remain anonymous.
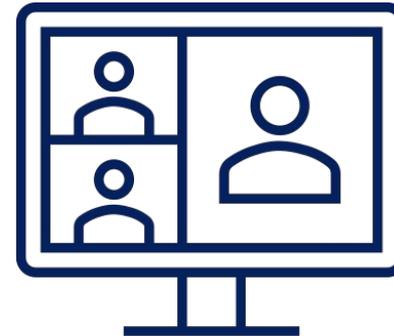
Since December 2020, we have engaged with 25 adult stakeholders in contact with young people and 28 youth stakeholders (under 25).

We gathered their insight through virtual interviews, focus groups, surveys and written responses.

Process of engagement with representatives of young people in West Yorkshire

1. Collaboration with the client

We worked with the client to **map and identify relevant professional networks and representatives** of vulnerable people.

We then developed **targeted communication** to **enlist the help of relevant adult stakeholders** who regularly work with vulnerable people, e.g. Youth Intervention Team Managers and Youth Workers.

2. Call for evidence

The **targeted communication was then disseminated via the client** to local contacts and networks who were encouraged to pass the document onto other interested parties. In addition, we carried out a **social media campaign** to engage stakeholders.

After this call for evidence was disseminated, we received over **40 email responses** from interested stakeholders working with vulnerable people across West Yorkshire.

3. Develop relationships with adult stakeholders

We held **interviews and focus groups with select representatives** who work directly with vulnerable people. Through these interviews we gained **insight** into the experiences of vulnerable people.

Where appropriate, we asked selected adult stakeholders to ask their young people to participate in **1:1 meetings and focus groups,** facilitated by Crest.

4. Organise direct engagement with young people

We held **pre-interview debriefs** with the adult stakeholders ahead of engaging with their young people. This gave Crest the opportunity to discuss particular vulnerabilities of the young people and decide the most appropriate form of engagement.

Crest set up the **virtual meetings** and asked the adult stakeholders to pass on the meeting details to the young people to ensure anonymity and privacy.
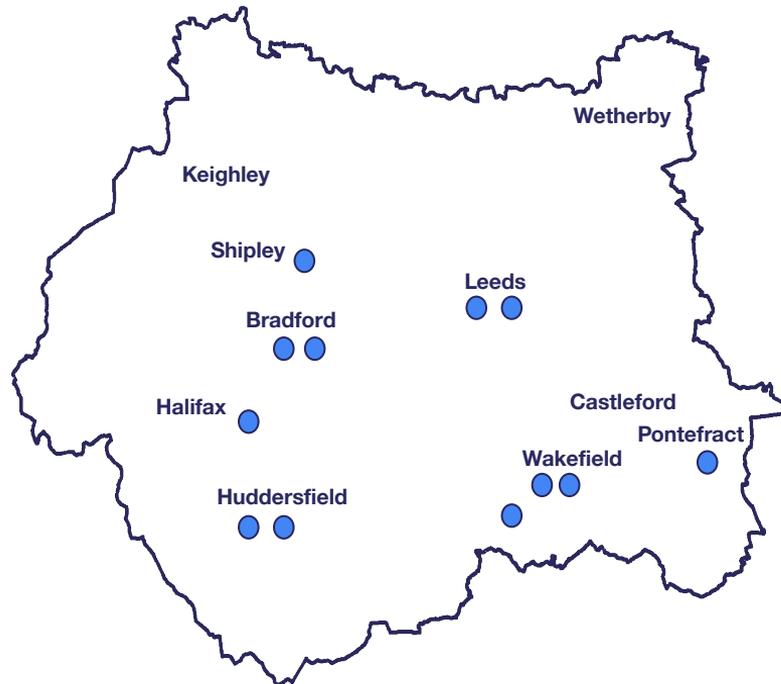
5. Direct engagement with young people

We held **five focus groups** with groups of 3 to 6 young people from across West Yorkshire.

We also conducted **1:1 interviews with several young people.** A youth worker was present to ensure the young person felt comfortable and supported.

For the young people with **vulnerabilities (e.g. SEND)** we worked with youth workers enable them to carry out the interviews in their own time.

We received responses to our call for evidence from stakeholders across West Yorkshire representing a variety of young people, and we interviewed stakeholders in the areas shown on the map of West Yorkshire

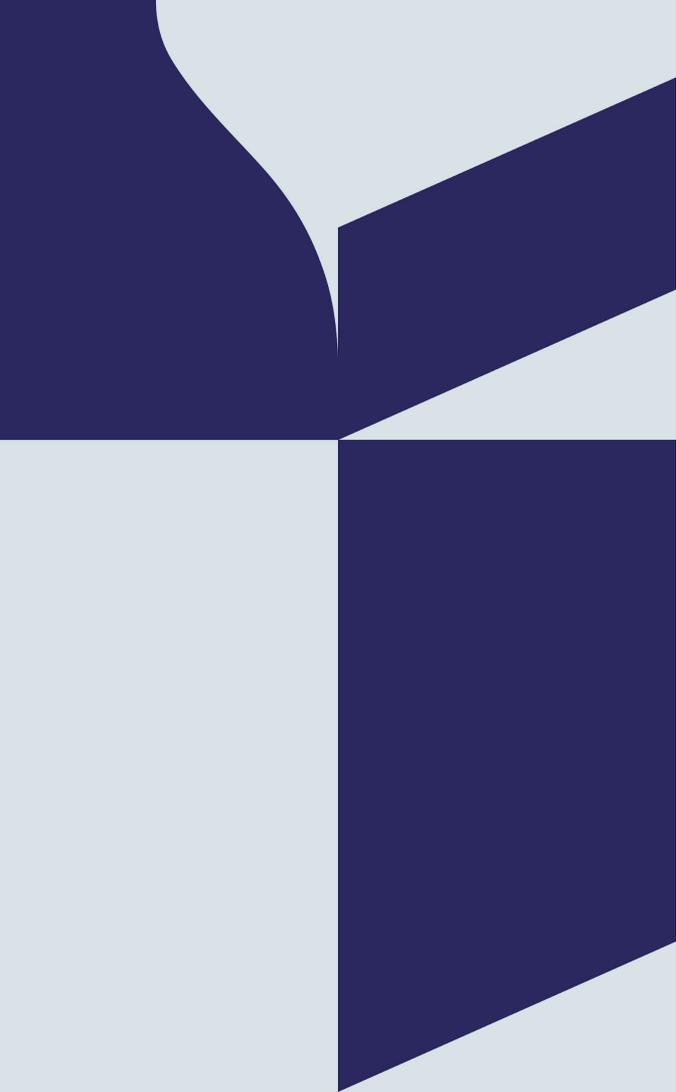**Engaged stakeholders by operating area in West Yorkshire**

Keighley
Wetherby
Shipley
Leeds
Bradford
Halifax
Castleford
Pontefract
Wakefield
Huddersfield

Population groups represented by the engaged stakeholders

- Young apprentices
- Young people attending PRUs
- Families with young people who have been victims of domestic abuse
- Young asylum seekers
- Victims of seuxal assault and rape
- Young people who require access to food banks
- LGBTQ+ young people
- Young people with substance misuse issues
- Young people in the criminal justice system and repeat offenders
- Young people in the Troubled Families programme
- Young people currently and/or previously accessing mental health support
- Young people in gangs or on the periphery of gangs
- Young people facing housing insecurity
- Young people engaged in community groups

Clinical commissioning groups / referring bodies used in the analysis on slide 37

- AIRE WHARFE & CRAVEN COUNSELLING
- BARCA - LEEDS
- BARNARDO'S LISTER HILLS BRADFORD
- Bradford
- BRADFORD COUNSELLING SERVICES
- BRADFORD DISTRICT CARE NHS FOUNDATION TRUST
- BRADFORD RAPE CRISIS & SEXUAL ABUSE SURVIVORS SERVICE
- BRADFORD THERAPEUTIC SERVICES
- calderdale
- CITY OF BRADFORD METROPOLITAN DISTRICT COUNCIL
- Craven
- Kirklees
- Leeds
- LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

- LEEDS COMMUNITY HEALTHCARE NHS TRUST
- LEEDS MIND
- LEEDS TEACHING HOSPITALS NHS TRUST
- MIND IN BRADFORD
- NHS BRADFORD DISTRICT AND CRAVEN CCG
- NHS CALDERDALE CCG
- NHS GREATER HUDDERSFIELD CCG
- NHS LEEDS CCG
- NHS NORTH KIRKLEES CCG
- NHS WAKEFIELD CCG
- SHARING VOICES BRADFORD
- SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST
- THE MARKET PLACE (LEEDS)
- Wakefield
- WEST YORKSHIRE AND HARROGATE HEALTH & CARE PARTNERSHIP (STP)
- NHS AIREDALE, WHARFEDALE AND CRAVEN CCG
- NHS BRADFORD CITY CCG
- NHS BRADFORD DISTRICTS CCG

Annex 2: Evidence review sources and included interventions

Universal support

Perinatal mental health screening: the EIF found reductions in the risk of depression after participation in programs with or without additional treatment. And a 34% reduction in remission in depression symptoms when screening leads to referral of CBT. Country of evaluation is not clear.

Domestic violence screening: EIF found routine antenatal screening for IPV increase mothers' safety and improved childbirth outcomes when combined with evidence based treatment. Country of evaluation is not clear.

Family based support

Four universal support and training programmes aimed at the family have yielded strong causal results. Family Foundations, School Children and their Families, Strengthening Families Programme, none of these have been evaluated in the UK.

Targeted interventions for at risk families which have shown high impact on maltreatment levels are Incredible Years which has three successful UK based evaluations and Triple P evaluated in Australia.

A 2016 review of 13 studies on interventions found parent training alongside advocacy for children exposed to domestic violence improved behaviour problems but not mental health outcomes.

A 2007 evaluation and a 2012 evaluation training and support to foster carers found found training programmes did not improve mental health or behavioural outcomes. At least 10% of each included UK based-trials.

Targeted support

The Family Nurse Partnership (FNP) programme which offers home visits to first-time teenage mothers is the only intervention identified by EIF with causal evidence of preventing ACEs from occurring in at-risk population. However, all positive evidence is from US and Dutch pilots, UK studies showed mixed results.

Transition support for children and families after a divorse or separation: Triple P Family Transitions and New Beginnings both have causal evidence of improving behaviour and reducing conflict. Neither programme has been evaluated in the UK.

Examples of therapeutic support with evidence of reducing abuse and ACE related trauma include the Lieberman model of Child-Parent Psychotherapy, and the Child First programme, both are US based.

Robust CBT programmes shown to reduce trauma-related outcomes were trialed in the US and Europe.

A 2016 meta analysis of interventions on children who had suffered sexual abuse found CBT to reduce PTSD and anxiety in the short and long-term. Only 19 of 204 studies were UK based.

A 2014 review of 57 studies on community-based interventions aimed at young people with parents with serious mental illness and a 2008 synthesis of research evidence on families with mental health problems found CBT to have no positive impact on ACE-related outcomes. Less than 10% of the included studies in each were UK based.

A 2016 review of 13 studies on interventions for children exposed to domestic violence found CBT and psychotherapy to be ineffective on improving mental health and behaviour outcomes.

A 2019 review of evidence from the Department of Health and Social Care found that ACE affected individuals sought life skill support and practical guidance but that evidence of interventions in this sphere were limited to homeless and looked after populations.

School based interventions	System approaches
The 2019 Campbell review of the Effects of trauma-informed approaches in schools found NO studies met criteria for this review, indicating that despite growing support and the increased rate at which trauma-informed approaches are being promoted and implemented in schools, evidence to support this approach is lacking. A 2016 meta analysis and a 2009 review of interventions for children who had suffered maltreatment found therapeutic day care improved developmental, social, and emotional outcomes. Only a small percentage of included studies were UK based. Scotland have developed a nurturing approach in school and is linking this with trauma informed practice, an evaluation has not yet been instigated. Example of social emotional learning interventions identified by EIF as having robust causal impacts on ACE-related trauma are with UK base evidence are Friends for Life, Good Behaviour Game, other international programmes include Advanced LifeSkills Training, Lion's Quest Skills for Adolescent Behaviours, PATHs, and Positive Action.	The first robust and randomised study of Trauma informed practice - the Trauma-informed care initiative - in the looked at statewide trauma informed strategy implemented throughout child welfare services. The researchers found little difference in outcomes and attributed this to a tight budget and lack of clarity in the practice model. A 2019 review of evidence for organisation wide trauma informed care models in out of home care found in the seven studies, limited evidence on effectiveness was systematically collected but that there was some evidence that TIP may have significant positive outcomes for these children. A 2019 evidence review of trauma-informed child welfare systems found consistently positive impacts on staff training and preliminary evidence of improving the mental and emotional well-being of children served by welfare services. All studies are US based. A 2016 and 2019 systematic review of robust evaluations of trauma-informed organisational / systems concluded that there were serious problems in the empirical research stating gaps between research and practice, inconsistently reported psychometric data, redundant measures, and limited information about measurement and development process hindered a robust understanding of the impact of TIP on ACE-related trauma A 2015 evaluation of the original Routine Enquiry about Childhood Adversity (REACh) programme developed by Lancashire and piloted in Blackburn outlines the justification for the project and evaluates the process positively. A 2018 evaluation of the pathfinder project that followed implemented in pilot sites across the North West however found that the 'off the shelf' training package was introduced without sufficient levels of expertise and support. It concluded that this limited its impact significantly.

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Universal support	Targeted support
Strengthening Families programme is a parenting strengthening programme for families with children aged between 10 and 14. It can be implemented as a universal programme which has yielded robust positive impacts on substance misuse in US based studies.	A 2020 update of a long-term study on the effect of a mass employment skills programme in the US found that comprehensive employment programme can have long-term positive effects on participation in employment and training, arrest and conviction rates, and reduce the amount of time spent in jail.
A 2010 global review of drug policies states that mass media campaigns show little evidence of success. A 2004 meta-analysis of Project DARE in the USA, substance abuse prevention programs in the world, shows the impact of the campaign is nonexistent at best or negative in worst case scenarios.	The Adolescents Transition Programme has yielded several positive evaluations on future substance-use in the US.

Universal support	Targeted support
School-based programmes	Functional Family Therapy (FFT) is for young people between 10 and 18 years involved in serious antisocial behaviour and/or substance misuse, it has shown strong results in the US but a UK study failed to replicate this.

A 2006 review of community-based interventions for the reduction of substance misuse among vulnerable and disadvantaged young people found evidence to suggest school-based lids skills training may reduce tobacco and alcohol use in the short and medium term, but that the evidence for long-term improvements was mixed.	A 2006 review of community-based interventions for the reduction of substance misuse among vulnerable and disadvantaged young people some evidence to suggest youth programmes for at-risk young people can reduce the use of substances in the long-term.
	A 2016 evidence review highlighted several robust studies which suggests that methadone OST is more effective than non-pharmacological approaches for retaining patients, suppression of illicit opioid, and reducing crime. It also details studies which show small-scale but robust successes in the use of CBT to treat regular problematic cannabis users.
Two universal school-based programmes - Advanced LifeSkills Training and All Stars - target substance abuse specifically and have good evidence in a US setting. The Good Behaviour Game is universal and school-based, but doesn't target substance misuse specifically, it has evidence of reducing self-reported substance misuses in the US and the Netherlands, but a UK study did not find the same results.	The Heroin Assisted Treatment Pilot in Cleveland is due to be evaluated in the coming year.
	A 2006 review of community-based interventions for the reduction of substance misuse among vulnerable and disadvantaged young people cite some evidence of successful counseling programmes but conclude that there is insufficient evidence to determine whether individual counselling is effective in reducing substance use in the long term.

Family based interventions	Criminal Justice approaches
A 2006 review of community-based interventions for the reduction of substance misuse among disadvantaged young people found strong evidence to suggest that family-based interventions may be effective at reducing drug use and improving longer term family harmony. A 2018 review of 7 alcohol reduction trials for parents in the North East of UK found most trials of case management interventions showed a positive effect but the effects of the psychological interventions were more mixed. They concluded that parent substance misusers are most likely to benefit from an extended interventions which allows them to understand the impact on their child. A 2014 study of 67 couples in the US with a male alcoholic partner found their children were exposed to less family conflict after the parent received individual substance misuse treatment Neger and Prinz (2015) review of 21 studies conclude that where parenting interventions are combined with substance misuse treatment, family outcomes are improved more than by substance treatment alone. Parents under Pressure (PUP) combine family support with substance misuse treatment and have shown significant improvements in child abuse, and child and parental wellbeing in a UK based evaluation. Two international large scale programmes which combine substance misuse treatment with support for the broader family have exhibited particularly strong results. The Children's Programme in Canada and the SKATE programme in Australia have both been robustly evaluated. The Moving Parents and Children Together (M-PACT) programme has been developed based on the US Strengthening Families programme which has strong evidence. These programmes focus on communication skills and therapeutic family interventions. UK families reported stronger relationships. However, these findings are based only on qualitative small-N evidence only. The Intensive Family Preservation Service programme targets families where a parent has serious substance misuse to the point that child protection concerns are raised. The intervention has shown consistently positive short-term improvements for UK families. Behavioural couples therapy was found to improve the outcomes for children of substance misusers by a team of UK researchers in a 2018 evidence review - the authors concluded that UK evidence was lacking. The 2016 Troubled Families evaluation found no statistically significant differences in the self-reported substance consumption of families in the programme. The 2020 evaluation reported some anecdotal evidence of successes among service providers. Dare to be You (DTBY) aims to reduce adolescent substance misuse by promoting family resilience in at risk families. There is some US based evidence of improved behaviour and development, but none yet to suggest an impact on substance misuse.	The EIF 2018 evaluation of the Healthy Child Programme found promising substance use and family outcomes for Family Drug and Alcohol Courts but concede that this has not been rigorously tested. A 2008 evaluation of Operation Reduction in Brighton and Hove found that the method of aggressive outreach to user-dealers was successful in rehabilitating individuals and reducing their offending. A 2008 evidence review from the UK Drug Policy Commission concluded that setting priorities for substance misuse enforcement activities with the impacted community can be key to success. A 2012 update suggests that Neighbourhood policing community meetings could provide an opportunity to do this in a structured constructive way. 130

Intervention Overview: Increasing educational engagement (1/2)

Universal support for students	Targeted support for students
2018 rapid evidence review by NHS Scotland concluded that universal social and emotional learning programmes enjoyed consistent international evidence of improving educational outcomes, but that UK-based studies (which were much fewer) produced more mixed results.	A detailed and robust 2017 evaluation of a London-based intervention which combined targeted communication and social skills support for vulnerable learners with family and teacher support found the impact of the intervention was negligible. The authors attributed this to the short-term nature of the intervention and the fact that it was administered by an external provider.
FRIENDS is a 10 week programme designed to prevent anxiety in school-aged children. Positive results were reported in trials from England and Ireland and a health-led focus was found to be most effective.	The Letter Box Club is a UK based programme which aims to improve the English attainment of children in foster care and other 'vulnerable' children by sending books and stationary in the post. A 2016 evaluation in Northern Ireland found the programme made no difference in educational outcomes. Interviews showed that foster carers lacked the knowledge about how do use the pack with the child.
Roots of empathy is a social and emotional skills programme for primary-school aged children which aims to develop emotional regulation and self-awareness. Two evaluations in Scotland found improvements in behaviour and that the programme had a larger impact in areas of high deprivation.	
The UK resilience programme aims to improve children's psychological well-being by building resilience and promoting accurate thinking. An evaluation of three test sites in England reported that English and Maths attainment increased and that children from disadvantaged backgrounds and those deemed more 'at risk' benefitted more than other groups.	A 2012 narrative review of interventions to increase attainment of looked after children (LAC) found tutoring interventions had the best evidence but all 11 studies increased literacy in the short term.
A trial of a primary school free breakfast club initiative in Wales was evaluated in 2015 and found to have significant positive associations with educational attainment. Although children eligible for FSM were found to be more likely to have skipped breakfast, no difference in educational outcomes was identified for this sub-group relative to the broader population.	A 2015 review of six international studies concluded that interventions with many components could have short-term successes in academic outcomes for LAC.
A 2007 meta-review concluded that food growing programmes improved science attainment and helped the language skills of students who did not have English as a first language.	A 2014 meta-review of evidence which focused on the mental health of LAC similarly concluded that a single intervention was unlikely to address all the needs of LAC and recommended a mixed methods approach.
A 2012 DfE evaluation of the free school meal pilot in England found a significant increase in pupils from the pilot achieving expected English and Maths levels compared to similar pupils and that children eligible for free school meals made slightly ore progress. Two earlier studies of the same programme found no impact on primary school children's attention levels but a increase at secondary school age.	

Intervention Overview: Increasing educational engagement (2/2)

Family based support	Training/ support for teachers/ staff	Whole school / system approaches
The Family Nurse Partnership is designed for low-income mothers during pregnancy and aims to improve the health and development of baby and mother through home visits, education, and engaging her wider circle. In the US there is robust evidence of increased early cognitive skills and mental development of the child, as well as improved behavioural outcomes in primary school, reduced substance misuse, arrests, and convictions in later life. Not all positive outcomes were upheld in a UK iin a 2015 evaluation, but early cognitive, language, and social development of the child were all found.	Two 2018 studies on the UK application of the Attachment Aware Schools Programme in Stoke-on-Trent and Leicestershire both reported significant improvements in academic outcomes for vulnerable pupils and in teachers' understanding of challenging behaviour	Building Successful Families in Sheffield has evolved from an extension of the Troubled Families Programme to develop an educational inclusion focus. The BSF team use data to identify schools which have the highest number of children at risk of exclusion. Local leads then build a 'team around the school' which caters for pupils and their families inside and outside of school-time. This element has yet to be evaluated but the approach is promising.
Child First is a home-based therapeutic programme targeting very vulnerable young children and their families. Integrated services and support are provided to these families and focus is placed in the parent-child relationship. A 2011 US based evaluation found significant improvements in children's language and behaviour of the children in the programme.	Emotion coaching is a parenting style which supports children's emotional self - regulation, social skills, physical health and academic success. A 2015 pilot study in a rural disadvantaged area in England sought to evaluate the effectiveness of training practitioners who work with children to apply emotion coaching strategies. It found positive outcomes on across several age ranges.	A 2018 literature review from the Department of Education on what works to increase the educational outcomes of children in need concluded that among the most frequently reported recommendation were improved cooperation, coordination, and sharing between agencies and services.
The 2020 national evaluation of the Troubled Families Programme in a family outcome survey found that the proportion of carers who reported **no** attendance concerns regarding their children increased by 23% between 2017-2019 whist in the programme.	A 2020 evaluation of nurture groups in the UK found positive impacts on behavioural and social outcomes but not academic outcomes. A 2009 study in Scotland reported both improved self-esteem and improved academic attainment.	

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Universal support for offenders

A 2005 Home Office review of evidence around reoffending concluded that interventions delivered in custody are more impactful when combined with post-release support.

The 2015 Scottish What Works to Reduce Reoffending, the MoJ's 2013 Transforming Rehabilitation, and several other older evidence reviews (2010, 2007, 2005, 2004) concluded that CBT had the strongest evidence base for addressing other offenders needs. However a 2012 US evaluation found that these programmes were less effective in deprived areas and a 2013 Scottish study found it could misunderstand the nature and drivers of youth offending.

The first (2000) meta-analysis of educational, employment, and vocational programmes for offenders in the US found found lower reconviction rates for participants but a more recent (2006) update found these programmes had no effect and concluded that stand-alone employment programmes are unlikely to be effective unless they are combined with motivational, social, health and educational support services.

A 2012 literature review on probation from the University of Sheffield concluded that programmes which coordinated work before and after release were the most successful.

A technical report for the NAO in 2008 concluded that stable employment is a critical predictor of postrelease success for individuals released from prison.

A 2011 meta-analysis of drug-treatment in Europe found that treatment reduced recidivism in drug-users by around 30% and that pharmacological substitution was the most effective.

A 2012 evaluation of Drug Courts found therapeutic communities were consistently associated with a reduction in reoffending and drug use, the College of Policing conclude in 2019 that they have reduced crime but UK evidence is still relatively lacking.

The MoJ in 2013 concluded that the provision of suitable accommodation may not reduce reoffending, but is 'a necessary, if not sufficient, condition for the reduction of reoffending and that 'good practice' has highlighted the importance of taking a proactive approach towards managing the housing needs of prisoners.

A 2013 British study into experiences with probation found probation officers were often unable to deal with social and emotional needs of their clients. The MoJ in an earlier (2005) similar study concluded that offenders who felt their supervisor understood their needs were significantly less likely to reoffend and in a 2011 evidence report prosocial modelling (where the case manager acts as a positive role model and encourages prosocial actions) has also been associated with higher rates of compliance and lower rates of reoffending.

UK based evaluations in 2010, 2009 and 2008 found small positive impacts of mentoring whilst a 2010 evidence review found that mentoring is especially likely to work with young people under 19 years of age who are still at risk.

A comprehensive systematic review of UK based interventions found that those who received restorative justice conferences reoffending at nearly 15% less frequency.

A 2013 MoJ evaluation found offenders sentenced to < 12 months in custody had a higher reoffending rate than matched offenders receiving diversionary schemes.

A 2012 systematic review of juvenile reoffending programmes found 'experimental' diversionary schemes for first time offenders involving skills training and reparation reduced reoffending by nearly 30% (all were in the US).

A 2007 economic review of evidence concluded that educational/vocational programmes were good value for taxpayers money but a 2002 UK based review review of offender rehabilitation programmes concluded that vocational training activities without associated links to tangible employment prospects are unlikely to lead to reductions in reoffending.

A 2012 evaluation of short-term drug treatments in jail found those who completed an intensive, CBT-based drugs treatment programme in prison had lower recidivism.

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Targeted support for particular offenders	Universal programmes for potential offenders	Targeted programmes for potential offenders	System approaches
In 2020 report, the Young Women's Justice Project argue that young female offenders are uniquely impacted by the transition from YOT to adult probation services as they lack gender and age specific services. A 2011 study of 20 Scottish men from deprived areas found that curfew orders did break toxic peer groups but also damaged pro-social relationships which are key to preventing reoffending. A 2010 meta-analysis of family-based interventions concluded that parenting programmes have consistently found small but statistically significant effects on juvenile reoffending. A 2007 study found the effectiveness of CBT-based anger management for violent offenders. A 2009 meta-analysis concluded behavioural programmes for sexual offenders could reduce reoffending.	Both the Second Step Programme and PATHs (mentioned on slide 129) are examples of school-based programmes which have had demonstrable impacts on enhancing certain protective factors in children and parents from high risk families, including anger management, conflict resolution and self-esteem. In 2019 the College of Policing concluded that the evidence showed boot camps were ineffective or damaging for reoffending and offending. The College of Policing presented some good evidence of the use of drug courts as an alternative to the regular court system internationally, but a recent review of evidence suggests that ultimately, the UK experiment failed.	Targeted home visiting interventions for high-risk families like the Family Nurse Partnership mentioned on slides 128 and 133 and Elmira Prenatal/Early Childhood project have been found to have long term impacts on the antisocial behaviour of the children they support.	In 2010 the MoJ assessed data from 10,000 offenders needs assessments and found over half had needs related to education, employment and mental health. In the same year, a MoJ study Community Orders in England and Wales found offenders often had multiple, complex needs, and the rate of reoffending increased with the number of needs. A 2020 Criminal Justice Joint Inspection of the Integrated Offender Management summarised recent evaluations of the programme. Overall, evaluations found a lack of meaningful partnership working and chronically underfunded partners hindered success. However, there were pockets of great practice identified in South Yorkshire, Kent, Surrey and others which were encouraged by local monitoring, evaluating and reporting.

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Universal programmes	Targeted programmes
A 2016 guide from the National Institute for Health and Care Excellence (NICE) found 'good evidence' for collaborations and partnerships approach to CE which focuses on alliances and partnerships between communities and service providers/researchers/ commissioning bodies. This set of approaches (including CBPR) can be targeted but are more frequently used to improve general community wellbeing.	A 2019 study which engaged 'hard to reach' older people in England found that older people from BME groups often reported language and lack of culturally appropriate healthcare services as barriers for engagement with health promotion. For older people from deprived areas, poor literacy, social isolation and a lack of trust in the services offered acted as barriers.
A 2015 systematic review of 24 studies (only 1 based in the UK) found that community-based participatory research (CBPR) - a type of community engagement which creates partnerships between communities and researchers to identify needs and develop programmes - was particularly impactful in reducing health inequalities among disadvantaged populations.	A 2017 systematic review noted that BME groups had been underrepresented in clinical research and repeatedly report greater difficulty accessing health and social care services. They found that matching participants and service providers based on ethnicity facilitated communication and trust, as did using trusted figures in the community and familiar venues. Older people in deprived areas were also found to be excluded from health promotion activities, a key recommendation for inclusion for both groups was ensuring sufficient transport and accessibility of healthcare services.
CBPR has also produced positive health outcomes in US based evaluations. It can be an approach in itself or the first stage in collaborative service design.	A 2016 UK study of 26 adults from BME backgrounds who had accessed mental health services found a lack of diversity, cultural awareness/sensitivity in services had impacted their experiences. The participants also noted a lack of control over their treatment and their provider which was worsened by a limited knowledge of the available services. The study recommended approaches which foster trust in the community like the reverse commissioning tool developed by the NHS BAME network, a type of values-based commissioning which aims to empower services users to influence the commissioning of relevant services.
Other CE approaches aimed at general population wellbeing include approaches to strengthen communities, which draw on and build from community strengths to make positive social and health changes. C2 Connecting Communities is a specific complex and long-term value-driven model designed for disadvantaged communities in England. Case study evidence show positive and sustainable results for the communities involved in C2 programmes.	A 2016 guide from the National Institute for Health and Care Excellence (NICE) found 'good evidence for 'Peer and lay roles' programmes - a form of CE which focuses on specific roles carried out by community members in a non-professional capacity. The NHS Health Trainer programme is an example of peer roles CE which trains volunteers to support individuals to make healthy choices. These were originally aimed at deprived communities but were then developed to target specific population groups, such as offenders and their families, who experience high levels of physical and mental health needs and wider social exclusion. A 2013 evaluation of the offender health trainer programme in 3 UK test sites found significant successes.
Another group of CE focuses on ensuring access to and knowledge of community resources. Social prescribing is a model which empowers staff with local knowledge of the resources available to match individuals to community activities. A 2020 review of UK evidence including a programme in Bradford attested to their efficacy for health and wellbeing but noted most evidence was not robust due to poor evaluations.	Social network approaches to CE aim to strengthen the community and support between people via collective organisation. Recovery communities is a UK example of a mutual aid intervention which creates safe spaces for people with a history of drug or alcohol misuse to offer peer support and develop relationships.
	Coproduction projects for service delivery aim to develop equal partnerships between service users, carers, and professionals in order to deliver better outcomes and more tailored services. There is no one definition of this approach to CE but it tends to focus more on targeted groups within the community. Practice examples from the UK have been compiled by the Social Care Institute for Excellence but systematic evolution is still lacking.

Intervention overview: improving the availability, access, and quality of service provision (2/2)

Family based interventions	System-level approaches
A 2020 report by the Youth Violence Commission cited research which suggested that work-class parents of very young children are less informed about government funding for childcare than middle-class parents. A 2016 survey by the Social Mobility Commission founds that almost ¼ of working class parents said they had no knowledge of any available support for them. In 2011, the Royal College of Midwives found that 75% of expectant mothers in low-income households receive no antenatal education. Relatedly, a 2020 report found that black women are four times more likely than white women to die in pregnancy and childbirth in the UK and than women from Asian backgrounds are twice as likely. Women living in deprived areas were three times more likely to die than those from more affluent areas. The lead author linked this to poverty, deprivation, and inequalities. The above evidence suggests the necessity of adopting targeted interventions for low-income families and those from black and minority ethnic backgrounds, like the Family Nurse Partnership mentioned on slides 128 and 133.	A 2014 review of values-based commissioning in West Midlands found although there was a considerable amount of service user engagements there was little service user leadership or joint decision making in terms of design and delivery which hampered the adoption of VBC. They found a culture shift in commissioners was needed, as well as extensive service provision mapping to identify areas which service users could engage and influence was needed. They also identified an 'urgent need' to include more underrepresented groups who were not sufficiently engaged. Reverse commissioning works with BME service users and community leaders specifically to identify gaps in service provision and enable culturally appropriate interventions, a similar process could be followed to empower people from deprived areas. Despite the fact that community engagement approaches are particularly difficult to evaluate, a 2015 guide identified a 'substantial' body of evidence on the benefits of CE in addressing the social determinants of health for marginalised and vulnerable groups. Similarly, a 2013 systematic review of evidence concluded that community engagement interventions in public health for disadvantaged groups were effective in improving health, wellbeing, and social outcomes. The study included 131 evaluations largely from the USA but with some (5) from the UK. A 2016 guide from the National Institute for Health and Care Excellence (NICE) found 'good evidence' that CE approaches led to both positive health outcomes and wider social outcomes, like self-belief and social support which act as protective factors against violence and exploitation. A 2015 systematic review of 24 studies (only 1 based in the UK) found that CE approaches were generally successful in reducing health inequalities but that implementing these approaches in disadvantaged communities raised distinct challenges - poor health system infrastructure and service delivery, poor staffing and resources, and limited access to health services often resulted in unmet healthcare needs leading to empowered communities becoming dispirited and compromising the whole endeavour. This was especially the case among ethnicity and indigenous communities in their included studies.

Universal support to address extra-familial harm	Targeted support to address extra-familial harm
After discovering that child protection systems were failing victims at risk of abuse in non-family settings, Dr Carlene Firmin suggested an alternative approach - the Contextual Safeguarding Model which is designed to respond better to young people facing serious problems outside the home. It has been piloted in several areas aiming to help those at risk of child sexual and criminal exploitation, peer-on-peer abuse, youth violence and involvement with gangs. A 2020 evaluation of the contextual safeguarding model in Hackney found it was too early to see a clear difference but that the approach had been experienced positively by local businesses and schools and that residents reported feeling safer in parks. There was a reduction in anti-social behaviour and social workers were more aware of, and confident about recording, harm in non-family settings **but** many continue to struggle with the culture change under the new model. 2020 project by the University of Bedfordshire surveyed over 2000 young people who had been supported by social care due to extra familial harm. They found that relocation can keep a young person away from dangerous peers but also erodes their prosocial networks which puts them at greater risk of exploitation in the long run. A 2020 research project by Crest Advisory found in two UK deep dives that when dealing with county lines victims, local authorities increasingly place young people out of their area because they are unable to find suitable placements locally and that unregulated care homes put vulnerable young people at sometimes extreme risk.	There is significant research which points to the role of the 'cliff edge' aged 18 where a young person loses access to several support services as a key determinant of youth homeless and serious violence. Research in Practice and other proponents assert this as the theoretical justification for adopting a transitional safeguarding approach. A 2021 robust in-depth study into transitional safeguarding in the UK found that no local authority evaluated (⅓ of the total population) had a coherent and comprehensive approach to transition safeguarding despite areas of innovation and a widespread understanding of the necessity of the approach. Due to this, an impact on outcomes could not be determined.

Intervention overview: minimising and addressing the impact of contextual harm (2/2)

Family support to prevent or manage contextual harm	Universal programmes to address contextual harm	Targeted programmes to address insufficient accommodation
CentrePoint claims that their research found that family breakdown was the primary driver of youth homlessness, their evidence suggests the importance of a whole-family approach to tackling this issue. In 2015, an evaluation of Knowsley's Family Support Service which supports families with children who have been homeless or struggle to keep a home found that families in the programme reported greater stability, a greater ability to recognise and manage anti-social behaviour, and positive engagements with education. The Safe and Sound project in Fife aimed to reduce the risk of homelessness for young people by facilitating family mediation and the safe return home for those who have run away. A 2018 independent evaluation found that that it had "clearly contributed towards better outcomes for those who engage, as well as contributing to longer periods of stability for both children, young people and their families".	Nightstop is a model of emergency accommodation for young people in several UK locations. A young person stays with a host for a short period whilst family reconciliation occurs or accommodation is secured. Evaluations have shown that young people are exposed to significantly less contextual harm in the short term, as well as a range of positive outcomes in the medium-term. NPCC research suggests that children from lower socioeconomic status families tend to use the internet less and report lower levels of digital skills. However, parents from higher socioeconomic backgrounds typically offer more online protection and monitoring.	Since 2017, Safer London has provided critical housing support through the Pan-London Housing Reciprocal which facilitates tenancy moves for people in social housing at risk from domestic abuse and gang violence. Although it hasn't been systematically evaluated yet, the project reports helping young people and families across London move away from harm and into a safe area with the help of specialist support and advice, allowing them to rebuild their lives and networks and has recently been renewed. However, practitioners reported challenges arising from an absolute shortage of affordable housing in many parts of the country, and a lack of consistency and approach across different local authorities. Housing First: intensive and holistic support for a small group of people with complex needs who have experienced homelessness which gives them a stable home to rebuild from. A 2018 review of evidence suggests this is highly effective but only for this group of people who are unlikely to be families or young people. There is robust evaluation evidence from Northern Ireland in 2012 and St Mungos in 2018 (among several others) to suggest that floating support for young people in independent accommodation is effective at keeping them in accommodation. Long term studies into their future outcomes (including violence and exploitation) is lacking.

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