

**A Strategic Needs
Assessment of Serious
Violence in Nottingham City
and Nottinghamshire County
2020**

**Nottingham City &
Nottinghamshire
Violence Reduction Unit**

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Foreword

Reducing serious violence across Nottingham City and Nottinghamshire County is a high priority whether that violence occurs in domestic settings or the public realm.

The Nottinghamshire Knife Crime Strategy, launched in October 2018, recognised the complexity of the challenges in reducing knife crime and outlined our intention to work in partnership to reduce the number of incidents and the resulting harm caused to individuals, families and communities. Whilst good progress has been made, there is still more to do. The strategy described our public health approach to reducing violence and our Vision Document (2019) explained in greater detail how our approach would be developed and delivered.

Our public health approach to reducing violence in Nottingham City and Nottinghamshire County, is and always will be, consistently underpinned by a thorough understanding of what causes violence and the causes of those causes, so we can prevent, intervene and 'treat' them through evidence-based interventions.

This Strategic Needs Assessment is the first comprehensive analysis of serious violence and of the context and complexity in which this violence arises, across Nottinghamshire County and Nottingham City. We commit to using the Strategic Needs Assessment to inform our future work specifically, in taking a coordinated whole system approach which harnesses the assets and energy within the voluntary sector and communities themselves.



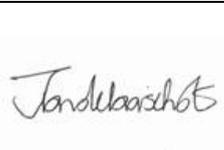
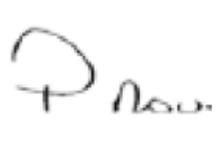
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Executive Summary

Purpose of the Strategic Needs Assessment

The purpose of the Strategic Needs Assessment (SNA) was to contribute to an understanding of what causes violence in Nottingham City and Nottinghamshire Violence Reduction Unit (NNVRU) area and the causes of those causes, to inform evidence-based prevention, early intervention and 'treatment' interventions and approaches.

Specifically, the SNA has:

- Explored the prevalence of serious violence in Nottingham City and Nottinghamshire County and the context in which this violence arises, using multiple data and information sources to describe who is affected as victims and/or perpetrators.
- Appraised and synthesised evidence related to violence including interventions to reduce violence identifying gaps and limitations in the evidence.
- Explored the issue of serious violence as experienced by local people through engagement with individuals and communities.
- Identified local assets, including services in the statutory, voluntary and community sectors that aim to reduce violence, tackle the causes of violence and the causes of these causes.
- Made recommendations that will inform commissioning of services and projects to reduce violence in order to make the best use of available resources needed to reduce violence and the causes of violence.

Summary of the Main Findings

1. **There are important contextual factors for serious violence, in particular the deprivation and inequality experienced by some communities; contextual safeguarding is an essential part of understanding and reducing harm for young people.**
 - There are important risk factors for serious violence that can be described at individual level. Health data, particularly related to mental health, points towards increases in the risk factors which increase vulnerability to violence, particularly amongst young children. Environmental and social factors have a substantial influence on violence and describing these is important in developing a shared and broad understanding on the determinants and violence, in minimising stigmatisation of local communities and in developing effective responses: too often efforts to reduce violence are disconnected from the underlying causes and fail to appreciate the complexity of the system.



- National and local evidence suggests that the risk factors associated with violence tend to be more prevalent in deprived communities. The same communities have less access to some of the key protective factors which mitigate against violence, particularly given reductions in services due to austerity. The crime data included here suggests a link between deprivation and the volume of recorded crime at district level and future analysis will seek to test this association at Ward level. There is a strong relationship between repeat A&E attendances and level of deprivation indicated by a five-fold difference in numbers between the most and least deprived quintiles.
- Reported crime under estimates actual crime. Evidence and local intelligence suggests that this is particularly true for victims/survivors of domestic and sexual violence. Victims/survivors are not always willing to name a perpetrator which prevents the perpetrator being brought to justice and may increase the likelihood of further offences being committed. The current narrative around a victim's/survivor's reluctance to name a perpetrator often cites the issue in the individual rather than the broader context.
- Violence can be framed as 'fighting' and seen as normal for young people; this is an example of a perceived norm and highlights the importance of place-based responses. Commonly cited risk factors in relation to young people and violence (as victims and/or perpetrators) include substance misuse and the impacts of social media. Detailed case studies of young people in the criminal justice system highlight multi-layered vulnerabilities for young people and the importance of contextual safeguarding. Interestingly, the young prisoners in the focus group cited responsibility for violence and their subsequent prison sentence with themselves; they focussed on personal traits and their own difficulties in managing anger or impulse control, although the evidence points to particular risks and vulnerabilities.
- There were clear findings in the stakeholder feedback and lived experience of young people on how some areas of the public realm in Nottingham City and Nottinghamshire County feel safer than other areas; the relationship between visible police presence and perceived safety is complicated by perceived racial discrimination, mistrust and the use of 'stop and search' powers. For example, practitioner intelligence applied to the crime data on *Possession of Articles With Blade or Point* suggests observed increases in 'possession' data can be linked to specific Police activity, for example the 2019 *Operation Lumination* involving stop-and-search in the Forest Recreation area of Nottingham City. Interpreting the effectiveness of local approaches requires situating the activity data in relation to lived experience and an ongoing emphasis on community engagement.

2. Males are over-represented as perpetrators and victims of serious violence.

Males are over-represented in the crime and the health data throughout the SNA and descriptive analysis has identified the extent to which this is observed locally:

- Males are more likely to have an A&E attendance for assault than females, particularly young males aged 20-29 who are responsible for 25.7% of attendances.
- A&E attendance rates in males are on average twice as high as rates in females.



- More than half of visits to A&E for assault related injuries in males occurred in a public place particularly in the 20-29 age group. Assaults at home is the second most common location more so for females than males. Due to limitations of this dataset, it is not possible to conclude that assaults which occur in the home environment are domestic violence related.
- Males aged between 20-29 years are more likely to attend A&E multiple times in a day; the reason behind this is unclear and warrants further exploration.
- Males aged 20-29, from the most deprived quintile of the NNVRU area, are four times more likely to be admitted for violence related injuries than females.
- One in four admissions for assault were found to have some influence of alcohol. The proportion of alcohol involvement in males aged 20-29 is nearly double that in females in the same age group.
- Approximately 33% of 599 cases of admissions for violence, where illicit drug use was noted, were in males aged between 20-29 years.
- The proportion of mental health diagnosis, alcohol and illicit drug use in males aged 50-59 years admitted for assault is double that in females.
- Of 74 deaths in the NNVRU area between 2014 and 2019, 66.1% were males, 45.9% from the most deprived quintile within the NNVRU area and 63.1% aged between 20-49 years with the highest proportion (28.8%) in the 20-29 years age group.

A broad range of local organisations are assets in working with and engaging men. There is an incomplete evidence base on the effectiveness on diversionary activities such as sports and music, which can often be targeted at young males; there is clear evidence for always available adults and examples of effective mentoring schemes locally and lived experience of the benefits of vocational skills and training. A further review of evidence in relation to reducing violence in males would help to inform local approaches.

3. There are particular patterns of violence in relation to the NTE

Overall, the long-term trend in the UK has been a reduction in serious violence. 'High harm' offences involving guns, knives and sharp objects have increased in recent years, although they still remain a relatively small proportion of the overall crime figures. These offences are not evenly distributed across the week nor across the NNVRU area. The crime and health data in this SNA has drawn attention to violence particularly occurring in the urban environment (Nottingham City and Mansfield) during evenings and weekends.

- Nottingham City and Mansfield show a higher proportion of recorded *Homicide and Violence With Injury (excluding DV and ABH)* occurring on Saturday night/early hours of Sunday, this contrasts with other districts in Nottinghamshire, where a higher proportion of crime occurs in the afternoon and early evening (12:00–17:59). The violence in Nottingham City has associations with the NTE and particularly with alcohol consumption, though also with illicit drugs.



- More than two thirds of hospital attendances for assault occur between 11pm and 4am and more than one third occur over the weekend. Whilst the temporal profile for crime shows higher frequency of reported crime on Friday and Saturday night, suggesting the link to the NTE, further analysis is needed in this area. Future work should explore the use of offence summary notes, to better distinguish between the offences that occurred on a 'night out' and those that occurred at night.
 - More than 35% of assaults presenting at the Nottingham University Hospitals (NUH) Emergency Department occurred between 6pm on Friday evening and 6am on Saturday morning or between 6pm on Saturday evening and 6am on Sunday morning. The usefulness of the Injury Surveillance data (from NUH) is currently limited by the lack of detail on the Location of Assault. Improvements in the data collection could enable the NNVRU to replicate the 'Cardiff model' which led to reductions in violence in the NTE in South Wales.
 - 22.7% (10,407/45,830) of *NNVRU Serious Violence* can be classed as alcohol-related crime, however the data does not distinguish what role the alcohol played in the crime (e.g. was the offender under the influence of alcohol or targeting victims in the NTE). Other datasets have been identified such as test on arrest outcomes, which will be accessed in order to explore this area further.
 - Evidence suggest that there are specific, strong links between alcohol and domestic violence and violence in the NTE and this is echoed in the SNA findings. Further work should explore the overlaps between Domestic Violence and NTE Violence, e.g. DV that occurred at night and in licensed premises. Practitioner intelligence suggests that DV element takes priority in recording of such occurrences; future analysis can explore this hypothesis and assess how big the overlap is.
 - The trade in illicit drugs is linked to a variety of violent crimes including assaults, acquisitive crime, sexual abuse and the criminal and sexual exploitation of children. Whilst there is a growing body of evidence to suggest that the use of cocaine and alcohol together has a cumulative impact and increases violent behaviours, few services routinely ask whether perpetrators and victims of violence have used alcohol and cocaine which reduces the ability to establish local prevalence.
4. **The data sourced and analysed here provides an overview and there is ambition to develop this further; there is not yet sufficiently detailed and shared insight to address some of the broader questions nor explain some of the observed patterns.**
- Data and intelligence is a specific asset locally and there are detailed programmes of Joint SNAs and intelligence accessible on the Insight websites. A broad range of intelligence sources have been brought together within this SNA. The methodological limitations and data sources that have not yet been accessed have been recognised.
 - Data is collected for differing purposes. The development of a local predictive model to identify 10-18 year olds within the city who may be at risk of involvement in knife crime, included in the assets section, is an example of producing information that can directly inform targeted engagement. The results of the model will be used as an



- additional resource for front line staff to evaluate cases and provide preventative intervention.
- It has not been possible to look at longer term changes for some outcomes due to inconsistent data recording and mixed data quality. Changes in recording are a particular issue, for example, the addition of new offences or changes to national guidance on crime recording for the police. Another challenge is the inconsistency in recording protected characteristics, or shared indicators (e.g. alternative education providers). This limits some of the comparisons and conclusions that can be drawn.
- Differences in recording practices can also obfuscate particular needs. For example, stakeholders suggest that attendance and exclusions from local schools underestimates the true picture. Specifically, that unofficial policies such as managed moves and off-rolling are used by some schools to 'manage' poor attendance and challenging behaviour. A report is expected by the Children's Commissioner which may give further insight on unofficial school exclusions. However, more consistency is needed in data collection to allow vulnerable children to be identified and supported.
- Where possible, the data available has been triangulated to support interpretations but there remain specific, unexplained peaks in the data. For example, the peak in the number of *NNVRU Serious Violence* crimes observed between March and July 2018, is an example of a current knowledge gap, as it does not appear to be related to a change in recording rules or a change in practice. Practitioner intelligence does not suggest an increase in police activity taking place in the period. Interestingly, a similar spike in A&E attendances and hospital admissions is not observed for the same period. Further analysis of NNVRU crime data showed that, the increase was driven mainly by ABH offences which won't all require A&E treatment and/or a hospital admission.
- Further understanding of this difference may be gained from analysis of East Midlands Ambulance Service (EMAS) call out data, as by having more information of the patient's journey could help 'plug' the information gap between crime and hospital data. The NNVRU looks to explore this further and include findings in the next iteration of the SNA.

5. There is substantial variation in the risk factors and observed violence across Nottingham City and Nottinghamshire County and place-based approaches are indispensable in addressing these:

- Some of the data included in this SNA pertains across the NNVRU area and broader conclusions can be drawn. For example, employment rates across the NNVRU area are lower than the national average as are average wages. Residents of Nottingham City tend to have lower levels of employment and pay than residents in Nottinghamshire County. More than four in ten children in the NNVRU area live in low-income households. Despite increases in the employment rate, more than half of these low-income households contain a working adult.



- There is important variation across the lower tier authority areas. For example, while the proportion of *Children in Need* or who are Looked After/Children in Care across the NNVRU area is broadly in line with the average for England. This hides a wide degree of variation across the area with higher than average rates in Nottingham City, Ashfield and Mansfield and the lowest rates in Rushcliffe and Gedling.
- Nottingham City and Bassetlaw have significantly higher A&E attendance rates for assault than the NNVRU average for both males and females.
- Triangulating locations where serious violence occurs including using police, injury surveillance and EMAS data will enable a better understanding of geographical context and support the targeting of activity. This can also be linked to data on risk factors. Mapping of hotspots such as those in the hospitality industry and fast food takeaways will inform licencing, policy, regulatory and enforcement activity and support a contextual approach to safeguarding.
- Some of the inequities in access to services is not solely related to difference in need. Some stakeholders feel that the larger, more diverse population and higher population density in the City supports both a wider range of services related to violence reduction and more specialist services.

6. The evidence base emphasises the importance of early years and childhood, the value of early intervention with young people and addressing the underlying issues that contributed to offending behaviour. Further work is needed to understand the influence of domestic violence on violence.

- National evidence suggests that early intervention schemes, aimed at improving the parenting skills of expecting and new parents, have the best evidence in terms of reducing harmful behaviours and generate the largest savings in future costs. The impacts on violence are seen over the longer term, but short-term impacts can be seen on other behaviours (health, attainment, attendance etc) that are risk factors for violence.
- Interventions before the age of 11 can have the most impact on reducing violence. More training is needed to spread best practice amongst primary schools and to better integrate them into the wider public sector offer. Significant increases in funding are also required to increase the availability of support for children, families and schools.
- Research into Adverse Childhood Experiences has generated both a great deal of enthusiasm into the potential for creating a framework to understand childhood adversity, but also a degree of caution that it should not be interpreted as providing ‘...quick fixes to prevent adversity’. (EIF, 2019).
- There is also relevant information from the citizen and stakeholder feedback and narratives included. In particular that mentors, or ‘consistent trusted adults’, are vital for young people.



- Developing the understanding of choices and consequences and real-world life skills are recognised as key priorities for supporting local young people by both practitioners and young people.
- Reflective learning from the Youth Inclusion Project also emphasises the importance of whole community response and local credibility in achieving change.
- One in three (31.1%, 2,120/6,812) offenders associated with *NNVRU Serious Violence* are in the 20-24 and 25-29 age brackets. The literature review suggests that once people get past their late teens or early 20s most people 'grow out' of crime, but some become persistent offenders. Future work should explore this and try to identify the differences between the two groups.
- Crime data does not, in isolation, offer insights into offender motivations and precursors to offending and violent behaviour such as growing up in a household with Domestic Violence and/or drug and alcohol use. Triangulation of such information at adult offender level has not been possible due to the restrictions of information sharing. Domestic Violence Practitioner intelligence suggests there is a strong link between domestic violence and other criminal behaviour. Whilst the domestic violence has not been the main focus of this assessment, it is important to explore this in the future, as domestic violence is likely to be part of an offender's journey and potentially a precursor to other violence.
- Interventions that address any underlying issues which led to violence being used should continue throughout an offender's time in custody and into their release and reintegration back into the community.

7. The NNVRU approach aligns with the needs and insight in this SNA; and local consideration should be given to building forward over a long time frame.

A broad range of NNVRU activity is described in the assets section with planning for delivery in 2020/21 to address locally identified opportunities such as the incubation hub for voluntary and community sector organisation, as well as further work to develop the intelligence within the SNA.

There are several key findings that identify constraints in developing the NNVRU approach:

- Much of the evidence related to preventing serious violence is considered 'emerging or preliminary' which limits NNVRU's ability to consistently commission based on strong evidence.
- And in developing effective strategic approaches to reducing violence, stakeholders stated strongly that short term funding remains an issue for many organisations, statutory, voluntary and community, as it restricts long-term planning and fosters a competitive environment which works against collaboration.

Mitigation measures for these constraints will include cross-sectoral engagement and joint strategic planning on a longer time frame and ensuring the robust evaluation of local interventions to contribute to the evidence base for feasibility of implementation.



Recommendations

Scope

Whilst recognising that ABH offences provide important context in which serious violence arises the Strategic Violence Reduction Board should give consideration, in 2020/21, to focussed attention on the most serious violent crimes.

The evidence base is evolving and the NNVRU will continue to review new publications and, where appropriate, use the learning from these to inform local action. Further literature review(s) on specified topics within violence prevention, using well defined questions and appropriate appraisal of evidence, may be necessary to provide further detail and fully inform strategic local actions including the commissioning of evidence-based services.

The NNVRU should support an in-depth review on the evidence related to assessing ACEs, including whether routine enquiry into childhood experiences (REACH) supports and/or enhances trauma informed practice.

In recognition of the lack of robust evidence in some areas of violence reduction, NNVRU should consider commissioning a research partner to support the evaluation of locally commissioned services, projects and programmes and contribute to the national evidence base.

Data and Intelligence

- Not all demographic information is consistently recorded by local services and projects, limiting conclusions regarding equity of access and outcome. The NNVRU will support existing work to increase the recording of protected characteristics, including ethnicity, disability and sexual orientation, across all local services ensuring that service users and those collecting and collating data understand why the data is collected and how it's used.
- A violence reduction focused analytical group should be established, early in 2020/21. This will lead on the development of regular, timely, joint analytical products that triangulate contextual factors with data from the police, education and health services, to inform strategic decision making and guide local action. To minimise duplication this group could support the anticipated new requirements of Community Safety Partnerships to produce a SNA as part of serious violence duty.

Contextual Data

- The conclusions that can be drawn around exclusions data is limited by inconsistent reporting. NNVRU should consider, through its Local Authority Board Members, whether it can support existing work to improve the quality and consistency of exclusion data across Nottingham City and Nottinghamshire County.
- Data on school-aged young people attending alternative education provision is not consistently shared and the data quality is inconsistent limiting the ability to



- interrogate the data received by Local Authorities. The NNVRU should consider whether it can support work with alternative education providers to provide data that
- enables analysis of the progress of young people attending such provision, with those attending mainstream schools.
- Data from further education colleges is not routinely shared although it is a potential rich source of information on the needs of local young people. The NNVRU team will work with further education colleges, through the Strategic Violence Reduction Board members, to understand what data is collected and collated and how it can deepen understanding of those affected by serious violence as victims and/or perpetrators. Richer quality data from colleges will allow better tracking of the educational status of 16-17 year olds, allowing NEET support to be targeted.
- National evidence suggests that young people who are NEET are more likely to become victims and/or perpetrators of violent crime but local intelligence suggests that the level of support offered in Nottingham City and Nottinghamshire County is based on available funding rather than young people's need. The NNVRU to consider whether it can support Nottinghamshire County and Nottingham City, to reduce the number of young people whose destination post-secondary education is 'not known'.

'Health Data'

Injury surveillance data collected by NUH is currently not high quality. NNVRU will work with A&E departments to improve the quality of information collected as part of injury surveillance and consider strategies adopted by Cardiff to improve data capture and enable hot spot mapping. If appropriate, the NNVRU will work nationally to influence data capture including advocating for:

- Clearer recording of demographic characteristics.
- Reduction of free text in favour of fixed fields to enable meaningful analysis. For example, using 'location of incident' to link into contextual safeguarding work.
- Including a question regarding whether the incident was alcohol or illicit drug related and/or whether the individual is in drug or alcohol treatment.

Once it is established whether injury surveillance data is collected by Kings Mill and Bassetlaw hospitals, the NNVRU team will either work with these units to commence data collection or ensure the data is shared so the proposed dashboard and quarterly reports reflect need across Nottingham City and Nottinghamshire County.

NNVRU will work with the providers of walk-in centres in Nottingham City and Nottinghamshire County to explore, if appropriate, how the walk-in centres can participate in violence surveillance.



Crime, Probation and Youth Justice

- Reported crime under-estimates actual crime and this is particularly true for victims/survivors of domestic and sexual violence. The NNVRU will draw on the University of Nottingham's work on victims/survivors of crime in partnership with domestic violence service providers and local communities to better understand why victims/survivors don't identify perpetrators and what actions can be taken to increase the number of perpetrators named and ultimately brought to justice.
- Police recorded crime figures are significantly affected by changes in recording requirements, such as addition of new offences or changes to national guidance on crime recording. Any analysis and conclusions using police recorded crime data must, whenever possible, fully recognise the impact of crime recording changes and the limitations this can place upon such data.
- The NNVRU, like other VRUs, has been unable to access data from probation services which means no local level data on reoffending is included in the SNA. This is a specific gap in terms of describing the characteristics of individuals. The NNVRU will work with the Leicestershire Violence Reduction Network not only to seek a joint approach to data access, but to also support in shaping their prevention offer/interventions as part of a whole system approach.
- The NNVRU team will work with Youth Justice Service colleagues undertaking analysis and managers to better understand the differences in the reporting across Nottingham City and Nottinghamshire County and provide a clearer picture of the Youth Justice offer across Nottinghamshire and its contribution to reducing serious violence including work beyond statutory requirements.
- The NNVRU will work with local Youth Justice Services to better understand the needs of this client group, including SEND, speech and language and what additional evidence-based interventions can result in positive outcomes including the effectiveness of different orders.
- Local intelligence suggests that Youth Justice clients' with SEND and adult prisoners, specifically autism, ADHD and conduct disorder (including those with a diagnosis and those without who could anticipate a diagnosis), are over-represented as victims and perpetrators of violence. NNVRU to consider 'journey mapping' some of these individuals to identify missed opportunities for support, e.g. to prevent involvement in county lines and inform future service provision.
- NNVRU to consider whether it can support a review of Youth Justice cases where young people were excluded from school, including alternative methods of exclusion such as 'off-rolling' and whether such a review usefully informs local action on an ongoing basis.

Triangulating Data

- To understand better, offender motivations and/or precursors to violent behaviour, data sources should be triangulated at a more granular level. This will build on



- Nottingham City's work through *the Supporting Families Against Youth Crime* project. Barriers to obtaining such data through information sharing agreements should be overcome including with the support of the Strategic Violence Reduction Board.
- Triangulating locations where serious violence occurs including using police, injury surveillance and EMAS data will enable a better understanding of geographical context and support the targeting of activity. Mapping of hotspots such as those in the hospitality industry and fast food takeaways will inform licencing, policy, regulatory and enforcement activity and support a contextual approach to safeguarding.
- The NNVRU will design a dashboard and provide a quarterly report, accessible to partners, that triangulates data including injury surveillance, ambulance and police data. This will encourage partners to make more effective use of the data and highlight the important contribution of this data in Nottingham City and the districts in Nottinghamshire County's response to violence including through a place-based approach.
- Whilst the SNA provides a broad description of serious violence in Nottingham City and Nottinghamshire County, time constraints have prevented focused work on specific hypothesis. The NNVRU will consider setting up a process for ongoing hypothesis testing crime analyses¹, where necessary through access to nominal information, with the support of the Strategic Violence Reduction Board, data groups and other stakeholders. The proposed process would capture practitioner intelligence, turn it into workable hypotheses and then identify appropriate data to test the hypotheses. This co-productive approach would provide richer, more explanatory analysis of specific issues.
- The NNVRU and the Leicestershire VRN will collaborate in guiding the agenda for the East Midlands Violence Reduction Information Network (VRIN), which is being set up with other forces in the East Midlands to share learning and best practice as part of a regional whole system approach.

Qualitative Research and Lived Experience

- Whilst the SNA has engaged with a broad range of stakeholders and those affected by serious violence, the ambitious deadline for the SNA has limited meaningful qualitative research. NNVRU will commission qualitative research with individuals, families and local communities affected by serious violence across Nottingham City and Nottinghamshire County including those from new and emerging communities and those whose voices are seldom heard. NNVRU will ensure that the support of local community organisations in identifying and facilitating research participants is recognised.
- The focus groups and engagement that took place to inform the SNA suggests there is increasing concern around the exploitation of young women linked to young men

¹ <https://www.ucl.ac.uk/jdibrief/analysis/hypothesis-testing-crime-analysis>



- involved in illicit drug related crime and violence. NNVRU will consider commissioning qualitative research that further explores the exploitation of young women linked to young men involved in illicit drug related crime and violence to inform the development of gender-based work.

Adverse Childhood Experiences, Resilience and Trauma-Informed Approaches

- Nottingham City and Nottinghamshire County have different approaches to using an understanding of adverse childhood experiences (ACEs) to inform service delivery. The NNVRU will consider whether an agreed local methodology to assess the prevalence of ACEs across Nottingham City and Nottinghamshire County is appropriate. Specifically, whether a robust prevalence estimate would result in more effective targeting of trauma-informed and trauma-smart interventions and the ambition to become 'trauma-informed Nottinghamshire'.
- Whilst there is evidence to support interventions that increase children and young peoples' resilience, stakeholder feedback suggests that, locally, there are inequities in access. NNVRU should give consideration to how it can support and/or extend current activity to increase children and young people's resilience including by reducing inequities in access that are not determined by differences in local need.
- The impact of ACEs on serious violence in Nottingham City and Nottinghamshire County is poorly understood. NNVRU to consider qualitative work to explore the impact of ACEs on violence within communities as a response to trauma (perpetrator) and as an ongoing risk (victim) including interventions to break the cycle of violence within communities.

Contextual Safeguarding and Whole Systems Approaches

As understanding of contextual safeguarding develops and, in this instance the link to serious violence, there will be a need for training and appropriate policy in core provision. NNVRU will work with safeguarding partners and others to develop a 'contextual safeguarding network area' in order to access peer support from other areas working to develop a response.

Drawing on national expertise, NNVRU will consider system mapping the underlying causes of violence and efforts to reduce violence using a whole systems approach.

Local Initiatives, Services and Projects

- The NNVRU recognises that long-term funding is key to successful provision and has committed to working with communities in Nottingham City and Nottinghamshire to ensure sustainability. NNVRU will highlight nationally the issues short-term funding places on providers.
- An incubation hub could support providers to develop skills including demonstrating outcomes as part of meaningful evaluation including, where possible, an assessment of value for money. The development and implementation of a standardised NNVRU evaluation framework would support consistency. Local services and projects commissioned by the NNVRU and partners should be a particular focus.



- Young people’s drug treatment services for Nottingham City receive few referrals from local agencies despite local intelligence suggesting a considerable number of young people are using illicit drugs. NNVRU will work with local services and projects to understand the barriers to referring young people who use illicit drugs to drug treatment services, challenging when illicit drug use by young people is accepted as the norm and potential harms not recognised. NNVRU will make the ‘number of referrals to drug treatment services’ a mandatory part of the data return for the services and projects it commissions.
- People who experience trauma, loss and bereavement due to serious violence report inconsistent access to appropriate support. The NNVRU will work with commissioners to increase access to appropriate trauma, loss and bereavement support as part of broader local mental health support.
- There is strong evidence around interventions that support and develop parenting skills but stakeholders suggest there is unwarranted variation e.g. not related to differences in need. NNVRU should consider how it can support and enhance current work in Nottingham City and Nottinghamshire County to support parents including those parenting children and young people with specific needs such as ADHD, autism and conduct disorders who are over-represented as victims and perpetrators of violence.
- Local intelligence suggests there are challenges in meeting multiple and complex needs including people who are victims/survivors of domestic violence. NNVRU should support DV and other networks to better understand the gaps in local services for individuals with multiple and complex needs who are victims/survivors of violence.
- Stakeholders identified the multi-agency *Ending Alcohol Harm* programme of work was an asset in Nottingham City. NNVRU will consider how it can support the *Ending Alcohol Harm* programme in Nottingham City and consider if it is appropriate and adaptable to Nottinghamshire County or areas of Nottinghamshire County.
- Awareness of the evidence describing the links between simultaneous alcohol and cocaine use and violence appears low outside specialist services and reduces the ability to establish local prevalence. NNVRU will work with local services including the police to encourage practitioners to ask victims and perpetrators of violence whether they were using alcohol and cocaine at the time of the incident.
- Local service providers and community members suggest that services aren’t joined up and that it is difficult to find organisations who provide services in different areas. *Ask Lion* and *Notts Help Yourself* have experienced difficulties in fully capturing the range of local services and community groups in their respective areas. NNVRU to consider engagement with local projects and service providers to understand better the perceived challenges in accessing and navigating information on *Ask Lion* and *Notts Help Yourself*. Targeted engagement with projects and services whose information is not on these platforms, could yield useful information on the perceived barriers to listing information.



- The assets in local communities are not fully understood and this lack of understanding could limit community capacity building. NNVRU will consider collating existing mapping and working with the VCS to identify gaps and omission and the commissioning of a joint strategic assets assessment to complement the SNA and Youth and Community Engagement Strategy and inform the delivery plan. Specific areas of focus could include:
 - Capacity in community groups to evaluate interventions and demonstrate evidence of effectiveness and support future funding applications.
 - Access to meaningful diversionary activity which can move people away from crime and support skills development for those the furthest away from work.
 - Understanding the effectiveness of youth services including youth outreach models and how, if appropriate, they might be augmented in the City and County.

Workforce Development

Stakeholders suggest there is insufficient and inequitable access to local mentoring provision, specifically equity of access to accredited mentors that can offer informed information, advice and guidance and support towards employment. The NNVRU and Leicestershire VRN will work together to explore evidence around mentoring models for young people impacted by serious violence and collaborate on establishing an evidence-based, standardised training approach.

The Mentors in Violence Prevention programme was identified as an asset. A collaborative workshop will be held during 2020/21, in partnership with Leicestershire VRN, aimed at rolling out training of the bystander approach to frontline workers, for example Prison Officers and DV practitioners.

Some youth and community workers would benefit from additional training and skills development including developing their understanding of the role of social media in violence and 'self-reflective' youth work.

The Serious Violence Duty

- There is no nationally agreed definition of serious violence for the Serious Violence Duty. NNVRU will work at national level to develop a shared definition of serious violence as identified in the Serious Violence Duty. If no national agreement is reached, NNVRU will seek consensus of definition across England's VRUs.
- The proposed new duty on Community Safety Partnerships to complete a serious violence needs assessment arguably duplicates the same responsibility placed on VRUs. NNVRU will support Community Safety Partnerships, the Safer Nottinghamshire Board and Nottingham City's Crime and Drugs Partnership to develop a SNA as part of their serious violence duty and to ensure synergy with the NNVRU SNA and response plan.

Throughout our engagement with stakeholders, including community members, young people and those who were perpetrators or victims of violence, we offered an opportunity to



make recommendations to reduce serious violence. Many of their recommendations echo those recommendations identified throughout this SNA. The points below highlight the perspective of local citizens and local practitioners in relation to their lived experience.

- **Diversions activity:** Across all of the engagement work there has been a frequently expressed view that there needs to be additional positive and meaningful activity for young people within communities. In particular, the existence of youth clubs and the roles of community centres (premises) and youth workers (skilled practitioners) within these are essential, alongside a broader offer of diversionary activities.
- **Knife crime awareness:** Young people need more education and awareness on carrying blades and the risks and consequences associated with their choices and behaviour, this was a recurring theme across community engagement and raised by young people themselves. They feel that schools and education providers, in particular, should be providing education on this, as well as through youth clubs and projects.
- **Neighbourhood safety – visibility of police and youth workers on the streets:** Attention should be paid to contextual safeguarding and safety for young people across local communities; there was recognition of improvements within the city centre (more neutral and more police presence) but safety in other areas remains a concern where there are no patrols and some young people said they wanted to see more youth workers out on the streets.
- **Opportunities and provision for diverse groups of young people:** Young people have emphasised that commissioners and decision makers should recognise the diversity and the needs of particular individuals and groups of young people, including young people with disabilities, educational needs and LGBT young people. Specific actions within this include more activities where people with abilities and people with disabilities can come together, earlier diagnosis and support for dyslexia and special educational needs and prevention work for vulnerable young people in relation to gangs and county lines.
- **Tackling normalisation of drug taking:** An audit of referral of young people in drug services to help identify unmet need and to help target with responses with communities and services in addressing the perception of drug taking as normal behaviour.
- **Motivating and mobilising community buy-in across the Ending Youth Violence network:** Learning from the Youth Inclusion Project in St Ann's emphasises the strength of broad local community support and that local buy- in increases the credibility and impact of the local offer.
- **Extending skills and horizons of young people:** Creative pursuits have their place, but we need to avoid instilling 'pipe dreams' in young people and help them in developing in real world skills, trades and employment opportunities.



- **Long term strategic approach in working with community and voluntary sector organisations:** Short term competitive funding does not enable the scale of change nor the building of trust that is needed for transformation.

A range of targeted engagement work and reviews were commissioned by NNVRU and the PCC to inform an understanding of the context of serious violence in Nottingham City and Nottinghamshire including on the role of social media. These reports, currently draft, have a range of recommendations some of which align with the SNA recommendations and some which are outside its scope. Consideration will be given to referencing their recommendations in the next iteration of the SNA.

Dissemination

A number of actions are planned to disseminate the findings of the SNA including:

- Submission to the Home Office as part of our commitment as a Violence Reduction Unit.
- Presentation to the Strategic Violence Reduction Board with an expectation that Board members will support dissemination in their respective organisations.
- Feedback to stakeholders through tailored presentations as well as sharing a copy of the SNA.
- Publication on the NNVRU website.
- And the production of an 'easy read' version of the SNA to share with local communities.



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Glossary of Key Terms and Acronyms

Key Terms

Actual Bodily Harm (ABH) – *an assault resulting in hurt or damage to another person*

Adverse Childhood Experiences (ACEs) - *are stressful events occurring in childhood including: domestic violence; parental abandonment through separation or divorce; a parent with a mental health condition; being the victim of abuse (physical, sexual and/or emotional); being the victim of neglect (physical and emotional); a member of the household being in prison; or growing up in a household in which there are adults experiencing alcohol and drug use problems.*

Age Standardised Rates - *is a summary measure of the rate that a population would have if it had a standard age structure. It is used to compare areas with different age structures.*

Alcohol Related Harm – *violence which is caused by or linked to excessive drinking by the perpetrator and/ or victim.*

Black, Asian and Minority Ethnic (BAME) groups – *unless stated otherwise this refers to the population excluding the White British ethnic group.*

Child Criminal Exploitation (CCE) - *occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology.*

Child Sexual Exploitation (CSE) – *Child sexual exploitation is a type of sexual abuse, which can involve children being groomed, online exploitation of children or the trafficking of children.*

Community Safety Partnerships (CSPs) - *Community Safety Partnerships were set up as statutory bodies under sections of the Crime and Disorder Act 1998 and aim to bring agencies and communities together to tackle crime and Anti-Social Behaviour in the local community.*

County Lines – *refers to the phone lines used by larger, normally city-based drug gangs to expand into smaller towns and rural areas. This is associated with the exploitation of vulnerable people in these areas whose homes are used as a base by gangs and of young, city-based children who are pressed into becoming drug runners to these areas.*

Cyberbullying – *threats or harassment carried out over the internet or via social media.*

Domestic Violence and Abuse - *any incident of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of their gender or sexuality.*



Economic Inactivity – *people aged 16-64 who are out of work and either not looking for work or unable to start a job, usually due to sickness or disability, being in full time education or having caring responsibilities.*

Financial Instability – *individuals and families with low and/or irregular incomes which may lead to difficulties in keeping up with essential bills.*

Grievous Bodily Harm (GBH) – *an assault resulting in a more serious level of hurt or damage to another person than those classed as ABH.*

Homicide - *an action that resulted in the death of one or more people, this can be either murder, where the action was intentional, or manslaughter where the death occurred as an unintended consequence of the action.*

Honour Based Violence – *a crime or incident committed to protect or defend the so-called honour of the family or community. The term can cover a collection of practices used to control behaviour within families or other social groups, in order to protect perceived cultural and religious beliefs or honour.*

Journey Mapping – *following the progress of an individual through a series of agencies and processes relating to a specific issue. This can help to identify gaps in provision and missed opportunities to intervene with vulnerable people as well as those agencies which work well together.*

Not in Employment, Education or Training (NEET) - *Children aged 16 and 17 who have completed their GCSEs are tracked in order to determine how many such children are moving into further education or the labour market and how many need additional support.*

Night Time Economy (NTE) – *sectors of the economy usually revolving around leisure services (food, drink, arts etc) which occur between 6pm and 6am. In relation to crime data, the nights time economy refers more broadly to any crimes happening between these times.*

Non-crime Hate Occurrences – *Hate related incidents which are logged by the police, but which are not deemed to have broken the law.*

Off Rolling – *a practise by which schools remove pupils from their roll without following the official exclusion processes. Parents may be asked to take their child out of a school to avoid having an exclusion on their record. As this is not sanctioned by the Department for Education, there are no official records of how frequently this occurs, but anecdotal evidence suggests the practise is increasing and already common in some schools and academy chains.*

Output Area/ Lower Super Output Area – *geographical areas created for the 2011 Census comprising approximately equal numbers of households.*

Prevalence - *The frequency of existing cases of disease in a defined population at a specified point in time or over a given period of time.*

Primary Prevention – *universal preventative schemes which seek to address the root causes of a problem (such as violence) before it has occurred.*

Qualitative Methodology – *a method of scientific research focussing on observation rather than numeric variables.*



Quantitative Methodology - *a method of research that relies on measuring variables using a numerical system, analysing these measurements using any of a variety of statistical models and reporting relationships and associations among the studied variables.*

Recidivism – *prisoners reoffending for a similar offense or repeating undesirable behaviour.*

Secondary Prevention – *more targeted schemes delivered to individuals, families, communities etc. which have been assessed as being at greater risk of developing violent behaviours.*

Stakeholders – *the key individuals, agencies, departments and organisations which have inputs into analysing or providing solutions to an issue.*

Tertiary Prevention – *schemes delivered to people who have already demonstrated violent behaviours to try and prevent reoffending.*

Trafficking - *A person is ‘trafficked’ when they are moved to or around a country by others for the purposes of exploitation, for example low or unpaid labour or illegal sex work.*

Trigger Offence, Non-trigger Offence - *Trigger offences are those which automatically allow the Police to test the suspected offender for specified Class A drugs. Non-trigger offences do not automatically allow testing.*

Unemployed – *people aged 16- 64 who are out of work and are both looking for a job and able to start work.*

Acronyms

A&E – Accident and Emergency

ABH – Actual Bodily Harm

ABP – Articles with a Blade or Point

ACAF – Afro-Caribbean and Asian Forum

ACE – Adverse Childhood Experiences

ADCS – Association of Directors of Children’s Services

AP – Alternative Provision

APHO – Association of Public Health Observatories

APPG – All Party Parliamentary Group

BAME – Black, Asian and Minority Ethnic

BCU – Basic Command Unit

CCE – Child Criminal Exploitation

CCG – Clinical Commissioning Group

CDP – Crime and Drugs Partnership

CPS – Crown Prosecution Service

CSE – Child Sexual Exploitation

CSP – Community Safety Partnership

DfE – Department for Education

DSR – Directly age Standardised Rates

DV – Domestic Violence

EHCP – Education, Health and Care Plan



EIF – Early Intervention Foundation
EMAS – East Midlands Ambulance Service
EVR Hub – Exploitation and Violence Reduction Hub
EYVN – Ending Youth Violence Network
HES – Hospital Episode Statistics
HMP – Her Majesty’s Prison
HMRC – Her Majesty’s Revenue and Customs
HRG – Healthcare Resource Group
ICD 10 – International Classification of Diseases 10th revision
ICPR – Institute for Crime and Justice Policy Research
IDACI – Index of Deprivation Affecting Children Index
IMD – Index of Multiple Deprivation
IPV – Intimate Partner Violence
JSNA – Joint Strategic Needs Assessment
LGA – Local Government Association
LOS – Length of Stay
LSOA/SOA – Lower-level Super Output Area
MASH – Multi Agency Safeguarding Hub
MHCLG – Ministry of Housing, Communities and Local Government
MHFA – Mental Health First Aid
MVP – Mentors in Violence Prevention
NCRS – National Crime Recording Standards
NEET – Not in Employment, Education or Training
NICE – National Institute for Health and Care Excellence
NNVRU – Nottingham City and Nottinghamshire Violence Reduction Unit
NPA – Neighbouring Policing Area
NTE – Night Time Economy
NUH – Nottingham University Hospitals
NSVSS – Nottinghamshire Sexual Violence Support Service
NVSN – National Violence Surveillance Network
ONS – Office for National Statistics
OPCC – Office of the Police and Crime Commissioner
PHE – Public Health England
QMC – Queens Medical Centre
REACH – Resilient, Engaged, Achieving Children
SEND – Special Educational Needs or Disability
SNA – Strategic Needs Assessment
VAP – Violence Against the Person
VCS – Voluntary and Community Sector
NNVRU – Violence Reduction Unit
WHO – World Health Organisation
YOT – Youth Offending Team



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1. Introduction

This SNA will guide the work of NNVRU in their public health approach to reducing violence. Specifically, working in partnership to understand what causes violence and the causes of those causes, so we can prevent, intervene early and 'treat' them through evidence-based approaches.

Violence is a complex issue with complex causes. Whilst this SNA identifies individual factors that increase the likelihood that a person will be involved in serious violence, as a victim and/or perpetrator, it also highlights the importance of contextual factors, specifically, the deprivation and inequality experienced by some communities in Nottingham City and Nottinghamshire County. In describing local populations, the lack of homogeneity is clear and determines why different interventions to reduce serious violence will meet the needs of different communities.

This SNA recognises that describing the characteristics of individuals that are perpetrators and victims of serious violence can increase stigmatisation in communities that already experience prejudice and has sought to sensitively describe the characteristics of individuals, citing the issue of violence in context as much as ascribing individual responsibility.

Violence recorded by the statutory sector, most notably the police, is the violence that is reported and thus a subset of all violence. National evidence and local intelligence, suggests that violence, particularly domestic and sexual violence², is often unreported so 'known violence' underestimates actual violence. Data and evidence provide only part of the picture, lived experience is equally important and has systematically informed the SNA recommendations.

Effectively describing local need and identifying actions that will reduce serious violence has required coordinated efforts across agencies and communities including through supporting

² For more information see <https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/joint-strategic-needs-assessment/adults/domestic-and-sexual-violence-and-abuse-2018/> and <https://www.nottinghamshireinsight.org.uk/research-areas/jsna/adults-and-vulnerable-adults/domestic-abuse-2019/>



information sharing agreements. Stakeholders have supported the interpretation of data using their experience to complement data analysis. System complexity has limited the triangulation of data from different agencies. Where data hasn't been available, or where data quality issues have limited analysis, recommendations have been made for obtaining data and improving data quality. The recommendations highlight the need for more work in this area, specifically, how data is used to identify potential and hidden risk at population and individual level.

In a time of limited resources, it has never been more important to commission against a strong evidence base. The evidence review highlights that, whilst some interventions to reduce violence have strong evidence, often those focused on primary prevention or other interventions are described as emerging or preliminary. The challenges in implementing interventions developed in different contexts is identified as is the need to grow local evidence including through supporting the community and voluntary sector to develop robust evaluation.

This SNA, whilst comprehensive, is a work in progress. There are a number of areas that will be strengthened over the coming months and these will form part of the next iteration of the SNA which will be submitted to the Home Office in January 2021.

2. Purpose and Scope

The purpose of the SNA is to contribute to an understanding of what causes violence in the Nottingham City and Nottinghamshire Violence Reduction Unit (NNVRU) area and the causes of those causes, to inform evidence-based prevention, early intervention and 'treatment' interventions and approaches.

Specifically, the SNA will:

- Explore the prevalence of serious violence in Nottingham City and Nottinghamshire County and the context in which this violence arises, using multiple data and information sources to describe who is affected as victims and/or perpetrators.
- Appraise and synthesise evidence related to violence including interventions to reduce violence identifying gaps and limitations in the evidence.
- Explore the issue of serious violence as experienced by local people through engagement with individuals and communities.
- Identify local assets, including services in the statutory, voluntary and community sectors that aim to reduce violence, tackle the causes of violence and the causes of these causes.
- Make recommendations that inform commissioning of services and projects to reduce violence in order to make the best use of available resources needed to reduce violence and the causes of violence.



Engagement with stakeholders took place to identify the scope of the SNA and a focus on the following was agreed:

- Weapon enabled violent offences that take place in public spaces and domestic addresses.
- Assaults, from actual bodily harm up to and including homicide in public spaces and domestic addresses.
- Weapon enabled robbery.
- County lines, as it relates to violence and/or gang conflict.
- Serious NTE violence such as grievous bodily harm offences rather than ‘general disorder’.
- Serious sexual violence, specifically, rape offences, and
- Knife possession offences.

Stakeholders accepted that this scope was broader than the Home Office definition of serious violence (Home Office, 2018), cognisant that ‘lower severity’ violence can be a precursor to more serious violence and, as such, provides a valuable information on the levels of violence and aggression in local communities and the context in which more serious violence arises. Throughout the SNA, unless stated specifically otherwise, ‘*NNVRU Serious Violence*’ refers to crimes within the scope identified above.

A number of areas are outside the scope of the SNA. Nonetheless, the authors recognise the potential links and, where possible, have recognised the interactions:

- Self-harm and suicide are outside the scope of this SNA although it is recognised that individuals who experience serious violence may be at increased risk of violence.
- Bullying; local intelligence suggests that individuals may start carrying a weapon as they have experienced bullying and are taking steps to ‘feel safe’ and this is highlighted in the report.
- Stalking and harassment offences which are a separate crime category and not typically characterised by serious violence.



3. Methodology

3.1 Literature Search

The literature search sought to identify recent published research, grey literature and policy evidence on serious violence. The search included academic healthcare databases and open searching through google. The search criteria for the original literature review for knife crime, undertaken for Nottingham City's JSNA chapter of the same name, was expanded to include key words related to the expanded scope using the search terms below. The most recent search was conducted over three weeks in November 2019.

Search terms: "knife crime" OR "violent crime" OR "sexual violence" OR "night time economy" OR "gangs" OR "county lines"; *Paired with:* "intervention" OR "prevention" OR "approach"³

Databases: EMBASE, CINAHL and Medline via NICE HDAS; Athens; Google scholar; The Cochrane Library; The Campbell Library; and Google.

Literature was assessed for selection in relation to being informative to Nottingham City and Nottinghamshire County, such as being from a similar UK context or nationally recognised programmes. A pragmatic 'pearl growing' approach was taken and preference was given to systematic reviews and other literature reviews taking advantage of existing research (pearls) to help identify interventions which have been carefully evaluated. Where 'good examples' of interventions were cited in scoping reviews or national policy documents, the primary studies or evaluations for these interventions were located and included.

The explicit exclusions were for literature reporting on specific gun/firearm interventions, specific family, domestic and honour-based violence and clinical treatment. Literature was also excluded from non-comparable contexts such as low-income countries. The knife crime review did not include literature published before 2017, due to the existence of more recent comprehensive reviews

Appraising and Synthesising Evidence

A wide range of study methods have been used in the literature to identify the causes of violence and evaluate the impacts of interventions for violence prevention, but not all are equally valid. Some assessment approaches are more methodologically robust, such as a high quality, randomised control trial, but may not be suited to assessing the impact of complex interventions to reduce serious violence.

Irrespective of the type of the evidence provided, studies can vary in quality and violence prevention is a complicated issue for scientific research. Issues of quality may include how a study is designed, completed and written up. For example, the quality of an evaluation of an intervention may be influenced by the numbers of participants and whether there is a control group and how these are recruited, how and what data has been collected, the appropriateness of the analysis and the level of detail in the write up.

³ Term "approach" used in knife crime review search only



The quality of individual studies and evaluations was not critically appraised for this literature review, although most of the systematic reviews or evidence syntheses included will have inherent critical appraisal of the studies included within the review.⁴

The Early Intervention Foundation (EIF) maintains a searchable ‘Guidebook’ which sets out information on a variety of interventions. It uses a four-point scale to assess the strength of the evidence in favour of each scheme and an assessment of cost effectiveness. This can be accessed at <https://guidebook.eif.org.uk/eif-evidence-standards>.

A similar tool is maintained by the College of Policing, which allows programmes to be filtered according to specific problems, issues or populations as well as grading their effectiveness. The Crime Reduction Toolkit is available here: <https://whatworks.college.police.uk/toolkit/Pages/Toolkit.aspx>

Results

- **Literature Included**

38 publications including reports and journal articles were located and included in the review of knife crime interventions.

In the previous literature search conducted in November 2019, the NICE Healthcare Databases Advanced Search reported 152 results in relation to sexual violence, 50 related to gangs (of which 6 were specifically concerned with County Lines) and 21 related to violence in the NTE. A further 15 results were obtained from the Cochrane and Campbell libraries.

Reports and policies issued by key agencies such as the Home Office, Public Health England and the Children’s Commissioner were also used to generate further lists of relevant literature and evidence-based interventions. A full reference list is provided.

3.2 Quantitative Data Analysis

3.2.1 Risk Factors

Five types of risk factors were identified and relevant data was extracted from a variety of local and national data sources. A minimum requirement was for the data to be available for Nottingham City and Nottinghamshire County, but as far as possible, the data was extracted at district level and in some cases at Ward or Lower Super Output Area level. The data for the latest complete year was used. In most cases this was the financial year ending

⁴ The most robustly evidenced violence prevention schemes are drawn from systematic reviews from multiple rigorous evaluations of programmes; these schemes have typically established causation, shown a long term positive impact and have been successfully replicated in multiple locations. The most robust evaluations use randomised control trials where an intervention is delivered to one group of people and the impacts are compared to a similar group who do not receive the intervention. In other trials there might have been less control over the allocation of individuals or the composition of the comparison groups, increasing uncertainty over any results drawn.

Schemes with evaluations at lower levels of evidence have shown positive results in isolation but either lack evidence that these results have been replicated elsewhere, or the evaluation findings are observational and it is not possible to attribute change to the intervention. Cohort studies look at the impact of a programme on a particular group of people but lack a viable control group to compare against, often for ethical or practical reasons. The lowest levels of evidence are drawn from collating case studies and reports or from expert opinion where assertions haven’t been tested in practise.



March 2019, but it varies depending on the reporting and publication schedule of the responsible department or agency.

Sources of data used were: 2019 English Indices of Deprivation, MHCLG; Annual Population Survey, ONS; Annual Survey of Hours and Earnings, ONS; Tax Credits, HMRC; Early Years Foundation Stage Profile 2019, Department for Education (DfE); Special Educational Needs in England, DfE; Pupil Absence in Schools, DfE; Permanent and fixed period exclusions in England, DfE; Attainment 8 scores, DfE; NEET, DfE; Characteristics of children in need, DfE; Children looked after in England including adoption, DfE. Data on missing children, Child Sexual Exploitation, Child Criminal Exploitation, Domestic Abuse, Substance misuse and Troubled/Priority Families was collected from Nottingham City Council and Nottinghamshire County Council.

3.2.2 Crime Data

Data Extraction

Crime data was extracted from Niche (Police crime recording system) by Nottinghamshire Police Management Information Team, on the 16/12/2019. The identified scope of SNA created, for the purposes of accessing Niche, the *NNVRU Serious Violence* definition, which incorporates the following crimes:

- *Homicide.*
- *Violence with Injury.*
- *Violence without Injury⁵ – knife enabled.*
- *Robbery – knife enabled.*
- *Possession of Articles with Blade or Point.*
- *Sexual Violence (Rape & Sexual Assault; current offences).*

In this context, knife enabled refers to offences that Nottinghamshire Police deemed to have met the Home Office definition for the annual knife crime data return (ADR160). The occurrence numbers for the ADR160 offences were extracted from a separate log.

Analysis

Microsoft Access was used to match occurrences recorded on the ADR160 compilation (knife crime) with the crime data extracted from Niche and to join crime with the offender, victim and witness information. Once processed, the data was analysed in Microsoft Excel, focusing on the 36-month period between November 2016 and October 2019, split into 12-month intervals for the year on year comparisons and using monthly totals to look at trends. Crude rates were used to show the number of occurrences per 1,000 population (not standardised). Basic Command Unit (BCU) data field was used to determine crimes occurring in Nottingham City/Nottinghamshire County area and Neighbouring Policing Areas (NPA) were used to further split the county into non-metropolitan districts.

⁵ Majority of offences (95%) within *Violence Without Injury* are *Threats to Kill*



3.2.3 Hospital Episode Statistics (HES)

Accident and Emergency Attendances

Data Extraction

Hospital Episode Statistics Accident and Emergency dataset (HES A&E) was used. Attendances for assault were identified using the patient group field which identifies the reason for an accident and emergency episode. All A&E attendances for assault were extracted for all residents of Nottingham City and Nottinghamshire County. Inclusion criteria include all attendances with:

1. Arrival date between 1st April 2016 and 31st March 2019.
2. Patient group - 20 for assault.
3. A&E Department type 1 to 4

A workaround was applied during the extraction process to the 2016/17 data to remedy an issue with HES coding that occurred in NUH for which over 30% of records did not have a valid geography assigned. This workaround entailed identifying affected records of Nottingham city residents using CCG of GP practice and excluding records with an assigned geography outside of Nottingham.

Analysis

Extracted data was analysed using Microsoft access and excel. Focusing on 3 pooled financial years (2016/17-2018/19) and based on information collected at A&E on day of arrival, data was aggregated by district local authority, 10-year age band and sex and deprivation quintiles. Age specific rates per 100,000 population were calculated for each of the age groups by aggregating the number of attendances for assault and using the relevant 3 year pooled mid-year estimates (2016, 2017 & 2018) to derive rates and standardised to the European Standard population. Confidence limits for directly standardised rates were calculated using Byar's methodology as detailed in the APHO Technical briefing 3. Commonly used public health statistics and their confidence intervals (APHO, 2008). A distinct count of the unique HES identifier provided the total number of persons admitted for the three-year period and demographic characteristics described for the attending population.

Hospital Admissions

Data Extraction

Inpatient admissions for assault were extracted from Hospital Episode Statistics (HES) for all residents of Nottingham City and Nottinghamshire County. Inclusion criteria included all finished consultant episodes with:



1. Episode end date between 1st April 2016 and 31st March 2019.
2. Admission method code that starts with a 2 to denote an emergency admission.
3. Episode number is 1.
4. A recording of assault identified using ICD 10 codes X85 to Y09 as either primary or secondary diagnosis.

A workaround was applied to the 2016/17 financial year data to remedy an issue with HES coding that occurred in NUH for which over 30% of records did not have a valid geography assigned. This workaround entailed identifying affected records of Nottingham city residents using CCG of GP practice and excluding records with an assigned geography outside of Nottingham.

Mental health disorders were identified using the ICD 10 codes F00 to F99 (mental and behavioural disorders) recorded in either primary or secondary position.

Cases of alcohol involvement (i.e. being under the influence of alcohol at time of assault) were identified with a recording of ICD 10 codes as listed in Appendix 4 that indicate presence of alcohol in blood, as either the primary or secondary position.

Substance use was determined from ICD 10 codes listed in Appendix 4 recorded as either the primary or secondary diagnosis.

Analysis

Microsoft access and excel were used to analyse the data. Focusing on 3 pooled financial years (2016/17 to 2018/19), data was aggregated by district local authority, sex and ten year age bands based on the patient's residence, sex code and age at start of episode. Age specific rates per 100,000 population were calculated for each of the age groups by aggregating the number of admissions for assault and using the relevant three year pooled mid-year estimates (2016, 2017 & 2018) to derive rates and standardise to the European Standard population. Confidence limits for directly standardised rates were calculated using Byar's methodology as detailed in the APHO Technical briefing 3: Commonly used public health statistics and their confidence intervals (APHO, 2008). A distinct count of the unique HES identifier provided the total number of persons admitted for the 3 year period and demographic characteristics described for the admitted population.

Reasons for admissions were established by the first assault code recorded in the sequence of diagnosis codes recorded against each episode.

Individuals with repeat admissions over the three-year period were identified by a count of episodes against each unique HES identifier and records with more than one admission isolated and descriptive analysis carried out.

Length of stay (LOS) for each episode was determined by the difference in days between the episode start date and episode end date and the total number of bed days given by the sum of the episode length of stay.



Cases with alcohol involvement, substance use and mental health disorders were isolated and descriptive analysis done for each of these cohorts.

3.2.4 Injury Surveillance

Nottingham University Hospitals (NUH) collects data on the numbers of people who present at the Emergency Department of the Queen's Medical Centre as a result of an assault. The data collected covers demographic data about the patient, basic data about the nature of the outcome and data on when and where it occurred. Data was received from NUH in the form of monthly spreadsheets and these were merged to form an annual dataset for 2019 of 2,642 records. This full annual dataset was used as the basis for analysis of assaults by age, gender, ethnicity, month and day of assault, weapon used and patient outcome.

Location of assault data was based on an extract from this dataset due to the lack of geocoded data provided in the dataset. The extract was for April, May and June 2019 and provided 693 records. A manual exercise was undertaken to attach a postcode, Ward or district to the data in order to analyse and map the location of assaults. 223 assaults were excluded either because they occurred outside Nottinghamshire (88 assaults), or because there was insufficient data in the location field to attach the location to a district. Of the remaining 470 assaults, 333 had sufficient information to be coded to a Ward as a specific building, street or area was named and these results were mapped.

Only 171 records had sufficient data to attach a postcode to the location, mostly these were named pubs, clubs, shops and local prisons and hospitals. The postcodes were used to allocate the assaults to Census Output Areas so areas of comparable population size could be mapped. The relatively small number of records and the types of locations which generated a postcode meant that the assaults were heavily concentrated in Nottingham City Centre.

3.3 Mortality

Data Extraction

Office for National Statistics (ONS) Civil Registration dataset was used. Deaths from assault registered between 1st April 2014 and 31st March 2019 were extracted for all residents of Nottingham City and Nottinghamshire County. Deaths from assault were identified using ICD 10 codes X85-Y09, U509 as specified in ONS User guide to mortality statistics (ONS, 2019).

Analysis

Microsoft excel was used to analyse the data, focusing on 5 pooled financial years (2014/15 to 2018/19) due to small numbers. Data was aggregated by Local Authority, sex and ten year age bands based on the local authority of residence, gender and age at date of death. Directly age standardised rates (DSR) were calculated using mid-year estimates (2014-2018) and the 2013 European standard population. Confidence limits for directly standardised rates were calculated using Byar's methodology as detailed in the APHO Technical briefing 3: Commonly used public health statistics and their confidence intervals (APHO,2008). Descriptive analysis was carried out for Nottingham City, Nottinghamshire County and for Nottinghamshire as a whole.



3.4 Qualitative Methodology and Community Engagement

3.4.1 Inclusion of Qualitative Methods

Qualitative methods refer to the varied verbal and textual forms of data and information that have been gathered for this SNA. This information is particularly relevant to understanding the lived experience of local citizens across Nottingham City and Nottinghamshire County in relation to serious violence and capturing and learning from what they have been telling us through a range of stakeholder engagement events as well as in other forums. Including the views, perceptions and experiences of local people is seen as best practice in developing local Joint SNAs (NHS Confederation, 2011) and it is integral to the approach and priorities of this NNVRU; particular emphasis has been made on the voice of local young people and the voice of practitioners.

Qualitative methods typically include gathering in-depth information from interviews, from written documents such as reports or journals, or through observation. Group or individual interviews are used to explore questions or issues and the perspectives of the participants; these interviews can range from being very structured to much more open and conversational. Many interviews are face-to-face but conversations can also be held by phone, with discussions usually recorded and transcribed or detailed notes made. The most common models for interviews are focus groups and key informant interviews. Other written material (sometimes called narrative inquiry) tend to focus on stories and accounts, these particularly include case studies, with other reports and correspondence such as emails where relevant and notes made from feedback and engagement events. These documents or notes tend to highlight and draw out subjective experiences as single pieces of data.

Apart from observation methods, all the other main types of qualitative methods have been applied in gathering new information and integrating this with existing information for this SNA; a broad range of sources has been used.

3.4.2 Data Collection

Stakeholders Reference Group

The NNVRU established a stakeholders reference group with partners particularly from across non-statutory services, including third sector organisations, grassroots organisation and local community activists. The discussions at the meeting for this group comprise important stakeholder feedback that has been noted for inclusion. The types of questions that have been raised with stakeholders include:

- 1) What are the opportunities which exist within your organisations and the sector that could contribute to the NNVRU programme?
- 2) How can the NNVRU enable and support you as organisations and part of the sector to make this happen?
- 3) Are there any strengths/issues for the sector that you want to make us aware of?
- 4) Cooperation - we all work and operate in systems. The community is made up of different systems. How can we overcome this challenge? How can we work together to engage communities?



- 5) Counter-narrative – how do we change perceptions? How do we raise aspirations? How can we tackle the negative spin from the press?
- 6) Co-production – how can we engage communities in co-production of initiatives and contracts at the earliest opportunity?
- 7) Consensus – how do we create consensus across city and county? Might we need to make compromises?
- 8) Collaboration – how can we engage and work with communities to reduce violence? Joint initiatives?

Focus Group Discussion (Prison Setting)

Beyond Recovery, an evidence-informed programme intended to help instil and elicit personal insight within prisoners is being delivered in HMP Nottingham and the programme staff were willing to facilitate the opportunity for public health staff to come in and meet and talk with a group of young prisoners as part of this information gathering process. A Focus Group Discussion was held on the 4th February 2020 with seven male prisoners aged 19-24 at HMP Nottingham, with two facilitators from public health and the Beyond Recovery programme lead. Informed consent was sought from all participants and a discussion for about 45 minutes was held and recorded on a Dictaphone. Topics discussed with the participants included:

- Previous experiences of violence at home and in the community.
- Engagement in school, education and training opportunities.
- Culture of violence and overcoming it.
- Gaps in provision, opportunities, community resources ... what might have made a difference to them, or might make a difference to young people now.

There was also opportunity to speak with a Beyond Recovery ambassador following the focus group.

Focus Group Discussions (Young People)

Focus Groups were held including in three settings (Fuel Alternative Provision, Stone Soup Academy and NGY Myspace) to explore local young people's views on their feelings about their wellbeing, safety, challenges, their views on social media and what changes they would like to see locally in relation to violence. These discussions were either facilitated by the NNVRU community engagement lead, or by an external facilitator (Smart Consultancy). The discussions were purposively open and unstructured though several key questions were commonly asked:

- Why are you here?
- What are the challenges you face? What is/was your biggest problem?
- Where do you feel safe?



- What help and support do you need now?
- If you could change one thing in Nottingham/shire to make things better for young people, what would you do?
- At some of these opportunities, descriptive statistics were gathered in relation to young people's experiences

Additional Interviews and Data Collection

The Community Engagement Lead for the NNVRU had opportunistic discussions with local contacts, either in group conversations, or with individuals such as through phone conversations. These discussions were tailored to the participants but formed another means of data collection. The most commonly posed question was that of change: if you could change one thing in Nottingham/shire to make things better for young people, what would you do? Similarly, statutory partners including across Youth Justice have been contacted with requests for case studies that are illustrative of the environments in which they are working and the challenges faced by local citizens and by professionals.

Appraising the Information

Qualitative methods help answer the 'why' questions and can provide understanding of how local people perceive and make sense of how things are for them. This information is not intended to be representative for all individuals or all communities, but simply to draw out stories, experiences and perspectives as a form of valid and valuable data. It is worth noting that the participants who have provided information include service users and practitioners from across the local community; they are individuals and organisations that have engaged with staff from across the NNVRU and our partners and there will be many voices beyond this that we have not yet been able to engage.

The methods applied have sought to apply good practice principles of considering the meaningfulness, reliability and corroborating of the information. These principles have been well-described for the Oxfordshire JSNA programme (Oxfordshire JSNA, 2018). An important element of this work is the sensitivities around the topic of violence. The quotes and case studies have been selected to be illustrative and informative and as such care has been taken that these are not sensationalised and the confidentiality of contributors is protected.

Identifying Themes

Due to the diversity of information sources, the main themes were pre-identified for the analysis and information has been grouped and findings presented within these themes:

- Experiences of violence
- Perception of violence in the community, across the public realm, within domestic settings
- Risk factors contributing to violence
- Effective responses in reducing and preventing violence



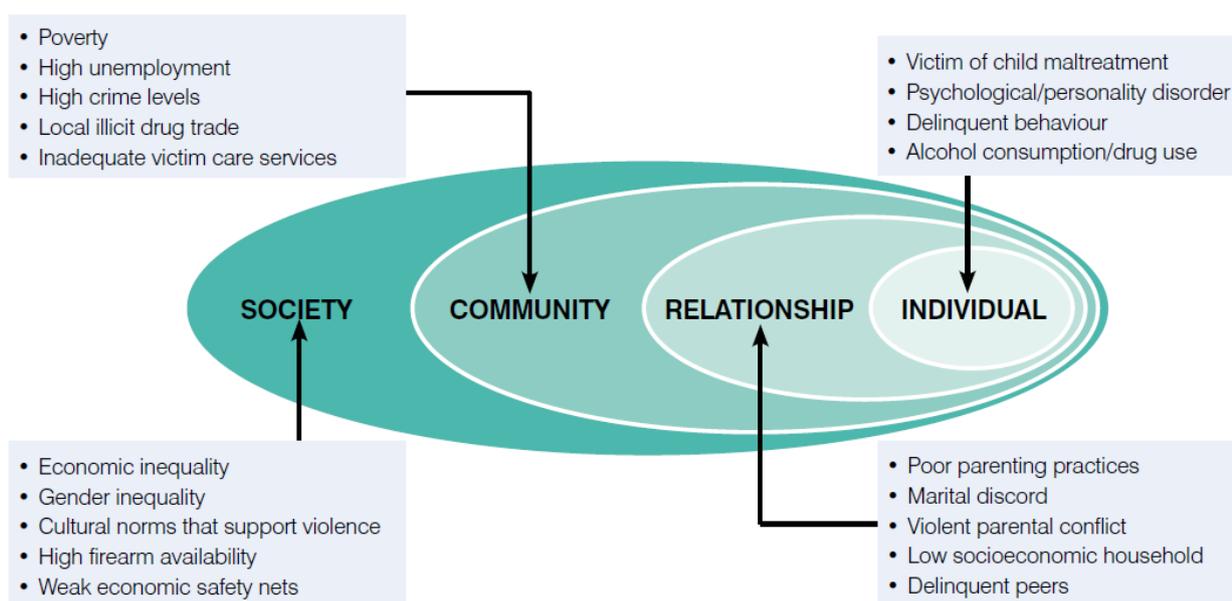
- Opportunities and barriers in accessing help and in increasing the impact of violence reduction work

4. The Evidence Base

Exploration into the causes of violence and strategies to reduce it have received considerable attention, nationally and internationally. The World Health Organisation (2002 and 2004) have advocated a public health approach to violence reduction, mimicking the public health response to an infectious disease. This involves: defining the problem; identifying the risk factors which increase the likelihood of the problem occurring and the protection factors that mitigate against it; developing and evaluating interventions and then; delivering the best interventions at larger scale.

The WHO developed this idea further in 2004 to include the concept of an ecological framework, Figure 1, to show how the interaction between different risk and protective factors at different levels, can lead to variations in violent behaviours between individuals. It was first implemented successfully in Chicago in 2000 and a similar approach was subsequently used by the Violence Reduction Unit in Glasgow in 2005.

Figure 1:
The World Health Organisation. The Ecological Framework, identifying those at risk of violence (2004)



Adapted from World Health Organization, 2004



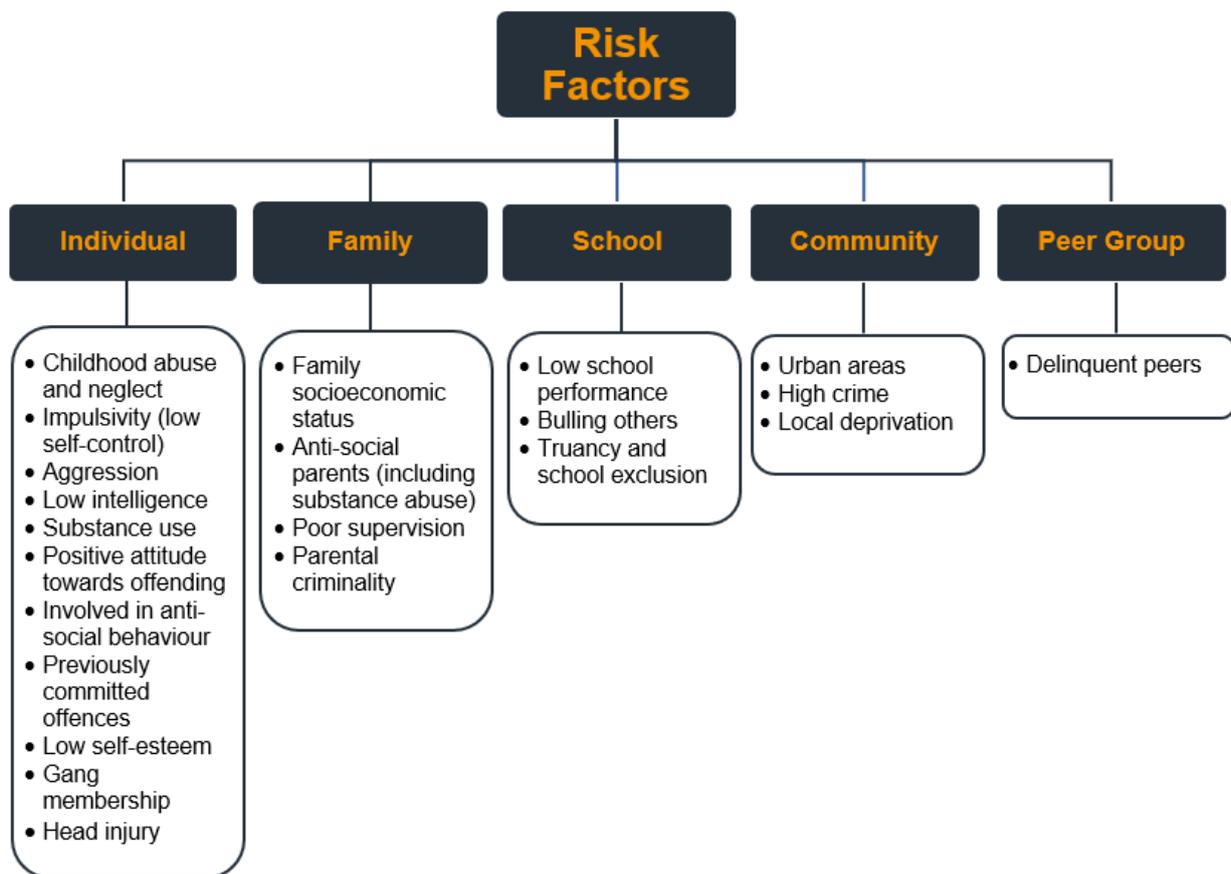
4.1 UK Policies, Strategies, Guidance and Briefings

A number of key documents have been identified which outline how a public health approach to violence is and will be, taken by the UK Government and related agencies such as the Children’s Commissioner, Public Health England (PHE) and the Local Government Association. These include:

[Serious Violence Strategy](#), Home Office. April 2018

The Serious Violence Strategy builds on Home Office work on the ‘Ending gang and youth violence programme’ (2014/15) and ‘Ending gang violence and exploitation’ (2016). It identifies the risk factors for violence from individual to community level as shown in Figure 2.

Figure 2:
Risk factors for serious violence. The Home Office (2018)



The strategy sets out a public health approach in a UK context, alongside the Government’s priorities around serious violence, including issues related to the trade in illegal drugs and ‘county lines’.

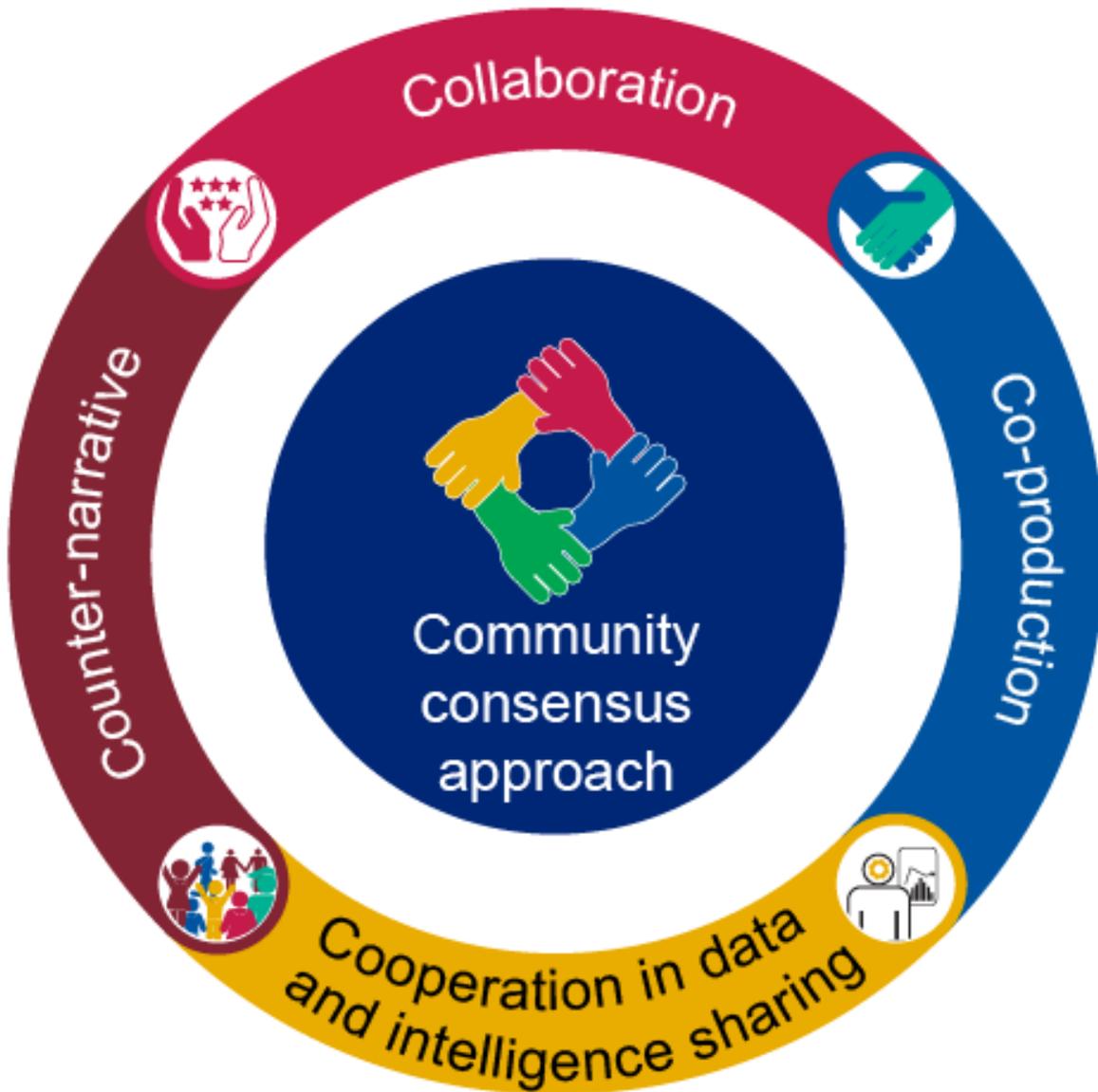
In terms of interventions, the focus is on early intervention work with young people. It includes a range of universal schemes and more targeted measures aimed at young people who are either at risk of being, or have already become, perpetrators or victims of violence. It outlines the necessity of a community-based approach to violence prevention and suggests potential changes to law and order and criminal justice responses.



A whole-system, multi-agency approach to serious violence prevention, Public Health England, 2019

This outlines a public health approach to serious violence prevention and is focussed on the issues that are critical to a particular place and community, highlighting the need to produce policies and interventions in collaboration with local communities and partner organisations. It describes this in terms of a “5 C’s” approach (Figure 3). The report includes case studies of different, evidence led, approaches to violence prevention.

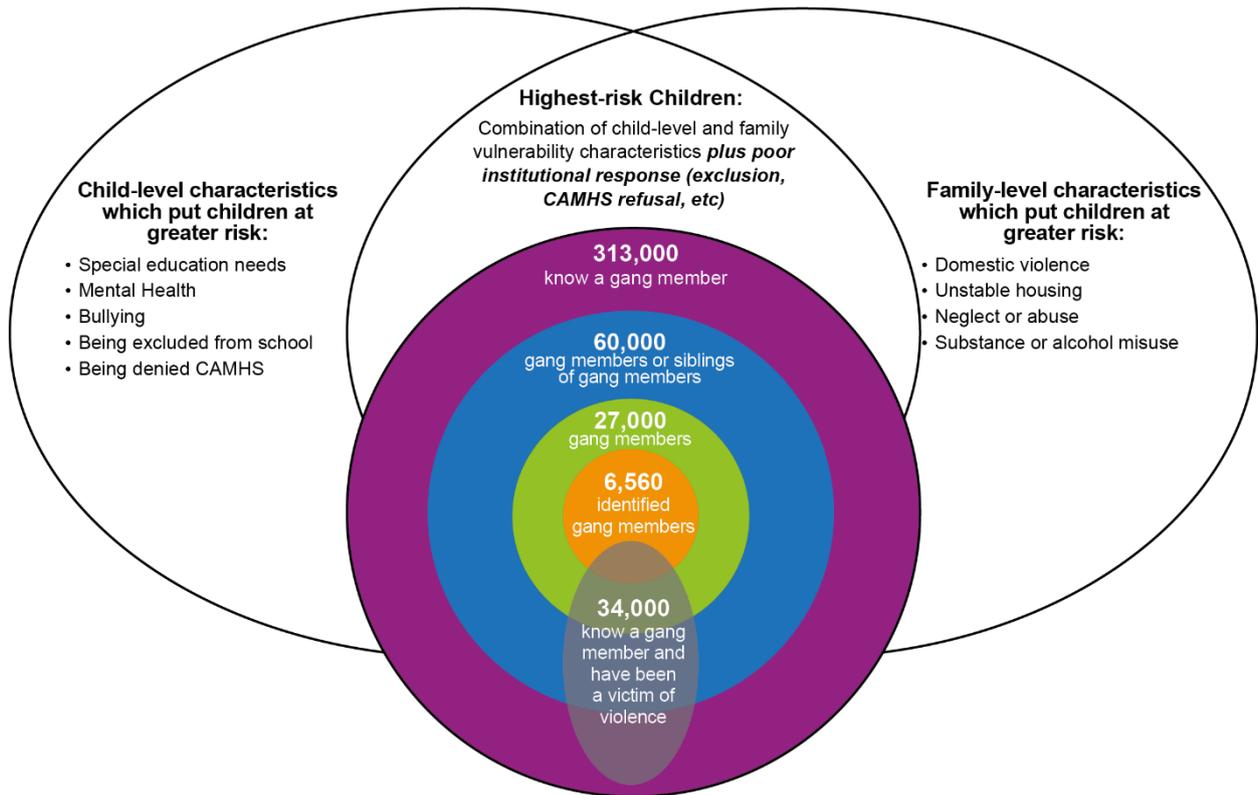
Figure 3:
The 5 C’s: a place based public health approach to serious violence prevention.



Keeping Kids Safe, improving safeguarding responses to gang violence and criminal exploitation, Children’s Commissioner for England, February 2019

This report identifies children that are at most risk, Figure 4, makes recommendations to the Government and calls for an explicit focus on early years in the Serious Violence Strategy.

**Figure 4:
Characteristics that put children at risk of violence. Children’s Commissioner,
Keeping Children Safe (2019)**



The report includes recommendations around school exclusions and the role of schools in safeguarding children, work around gangs, provision of mental health services and family therapies and the provision of support for children with special educational needs or disabilities (SEND). The need for funding, including for training and the increase in capacity needed to achieve these goals is acknowledged. It also highlights the Children’s Commissioner’s Vulnerability report which suggests 2.3 million children are growing up in a vulnerable family background with more than a third being ‘invisible’ to services.

Public health approaches to reducing violence, Local Government Association, June 2018

This report looks at risk factors for different types of violence and where these overlap. It contains several examples of evidenced interventions with estimated costs and returns on investment. Most are primary or secondary interventions targeted at helping new parents develop healthy relationships with their children, or at improving the social and emotional



skills of primary school children and building their resilience. A smaller number of less well evidenced programmes are outlined which are more individually tailored to older schoolchildren who have displayed multiple risk factors.

[Public health approaches in policing](#), College of Policing and Public Health England, 2019

This report examines the public health approach to violence prevention in relation to policing. This includes an overview of the approach and how the police response to violence can form part of a multi-agency response.

[What works to prevent gang involvement, youth violence and crime? A rapid review of interventions delivered in the UK and abroad](#), Early Intervention Foundation, 2015

This is a systematic review of evidence-based approaches to reducing youth violence and gang involvement.

The strongest evidence found is in favour of family-oriented approaches and programmes to develop the social and emotional skills of young children. The report identifies mentoring and community-based approaches that are less evidenced but promising, particularly when they are well targeted and provide long term positive relationships for at risk children. It highlights the counterproductive nature of deterrence and discipline-based interventions, particularly interventions where at risk children are grouped together. A tool is included which shows and grades the effectiveness of different approaches to violence prevention.

[Back to School](#), All Party Parliamentary Group on Knife Crime, October 2019

The report looks at links between school exclusions and knife crime. It identifies the same vulnerabilities as the root cause of both exclusions and knife crime but does not necessarily find a causal link between the two. It cites a shift in Ofsted's focus to accommodate personal development, alongside academic progress, as a positive development but recommends a significant increase in schools' responsibilities to all pupils, even those excluded or 'off rolled'. It calls for commensurate funding and training in trauma informed practise to allow the delivery of these additional responsibilities.

[Knife crime: evidence briefing](#), College of Policing, 2019

The paper provides police and crime reduction partners with a summary of the current evidence on factors associated with knife crime and strategies and interventions to reduce it.

[Preventing Violence, Promoting Peace](#), Commonwealth Secretariat, 2017

The report provides an overview of the key issues, looks at risk and protective factors influencing violence and assesses the effectiveness of different programmes and strategies to reduce violence.



Ending violence against women and girls strategy: 2016 to 2020, HM Government, 2016

The document sets out the Government's continuing strategy for preventing violence against women following on from the previous strategy set out in 2010. The approach revolves around prevention schemes; provision of services; partnership working and pursuing perpetrators. It contains estimates of the economic costs of domestic violence. An evidence-based, trauma informed approach to violence reduction is recommended with the implementation of schemes being controlled locally through the Police and Crime Commissioners' Offices.

A literature review was carried out in autumn 2019 looking at the factors that influence serious violence, as well as the evidence around preventions and interventions which reduce violence. The full detail of the literature review can be found in Appendix 1.

4.2 Risk and Protective Factors

The complexity of individual lives and how they interact with their local community and society in general, mean that no single cause has been found which is independently predictive of violent behaviours. Instead, research has looked at the interaction of different risk and protective factors and found common, cross-cutting indicators which are highly associated with many types of violence (Bellis et al, 2012).

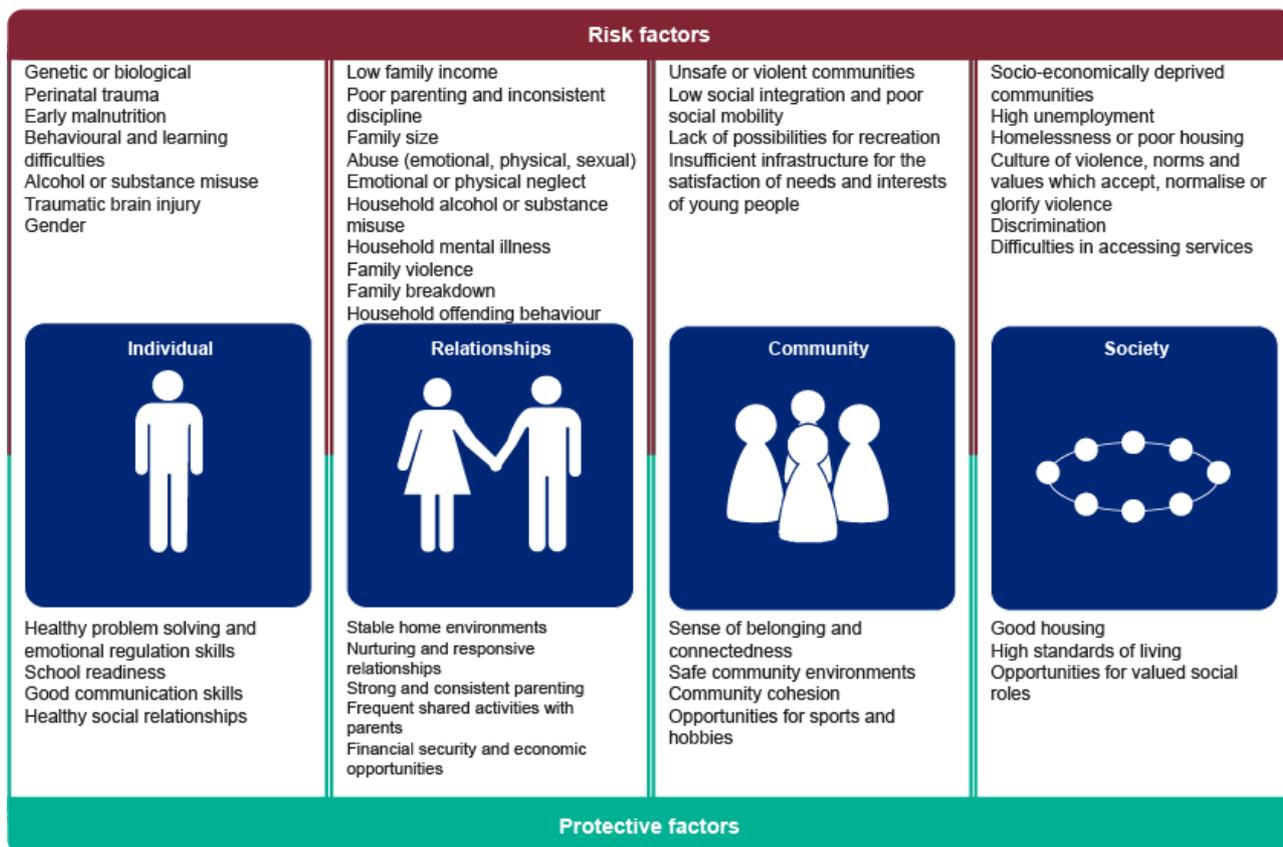
The cross-cutting factors identified by the WHO are shown in the infographic in Figure 5. Societal factors generally concentrate on either cultural attitudes or economic factors indicating a lack of wealth or, high levels of disparity in wealth. Community indicators also include more local economic factors, existing levels of crime, levels of cohesion in the community and the availability of community assets and infrastructure.

Relationship factors again include the economic situation of the household but emphasise the importance of nurturing relationships in reducing violence. These also stress the cyclical nature of violence with people in violent, chaotic households and/or relationships more likely to demonstrate violent behaviours themselves.

Individual factors tend to be the result of either genetic, biological or medical factors. Individual and relationship factors seem to be particularly impactful if they affect young children and adolescents.



Figure 5:
Risk and protective factors for violent behaviours. World Health Organisation, 2004.



4.2.1 Deprivation and Inequality

Violence is Strongly Linked to Deprivation.

There are strong links between most types of violence and areas of deprivation and social inequality (Bellis et al, 2012). This reflects a likely clustering of risk factors in poorer areas and less engagement with or availability of protective factors. Incidents of violence are more prevalent in the most deprived communities. In all communities, incidence of violence peaks in late adolescence and early adulthood, but in less deprived communities there is a much sharper decline with age. This means that the most deprived communities suffer both higher levels of violence and violence which is sustained over a longer age span.

The Joseph Rowntree Foundation (2015) have outlined the impact of austerity on deprivation and inequality. They suggest that welfare reforms have reduced benefit payments, leading to decreases in families' financial security, a key protective factor for violence. At the same time, reductions in funding to Local Authorities, schools, the police and other service providers, statutory and voluntary, have weakened the community and society level protective factors which help to reduce violence. Crucially, the largest impacts of austerity have been on the most deprived communities and the families with already high levels of risk and low levels of protective factors, Hastings et al. suggest (2015).



Research from the British Youth Council (2019) similarly identified poverty and other measures of inequality as a key driver for increases in knife crime, with austerity reducing the availability of the kind of community and public services which might help to mitigate against them. The Youth Council views long term funding to re-establish youth services, community facilities and mental health services as key measures to reduce violence. Alongside this, it advocates a return to community policing to rebuild links and feelings of safety rather than a move towards more punitive approaches to reducing knife crime.

Home Office analysis of indicators of serious violence found one important exception to the link between deprivation and violence. Socio-economic status had a much weaker link to young people carrying weapons, for reasons other than acquisitive or drug related crime, than to other forms of violent behaviour (Smith and Wynne-McHardy, 2019). This suggests that while interventions to reduce gang membership may benefit from being targeted at more deprived areas, interventions to reduce knife crime need to be more universal.

The risk factors associated with violence tend to be more prevalent in deprived communities. The same communities have less access to some of the key protective factors which mitigate against violence, particularly given reductions in services provision due to austerity.

4.2.2 Adverse Childhood Experiences

Children and young people who are subjected to harmful behaviours are more likely to be victims or perpetrators of violence.

A growing body of research has developed around the impact of key risk and protective factors on young people, building on the work of Felitti et al (1998) in the Adverse Childhood Experiences Study in the USA. This research describes how the impact of stressful experiences in childhood, especially in the first few years of life, can affect the development of children's brains and in particular their ability to regulate their own stress levels and responses to stress throughout their childhood and the rest of their lives. This has consequences for the individual's ability to respond to stressful situations throughout their lives and is linked to the development of health harming behaviours, including violence, as a coping mechanism in response to stressful situations (Bellis et al, 2012).

Nine key ACEs were described, divided into two categories. Three ACEs are classed as child maltreatment, where children suffer verbal, physical or sexual abuse. The remaining six are where the child grows up in a household where there is: parental separation; domestic violence; mental illness; alcohol abuse; drug use and/or incarceration.

This work has been adapted in the UK to quantify the impact on the development of violent and other harmful behaviours (Bellis, Hughes, Leckenby et al, 2014; Bellis et al, Public Health Wales, 2015) and to attempt to summarise the risk factors identified by the WHO. This research has found that 47% of adults in England and Wales have experienced at least one ACE. 9% of adults in England (Bellis, Hughes, Leckenby et al, 2014) and 14% of those in Wales (Bellis et al, 2015) had four or more ACEs. People with four or more ACEs were



found to be 15 times more likely to have committed violence against another person in the last year than someone with no ACEs and 14 times more likely to be the victim of violence.

The increased likelihood of these harmful behaviours amongst individuals who have been exposed to ACEs also leads to a cyclical problem, as their children are more likely to be exposed to ACEs as a result (Larkin et al, 2012).

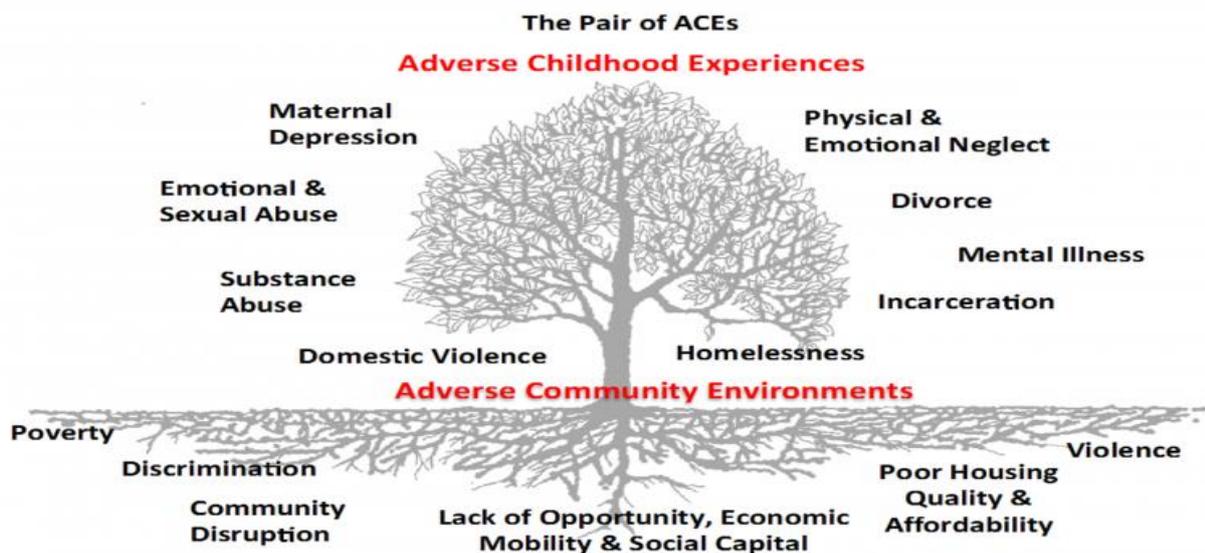
The UK Government’s Science and Technology Committee (2018) have broadly welcomed the approach of using multiple ACEs as an indicator for expressing a higher risk of violence and other harmful behaviours. However, it cautions on using ACEs proscriptively as an entry criteria to services, stressing the need for training to ensure the ACE framework is applied appropriately.

Research into adverse childhood experiences has generated both a great deal of enthusiasm into the potential for creating a framework to understand childhood adversity, but also a degree of caution that it should not be interpreted as providing ‘quick fixes to prevent adversity’.
(EIF, 2019)

The presence of multiple risk factors should be viewed as increasing the chances that an individual could be a victim or perpetrator of violence. There is no direct causal relationship between these experiences and violence as they are all subject to individual interpretation and context and the interplay with protective factors. Care should be taken not to stigmatise people based on their childhood experiences. (Edwards et al, 2017). Also, focussing too narrowly on people with multiple risk factors means that other victims or perpetrators may miss out on help. A balance needs to be struck between targeting interventions at the most at-risk people while retaining a wider scope to ensure seemingly less vulnerable people are able to access services (Smith and Wynne-McHardy, 2019).

Ellis and Dietz (2017, Figure 6) draw links between Adverse Childhood Experiences, which are largely individual and relationship level factors and Adverse Community Environments. This demonstrates that the wider community context is an important determinant affecting children’s exposure to ACEs and that addressing wider community issues can have positive impacts on stress levels and child health outcomes.

**Figure 6:
ACEs tree. Ellis W and Dietz W. 2017**



In February 2019, the Early Intervention Foundation (EIF) published a ‘major report’ outlining the evidence relating to the prevalence, impact and treatment of adverse childhood experiences (ACEs) and the extent to which ACEs should guide service design and frontline practice (Asmussen et al, 2020). They also debate the evidence of effectiveness ACE-related approaches, with specific reference to routine enquiry, which, they note, doesn’t highlight the importance of economic disadvantage and discrimination and is unlikely to be a substitute for empathetic conversations with skilled practitioners.

EIF recognise the important contribution ‘trauma-informed care’ could make to the quality of practice, noting it is not well defined, but advise caution in considering it a sufficient response to the complex problems of childhood adversity. They note that whilst research into ACEs has generated a ‘*powerful and accessible narrative*’, increasing awareness of the lifelong impact of early adversity, this current popularity should not detract from an understanding of the limitations in the current evidence base.

The authors express particular concern that there is becoming an ‘*illusion that there are quick fixes to prevent adversity*’ and simple strategies to support people overcome adversity. EIF conclude that:

“The current enthusiasm for tackling ACEs should be channelled into creating comprehensive public health approaches in local communities, built on the evidence of what works to improve outcomes for children.”

4.2.3 Always Available Adults

Consistent, trusted adults significantly increase children’s resilience.

Research into the mitigating impacts on risk factors points to the importance of the presence of positive, consistent adults in the lives of young people, referred to as “always available adults” (Bellis et al, 2017). Continuous, trusted adult support is shown to significantly increase resilience amongst children, even amongst those children with adverse childhood experiences. For most children, this consistent adult is likely to be a parent or parents, but for children where this isn’t the case, there is a considerable challenge in finding an adult who is consistently available to the child. The Children’s Commissioner (2019) has cited funding pressures as a reason for the reduction of learning assistants and pastoral care in schools, which has limited their ability to provide this kind of support to vulnerable children.

4.2.4 Transition Points

Additional support is needed for children moving in and out of care or mainstream schooling.

The All Party Parliamentary Group on Knife Crime (2019) cites the importance of a consistent, trusted adult support for children and suggests that these relationships require a specific focus at transition points in a child’s life, especially if a parent is not performing this role. Moves between schools can disrupt existing supportive relationships and the transfer of information and support for vulnerable children can be lost (Children’s Commissioner, 2019). Some transition points such as the move from primary to secondary school are predictable and should be relatively easy to manage. However, particular emphasis is given to the need for continuous pastoral support around exclusions, ‘off rolling’ (where pupils are



encouraged to leave a school in order to avoid being excluded), or transfers into and out of mainstream schooling (Youth Violence Commission, 2018) and also for people entering or leaving the care system and the youth justice system (Walsh 2018). Similar issues are identified around the need to improve the support offered to people within and moving out of, the prison system (Ministry of Justice, 2013).

4.2.5 Non-universal Risk Factors

Common risks are important, but some types of violence have specific risk Whilst there are risk factors which are common to all types of violence, the degree of influence of these factors can vary between violence types with consequences for how and where interventions can best be targeted (Bellis et al, 2012). The clearest example is in relation to violence in the NTE (Offences committed between 9pm and 6am), where the bulk of the research on causes and preventions is related to the consumption of alcohol (Moore et al, 2014).

The Home Office's Modern Crime Prevention Strategy found that 40% of all violent crimes are alcohol related. While there has been some success in reducing offending amongst dependent alcohol drinkers through treatment services, the majority of alcohol users are non-dependent. Approaches to reducing alcohol related crime have therefore tended to focus on controlling the accessibility of alcohol through licencing, intelligence led enforcement and shaping the built environment to reduce violence (Home Office, 2016).

There are strong links between alcohol and violence, particularly around domestic violence and violence in the NTE. The use of cocaine and alcohol together has been found to have a cumulative impact and increases violent behaviours.

Although alcohol has been described as '*the drug that is most consistently and seriously linked to many types of aggressive and violent behaviour*' (National Research Council, 1994) it is also known that alcohol and cocaine taken concurrently can be particularly problematic. This phenomenon is believed to be due at least in part to alcohol and cocaine interacting in the body to form a substance known as cocaethylene. This can produce a greater effect than either cocaine or alcohol taken as single substances. Increased impulsivity and poor judgement are also likely to be associated with concurrent use. Relative to drinking alcohol alone, taking cocaine with alcohol decreases feelings of inebriation and cognitive impairment and also increases heartrate. Drinking alcohol whilst using cocaine has also been shown to be associated with increases in blood cocaine levels and has a greater than additive effect on the high experienced by use of cocaine alone (Pennings, 2002).

The additive impact of alcohol and cocaine has been reported in relation to intimate partner violence, with a large study in the US reporting that having diagnosed problematic use of either alcohol or cocaine was associated with increased likelihood of reporting IPV in the past year. Compared to alcohol use alone, those with both alcohol and cocaine use were twice as likely to report being a perpetrator of this form of violence (Smith et al, 2012). A study of Emergency Department attendances where patients were tested for cocaine use also reported that those that tested positive for cocaine and alcohol were statistically



significantly more likely than those testing positive for cocaine alone to attend for violent trauma (37% compared to 17%) (Vanek et al, 1996). Also, a UK based qualitative study of football related violence and violence in the NTE reported that excessive alcohol and cocaine use facilitated extreme violence. Both the ability to drink large amounts but retain some degree of clarity and the impact on fighting 'performance' were given as reasons for concurrent use (Ayres and Treadwell, 2001).

Data from police operations is not widely available but in 2009 Greater Manchester Police shared data with the publication 'DrugLink' that reported that in a seven month period approximately 1000 people were tested following arrest for violent assaults (most of which took place in the evening and near drinking venues). Of these 50% tested positive for illegal drugs and 86% of these were positive for cocaine (Druglink, 2009).

The trade in illicit drugs is linked to a variety of violent crimes including assaults, acquisitive crime, sexual abuse and the criminal and sexual exploitation of children.

Work on gang violence, particularly that linked to drugs and county lines has pointed towards significant changes in the drug market in recent years which have been linked to an increase in violence (Crest Advisory, 2020). Influences include: an increased supply of Class A drugs causing a fall in prices, the expansion of gangs into smaller towns, notably through 'county lines' and public services struggling to respond to these trends. The 'Review of Drugs' for the Home Office (Black, 2020) emphasises the impacts of a reduction in funding for both local police forces and national crime agencies and for local authority treatment services. This is particularly seen in the availability of drugs in prisons and the lack of successful treatment for prisoners with substance misuse issues, which is seen to create a cycle of offending.

Other work on drugs and gangs emphasises the influence of criminal exploitation and the degree to which gangs actively seek to recruit and manipulate vulnerable young people (Children's Commissioner, 2019). Children excluded from school either formally or through the use of off rolling and reduced timetables are viewed as particularly vulnerable to exploitation by gangs (O'Connell and Waddell, 2015).

4.2.6 Links to Other Harmful Behaviours

Factors influencing violence are linked to other harmful behaviours.

Commonalities are observed between risk and protective factors which influence violent behaviours and those which influence other harmful behaviours. The ACEs which correlate with a higher likelihood of violence also correlate with poor physical and mental health, higher rates of drug and problem alcohol use, low educational attainment and higher rates of unintended teen pregnancies (Bellis et al, 2015). This implies that work to reduce violence should also have positive implications for a range of socially and economically detrimental behaviours. It is also a strong argument for taking a whole system approach to violence reduction to maximise the benefits of interventions.



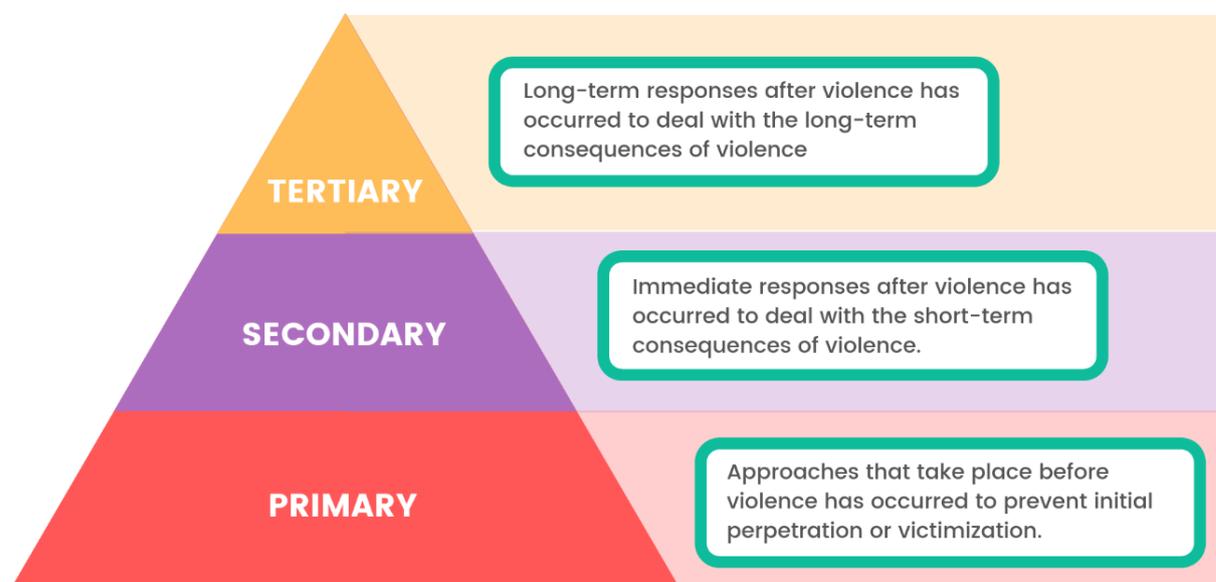
4.3 Interventions

Prevention is a key part of a public health approach to reducing violence. Prevention approaches are most successful when they are developed in partnership and co-produced using the strengths of individuals and communities. Prevention approaches are tiered; each level, if addressed, can reduce demand for the next. An example of the tiers of prevention as applied to violence reduction is shown in Figure 7.

Primary prevention is a universal approach which seeks to prevent problems occurring in the future. In the context of violent crime this refers to building resilience in individuals and communities. Secondary prevention is about identifying problems early and intervening to stop them getting worse; targeting action towards areas where there is a high risk of a serious problem occurring and providing more support to those individuals and communities who have the greater need. Tertiary prevention is an interventionist approach that takes place once there is a problem, to stop it getting worse and prevent it reoccurring in the future.

The Early Intervention Foundation state that early intervention “...means identifying and providing effective early support to children and young people who are at risk of poor outcomes.” (Early Intervention Foundation, 2019). Effective early intervention works to prevent problems occurring, akin to primary prevention, or to tackle issues when they emerge, before they worsen, akin to secondary prevention. In this sense, early intervention is an approach and not easily twinned with a single tier of prevention.

Figure 7:
A Public Health Approach to Reducing Violence: The Tiers of Prevention.
Centers for Disease Control and Prevention (2004).



Assessments of the effectiveness of prevention schemes emphasise the importance of multi-agency working and data sharing to first identify key issues, risk factors and vulnerable groups and to ensure that appropriate and effective interventions are in place to address them (Public Health England, 2019). Care should be taken when targeting vulnerable groups to avoid stigmatising them.



4.3.1 Trauma Informed Practice and Contextual Safeguarding

Increasing knowledge of the influence of ACEs can help services respond more effectively as they become trauma informed.

An emerging part of the literature is around the concept of trauma informed practice. This seeks to embed the idea of ACEs as a root cause of violence and other harmful behaviours within a range of public services, including education, health, Councils and policing and across service providers and practitioners (Youth Violence Commission, 2018). This enables workers to better identify and respond to vulnerable people and to direct them to appropriate services. A review of the evidence base for routine enquiries into ACEs (Ford, Hughes et al, 2019) viewed it as a promising idea, in need of further evidence to confirm its effectiveness.

Contextual safeguarding (Firmin et al, 2019) is a similar approach to trauma informed practice but with a specific focus on threats to the welfare of children and adolescents from outside their families to enable the focus of child protection to broaden beyond the family context. It seeks to raise awareness of the specific risk factors associated with these vulnerabilities amongst a variety of groups which engage with vulnerable children. These include the individual's and their families and peer group as well as organisations in their neighbourhoods and communities who may have contact with the children, particularly in non-familial settings. This is used to first aid identification of vulnerable children and then to engage with them to mitigate their vulnerabilities. It emphasises the need to understand the contexts which are influencing the young people involved and to work with the young person's sense of agency. This can help them to identify their vulnerabilities and the support structures that are in place to help them, in particular building on strengths within their peer network. Contextual safeguarding is described as an approach rather than a system to stress the need to be flexible and able to take into account the specific circumstances of the individuals involved. It particularly points towards an understanding of the psychology of children and adolescents, how this changes throughout their life course and the impacts these changes can have on their decision making and vulnerabilities.

Trauma informed approaches seek to increase knowledge amongst public facing services to enable them to identify vulnerable people and direct them to appropriate services.

A review in 2018 by the Science and Technology Select Committee, found a large variety in implementation and effectiveness of this kind of early intervention scheme. This was particularly the case in England, where good practice was identified in some areas, but there is a lack of an overarching national strategy regarding childhood adversity (Science and Technology select committee, 2018). This lack of consistency is particularly an issue when vulnerable people move between areas and may not be picked up by their new local authority. By contrast, the idea of trauma informed care is well established in Scotland, Wales and Northern Ireland with examples of regional and Local Authorities implementing whole Council approaches to becoming trauma informed (Walsh, 2018).



The Children’s Commissioner (2019) has also cited the difficulties caused by the fragmentation of departmental responses to the Government’s Serious Violence Strategy. Despite the strategy advocating a holistic, public health approach to violence prevention and finding strong evidence for early intervention and therapeutic approaches, the Children’s Commissioner found a relative lack of commitment from the Department of Education and the Department of Health and Social Care to secure sufficient funding to deliver these services.

Whilst good practice exists in some places, there is a need for the government to provide national leadership and embed the public health approach to violence prevention across government departments.

4.3.2 Pre-natal and Early Year’s Interventions

Building resilience in families has long term impacts on reducing violence.

The Local Government Association (LGA, 2018), WHO (2010 and 2016), Early Intervention Foundation (O’Connor and Waddell, 2015) and Public Health England (2019) have all identified a series of well evidenced parenting schemes aimed at expecting and new parents and young children. These early intervention schemes are the most comprehensive in terms of their impact on violent and other harmful behaviours in the future and as such, tend to be the most cost effective. Public Health England found that each pound spent on early years’ interventions generated savings of up to £13 in future costs. The equivalent savings generated by interventions with adolescents required an initial spend of £7 (Korkoldilos, 2015). The National Policing Improvement Agency also stresses the importance of early intervention, finding a strong link between juvenile offences before the age of 11 and violent behaviour in later life (McClean and Beak, 2012).

Early intervention schemes, aimed at improving the parenting skills of expecting and new parents, have the best evidence in terms of reducing harmful behaviours and generate the largest savings in future costs. The impacts on violence are seen over the longer term, but short-term impacts can be seen on other behaviours (health, attainment, attendance etc.) that are risk factors for violence.

Many schemes are delivered universally to all parents to ensure a basic level of knowledge around parenting and child development. Further schemes build on this initial work and can be targeted at more vulnerable children and families. Overall, the aim of these schemes is to reduce the incidence of adverse childhood experiences and to increase the resilience of children and families to stressful situations, by enabling parents to better perform the role of the “always available adult” (Bellis et al 2017). Systematic reviews of these parenting schemes have repeatedly shown good evidence for reduced violence over the lifetime of



benefitting children and some evidence of reduced intimate partner violence and child maltreatment (WHO 2010, LGA 2018).

4.3.3 Primary school interventions

Primary school interventions include universal support for children supplemented with more targeted work for the most vulnerable families, particularly those with children at risk of exclusion.

Most of the early intervention schemes referred to above continue throughout primary school. Universal schemes delivered in classrooms, either by a teacher or trained facilitator, aim to increase social and emotional skills and help young people better regulate their behaviour. The evidence around these schemes impacting on violent behaviours is less strong due to a lack of long-term follow-up, particularly in the UK. They have been seen to deliver positive outcomes in terms of improved social skills, behaviour and confidence (WHO, 2010, LGA 2018).

More targeted secondary interventions are aimed at vulnerable families or geographical areas where a concentration of risk factors, in either children or families, have been identified. The best evidenced schemes have a strong therapeutic element and involve children and parents. Involving parents can help build more supportive relationships within the family but can also be used to address issues the parents themselves might be facing, which increase children's exposure to ACEs (WHO 2016). The Early Intervention Foundation identified problems with schemes where children were expected to navigate the scheme themselves or to set their own expectations. Computer based schemes or those with low levels of supervision and support were found to be ineffective. (O'Connor and Waddell, 2015).

Interventions before the age of 11 can have the most impact on reducing violence. More training is needed to spread best practice amongst primary schools and to better integrate them into the wider public sector offer. Significant increases in funding are also required to increase the availability of support for children, families and schools.

The Children's Commissioner (2017) has stressed the important role of primary schools in addressing the development of violent behaviours, calling for work to help teachers identify at risk children and early signs of harmful behaviours. Similarly, the EIF found that risk factors for gang involvement and youth violence can be identified from the age of seven (Waddell and Jones, 2018). Building on the idea of trauma informed practise, they cite the need for primary schools to be better integrated into wider service provision for vulnerable children and to build their role in the prevention of serious violence. This would require additional training and funding to be put in place to enable this work and to boost the availability of SEND provision and related services, including mental health services. There is a particular emphasis around a need to address issues of exclusions and off rolling, both of which are linked to the same risk factors as violent behaviours (APPG, 2019; Ofsted, 2019).



4.3.4 Secondary School and Adolescent Interventions

Interventions become more targeted and tailored to individual needs.

Evidence for universal interventions for adolescents tends to be less robust and classed as promising or emerging. Work has been carried out on relationship and sex education aimed at adolescents and college students, mostly in the USA (De La Rue, Polanin et al, 2014; Crooks et al 2019). This found there was some effectiveness in terms of increasing knowledge and attitudes towards dating and sexual violence, but the studies have tended to focus on short term outcomes and have not consistently demonstrated reductions in violence towards women, although there have been some positive results (Foshee et al, 2005).

Limited evidence has been found that investment in after school facilities can lead to reductions in youth violence (Ross et al, 2011). The evidence appears to be relatively weak due to large variations in the type of facilities and activities provided, with the best results found when activities were structured and supervised and work around life skills was integrated into the activities (Walsh, 2018).

Secondary interventions aimed at older children again build on similar ideas as the primary prevention schemes around reducing risks and building resilience. Intensive, multi-systemic therapies for vulnerable children and their parents have been shown to be effective (Vries et al, 2015). The House of Commons Home Affairs Committee (2019) noted a lack of leadership and focus in the Government's approach to serious youth violence and called for "...fully-funded, statutory minimum of provision for youth outreach workers and community youth projects in all areas, co-designed with local young people".

The Early Intervention Foundation (O'Connor and Waddell, 2015) cite emerging evidence as to the effectiveness of mentoring for young people. The stronger evidence is for schemes with a longer timescale where the adult mentor is able to become a consistent, trusted person in the young person's life. Evidence around mentoring schemes varies as they need to be highly tailored to the individual's circumstances, which may make it difficult to translate schemes to different people and places (Bellis et al, 2012).

The Department for Education has produced guidance for schools on 'Keeping Children Safe in Education' (DfE, 2019) outlining the legal duties staff must follow to safeguard and promote the welfare of young people. This now includes a section on informing staff members on indicators that a child may be at risk of or involved with serious violent crime. These indicators cover a range of potential issues including vulnerabilities to sexual assault, domestic violence and involvement in gangs.

Broad principles for interventions exist but the evidence base for specific schemes is weaker. Interventions are most successful when they are tailored to the individual and local community and co-designed with local young people.



There is also need for youth work to be adaptable over time and to change according to contemporary youth cultures (Pinkney, 2019). Producing schemes in collaboration with young people in the local community is seen as being key to ensuring they are viewed as authentic, relevant and engaging. Changing developments in technology such as social media are also cited as a new area which needs to be understood as it potentially allows violence to spread in a way which is harder for services to track and monitor. (Youth Violence Commission, 2018).

There is some evidence around the impacts of Entry to Employment schemes on young people who are Not in Employment, Education or Training (NEET). Interventions have been found to decrease unemployment amongst NEETs (Mawn et al, 2017) with the best results from high contact, multi component interventions combining some form of skill development or education with on the job training. The link between work and reductions in violent behaviour is not fully established although it is viewed as a protective factor.

Evidence around youth justice interventions show mixed results in terms of reducing re-offending (Newman et al, 2012). The strongest evidence is for pre-sentencing diversion, particularly for first time offenders, which seeks to improve their personal skills around anger management, personal responsibility and decision making. These interventions also include some element of community reparations and the involvement of the offender's wider family. Evidence around interventions for more persistent offenders was more limited.

4.3.5 Interventions for Adults

Intervening with perpetrators and victims of violence needs to be tailored to the local context and the individual's situation.

As outlined above, many of the more successful interventions for children are delivered in a family setting and address significant issues and problems experienced by parents in order to reduce the prevalence of risk factors and increase the protective factors in the household.

Programmes aimed specifically at adults are more likely to be preventative tertiary schemes for the victims and perpetrators of specific forms of violence. As with some of the mentoring schemes aimed at adolescents, the evidence around interventions with adults is mixed, with some schemes showing positive results, but there is a recurring difficulty around the ability to translate schemes to different places and people. At best, schemes offer general principles, but specific details of delivery need to respond to individuals' unique situations and the local community context.

There is emerging evidence for trauma informed screening processes, which help people working in public services to identify vulnerable people who may be victims of violence and then refer them to appropriate services. This has been used most widely in relation to domestic violence, both experienced by children and as intimate partner violence (Hester, 2006), child sexual exploitation (Waddell and Jones, 2018) and gang violence (Children's Commissioner, 2019).

The WHO (2010) cites the strongest evidence for schemes which seek to reduce domestic and intimate partner violence through interventions for people who are dependent on alcohol (Stuart et al, 2003). More generally, work around domestic violence is divided into schemes



which help the victims/survivors of violence, including advocacy schemes, support and treatment and those aimed at perpetrators of domestic violence. The evidence around schemes aimed at reducing violence amongst perpetrators is not strong (Guy et al, 2014) but there are promising results around integrated models of working which take a holistic approach to wider issues informing the incidence of domestic violence.

Interventions targeting violence in the NTE tend to be distinctly different from those aimed at other types of violence, as there is relatively little focus on identifying at risk groups and individuals. The role of alcohol in this type of violence is the primary concern and approaches use the collation of police and/or emergency department data to identify times and locations associated with high levels of violence (Moore et al, 2014). This can then help the Police, Environmental Health, Licensing boards and other agencies to target resources effectively and attempt to implement interventions to either reduce levels of alcohol consumption or defuse potential flashpoints (WHO, 2010).

This model of using data has been used more broadly to identify hotspots of violence, particularly those not reported to the police, again with the intention of allowing resources and interventions to be targeted more effectively (Mercer Kollar et al, 2017).

4.3.6 Offender Management and Prison Based Interventions

Interventions around reducing the recidivism of violent offenders has shown positive results but schemes lack randomised controlled trials to fully assess their effectiveness. Core principles include taking a holistic, therapeutic approach both within custody and when transitioning back into the community. The best evidence is around schemes which look to address underlying issues amongst offenders such as alcohol and drug use (Hayhurst, Leitner et al, 2017; Newbury-Birch et al, 2016) and those which use cognitive behavioural approaches to encourage anger and emotional management (Ministry of Justice, 2013).

There is also good evidence around the impact of restorative justice programmes which bring the offender together with their victims and their communities to decide how the offender can help to repair the harm caused by their crimes. These programmes demonstrate positive impacts on both reducing repeat offending and satisfaction of victims with the criminal justice system (Strang et al, 2013).

Approaches which seek to divert offenders into employment have a lower evidence base albeit with some positive results. Again, they appear to be most successful when they are built on strong local partnerships with significant, long term support and funding before and after release from prison (Ministry of Justice, 2013). Employment in itself is often an insufficient diversion, particularly if other risk factors for violence, such as substance misuse are not addressed first.

Interventions that address any underlying issues which led to violence being used should continue throughout an offender's time in custody and into their release and reintegration back into the community.



4.3.7 Community and Society Level Interventions

Offering alternatives and raising awareness.

A small number of universal, primary prevention schemes are focussed at a community level, although the evidence around their effectiveness is variable. These include: counter narrative schemes, which look to promote positive aspirations and role models to the local community and bystander schemes, which seek to increase the knowledge base of the community in general around the risk factors and behaviours associated with certain types of violence (Bellis et al, 2012). Ofsted (2019) have advocated this bystander approach in raising awareness amongst parents, teachers and other professionals around risk factors and warning signs associated with sexual exploitation, gang membership and knife crime, in order to increase the chances of people being referred to intervention services. Other work of this kind has been aimed at identifying and preventing domestic violence (Fenton et al, 2016) and sexual violence (Kettrey et al, 2019), with a particular focus around adolescents and university campuses.

The National Drug Strategy (Home Office, 2017) recognises the widespread impacts of drug use, not least on levels of violence and crime. The Strategy sets out a range of interventions to be delivered nationwide ranging from high level information sharing responses to more targeted interventions for particular vulnerable groups. The strategy looks at interventions to restrict both the supply of and demand for drugs and helping people to recover from drug use. It advocates coordination between national, regional and local organisations across a range of areas including policing, health, education and probation to reduce the amount of drug use and its impacts. Strang et al, (2012) describe the impacts of various drug use interventions. They found the strongest evidence was for targeted services for drug users and that it was harder to evidence the impacts of primary prevention impacts such as education programmes or the impact of attempts to disrupt the supply of illegal drugs.

4.3.8 Harmful Interventions

Punitive and deterrence-based schemes may be counterproductive.

A small number of interventions have been evaluated as having little effect on deterring violent behaviour and may even increase the risk of violence. These interventions tend to be aimed at young people deemed to be at risk of violent behaviour and use punitive or scare tactics to alter their behaviour (Lipsey, 2009). There is also a degree of concern that interventions which remove 'at risk' children from their peer group may be unhelpful, particularly if this involves spending unsupervised time with other vulnerable children (Dishion and Dodge, 2009). This idea is also cited by the Children's Commissioner (2009) and the APPG on Knife Crime (2019) which cite the harmful impact of school exclusions on children. This is particularly the case if the alternative educational provision available to them isn't appropriate and leaves vulnerable children spending large amounts of time unsupervised, for example when placed on part-time timetables.



4.3.9 Links to Other Health Harming Behaviours

Addressing issues around violence can reduce other harmful behaviours.

The risk factors that influence violent behaviours also increase the likelihood of individuals developing poor mental and physical health, substance misuse issues, low educational attainment etc. This means that work to reduce violence is likely to deliver other health and social benefits, both to individuals and to society. This helps to justify the use of a whole system, multi-agency approach to violence reduction (Public Health England, 2019) as interventions will need to be delivered across the public sector, but both social and economic benefits should accrue to all agencies involved (WHO, 2002, Florence et al, 2013). This kind of multi-agency work requires a high degree of political buy in and long term commitment, as the areas where interventions are most effectively delivered may not be the main and immediate financial beneficiaries of the work (Science and Technology select committee, 2018).

5. Serious Violence: The National and International Picture

5.1 International Trends

The World Health Organisation (2012) described violence as resulting in more than 1.5 million people being killed each year, with many more suffering non-fatal injuries. Violence also causes significant harm through its impact on the physical and mental health of individuals living with it, either in their homes, their communities or their societies.

The prevalence of violence varies dramatically around the world. Estimated rates of homicides ranged from 55.5 per 100,000 people in Honduras to 0.2 per 100,000 in Luxembourg and Singapore (WHO, 2016). In the UK, the rate was low by global standards at 1.3 homicides per 100,000 people but one of the highest rates in Western Europe.

Between 2000 and 2016, homicide rates declined in 146 out of 183 countries with all European countries seeing a fall over this period. The UK figure fell from a rate of 2.1 homicides per 100,000 people to 1.3 over the same period, which was one of the larger declines seen in Europe.

The UK has relatively low levels of violence by international standards. However, in Western Europe the UK has some of the highest rates of violence, incarceration and reoffending.



The prison population rate for England and Wales stood at 140 per 100,000 people. This is the 110th highest rate of the 223 countries measured by the Institute for Crime and Justice Policy Research (ICPR, 2020). Although the rate is low by international standards, it is one of the highest rates in Western Europe and considerably higher than other large European countries such as France (105 per 100,000 people), Italy (101) and Germany (77).

A greater emphasis on rehabilitation in countries such as Norway and the Netherlands has led to reduced re-offending and reduced prison populations.

Linked to this high incarceration rate is a relatively high level of recidivism of people released from custody in the UK. 28.7% of all adult offenders (custodial and non-custodial sentences) between January and March 2018 in the UK, reoffended within one year. This rate has stayed relatively stable since 2006. The rate increases to 39.2% for juvenile offenders (under 18s) (Ministry of Justice, 2020). For adults released from custody, 46.8% reoffend within one year and this increases to 62.7% of adults who served a custodial sentence of less than 12 months. Comparisons to other countries are difficult to make as recidivism is measured differently over different time periods but work has suggested that the UK has relatively high rates compared to other Western European countries with the starkest comparison being to Norway where recidivism rates over 2 years are 20% (Fazel and Wolf, 2015). A combination of low incarceration rates and low recidivism in the Netherlands has led to prisons closing and accepting inmates from other countries. These lower rates are linked to a more rehabilitative approach to incarceration as opposed to the punitive approach generally taken in the UK.

5.2 UK Trends

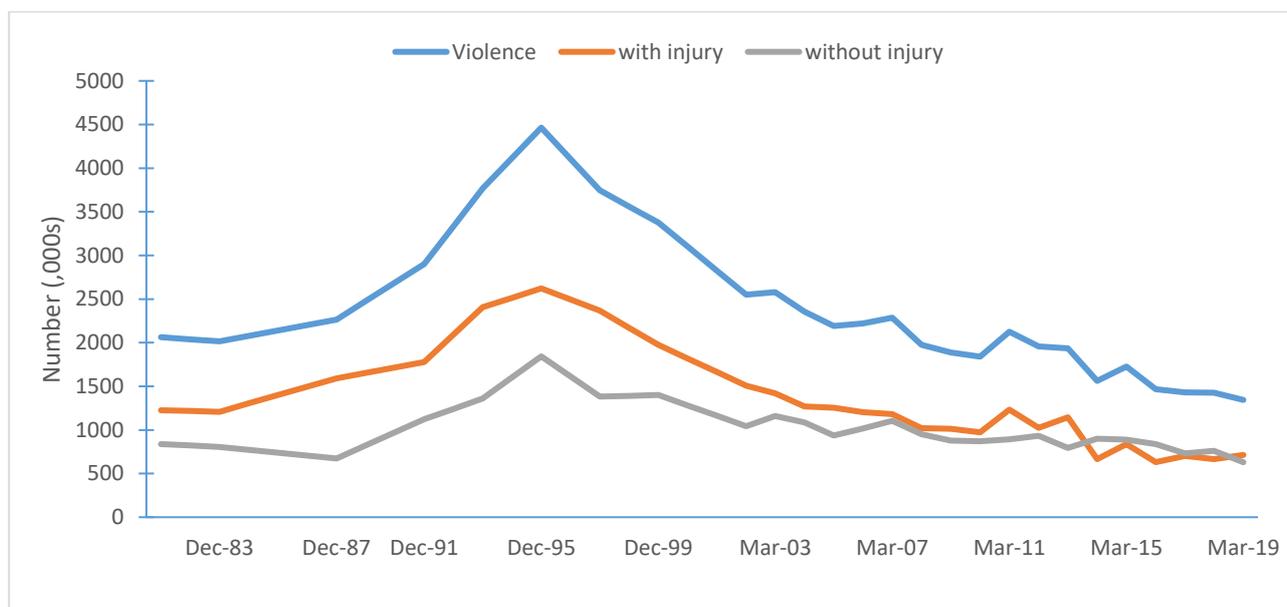
Nationally, there are two main sources of data on violent crime. The Crime Survey for England and Wales is based on a large, nationally representative, sample survey. It provides a good measure of long-term crime trends and covers both those crimes that have been reported to the police and those that have not. The second main source, Police recorded crime data, is considered a less reliable measure of change over time, as it can be affected by changes in police recording practises and changes in the reporting of crime by the public. The police data however has the advantage of being able to identify specific offences and of providing more accurate data at a local level. This allows greater analysis of emerging short term and/or local trends in offences.

The long-term trend in the UK has been a reduction in serious violence. 'High harm' offences involving guns, knives and sharp objects have increased in recent years, although they still remain a relatively small proportion of the overall crime figures.



Data from the Crime Survey for England and Wales shows a long-term reduction in violent crime since 1995 (Figure 8). Violent incidents rose from 2.1 million in 1981 to a peak of 4.5 million in 1995. This has declined steadily over time and in the year ending June 2019, the survey reported an estimated 1.3 million incidences of violence experienced by adults aged 16 or over. The speed of decline has slowed in recent years with relatively little change overall since 2016. Data from the Violence Reduction Group at Cardiff University and admissions data for NHS hospitals seem to corroborate this trend, showing lower numbers of attendances and admission for violence and assault since 2010. The majority of these offences are assaults, which cause relatively low levels of physical harm.

Figure 8:
Number of violent incidents (thousands) with injury and without injury, Crime Survey for England and Wales, December 1981 to March 2019. Source: Crime Survey for England and Wales, 2019.



However, recent years have seen increases in crimes such as homicide and offences involving knives, sharp instruments and firearms. Although these crimes are relatively low in number, the high levels of harm they can cause makes these changes notable. In the year ending September 2019, police recorded crime data showed there was a 6% fall in the number of homicides nationally but this was the first decrease following five consecutive years of increases.

Although the police recorded a lower number of homicides as a result of a knife or sharp object in the year ending September 2019, the number of offences involving a knife or sharp object has continued to increase. The police recorded 44,800 of these offences in the year ending September 2019, an increase of 46% since comparable records began in the year ending March 2011. The majority of these offences in both 2011 and 2019 relate to “assault with injury or intent to cause serious harm” or “robbery”, but there were larger than average percentage increases in “attempted murder” and “threats to kill”. Figures also show large percentage increases in rapes and sexual assaults which involved a knife or sharp instrument.

The increase in knife crime has been largely concentrated in urban areas with the highest



rates in London, Greater Manchester, the West Midlands and West Yorkshire. However, it is noted that the prominence of issues related to knife crime is likely to have resulted in better detection and recording of these offences by police forces, so it is difficult to say how much of the change has been due to increased carrying of knives.

Police and crime data on violent incidents only give a small indication of the overall impact of violence on society, communities and individuals. The North West Public Health Observatory (Bellis et al, 2012), estimated there were 2.5 million violent incidents per year (including incidents not reported to the police). These carried an estimated cost to the NHS of £2.9 billion to directly deal with the physical and mental health of victims. However, the physical and mental health impacts of exposure to violence can have influence across a victim's lifetime and are associated with a range of problems from obesity, to substance abuse, poor educational attainment and behavioural problems. The combination of these problems is estimated to cost UK society £29.9 billion per year.

National data looking at the health of young people (Royal College of Paediatrics and Child Health, 2020) shows an increase in youth violence since 2014 (incidence of injury by sharp object amongst 15-19 year olds. It also points to increases in mental health issues amongst young people, increases in child poverty and increases in child protection plans and looked after children, which all indicate build-ups in some of the risk factors that escalate the risk of young people becoming the victims or perpetrators of violence.

Health data, particularly related to mental health, points towards increases in the risk factors which increase vulnerability to violence, particularly amongst young children. The availability of society and community level protective factors has however, declined.

The public health approach to reducing violence also requires analysis of the risk and protective factors which can influence the likelihood of people becoming victims or perpetrators of violence. Aggregate data for the UK suggests that some of the economic factors which are associated with increasing violence have been improving in recent years following the 2008 recession with employment levels at a high and average wages rising, including increases in the minimum wage. However, these economic improvements have not been evenly distributed. Temporary jobs and zero hours contracts have become more common and working people are increasingly likely to claim in work benefits to supplement their income. Welfare reforms have reduced the accessibility of benefits and benefit freezes and caps have meant that they haven't kept pace with increasing costs of housing, utilities and living. This has meant that despite a generally positive economic picture nationally, the families who are struggling the most are in a much more precarious financial position than they were prior to the recession. This heightens the pressure on individuals, families and communities and is associated with increases in a variety of risk factors which can lead to violence.

As described in the literature review, the Joseph Rowntree Foundation (2015) and others illustrate the impact of austerity on the ability of both the public sector and the voluntary and community sector to provide the services which increase personal, family and community



resilience to these risks. The loss or reduction in capacity of protective factors such as: Sure Start centres, youth services, pastoral care, special educational needs provision and extracurricular activities in schools, police and NHS funding etc., has further increased the susceptibility of individuals and families to becoming victims and perpetrators of violence.

Measures of risk and protective factors are difficult to quantify, particularly as no single factor has a direct causal relationship with violence. The combined impact of multiple risk factors has been found to increase the likelihood of someone becoming a victim or perpetrator of violence, but again, there is no comprehensive source of data looking at where these risk factors intersect, particularly in a way which would enable preventative actions to be taken, rather than interventions in response to an incident which has already occurred.

The following sections look to build a picture of the types, volumes and experiences of violence in Nottingham City and Nottinghamshire County and the broader impacts of exposure to violence on victims and wider society. Where possible, they look at data which captures the impact of multiple risk factors on incidence of violence.

6. A quantitative Analysis of Serious Violence in Nottingham City and Nottinghamshire County

6.1 Risk Factors for Serious Violence Across the Life Course

The risk factors for being involved in serious violence, as a perpetrator or a victim, are complex and the relationship between factors are not linear. Thus, whilst the following sections are delineated it is recognised that many individuals and communities will be affected by multiple, inter-related factors. Local action will be informed by the triangulation of these datasets with police intelligence and ambulance service data to investigate further where violent crime is taking place.

6.1.1 Deprivation and Financial Instability

Indices of deprivation

The 2019 Indices of Deprivation ranked each of the 32,844 Lower Super Output Areas (LSOAs) in England based on seven domains of deprivation: Employment; Income; Education, Skills and Training; Health; Crime; Barriers of Housing and Services and Living Environment. LSOAs are groups of 600 to 800 households which were created for the 2011 Census and are used so areas of approximately equal population size can be compared.

The seven domains are combined to give an overall Index of Multiple Deprivation (IMD) which is mapped in Figure 9 and Figure 10 with the latter showing areas of deprivation in more detail.



Figure 9:
2019 Index of Multiple Deprivation by Super Output Area for Nottingham City and Nottinghamshire County districts. MHCLG, 2019. Source: 2019 English Indices of Deprivation, MHCLG.

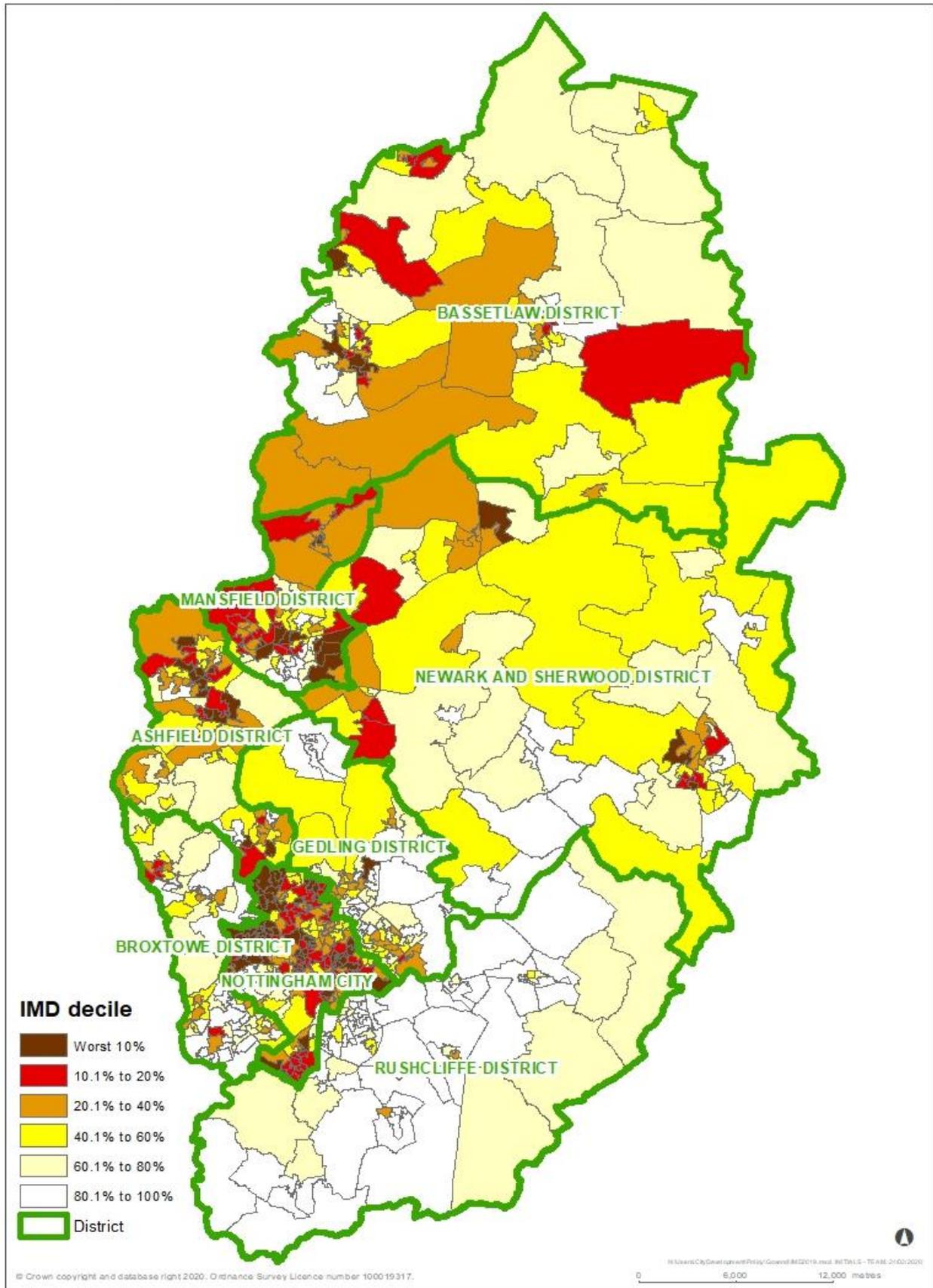
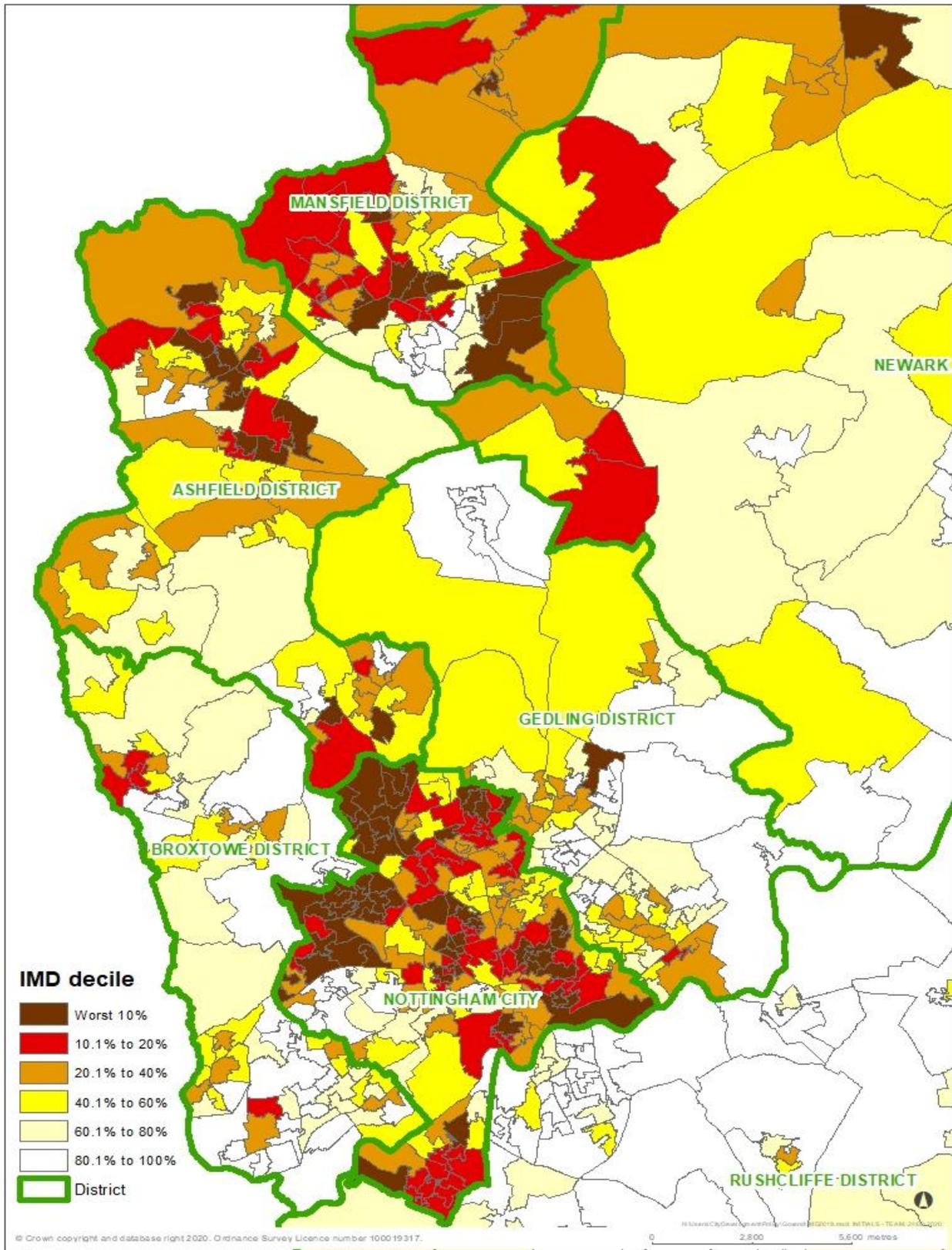


Figure 10:
2019 Index of Multiple Deprivation by Super Output Area with detailed view of Nottingham City, Ashfield and Mansfield. MHCLG, 2019. Source: 2019 English Indices of Deprivation, MHCLG.



Deprivation levels vary significantly across Nottingham City and Nottinghamshire County from the 36th most deprived LSOA in England to the 19th least deprived. The areas of highest deprivation are concentrated in the outer estates and inner-city areas of Nottingham City and urban areas of Mansfield and Ashfield. Rural areas in the South of the County, particularly those surrounding Nottingham City have some of the lowest levels of deprivation.

Composite scores are calculated at a district level to give rankings for the 317 local authority districts in England. These rankings are shown in Table 1 and show a similar pattern with Nottingham City the eleventh most deprived district in England but surrounded by the significantly less deprived districts of Broxtowe, Gedling and particularly Rushcliffe, the third least deprived district in England. The County districts in the north of the County rank as less deprived than Nottingham City but are all in the most deprived half of districts nationally.

The relative rankings of Nottingham City and the seven County districts are nearly identical across five of the seven domains, which make up more than 80% of the overall index (Income, Employment, Education, Health and Crime). This suggests that different types of deprivation tend to be collocated and linked to each other and that a multi-agency approach is likely to be required to address these complex and interrelated needs.

Table 1:
IMD 2019 rankings for Nottingham City and Nottinghamshire County districts. MHCLG, 2019. Source: 2019 English Indices of Deprivation, MHCLG.

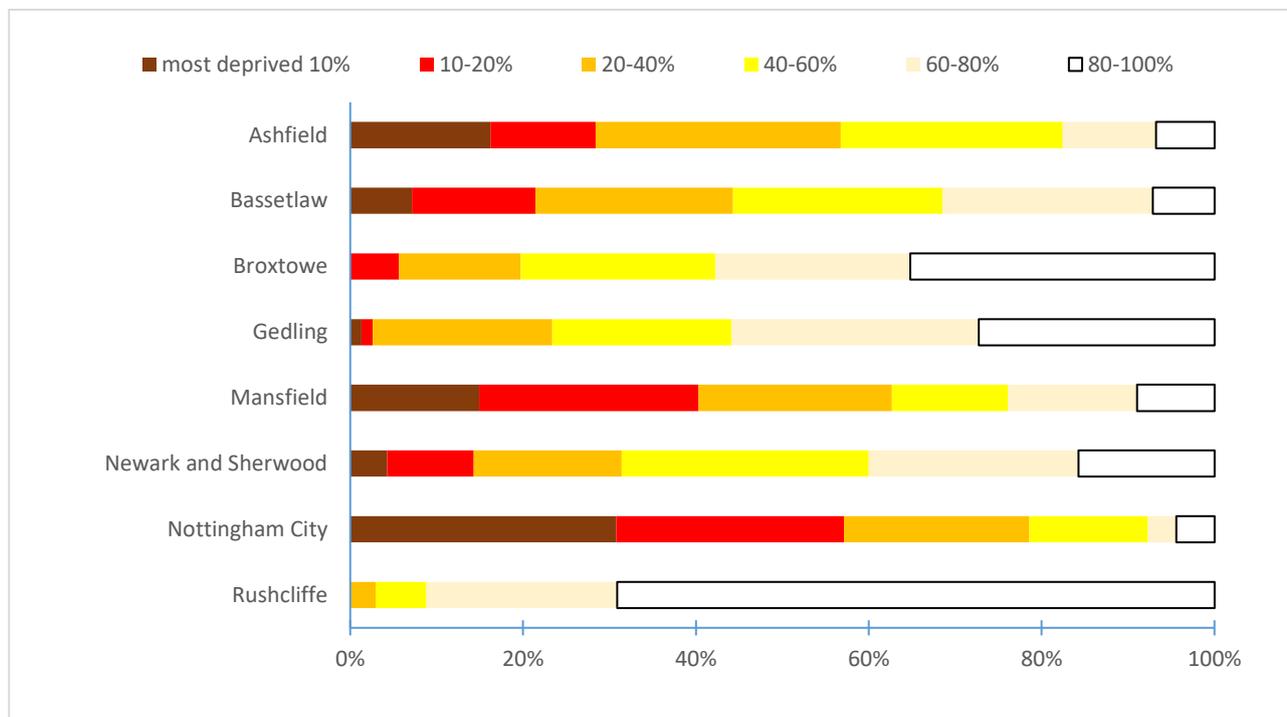
| District | Index of Multiple Deprivation Ranking (out of 317) |
|------------------------|--|
| Ashfield | 68 |
| Bassetlaw | 106 |
| Broxtowe | 220 |
| Gedling | 209 |
| Mansfield | 46 |
| Newark and Sherwood | 145 |
| Rushcliffe | 315 |
| Nottinghamshire County | n/a |
| Nottingham City | 11 |

NB. Figures are collated and ranked at a district level so rankings are not available for the County Council area.



Figure 11 summarises the variations within districts. The highest levels of deprivation are in Nottingham City, where more than 30% of LSOAs (56/182) fall into the most deprived 10% nationally and 57%⁶ (104/182) fall into the most deprived 20%. Ashfield had the next highest proportion of LSOAs in the most deprived 10% (16%, 12/74) and 40% of LSOAs in Mansfield (27/67) are in the most deprived 20%.

Figure 11:
Percentage of LSOAs in each district by national deciles and quintiles. MHCLG, 2019. Source: 2019 English Indices of Deprivation, MHCLG.



The least deprived area in the County is Rushcliffe where nearly 70% of SOAs (47/68) are in the least deprived 20% nationally. Broxtowe and Gedling districts, which also border Nottingham City also have over representations of less deprived areas with 35% (25/71) and 27% (21/77) of SOAs respectively in the least deprived 20% nationally.

Bassetlaw and Newark and Sherwood districts are closest to the national average with under-representations of LSOAs at both the most and least deprived extremes.

Income Deprivation and Income Deprivation Affecting Children

The Income Deprivation domain also includes a supplementary Income Deprivation Affecting Children Index (IDACI). This looks at the proportion of children living in households claiming out of work benefits or in working households where the income is less than 60% of the national median income. Unlike most of the domains in the Index of Deprivation, the Income and IDACI scores are expressed as a percentage, so the difference in scores translates to a real, numeric difference rather than a relative ranking.

Overall, 11.4% of the 1.15 million people in Nottingham City and Nottinghamshire County and 15.5% of the 204,000 children aged 0-15 were classed as living in income deprived

⁶ The convention used throughout the data analysis section will be to omit the decimal point when the figure involved rounds to x.0%. i.e. 52.0% is presented as 52%.



households. As Table 2 illustrates, there is significant variation across the area, particularly in the IDACI scores which range from 6.5% in Rushcliffe district to 29.8% in Nottingham City. Nottingham City ranks as the 6th most deprived district in England by this measure.

Table 2:
IDACI scores and rankings for Nottingham City and Nottinghamshire County districts. MHCLG, 2019.
Source: 2019 English Indices of Deprivation, MHCLG.

| District | Proportion of people in Income Deprived households | Income Deprivation Ranking (out of 317) | Proportion of children aged 0-15 in Income Deprived households | IDACI Ranking (out of 317) |
|------------------------|--|---|--|----------------------------|
| Ashfield | 15.2% | 73 | 21.9% | 51 |
| Bassetlaw | 12.2% | 129 | 16.4% | 124 |
| Broxtowe | 9.7% | 191 | 13.0% | 181 |
| Gedling | 10.2% | 176 | 13.8% | 167 |
| Mansfield | 15.6% | 61 | 21.2% | 57 |
| Newark and Sherwood | 10.9% | 157 | 15.3% | 146 |
| Rushcliffe | 5.9% | 293 | 6.5% | 307 |
| Nottinghamshire County | 11.4% | n/a | 15.5% | n/a |
| Nottingham City | 19.9% | 17 | 29.8% | 6 |

NB. Figures are collated and ranked at a district level so rankings are not available for the County Council area.

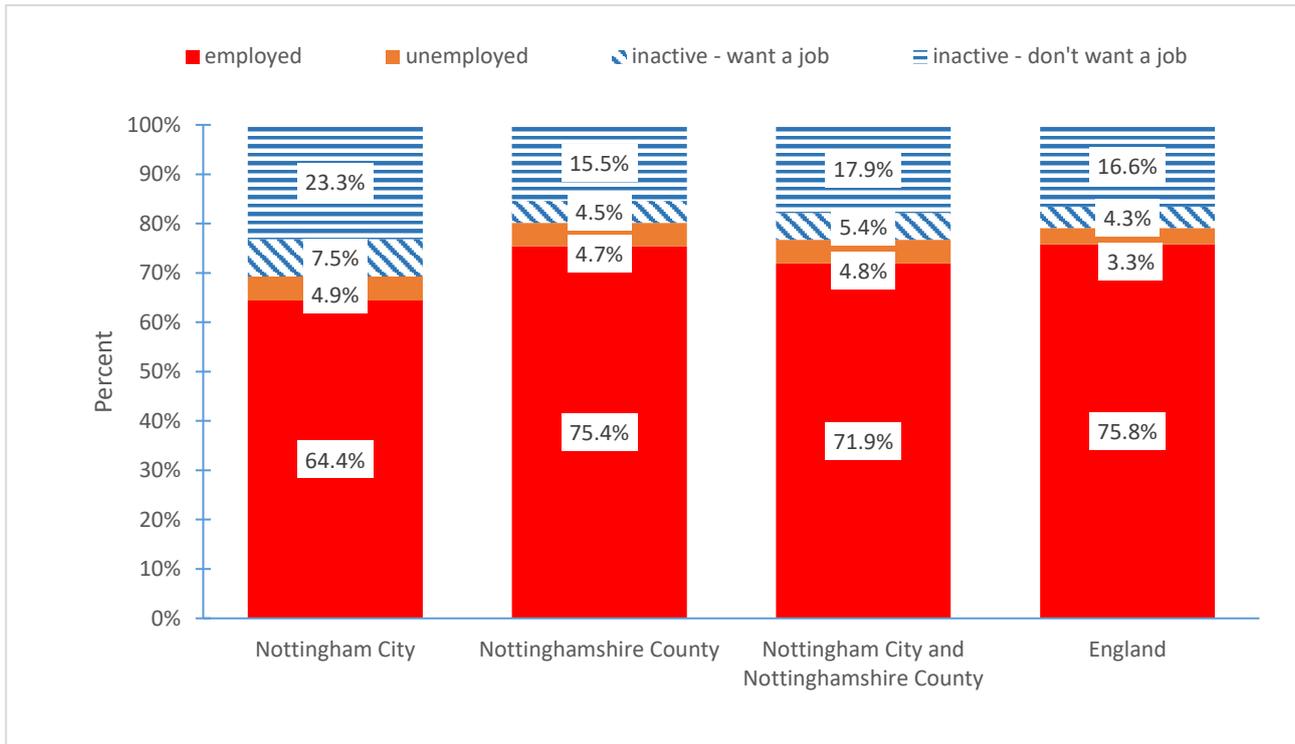
In all eight districts, children are more likely to be affected by income deprivation than the general population, indicating that households with children are more likely to experience low-income than those without. If this pattern was repeated equally across the country, you would expect the IDACI rank to be the same as the Income deprivation rank. However, in seven of the eight districts the ranking for income deprivation affecting children is worse than the overall Income Deprivation measure. This suggests the issue of families with children being income deprived is more pronounced in Nottinghamshire than in other parts of England.

Economic Profile

71.9% (520,200 people) of the 723,100 16-64 year olds in Nottingham City and Nottinghamshire County are employed, 4.8% are unemployed and actively looking for work (34,400 people) and 23.3% are economically inactive (168,500 people), of whom 5.4% (39,200) want a job. Figure 12 shows how these figures are split between the City and County and how they compare to the national average.



Figure 12:
Employment status of 16-64 year olds, ONS Annual Population Survey July 2018–June 2019.
Source: Annual Population Survey, ONS.



Nottinghamshire County has a similar employment rate to the national average and a slightly higher unemployment rate. The differences between Nottingham City and the national average appear to be wider, but much of this is due to 13.4% of the City’s working age population being economically inactive students. If students are discounted from the figures, there is still a gap between the City’s employment rate and the national rate, but it falls from 11.4 percentage points to 6.1 percentage points. Students form a much smaller proportion of the County’s population (4.2%). This is slightly lower than the national average and therefore discounting students only slightly reduces the County’s employment rate in relation to the England rate.

Employment rates across the NNVRU area are lower than the national average as are average wages. Residents of Nottingham City tend to have lower levels of employment and pay than residents in Nottinghamshire County.

Overall, if the impacts of the large student population are discounted, Nottingham City and Nottinghamshire County have an employment rate 3.0 percentage points below the national rate, an unemployment rate 1.6 percentage points higher and an economic inactivity rate 1.4 percentage points higher. The main reason for the difference in economic inactivity is a higher proportion of people locally who are classed as ‘long term sick’.



As well as having lower levels of employment, the working population in Nottingham City and Nottinghamshire County have lower earnings than the national average. Median earnings nationally are £25,100, increasing to £30,700 for full time workers. Earnings for Nottinghamshire County residents are significantly lower at £23,400 and £28,600 respectively and Nottingham City residents' median earnings are significantly lower again at £20,300 for all workers and £25,100 for full time workers. (Annual Survey of Hours and Earnings, 2019).

Child Poverty

Official measures of child poverty have been withdrawn by the government as they were seen to be too focussed on income as a measure of poverty. Here, data from HMRC on families claiming tax credits is used as a proxy for child poverty. This is likely to be an overestimate in comparison to the previous official measure of families with an income of less than 60% of the median income but provides a relatively up to date and comparable measure across the County.

Tax Credit data shows that across Nottingham City and Nottinghamshire County in 2017/18, 43,500 children⁷ lived in households where no one works, 18.8% of all children in the County. A further 52,900 children (22.9%) live in households where someone works but the household income is sufficiently low that the family is eligible for Working Tax Credits. The rates for Nottinghamshire County are slightly higher than the England averages of 15.6% and 21.8% respectively, but this hides a wide degree of variation across the County as Table 3 illustrates.

Table 3:
Children in out of work and low-income households by district. HMRC tax credits 2017/18.
Source: Tax Credits, HMRC.

| District | Out of work households | | Working households claiming Working Tax Credits | | Total | |
|-------------------------------|------------------------|-------------|---|-------------|------------------|-------------|
| | Number | % | Number | % | Number | % |
| Ashfield | 5,500 | 20.6 | 5,800 | 21.7 | 11,300 | 42.2 |
| Bassetlaw | 3,500 | 15.3 | 4,900 | 21.4 | 8,400 | 36.6 |
| Broxtowe | 2,700 | 13.0 | 3,500 | 16.9 | 6,200 | 29.9 |
| Gedling | 3,200 | 13.9 | 4,600 | 19.9 | 7,800 | 33.8 |
| Mansfield | 4,600 | 20.0 | 5,000 | 21.7 | 9,600 | 41.6 |
| Newark and Sherwood | 3,600 | 15.2 | 4,600 | 19.5 | 8,200 | 34.7 |
| Rushcliffe | 1,600 | 7.5 | 2,700 | 12.6 | 4,300 | 20.0 |
| Nottinghamshire County | 24,700 | 15.3 | 31,100 | 19.2 | 55,800 | 34.5 |
| Nottingham City | 18,800 | 27.0 | 21,900 | 31.5 | 40,700 | 58.5 |
| NNVRU total | 43,500 | 18.8 | 52,900 | 22.9 | 96,400 | 41.7 |
| England | 1,802,800 | 15.6 | 2,513,500 | 21.8 | 4,316,300 | 37.4 |

⁷ Children are defined as all people aged 0-15 and all 16-18 year olds in full time education. Rates are calculated from the number of children eligible for Child Benefit.



The highest levels of child poverty are in Nottingham City where both the proportion of children in out of work and low-income households exceeds the national average. Both Ashfield and Mansfield have higher levels of children living in out of work households and a higher overall proportion of children in poverty than the national average as a result.

The lowest levels of child poverty in the County are in Rushcliffe where it falls to 20% of children, of which 7.5% live in out of work households. Even in the least deprived part of the County and one of the least deprived districts in England, one in five children live in households which require government support to maintain a minimum income level.

More than 4 in 10 children in the NNVRU area live in low-income households. Despite increases in the employment rate, more than half of these low-income households contain a working adult.

Nationally and locally there have been small reductions in child poverty between 2015/16 and 2017/18. Across Nottingham City and Nottinghamshire County, the proportion of children living in out of work households or households claiming Working Tax Credits has fallen from 44.3% to 41.7%. The reduction has largely been driven by a decrease in children living in households claiming Working Tax Credits with a much slower decrease in children in out of work households.

The greatest reduction was in Mansfield, which saw a decrease of 3.8 percentage points almost entirely due to a fall in families claiming Working Tax Credits. Nottingham City saw a decrease of 3.4 percentage points but this was more evenly split with the City seeing a reduction of 1.3 percentage points from out of work households. All of the districts saw overall reductions in child poverty over the period. However, three districts, Rushcliffe, Gedling and Newark and Sherwood saw slight increases in the proportion of children in the district living in out of work households.

This suggests that wages and hours worked have increased sufficiently to lift a small percentage of families with children out of poverty, but that flows of people back into the labour market have slowed in recent years, particularly outside the City. This is confirmed by unemployment figures which have broadly stagnated after seeing large falls between 2013 and 2016 and numbers of people who are out of work and economically inactive due to sickness, caring or family commitments which have stayed reasonably steady over time. This suggests that even when unemployment is low, there are a large number of children living in out of work households.

6.1.2 Opportunities and Inclusion

Readiness for School

In 2018/19, 69.5% of Foundation Stage pupils (13,100/18,800) across Nottingham City and Nottinghamshire County had achieved a good level of development prior to beginning Key Stage 1 of primary school compared to 71.8% of pupils nationally. Nationally, the trend since



2012/13 was of rapid improvements until 2015/16 when increases became steadier (Figure 13). A similar pattern occurred locally. Nottingham City initially saw large increases in achievement meaning the gap to the national average narrowed from 13.9 percentage points in 2013/14 to 4.9 percentage points in 2018/19. Increases in Nottinghamshire County have been slower but the overall percentage has been more in line with the national average.

Both Nottingham City and Nottinghamshire County had a lower proportion of pupils achieving a good level of development than the average for their statistical neighbours⁸. Nottinghamshire County had the second lowest proportion of the 11 comparator authorities, 70.5% compared to an average of 72% for its statistical neighbours. Nottingham City’s level of 66.9% was again lower than the average of 68.7% but ranked third of the 11 authorities. For both the City and County, there was initially a relatively large difference to the statistical neighbour average in 2012/13, but this has narrowed in recent years.

Figure 13:
Pupils achieving a good level of development at the end of Foundation Stage, Department for Education, Early Years Foundation Stage Profile 2019. Source: Early Years Foundation Stage Profile 2019, DfE

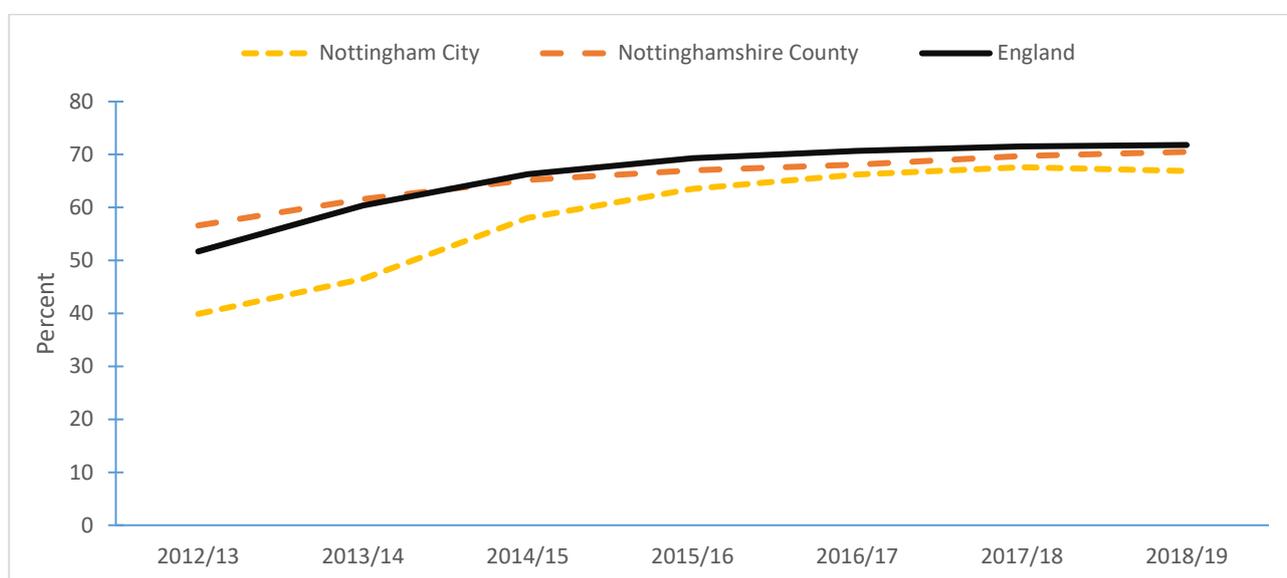


Table 4 shows the variation in Foundation Stage development across the City and County. Rushcliffe has the highest proportion of pupils achieving a good level of development and is more than five percentage points higher than Bassetlaw, the next highest district. Mansfield has the lowest level at 65.9%.

⁸ Statistical neighbours for Nottinghamshire County are: Lancashire, Cumbria, Derbyshire, Northamptonshire, Cheshire West and Cheshire, Warwickshire, Worcestershire, Kent, Staffordshire and Essex. Statistical neighbours for Nottingham City are: Manchester, Sandwell, Salford, Hull, Birmingham, Coventry, Wolverhampton, Bristol, Derby and Southampton.



Table 4:
Pupils achieving a good level of development at the end of Foundation Stage, Department for Education, Early Years Foundation Stage Profile 2019. District data from Nottinghamshire County Council. Source: Early Years Foundation Stage Profile 2019, DfE. District data from Nottinghamshire County Council.

| District | Achieving good level of development (%) |
|------------------------|---|
| Ashfield | 68.0 |
| Bassetlaw | 72.2 |
| Broxtowe | 72.0 |
| Gedling | 71.7 |
| Mansfield | 65.9 |
| Newark and Sherwood | 67.2 |
| Rushcliffe | 77.5 |
| Nottinghamshire County | 70.5 |
| Nottingham City | 66.9 |
| NNVRU total | 69.5 |
| England | 71.8 |

Special Educational Needs and Disability (SEND)

In January 2019, 20,800 pupils across Nottingham City and Nottinghamshire County schools had been assessed as eligible for some kind of SEND support, 12% of the 170,300 pupils registered at local schools. This is lower than the regional average of 14% and the national average of 14.9%. Nottinghamshire County had the second lowest rate of SEND support nationally at 10.7% (13,300/123,500 pupils). Nottingham City's rate of 15.2% (7,600/49,500 pupils) is higher than the regional and national averages and ranks 73rd out of 152 Local Authorities in England.

18,200 pupils across the NNVRU area are eligible for SEND support (10.5%) and 2,600 (1.5%) had an Education, Health and Care plan (EHCP) which entitles pupils to additional support and pulls the individual's educational, health and care needs into a single legal document. Both Nottingham City and Nottinghamshire County schools have low levels of pupils with an EHCP at 1.7% (800 pupils) and 1.5% (1,800) respectively, lower than the national average of 3.1%, lower than their statistical neighbour Local Authorities and both in the lowest five Local Authorities in England. The figure of 2,600 pupils with an EHCP includes 1,700 pupils educated at special schools. 700 pupils at primary and secondary schools across the area have an EHCP, 0.4% of the registered pupils and the lowest rate in England. An additional 872 children with SEND receive 'higher level needs' funding as their needs cannot be met without making additional funds available to the school they attend. In many Local Authorities, children need an EHCP to access this higher level of funding but in Nottingham a child does not need an EHCP to have this level of support. This means that children and young people with very significant difficulties can have their needs met without the delay of a statutory assessment.

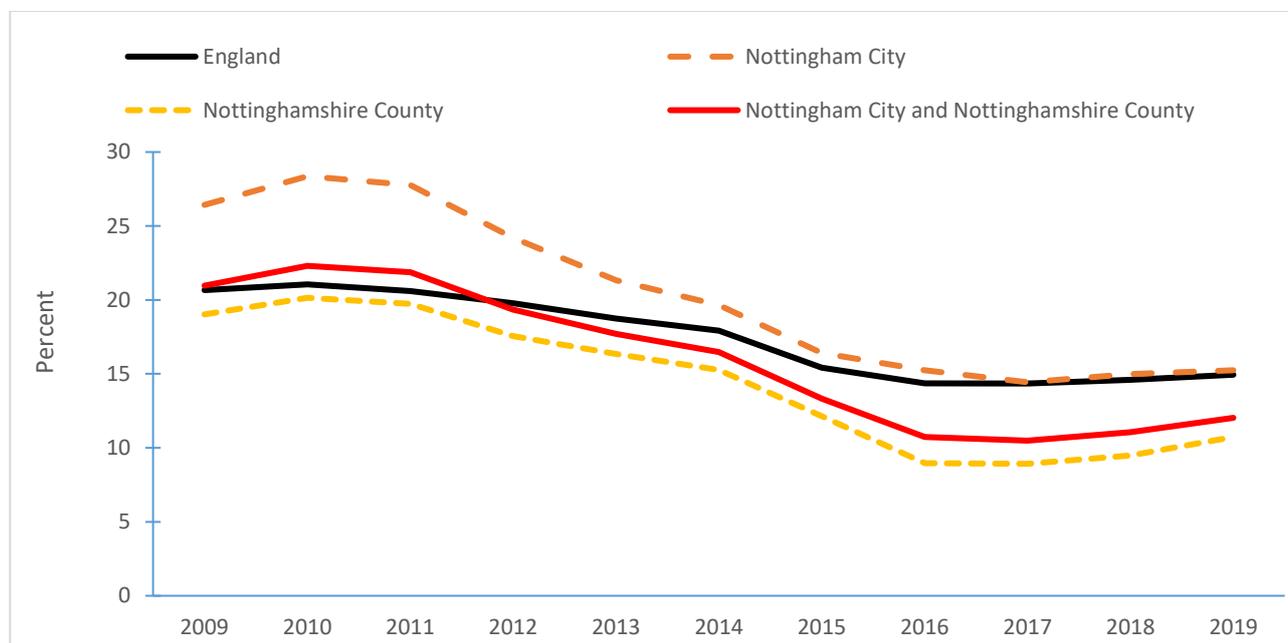


The 10.5% of pupils eligible for SEND support is lower than the national and regional average. However, this covers a range from the Nottinghamshire County rate of 9.3% which is the seventh lowest in England, to the Nottingham City rate of 13.6% which is higher than average and the 28th highest rate in the country. In both the City and County, the proportion of eligible pupils is below average for their statistical neighbour authorities.

Figure 14 shows the trend in the proportion of pupils eligible for SEND support since 2009. The national pattern shows a peak in 2010 at which point 21.1% of pupils in England were eligible for support. The Nottinghamshire County proportion at this point was slightly below the average at 20.1% and the Nottingham City proportion was higher at 28.4%. Nationally, the proportion of eligible pupils fell steadily through to 2016 when it had reached 14.4%. Part of this decrease was due to a review of SEND in 2014 which changed the way in which schools identified children in need of SEND support and resulted in a more rapid fall in pupils eligible for support. Since 2016 numbers stabilised and then increased slightly to 14.9% in 2019.

The decline locally happened more quickly and continued until 2017 at which point Nottingham City had the same rate as the national rate (14.4%) and Nottinghamshire County had fallen to 8.9%, 5.5 percentage points below the national average. Both Nottingham City and Nottinghamshire County have seen faster increases in the proportion of eligible pupils in 2018 and 2019, but the proportions remain 13.1 and 9.4 percentage points lower than their peak levels in 2010 and have fallen further than the national average of 6.1 percentage points.

Figure 14:
Change in proportion of pupils eligible for SEND support or EHCP,
Department for Education, Special Educational Needs in England 2019.
Source: Special Educational Needs in England 2019, DfE.



Throughout this period, the proportion of pupils with an EHCP or Statement of Need, the process which preceded EHCPs, saw small increases, both locally and nationally, although both Nottingham City and Nottinghamshire County consistently ranked amongst the lowest proportions in England.



Table 5 shows the variation in SEND support across the area. The highest overall proportion of pupils eligible for support is in Nottingham City. Ashfield and Mansfield have comparable proportions of pupils with an EHCP to the City, but lower proportions of pupils eligible for SEND support. This puts these two districts broadly in line with the City and County average.

Rushcliffe has the lowest proportions of pupils eligible for both SEND support and EHCPs and an overall proportion of 6.6% more than 3 percentage points lower than the next highest district, Bassetlaw. The remaining three districts show relatively little variation but are all lower than the local, regional and national averages.

Table 5:
Proportion of pupils eligible for SEND support or EHCP by Nottinghamshire County district, Department for Education, Special educational needs in England 2019. District data from Nottinghamshire County Council. Source: Special Educational Needs in England 2019, DfE. District data from Nottinghamshire County Council

| District | SEND support (%) | EHCP (%) | Total (%) |
|------------------------|------------------|----------|-----------|
| Ashfield | 10.9 | 1.6 | 12.5 |
| Bassetlaw | 8.6 | 1.1 | 9.7 |
| Broxtowe | 9.9 | 1.2 | 11.1 |
| Gedling | 9.5 | 1.2 | 10.7 |
| Mansfield | 10.4 | 1.7 | 12.1 |
| Newark and Sherwood | 9.2 | 1.3 | 10.5 |
| Rushcliffe | 5.7 | 0.8 | 6.6 |
| Nottinghamshire County | 9.2 | 1.3 | 10.5 |
| Nottingham City | 13.6 | 1.7 | 15.2 |
| NNVRU total | 10.5 | 1.5 | 12.0 |
| England | 11.9 | 3.1 | 14.9 |

Absence

Table 6 shows rates of authorised, unauthorised and persistent absence⁹ across the County. Authorised absence rates in Nottingham City and Nottinghamshire County are below the national average, below the averages for their statistical neighbours and show relatively little variation between districts. Nationally, the majority of authorised absences are due to illness or scheduled medical or dental appointments.

The only specified reason for an unauthorised absence given is due to an unauthorised

⁹ Persistent absence is defined as pupils missing 10% or more of their scheduled sessions due to either authorised or unauthorised absence.



family holiday. These absences make up 0.4 percentage points of the national average of 1.4%. The average for Nottingham City and Nottinghamshire County is slightly higher than the national average and higher than the average for their statistical neighbours. There is more variation across the County for unauthorised absence with the highest rates in Nottingham City, Ashfield and Mansfield and lower rates than the national average in Rushcliffe, Broxtowe and Gedling.

Table 6:

Absence rates (sessions missed and persistent absentees), Pupil Absence in Schools Department for Education, 2017/18. District data from Nottinghamshire County Council. Source: Pupil Absence in Schools, DfE. District data from Nottinghamshire County Council.

| District | Percentage of sessions missed | | | Percentage of persistent absentees |
|------------------------|-------------------------------|--------------------|----------------------|------------------------------------|
| | Overall absence | Authorised absence | Unauthorised absence | |
| Ashfield | 5.0 | 3.0 | 1.9 | 11.1 |
| Bassetlaw | 4.6 | 3.1 | 1.5 | 10.1 |
| Broxtowe | 4.0 | 2.9 | 1.1 | 7.4 |
| Gedling | 4.3 | 3.1 | 1.2 | 8.3 |
| Mansfield | 5.0 | 3.2 | 1.8 | 10.8 |
| Newark and Sherwood | 4.7 | 3.2 | 1.4 | 9.9 |
| Rushcliffe | 3.8 | 2.9 | 0.9 | 6.9 |
| Nottinghamshire County | 4.5 | 3.1 | 1.4 | 9.5 |
| Nottingham City | 4.9 | 3.0 | 1.9 | 12.5 |
| NNVRU total | 4.6 | 3.1 | 1.5 | 10.3 |
| England | 4.8 | 3.5 | 1.4 | 11.2 |

14,610 pupils were classed as persistent absentees in Nottingham City and Nottinghamshire County in 2017/18, 10.3% of all registered pupils. This is lower than the national average of 11.2 percent and both Nottingham City and Nottinghamshire County are broadly in line with their statistical neighbours. Within the NNVRU area, only Nottingham City, where one in eight pupils are persistently absent, has a higher proportion than the national average. The County districts are all below the national average but there is some variation with the highest rates in Ashfield and Mansfield and the lowest rates in the three districts adjoining Nottingham City (Rushcliffe, Broxtowe and Gedling).



Alternative Provision

Official figures from the Department for Education show that from January 2018 to January 2019, at least 320 pupils in Nottingham City and 450 pupils in Nottinghamshire were in some kind of alternative educational provision. The DfE acknowledges that this is likely to be an undercount as it only includes pupils whose main or sole registration is registered with the AP provider, so pupils who only spend part of their time in alternative provision will not be included.

Data on young people attending Alternative Education Providers is inconsistent and therefore difficult to analyse. Greater consistency is needed, including through the development of agreed shared indicators.

Data is held locally, but there are concerns in the City over its completeness and accuracy as data is collated from multiple academies and private providers, nearly 50 in the City alone, with the local authority and DfE having little influence over what data is submitted. Nottinghamshire have more confidence in the accuracy of their data as it is all commissioned and collected centrally by the County Council.

Notwithstanding these data quality issues, the system used to monitor the data is very limited in its reporting capabilities. Figures on pupils in AP provision part time do not show where pupils are split between mainstream and AP provision, between multiple AP providers or on a part time timetable with no provision for the rest of the school day. The lack of easily accessible data on pupils on part time timetables is a particular concern, given the identified risks around vulnerable pupils spending unsupervised time during the school day.

Attempts to improve the reporting capabilities of the system and the quality of data submitted by providers have met with significant resistance at a local level. As this is likely to be a problem repeated across the country and relates to a key vulnerable group, improving the quality of the data available is a key recommendation and needs to be led from central government.

Exclusions

In 2017/18, 3,850 out of 165,800 pupils in Nottingham City and Nottinghamshire County had at least one fixed term exclusion, 232 per 10,000 enrolled pupils. This is in line with the national average, although each excluded pupil in Nottingham City and Nottinghamshire County had an average of 2.4 fixed term exclusions per year compared to 2.2% nationally.

That same year 110 pupils were permanently excluded in Nottingham City and Nottinghamshire County, a rate of 6.5 per 10,000 pupils. Nationally permanent exclusion rates were 50% higher at 9.8 per 10,000 pupils. Nottingham City had a slightly higher rate of permanent exclusions than its statistical neighbours' average, while the County' rate was lower than the average. However, there are concerns in Nottingham City that some schools are underreporting the number of pupils permanently excluded. Internal data collected by the City Council suggests the rate of permanent exclusions in the City is 25.6 per 10,000 pupils. There is a similar issue at a smaller scale in Nottinghamshire County and it is unclear



to what extent this is repeated nationally, but updating the combined Nottingham City and Nottinghamshire County rate to include these corrections would increase the rate to 10.8 permanent exclusions per 10,000 pupils.

Table 7 shows the variation across the NNVRU area. Nottingham City has the highest proportion of permanent exclusions in the area with 13.2 per 10,000 pupils. Bassetlaw is the only other district with exclusion levels over the national average. Mansfield had no exclusions in the year and Ashfield and Newark and Sherwood had small numbers which had to be suppressed to ensure confidentiality.

Stakeholders suggest that attendance and exclusions from local schools underestimates the true picture. Specifically, that unofficial policies such as managed moves and off-rolling are used by some schools to 'manage' poor attendance and challenging behaviour. A report is expected by the Children's Commissioner which may give further insight on unofficial exclusions. However, more consistency is needed in data collection to allow vulnerable children to be identified and supported.



Table 7:
Pupils exclusions per 10,000 enrolments by Nottinghamshire County districts. Department for Education, Permanent and fixed period exclusions in England 2017 to 2018. District level data from Nottinghamshire County Council. Source: Permanent and fixed period exclusions in England 2017 to 2018, DfE. District data from Nottinghamshire County Council.

| School District | Enrolments with 1 or more fixed term exclusions rate per 10,000 enrolments | Permanent exclusions rate per 10,000 enrolments |
|------------------------|--|---|
| Ashfield | 193 | .. ¹⁰ |
| Bassetlaw | 385 | 11.3 |
| Broxtowe | 161 | 3.9 |
| Gedling | 219 | 8.2 |
| Mansfield | 199 | 0 |
| Newark and Sherwood | 164 | .. |
| Rushcliffe | 151 | 3.7 |
| Nottinghamshire County | 210 | 4.0 |
| Nottingham City | 292 | 13.2 |
| NNVRU total | 232 | 6.5 |
| England | 233 | 9.8 |

Bassetlaw and Nottingham City again have the highest levels of exclusions, 385 and 292 per 10,000 enrolments respectively and are the only districts with rates above the national average of 233 per 10,000 enrolments. The rates in the other districts range from 219 in Gedling to 151 in Rushcliffe.

Again, in comparison to their statistical neighbours, Nottingham City has a higher proportion than average of pupils with at least one fixed term exclusion, while Nottinghamshire County has a lower than average proportion.

Nationally there is concern that schools are finding ways to remove children from schools without pursuing a formal exclusion. This may be by asking parents to withdraw a child (off-rolling), moving children onto reduced timetables, or 'managed moves' to a different school. This suggests that the official figures may underrepresent the true level of exclusions in schools, although it is not possible to quantify the impact.

Attainment

Educational attainment is a significant predictor of wellbeing in adult life. Attainment 8¹¹ scores are calculated for pupils at the end of key stage 4 (aged 15-16 years) as a measure of their achievement across 8 qualifications such as GCSEs and/or Baccalaureates. In

¹⁰ Rates created by figures of five or fewer exclusions are suppressed.

¹¹ Attainment 8 scores are calculated based on scores in 8 qualifications with results in English and Maths carrying a double weighting. Three other qualifications must be from subjects which form part of the English Baccalaureate (the sciences, history, geography and modern and ancient foreign languages) and the final three either more English Baccalaureate subjects or others from a Department for Education approved list.



England, the average Attainment 8 score was 46.7 (95%CI 46.6, 46.8) for 2017/18. Scores across the NNVRU area ranged from 41.6 to 56.9 (Table 8). Educational attainment is influenced by both the quality of education and the socioeconomic circumstances for children; the pattern observed locally has similarities to other markers of deprivation.

Table 8:
Average Attainment 8 score (2017/18 data). Source: Attainment 8, DfE.

| District | Average Score | Comparison with National Average |
|------------------------|---------------|----------------------------------|
| Ashfield | 42.3 | Worse |
| Bassetlaw | 47.9 | Better |
| Broxtowe | 47.9 | Similar |
| Gedling | 49.6 | Better |
| Mansfield | 42.6 | Worse |
| Newark and Sherwood | 47.4 | Similar |
| Rushcliffe | 56.9 | Better |
| Nottinghamshire County | 47.7 | Better |
| Nottingham City | 41.6 | Worse |

The Average Attainment 8 score of children in care, a group who are known to have poorer educational attainment, was 19.8 for the East Midlands region in 2017/18; these data are not available at smaller geography.

The curriculum offer for pupils enrolled with alternative education providers across Nottingham City and Nottinghamshire County varies between providers and includes offers for entry level/level 1 qualifications which do not contribute to Attainment 8. Where pupils have remained on roll with a school their results will be included within the reported school progress/Attainment 8 data.

Not in Education, Employment or Training (NEET)

Across the period December 2018 to January 2019, 1,320 of the 22,000 16 and 17 year olds in Nottingham City and Nottinghamshire County were either NEET, or their activity was not known by the local authority. This is 6% of all 16 and 17 year olds in the area, compared to an average of 5.5% across England. 560 people were known to be Not in Education, Employment or Training (2.5% compared to 2.6% nationally) and 760 people's activity was not known (3.5% compared to 2.9% nationally).

Nottinghamshire County has a higher proportion of 16 to 17 year olds who are NEET or not known compared to its statistical neighbours (5.7% in Nottinghamshire County compared to an average of 4.6% amongst its neighbours), although it has the lowest proportion of people



who are known to be NEET at just 1.5% and the second highest proportion of people whose activity is unknown.

Conversely, Nottingham City's overall percentage of 6.6% is in line with the average for its statistical neighbours but this includes a relatively high percentage of 16 to 17 year olds who are known to be NEET (5%) but the activity of just 1.6% of 16 to 17s is not known to the local authority.

The County districts all follow a similar pattern with low proportions of 16 and 17 year olds who are known to be NEET, from 1.1% in Rushcliffe to 2.3% in Mansfield, but relatively high proportions whose status is not known (ranging from 2.7% in Gedling to 5.7% in Bassetlaw). Although Nottingham City is therefore the only area with a higher level of NEET than the national average, Bassetlaw has the highest proportion when the 'not known' figures are included and Newark and Sherwood, Mansfield and Ashfield all have higher than average proportions. Local intelligence suggests that the lower numbers of 'not knowns' in Nottingham, compared to Nottinghamshire, is due to the success of additional spend on tracking this cohort in the city using European Social Fund monies.

Table 9:
16 to 17 year olds Not in Education, Employment and Training (NEET) or Not known, Department for Education NEET, 2019. District data from Nottinghamshire County Council.
Source: NEET, DfE.

| District | % NEET | % Not known | % NEET or not known |
|------------------------|---------------|--------------------|----------------------------|
| Ashfield | 1.9 | 4.0 | 5.9 |
| Bassetlaw | 2.1 | 5.7 | 7.8 |
| Broxtowe | 1.2 | 3.3 | 4.5 |
| Gedling | 1.3 | 2.7 | 4.0 |
| Mansfield | 2.3 | 3.7 | 6.0 |
| Newark and Sherwood | 1.2 | 4.9 | 6.1 |
| Rushcliffe | 1.1 | 3.6 | 4.6 |
| Nottinghamshire County | 1.5 | 4.0 | 5.6 |
| Nottingham City | 5.0 | 1.6 | 6.6 |
| NNVRU total | 2.5 | 3.5 | 6.0 |
| England | 2.6 | 2.9 | 5.5 |



6.1.3 Parenting and Family Experience

Children in Need

A child in need is defined under the Children Act 1989 as a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of services, or the child is disabled.

At the 31st of March 2019, 7,940 children in Nottingham City and Nottinghamshire County were assessed as being children in need a rate of 337.6 per 10,000 children under 18 in the area. This was broadly in line with the national average of 334.2 per 10,000 children.

In Nottingham City, the rate was 470.2, higher than both the national average and the average of 426.3 for the City’s statistical neighbours. The rate for Nottinghamshire County was 282.9 and was lower than the average rate for its statistical neighbours.

The proportion of children in need or who are looked after across the NNVRU area is broadly in line with the average for England. However, this hides a wide degree of variation across the area with higher than average rates in Nottingham City, Ashfield and Mansfield and the lowest rates in Rushcliffe and Gedling.

Figure 15:
Children in need per 10,000 children aged under 18, Department for Education, Characteristics of children in need, 2019. Source: Characteristics of children in need, DfE.

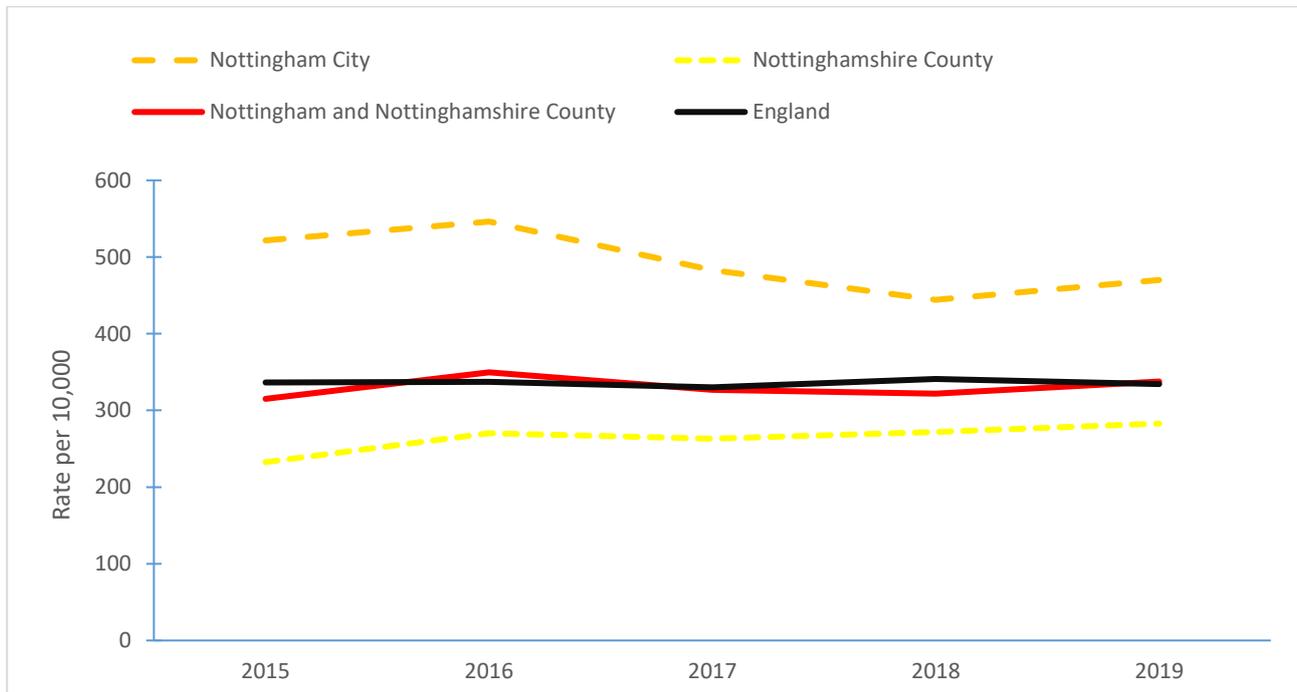


Figure 15 shows that nationally, the proportion of children in need has stayed fairly constant since 2015 and largely in line with the combined City and County proportion. However, this pattern combines an overall decrease in the rate in Nottingham City, while the Nottinghamshire County figure has seen a slow increase.



District level data again shows a wide degree of variation across the NNVRU area with Mansfield, Nottingham City and Ashfield having rates of more than 400 children in need per 10,000 under 18s, while Rushcliffe has a rate of just 91.2 per 10,000. The other four districts all have rates below the national average and vary from 231.7 in Gedling to 305.3 per 10,000 children in Bassetlaw.

Table 10:
Children in need per 10,000 children aged under 18, Department for Education, Characteristics of children in need, 2019. District level figures from Nottinghamshire County Council. Source: Characteristics of children in need, DfE. District data from Nottinghamshire County Council.

| District | Children in need Rate per 10,000 under 18s |
|------------------------|--|
| Ashfield | 410.1 |
| Bassetlaw | 305.3 |
| Broxtowe | 270.6 |
| Gedling | 231.7 |
| Mansfield | 475.0 |
| Newark and Sherwood | 265.1 |
| Rushcliffe | 91.2 |
| Nottinghamshire County | 282.9 |
| Nottingham City | 470.2 |
| NNVRU total | 337.6 |
| England | 334.2 |

Child Protection Plans

Child Protection Plans are drawn up by Local Authorities' social services teams in response to concerns about a child's welfare. They set out how the child can be kept safe, how things can be made better for the child's family and the support they will need.

At the 31st of March 2019, 1,340 children in Nottingham City and Nottinghamshire County had a Child Protection Plan, a rate of 57.1 per 10,000 children compared to 43.7 nationally. Both locally and nationally, the rate increased between 2014 and 2018 before falling slightly in 2019. However, the number of Child Protection Plans increased more rapidly in Nottingham City and Nottinghamshire County and so the gap between the local and national rates has widened over time. Both the City and County also have higher rates than their statistical neighbour authorities.

Table 11 shows that within the NNVRU area, Mansfield has the highest rate of children with Child Protection Plans. Nottingham City and Ashfield have the next highest rates but are considerably lower than Mansfield. Three districts, Bassetlaw, Broxtowe and Newark and Sherwood are clustered around the national average with rates between 43.0 and 48.0 per 10,000 children. The lowest rates are in Gedling and Rushcliffe districts.



Table 11:
Children with Child Protection Plans. Department for Education, characteristics of children in need 2018 to 2019. District data from Nottinghamshire County Council. Source: Children looked after in England including adoption, DfE. District data from Nottinghamshire County Council.

| District | Children with Child Protection Plans Rate per 10,000 under 18s |
|------------------------|--|
| Ashfield | 59.0 |
| Bassetlaw | 45.2 |
| Broxtowe | 43.0 |
| Gedling | 29.6 |
| Mansfield | 104.6 |
| Newark and Sherwood | 48.0 |
| Rushcliffe | 14.4 |
| Nottinghamshire County | 50.1 |
| Nottingham City | 74.1 |
| NNVRU total | 57.1 |
| England | 43.7 |

Looked After Children/Children in Care

Looked after children or children in care are a subset of the children in need cohort. A child is looked after by a local authority if he or she falls into one of the following categories:

- Is provided with accommodation, for a continuous period of more than 24 hours [Children Act 1989, Section 20 and 21].
- Is subject to a care order [Children Act 1989, Part IV], or
- Is subject to a placement order allowing the local authority to place a child for adoption.

1,500 children were looked after by Nottingham City and Nottinghamshire County Councils in the year ending 31st of March 2019, a rate of 64 per 10,000 children aged under 18. As with the overall children in need proportion, this is in line with the national average. Nottingham City has a higher than average rate at 92 per 10,000 children and Nottinghamshire County has a lower rate at 52. Both areas have lower rates than their respective statistical neighbours.

Nationally, the proportion of looked after children has steadily risen since 2011, but locally, after an initial increase up until 2013, rates of looked after children have remained fairly stable between 60 and 64 per 10,000 children.

As Table 12 illustrates there is a considerable degree in variation at a district level in the rates of looked after children. Rates range from 7.8 per 10,000 children in Rushcliffe to 92.0



in Nottingham City. The lowest levels are in the three districts, Broxtowe, Gedling and Rushcliffe, surrounding Nottingham City in the south of the County. The highest levels are in Nottingham City, Mansfield and Ashfield with the two large rural districts, Bassetlaw, Newark and Sherwood, having rates close to the City and County average.

Table 12:
Looked after children in Nottinghamshire County districts. Department for Education, Children looked after in England including adoption, 2018 to 2019. District data from Nottinghamshire County Council. Source: Children looked after in England including adoption, DfE. District data from Nottinghamshire County Council.

| District | Looked after children Rate per 10,000 under 18s |
|------------------------|---|
| Ashfield | 76.9 |
| Bassetlaw | 68.9 |
| Broxtowe | 22.7 |
| Gedling | 19.5 |
| Mansfield | 85.1 |
| Newark and Sherwood | 60.3 |
| Rushcliffe | 7.8 |
| Nottinghamshire County | 52.0 |
| Nottingham City | 92.0 |
| NNVRU total | 63.6 |
| England | 65.0 |

Children Missing from Home or Care

Both Nottingham City and Nottinghamshire County have provided data in relation to missing children episodes and whilst both datasets are internally consistent, there might be differences in methodology which mean they aren't directly comparable. As such, data provided by each Local Authority will be analysed separately here and further work will be undertaken to align the datasets in the future.

Nottinghamshire County

In 2018/19 there were 2,760 episodes of children going missing from home or local authority care in Nottinghamshire County. These episodes related to 970 individual children, an average of just under three episodes per child. The number of individual children missing has stayed fairly consistent since 2015/16 but there has been a gradual rise in the number of episodes reported.

Table 13 shows the number of children missing in each local authority district in Nottinghamshire. The highest numbers were in Mansfield and Ashfield which also had the highest average number of episodes per child. The three south Nottinghamshire districts, Broxtowe, Gedling and Rushcliffe had the lowest numbers of episodes and individual children going missing.



Table 13:
Children missing from home or care, Nottinghamshire County Council, 2018/19. Source:
Nottinghamshire County Council, Children’s Social Care Missing Children Performance Report
quarter 3 2019/20. Source: Children looked after in England including adoption, DfE. District data
from Nottinghamshire County Council.

| District | Individuals | Episodes | Average number of episodes |
|------------------------|-------------|----------|----------------------------|
| Ashfield | 170 | 490 | 2.8 |
| Bassetlaw | 160 | 380 | 2.4 |
| Broxtowe | 80 | 200 | 2.3 |
| Gedling | 90 | 220 | 2.5 |
| Mansfield | 180 | 540 | 3.0 |
| Newark and Sherwood | 130 | 330 | 2.5 |
| Rushcliffe | 60 | 140 | 2.2 |
| Other | 80 | 450 | 5.8 |
| Unknown | 10 | 40 | 3.0 |
| Nottinghamshire County | 970 | 2,760 | 2.9 |

NB numbers may not total due to rounding. Address is based on the child’s address when the report was produced and not when they went missing. The ‘other’ category will include children who went missing while living in Nottinghamshire but have subsequently moved elsewhere.

Boys were slightly more likely to go missing than girls, 53.1% compared to 46.9%. The age profile of missing children shows an increase up to the age of 15 and then a decrease thereafter. 20.9% of missing children were aged 15 and 54.3% were aged 14-16. The largest proportion of missing children were from the white ethnic group (82.5%) although this group was underrepresented in comparison to the ethnic profile of children in Nottinghamshire. Children in the mixed ethnicity group were the most overrepresented in the County and made up 7.1% of missing children.

In around 60% of cases, emotional issues were cited as the reason for the missing episode with the largest proportion being ‘parental family relationships’ or ‘boundary issues’. Just under a quarter of cases related to risk issues with most being related to ‘offending behaviour’, ‘adults who pose a risk’ or ‘sexual exploitation’. The remaining cases relate to health issues, usually around the young person’s mental health.

Nottingham City

410 children were recorded as missing in Nottingham City between the 1st of April 2018 and the 31st of March 2019, across a total of 940 episodes, an average of 2.3 episodes per child. The gender split in the City was similar to the County with slightly more boys missing than girls, 52.2% compared to 47.8%.

Relatively small numbers of children went missing at each age up to the age of 10, after which they increase each year until the age of 13 before declining again. 17.2% of missing



children were aged 13 and 45.8% were aged 12-14. 68.5% of missing children in Nottingham City were in the white ethnic group and 18.1% were in the mixed ethnicity group. Both of these groups are overrepresented in relation to the ethnicity of City children in the 2011 Census. The only ethnic group with a large underrepresentation amongst missing children is the Asian or Asian British ethnic group.

Child Sexual Exploitation

Assessments for Children in Need cited concerns around Child Sexual Exploitation (CSE) in 470 cases across Nottingham City and Nottinghamshire County in 2018/19. These are not necessarily cases where CSE has occurred but where cause for concern has been identified. In Nottingham City CSE was identified as a risk for 260 children, 6.3% of all children in need assessments whilst in Nottinghamshire County, it was cited in 210 cases (2.1%). Data from Nottinghamshire County shows that 560 children in the last year were referred to the County's Multi Agency Safeguarding Hub (MASH) due to concerns over CSE with 60 children then becoming the subject of CSE strategy meetings.

Child Criminal Exploitation and County Lines

HMI Probation released a report on child criminal exploitation (CCE) in November 2018, calling on agencies to adapt their approach to mirror work on reducing child sexual exploitation. This requires agencies to view exploitation as primarily a child protection issue rather than a criminal matter and to ensure that frontline staff recognise the signs that a child is being criminally exploited. Local evidence supports the picture of links between youth violence and drug markets, with increased violence associated with competition for student drug markets in Nottingham and the emergence late in 2017 of school aged children involved in county lines drug dealing also being involved in weapon-related offending and violence. A cohesive, child centred approach across multiple agencies has then been developed to reduce the risks to local children. The development of services has centred on the acknowledgement that this is a safeguarding as well as public protection issue and that children's own victimisation and experience of trauma is a critical factor in them becoming entrenched in violent lifestyles.

Domestic Abuse

Data in Table 14 shows the number of people accessing domestic abuse services across the NNVRU area. These services are mostly delivered through JUNO Women's Aid, Nottingham Women's Aid and Equation with additional services provided by refuges and shelters across the area. Table 14 shows 2,720 women and 300 men accessed these services for either the first time or for the first time in 12 months in 2018/19. As such, these figures should be viewed as the minimum number of people affected, not least because there are many other services across Nottinghamshire which support people who have been affected by domestic abuse. The data shows the highest numbers of people accessing services were in Nottingham City, Mansfield, Ashfield and Bassetlaw. Broxtowe and Rushcliffe had the lowest numbers.



Table 14:
Adults accessing Domestic Abuse services, by gender, for Nottingham City and Nottinghamshire County districts, Nottingham City and Nottinghamshire County Councils 2018/19. Source: Nottingham City Council and Nottinghamshire County Council.

| 2018/19 | Women | Men |
|-------------------------------|--------------|------------|
| Ashfield | 330 | 50 |
| Bassetlaw | 310 | 30 |
| Broxtowe | 120 | 30 |
| Gedling | 200 | 30 |
| Mansfield | 360 | 50 |
| Newark and Sherwood | 190 | 20 |
| Rushcliffe | 140 | 20 |
| Nottinghamshire County | 1,660 | 220 |
| Nottingham City | 1,020 | 60 |
| Not known/Out Of Area/ Other | 40 | 20 |
| NNVRU total | 2,720 | 300 |

In addition to these numbers, specialist services are provided to support teenage survivors of domestic violence and younger children of survivors. Across the NNVRU area in 2018/19, 280 teenage survivors accessed support as did 470 children of survivors of domestic violence.

6.1.4 Multiple Risk Factors

Research in the evidence base has established that an individual facing multiple risk factors, either personally or in their household or their community, is more likely to be a perpetrator or victim of violence. This research has been based on interviews with individuals to establish the prevalence of risk factors and there is no comprehensive data source which allows a full assessment of how different risk factors interact for local people and households. However, by looking at combinations of risk factors where they exist, you can begin to demonstrate their cumulative impact on individuals' families and communities.

Children in Need

Children in Need, by definition, are more likely to have been exposed to risk factors in their home. Of the 5,720 children across Nottingham City and Nottinghamshire County with a stated primary need, 56% had experienced abuse or neglect, 18% had been identified due to family dysfunction and 10% due to being part of a family in acute stress.

Of the 13,910 episodes referred to children's social care for assessment, in 49% of cases domestic violence was a factor. Other frequently observed factors include mental health problems (41%), drug misuse (19%), emotional abuse (17%), alcohol misuse (15%), neglect (15%) and physical abuse (14%).



The 1,590 children with a child protection plan had all experienced either neglect, emotional abuse, physical abuse or sexual abuse, with 17% of these children experiencing multiple types of abuse.

In 2016/17, 3.3% of children in Nottingham City and 2.2% in Nottinghamshire County had one of more fixed term exclusion from school, this increases to 9.6% and 9.5% respectively for Children in Need. The proportions are higher still at 15.8% and 10.6% respectively for children who have been looked after continuously by the local authority for at least 12 months.

Substance Misuse

1,200 people in Nottingham City are engaged with either the Criminal Justice or community drug treatment services. Monitoring shows that service users are likely to face multiple issues in addition to substance misuse. 47.8% of service users have an identified mental health need; 24.5% have a housing problem, of whom 10.3% have an urgent housing problem; 22.4% have a diagnosed disability, with behavioural and emotional, mobility and gross motor and progressive conditions accounting for most of the disabilities. In addition, just 21.4% of service users are in paid employment, 23.7% are unemployed and actively seeking work and 37.5% are long term sick or disabled.

These issues are more pronounced amongst the users of Nottingham City's Criminal Justice substance misuse service which has identified around 75% of its users reporting a mental health problem, with most also having issues related to housing. The service mostly supports individuals who have committed a 'trigger offence' that is usually acquisitive, e.g. shop theft or burglary. However, recently there have been increases in the number of people being tested for 'non-trigger offences', usually violence against the person offences and usually in the NTE. The individuals being referred to the service for these offences usually test positive for cocaine, with the combined effects of cocaine and alcohol being identified as contributing to an increased likelihood of violent behaviour. It should be noted that the testing process in Criminal Justice only tests for Class A drugs, so the impact of other drug use is not identified.

Data from Nottinghamshire County Council shows 3,700 people in the County were engaged with drug treatment services. Similar to the City, users are likely to face multiple additional issues. A higher proportion of service users in the County have identified mental health problems (64.7%) and/or a diagnosed disability (40.5%). County service users are also more likely to be employed (33.9%) and less likely to have an identified housing problem (16%).

Services users referred by the criminal justice route make up 13.3% of the total. These service users are less likely to be employed and more likely to have a housing problem than users who access the service by other routes.

Troubled/Priority Families

The Troubled Families programme, also referred to as Priority Families in Nottingham City, identifies families facing multiple problems which are likely to benefit from a 'whole family' approach. To be eligible for the programme, families must have at least two of the following six issues:



- parents or children involved in crime or anti-social behaviour.
- children who have not been attending school regularly.
- children who need help: children of all ages, who need help, are identified as in need or are subject to a Child Protection Plan.
- adults out of work or at risk of financial exclusion or young people at risk of worklessness.
- families affected by domestic violence and abuse.
- parents or children with a range of health problems.

By the end of January 2020, the Troubled/Priority Families programmes in Nottingham City and Nottinghamshire County had worked with 14,370 families. A target was initially set that by the end of March 2020, 9,010 families across the two authorities would see either significant and/or sustained progress in relation to their issues or a family member achieving continuous employment¹². Nottingham City has achieved progress or employment for 3,550 families, 92.6% of its target and Nottinghamshire County has achieved progress or employment for 3,220 families, 62.3%.

The difference in performance data is largely as a result of the Nottinghamshire programme underperforming in the first three years of the programme with a very low rate of claims being made. It was put into a recovery period by MHCLG and performance has improved over the last 6 quarters. A number of issues were identified during the recovery period, one of which was that the Nottinghamshire programme targeted families with entrenched needs only and needed to work more with universal services. The programme also struggled to identify families eligible for a claim because of a lack of an automated system.

Table 15 shows the numbers of families in each district engaged with the Troubled/ Priority Families programme and the number who had achieved either significant and sustained progress or continuous employment. Both Nottingham and Nottinghamshire have over attached families onto the programme. Of the 8 areas, Nottingham City has the largest number of families engaged with the service and the highest proportion achieving progress or employment (51.9%). Amongst the County districts, Ashfield and Mansfield have the largest numbers of families, followed by Bassetlaw and Newark and Sherwood districts. The districts which adjoin Nottingham City have the lowest numbers. Overall, 42.9% of families in Nottinghamshire County have achieved progress or employment.

¹² Continuous employment is defined as 6 months for people previously claiming Job Seekers Allowance or the 'searching for work' element of Universal Credit, or 3 months for people previously claiming out of work benefits relating to poor health or caring responsibilities.



Table 15:
Troubled/Priority Families programme Families engaged and achieving progress or employment at January 2020. Nottingham City and Nottinghamshire County Councils. Source: Nottingham City Council and Nottinghamshire County Council.

| District | Families engaged | Families achieving progress or employment |
|---------------------------|------------------|---|
| Ashfield | 1,450 | 650 |
| Bassetlaw | 1,150 | 520 |
| Broxtowe | 780 | 330 |
| Gedling | 900 | 390 |
| Mansfield | 1,330 | 580 |
| Newark and Sherwood | 1,100 | 510 |
| Rushcliffe | 470 | 220 |
| Nottinghamshire County | 7,510 | 3,220 |
| Nottingham City | 6,850 | 3,550 |
| NNVRU total ¹³ | 14,360 | 6,780 |

As stated above, families need to meet two of the six criteria in order to be engaged by the Troubled/Priority Families programme. Table 16 shows the proportion of families with each of the six criteria. The most frequently occurring criteria across all districts is 'Children who Need Help', with relatively little variation between districts. In the seven County districts, the second more frequent criteria is 'Health issues' again with relatively little variation between districts. Nottingham City however has a lower proportion than the county districts and 'Health Issues' ranks as the third most frequent criteria after 'Worklessness'. Worklessness and Domestic Violence are the next most frequent criteria overall and show the highest degree of variation between districts. Nottingham City has the highest proportions of families with these criteria, followed by Ashfield and Mansfield, the other districts have similar proportions to each other, except in Rushcliffe where the proportion with 'Worklessness issues' is 38.2%. Both 'Education issues' and 'Crime issues' show a large gap between Nottingham City and Nottinghamshire County, but relatively little variation between the County Council districts.

Table 16 also shows that while engaged families in the County districts have between 2.7 and 2.9 criteria per family, this increases to 3.5 criteria on average per Nottingham City family engaged with the programme. This suggests that families in the City are likely to have multiple and more complex issues than those in the County.

¹³ Total contains 350 families in Nottinghamshire County who aren't allocated to a particular district of which 30 who had reached the success criteria.



Table 16:
Percentage of families engaged with the Troubled/Priority Families programme by inclusion criteria and district. January 2020. Data from Nottingham City and Nottinghamshire County Councils.
Source: Nottingham City Council and Nottinghamshire County Council.

| | Crime issues | Children Who Need Help | Domestic Violence | Education issues | Health issues | Worklessness issues | Criteria per family |
|--------------------------------------|--------------|------------------------|-------------------|------------------|---------------|---------------------|---------------------|
| Ashfield | 11.8 | 89.5 | 33.7 | 27.9 | 75.3 | 53.7 | 2.9 |
| Bassetlaw | 11.9 | 87.2 | 28.0 | 26.6 | 72.0 | 45.2 | 2.7 |
| Broxtowe | 11.2 | 92.2 | 25.2 | 22.4 | 76.1 | 44.1 | 2.7 |
| Gedling | 10.2 | 89.7 | 28.4 | 26.9 | 76.2 | 45.9 | 2.8 |
| Mansfield | 13.3 | 86.9 | 36.3 | 26.7 | 71.2 | 52.2 | 2.9 |
| Newark and Sherwood | 13.6 | 88.0 | 28.9 | 29.6 | 72.5 | 45.2 | 2.8 |
| Rushcliffe | 13.6 | 87.9 | 25.9 | 26.5 | 79.6 | 38.2 | 2.7 |
| Nottinghamshire County ¹⁴ | 11.7 | 86.5 | 29.7 | 26.1 | 72.1 | 46.2 | 2.7 |
| Nottingham City | 25.0 | 89.1 | 56.0 | 54.0 | 60.0 | 69.1 | 3.5 |
| NNVRU total | 18.1 | 87.8 | 42.3 | 39.4 | 66.3 | 57.1 | 3.1 |

6.1.5 Community Factors and Community Cohesion

Since 2011, Nottingham City's annual Citizens' Survey has reported that 90% of its 2,000 respondents agreed that "Your local area is a place where people from different backgrounds get on well together". The 'Respect for Nottingham' survey, in 2018, asked respondents to rank their main five areas of concern in terms of crime and community safety and 4% of respondents included 'hate crime' as one of their five main areas.

However, occurrences of hate related incidents still remain an issue within the City. In 2018/19 there were 1,310 hate related occurrences in Nottingham City of which 890 were classed as hate related crimes. 75.1% of occurrences were racially motivated, with occurrences related to religion (10%) and sexual orientation (9%) the next highest. 42.7% of occurrences were classed as public order offences and 22.3% involved *Violence against the Person*. 31.9% of offences were classed as non-crime offences, where an offence was reported to the police, but there was no evidence of a law being broken.

The highest concentration of hate occurrences are recorded in the City Centre (22.3%). Outside the City Centre there are secondary concentrations in Hyson Green and Arboretum Ward (7.8%), Dales Ward (6.9%) and Berridge Ward (5.7%). The occurrences are registered at the place where they happened so the concentration in the City Centre is likely to reflect the area's position as the focal point of jobs, transport and leisure activities for the Nottingham conurbation.

¹⁴ The 350 families in Nottinghamshire County which are not allocated to a district have very low numbers of qualifying criteria which means the average for Nottinghamshire County is lower than might be expected given the figures shown for the districts.



Over the same period, a further 1,020 hate related occurrences were recorded in Nottinghamshire County of which 680 were classed as hate related crimes, with 340 occurrences classed as non-crimes. As in the City, the largest proportion of hate occurrences were racially motivated, although at 58%, the proportion was lower than in the City. The County had higher proportions of occurrences related to sexual orientation (13%) than the City.

The highest numbers of hate occurrence in the County districts were in Mansfield (240 occurrences) and Ashfield (180) with the lowest in Rushcliffe (100), Broxtowe (104) and Newark and Sherwood (105). In all areas, the largest proportion of hate related occurrences were racially motivated. The districts adjoining the City, Broxtowe, Gedling and Rushcliffe, had larger proportions of occurrences related to race or religion than the other County districts, possibly due to the higher proportion of BAME groups in these districts.

Overall, the proportion of occurrences in the County which were recorded as non-crimes were similar to the City at 33%. Between the County districts, this figure varied from 22.4% of occurrences in Bassetlaw to 41% in Rushcliffe.

In both the City and County, just 16.5% of hate related crimes received a positive police outcome. In just over a third of cases, no suspect was identified. The next most common reasons for an unresolved outcome were the victim withdrawing support (22%) or there is insufficient evidence to allow further action (13.6%).

6.2 Serious Violent Crime

The information in this section is an analysis of crimes recorded by Nottinghamshire Police between 01/11/2016 and 31/10/2019 for Nottingham City and Nottinghamshire County. As such, the information represents reported crime rather than the actual or perceived levels of offending. This distinction is important, as practitioner intelligence suggests that locally, as documented nationally, crime tends to be underreported, particularly crimes related to *Domestic Abuse* and/or *Sexual Violence*¹⁵. Thus, reported crime data alone does not represent all the crimes that take place.

The key objective of the NNVRU is to contribute to reduction in serious violence in Nottinghamshire through primary, secondary and tertiary interventions. Through engagement with stakeholders and the evidence review we identified that 'lower severity' violence can be a precursor to more serious violence and, as such, the scope of the SNA included offences that relate to violent behaviour but which wouldn't traditionally meet a Home Office definition of '*Serious Violence*'. Specifically, *Actual Bodily Harm* is included as it provides a valuable information on the levels of violence and aggression in local communities and the context in which more serious violence arises. Throughout the SNA, unless stated specifically otherwise, '*NNVRU Serious Violence*' refers to crimes within the scope identified above.

¹⁵ For more information please see <https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/joint-strategic-needs-assessment/adults/domestic-and-sexual-violence-and-abuse-2018/> and <https://www.nottinghamshireinsight.org.uk/research-areas/jsna/adults-and-vulnerable-adults/domestic-abuse-2019/>



6.2.1 Crimes in Scope

This section identifies the crime offences included within the *NNVRU Serious Violence* definition as identified in the 'scope' described earlier in this document and summarised in Table 17.

Table 17:
Summary of offences included in the *NNVRU Serious Violence* scope

| NNVRU Serious Violence | | Note |
|--|--|------------------|
| Violence Against the Person (VAP) | Homicide | All |
| | Violence with Injury excl. ABH | All |
| | S47 Assault Occasioning Actual Bodily Harm ¹⁶ | All |
| | Remaining VAP offences - Knife Enabled ¹⁷ | Knife Crime only |
| Robbery | Robbery of Personal Property | Knife Crime only |
| | Robbery of Business Property | Knife Crime only |
| Sexual Violence | Rape | Current offences |
| | Sexual Assault | Current offences |
| Weapon Offences | Possession of Articles with Blade or Point | All |

Violence Against the Person (VAP):

As classified by Home Office 'Counting Rules for Recorded Crime Violence Against the Person Category' (Home Office, 2019) VAP consists of the following subgroups:

- *Death or Serious Injury – Unlawful Driving* which is excluded from the *NNVRU Serious Violence* definition.
- *Violence with injury.*
- *Violence without injury* – the *NNVRU Serious Violence* only includes *Violence without injury* where a knife was used to enable the crime.
- And *Stalking and Harassment* which is excluded from the *NNVRU Serious Violence* definition.

Whilst there are a variety of current and historical definitions of what consists of *Serious Violence*¹⁸ or *Most Serious Violence*¹⁹, this SNA focuses on *Homicide*, *Violence with Injury* and any of the offences within the remaining VAP categories where a knife or blade was used to enable the crime. It is worth noting that majority (95.5%, 253/265) of the remaining VAP offences identified as *Knife Enabled* are *Threats To Kill (Violence without Injury)*.

¹⁶ High volume but lower impact violence, often not part of *Serious Violence* groupings

¹⁷ Remaining VAP offences - *Knife Enabled* and *S47 ABH* are referred to as Lower Severity violence/offences in this document

¹⁸ <https://www.gov.uk/government/publications/serious-violence-strategy>

¹⁹ <http://policeauthority.org/metropolitan/statistics/crime-stats/definitions/index.html>



Another important distinction is what constitutes ‘serious’ in the context of recorded VAP crimes. *S47 Assault Occasioning Actual Bodily Harm (Violence with Injury)* may not be considered serious due to relatively low severity injuries. The Crown Prosecution Service (CPS) state that “*harm*” is not limited to “*injury*” but extended to “*hurt or damage*”²⁰. *S47 Assault Occasioning Actual Bodily Harm (Violence with Injury)* offences type are high in volume, around 1 in 10 recorded VAP crimes and are linked to further and more ‘serious’, future offending. As such, *S47 Assault Occasioning Actual Bodily Harm (Violence with Injury)* crimes from this point forward referred to as ABH for brevity. They are included in the overall *NNVRU Serious Violence* definition but excluded from later analysis to enable more focussed consideration.

Robbery: *Robbery of Business Property* and *Robbery of Personal Property* are in the scope of the SNA where a knife was used to enable the crime i.e. met the police criteria for the statutory knife crime return (ADR160).

Sexual Violence: *Sexual Violence* refers to *Rape* offences and specific *Other Sexual Offences - Sexual Assault*²¹. The SNA focuses on current *Sexual Violence*, i.e. reported to the police within 12 months of crime occurring, rather than historical offences. The Domestic and Sexual Violence and Abuse JSNA²² contains a more detailed assessment of sexual violence and abuse in Nottingham City as does the needs assessment for sexual violence and abuse survivors in Nottinghamshire²³.

Weapon Offences: Possession of weapons consists of groupings relating to firearms, knives and other weapons. The SNA focuses on *Possession of Article with Blade or Point*, excluding firearms or other weapon offences.

6.2.2 NNVRU Serious Violence

This section of the SNA analyses crimes in the broad *NNVRU Serious Violence* definition with a specific focus on the volume of crime, with associated trends and when and where crimes take place. Table 18 outlines the crimes included in this definition, the volume of crime in the period November 2016 – October 2019 and the proportion of crimes in each sub-category.

²⁰ <https://www.cps.gov.uk/legal-guidance/offences-against-person-incorporating-charging-standard>

²¹ Sex assault female over 13, sex assault female under 13, sex assault male over 13, sex assault male under 13

²² <https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/joint-strategic-needs-assessment/adults/domestic-and-sexual-violence-and-abuse-2018/>

²³ <https://www.nottinghamshire.pcc.police.uk/Document-Library/Public-Information/Newsletters-and-Publications/Publications/Sexual-Violence-Needs-Assessment-LimeCulture-October-2019.pdf>



Table 18:
NNVRU Serious Violence, NNVRU area, November 2016 – October 2019. Source: Nottinghamshire Police, Management Information

| NNVRU Serious Violence | | Number of crimes | Percentage |
|--|--|------------------|-------------|
| 01/11/2016 - 31/10/2019 | | | |
| Violence Against the Person (VAP) | Homicide | 31 | 0.1% |
| | Violence with Injury excl. ABH | 3,969 | 8.7% |
| | S47 Assault Occasioning Actual Bodily Harm ²⁴ | 33,649 | 73.4% |
| | Remaining VAP offences - Knife Enabled ²⁵ | 265 | 0.6% |
| Robbery | Robbery of Personal Property - Knife Enabled | 837 | 1.8% |
| | Robbery of Business Property - Knife Enabled | 103 | 0.2% |
| Sexual Violence (current) | Rape | 2,798 | 6.1% |
| | Sexual Assault | 2,742 | 6.0% |
| Weapon Offences | Possession of Articles with Blade or Point | 1,436 | 3.1% |
| Total | | 45,830 | 100% |

Between November 2016 and October 2019, Nottinghamshire Police recorded 45,830 offences within the *NNVRU Serious Violence* definition in Nottinghamshire. As Table 18 illustrates, the majority of the occurrences (82.7%) fell within *Violence Against the Person* grouping, with *Sexual Violence (Current)* being the second largest category (12.1%). Knife enabled robbery and *Possession of Article with Blade or Point* constituted the remaining 5.2%.

Trends in Reported Crime

There has been a 4.2% reduction (687 fewer offences) in recorded *NNVRU Serious Violence* in the 12 months ending in October 2019 compared to the previous 12 months. This was principally driven by a reduction in *Violence with Injury* offences. Figure 16 shows the trend in *NNVRU Serious Violence* offences, November 2016 – October 2019, with the red and green dashed lines signifying upper and lower control limits (95% confidence interval, +/- 1.96 standard deviations).

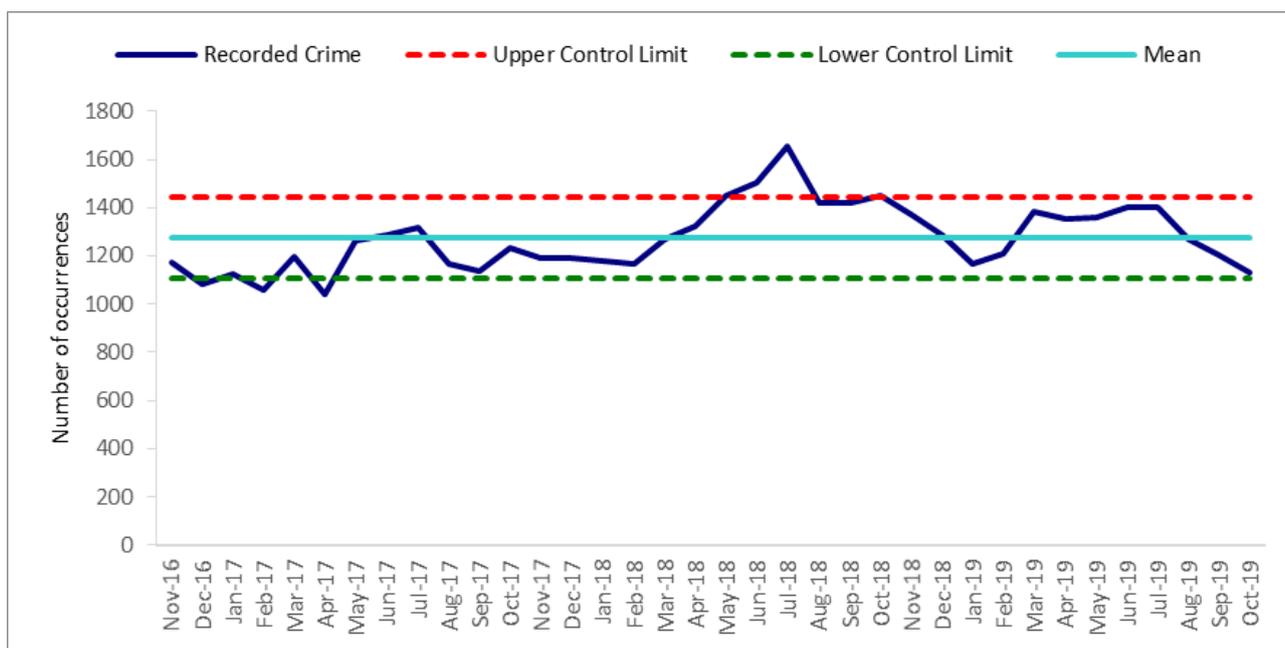
NNVRU Serious Violence is a broad definition and whilst violence and harm is a consistent element in the offences within this scope, there are notable differences across different offence types. The crime section in this SNA explores broad trends and themes; however, a more in-depth analysis will take place over the next year (2020/2021) focusing on specific themes and hypotheses identified in this document.

²⁴ High volume but lower impact violence, often not part of *Serious Violence* groupings

²⁵ Remaining VAP offences - Knife Enabled and S47 ABH are referred to as Lower Severity violence/offences in this document



Figure 16:
Trend, NNVRU Serious Violence, NNVRU area, November 2016 – October 2019. Source:
Nottinghamshire Police, Management Information



An increased level of recorded *NNVRU Serious Violence* can be observed between March and July 2018, with a 20.9% increase (1,246 more offences) recorded in that period compared to the preceding five months. This was driven chiefly by the increase in *Violence with Injury*, specifically ABH offences (1,046 more offences, a 25.2% increase). Both ‘domestic’ and ‘general’ ABH occurrences have contributed to the peak, with ABH occurring in the NTE remaining relatively static.

The latest three months have seen a downward trend in recorded NNVRU Serious Violence, with the volume of recorded crime approaching a lower control limit. The decrease can be attributed to fewer ABH offences being reported between August and October 2019 than in the preceding three months (460 fewer offences, a 15.4% reduction).

Temporal Pattern

Occurrence start time and start date refer to when the victims states the offence took place. Recorded time and recorded date refer to when the crime was reported to the police.

Occurrence start time and start date were extracted from the police crime data; there were 14 offences (14/45,830) where time of the offence was not recorded. Table 19 summarises

The July 2018 peak is currently a knowledge gap, as it does not appear to be related to a change in recording rules or change in practice. Practitioner intelligence does not suggest an increase in Police activity taking place in the period; however, there are other hypotheses around this peak, which will be explored in the next iteration of the SNA.



the temporal information for all the offences within *NNVRU Serious Violence* scope recorded over the last three years (01/11/2016-31/10/2019). The points in time where more than 2,290 (5%) of reported offences occurred are highlighted.

Table 19:
Occurrence time and day, recorded *NNVRU Serious Violence*, November 2016 – October 2019.
Source: Nottinghamshire Police, Management Information.

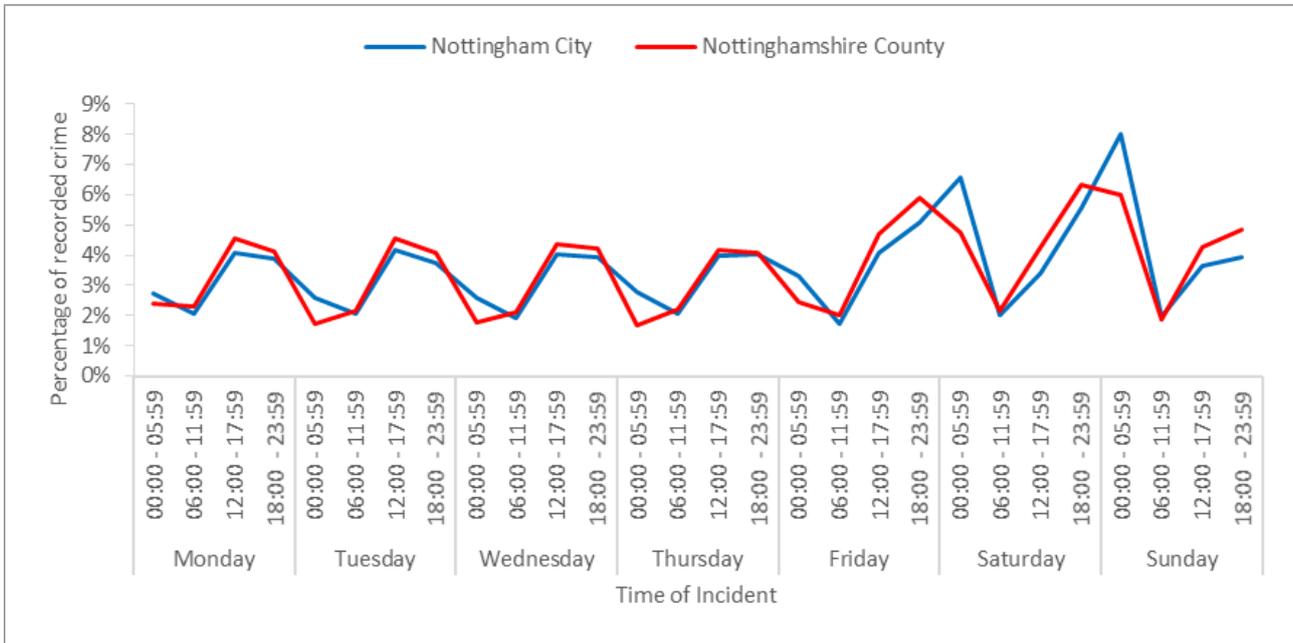
| | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Total |
|--------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| Early Hours (00:00-05:59) | 1,174 | 964 | 975 | 990 | 1285 | 2,531 | 3,139 | 11,058 |
| Morning (06:00-11:59) | 1,001 | 976 | 920 | 978 | 859 | 957 | 876 | 6,567 |
| Afternoon (12:00-17:59) | 1,995 | 2,007 | 1,934 | 1,876 | 2,025 | 1,787 | 1,842 | 13,466 |
| Night (18:00 -23:59) | 1,845 | 1,804 | 1,874 | 1,858 | 2,539 | 2,757 | 2,048 | 14,725 |
| Time N/K | | | | | | 14 | | 14 |
| Total | 6,015 | 5,751 | 5,703 | 5,702 | 6,708 | 8,046 | 7,905 | 45,830 |

The largest proportion of *NNVRU Serious Violence* offences occurred between Saturday night (18:00-23:59) and early hours of Sunday morning (00:00-05:59). 12.9% (5,896/45,816) of reported *NNVRU Serious Violence* occurred in that time period over the last three years (01/11/2016-31/10/2019).

Whilst the Temporal Profile shows higher frequency of reported crime on Friday and Saturday night, suggesting a link to the NTE, further analysis is needed in this area. Future work should explore the use of offence summary notes, to better distinguish between the offences that occurred on a 'night out' and those that occurred at night.



Figure 17:
Occurrence time, NNVRU Serious Violence, November 2016 – October 2019
Source: Nottinghamshire Police, Management Information



Whilst similar distribution can be seen across Nottingham City and Nottinghamshire County, different offence types have a different temporal profile. The overall picture reflects a high volume of *Violence Against the Person*, particularly NTE violence in Nottingham City and offences in the *NNVRU Serious Violence* grouping.

Location of Reported Crime

Districts

Table 20 shows the number of *NNVRU Serious Violence* crimes recorded by Nottinghamshire Police between 01/11/2016 and 31/10/2019, split by location of the occurrence: Nottingham City and Nottinghamshire County ('City' and 'County' Basic Command Units, BCU), with further breakdown by district (Neighbouring Policing Areas, NPA) for Nottinghamshire County.



Table 20:
Occurrence location, *NNVRU Serious Violence*, NNVRU area, November 2016 – October 2019.
 Source: Nottinghamshire Police, Management Information.

| NNVRU Serious Violence 01/11/2016 – 31/10/2019 | Recorded crime | Rate per 1,000 pop. |
|---|---------------------------|--------------------------------|
| Nottingham City | 19,630 | 59.3 |
| Nottinghamshire County | 26,200 | 31.8 |
| Ashfield | 4,951 | 38.9 |
| Bassetlaw | 4,201 | 36.0 |
| Broxtowe | 2,567 | 22.7 |
| Gedling | 2,864 | 24.3 |
| Mansfield | 5,819 | 53.5 |
| Newark and Sherwood | 3,988 | 32.8 |
| Rushcliffe | 1,810 | 15.4 |
| NNVRU Total | 45,830 | 39.7 |

42.8% of *NNVRU Serious Violence* recorded during the last three years occurred in Nottingham City, despite only 28.7% of the combined City and County population living in Nottingham²⁶. Nottingham City had the highest rate of *NNVRU Serious Violence* with 59.3 reported crimes per 1,000 residents. This compares to 31.8 crimes per 1,000 residents in Nottinghamshire County, ranging from 53.5 per 1,000 in Mansfield to 15.4 in Rushcliffe. This suggests an association, as illustrated in the literature, between deprivation and the volume of crime. Future analysis will, where possible, test this hypothesis at Ward level.

Both the analysis and the literature available, suggest a link between deprivation and the volume of recorded crime. Future analysis will seek to test this association at ward level.

All crime groupings within the *NNVRU Serious Violence* definition show a similar pattern. Nottingham City has a relatively high proportion of the NNVRU total in comparison to its population size, resulting in a lower volume but higher rate of recorded crime than Nottinghamshire County. Nottingham City, Mansfield and Ashfield are the areas with the highest rates of *NNVRU Serious Violence* irrespective of crime grouping; the subsequent sections of the SNA consider volume and rate of reported crime by district for each crime category.

Location premises

Between 01/11/2016 and 31/10/2019, 95.5% (43,774/45,830) of *NNVRU Serious Violence* offences had offence location premises type recorded, leaving 2,056 records (4.5%) where the information was not available²⁷.

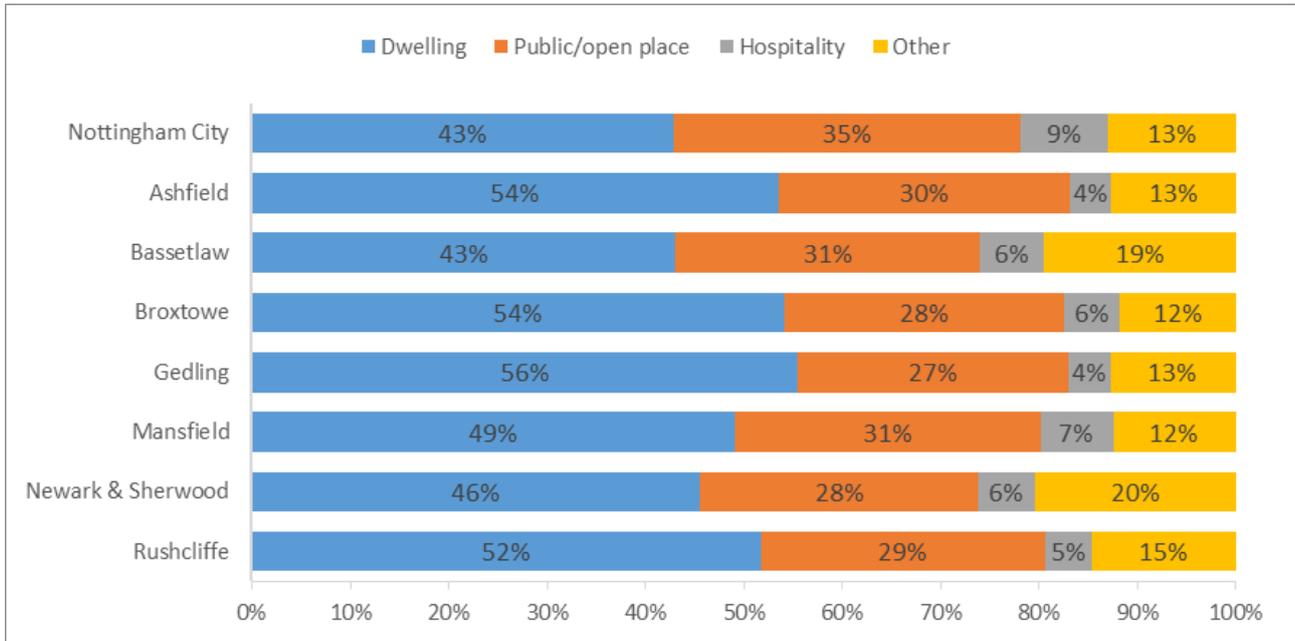
²⁶ ONS, 2018 Mid-Year Population Estimates.

²⁷ blank value or 'Data Subject to an ACL' (it is understood that this refers to restricted records)



Figure 18 shows type of location premises recorded for the *NNVRU Serious Violence* reported in the NNVRU area, in the three years ending 31/10/2019, split by district. Records where data was not available are excluded from the denominator. This Figure should be viewed in conjunction with Table 20 ‘Occurrence location’ in the Districts section (above).

Figure 18:
Location premises type, NNVRU Serious Violence, NNVRU area, November 2016 – October 2019.
 Source: Nottinghamshire Police, Management Information.



Over the last three years, the largest proportion of *NNVRU Serious Violence* in the NNVRU area occurred in a *Dwelling* (20,508/43,774 offences, 46.8%), ranging from 55.5% of all *NNVRU Serious Violence* in Gedling (1,509/2,718 reported crimes) to 42.9% in Nottingham City (8,011/18,675 records).

Public/open place was the second most frequent type of location premises recorded, with 32.0% (14,002/43,774) of reported *NNVRU Serious Violence* occurring in this type of location (*Street/Road, Pavement* and *Park/Garden* being the most frequent subcategories within this group). The proportion of *NNVRU Serious Violence* taking place in *Public/Open place* ranged from 35.3% (6,584/18,675) of reported crime in Nottingham City to 27.5% (747/2718) in Gedling.

Further work should explore the overlaps between Domestic Violence and NTE Violence, e.g. DV that occurred at night and in licensed premises. Practitioner intelligence suggests that DV element takes priority in recording of such occurrences; future analysis can explore this hypothesis and assess how big the overlap is.



Hospitality was the third most frequently recorded type of Location Premises in *NNVRU Serious Violence*, 7.0% (3,078/43,774) of reported crime in the NNVRU area occurred in this type of premises. The proportion of crime where *Hospitality* was reported as the location premise type ranged from 8.8% in Nottingham City (1,650/18,675), to 4.2% in Ashfield (198/4,703).

6.2.3 Possession of Articles with Blade or Point

Trends in reported crime

The following part of the SNA looks at Possession of Articles with Blade or Point, as defined in the scope (section 6.2.1). Table 21 shows the volume of crime captured in this category in relation to the rest of the *NNVRU Serious Violence*.

Table 21:
NNVRU Serious Violence covered in this section: *Possession of Articles with Blade or Point*, November 2016 – October 2019. Source: Nottinghamshire Police, Management Information.

| NNVRU Serious Violence | | Volume | % |
|--|--|---------------|-------------|
| 01/11/2016 - 31/10/2019 | | | |
| Violence Against the Person (VAP) | Homicide | 31 | 0.1% |
| | Violence with Injury excl. ABH | 3,969 | 8.7% |
| | S47 Assault Occasioning Actual Bodily Harm ²⁸ | 33,649 | 73.4% |
| | Remaining VAP offences - Knife Enabled ²⁹ | 265 | 0.6% |
| Robbery | Robbery of Personal Property - Knife Enabled | 837 | 1.8% |
| | Robbery of Business Property - Knife Enabled | 103 | 0.2% |
| Sexual Violence (current) | Rape | 2,798 | 6.1% |
| | Sexual Assault | 2,742 | 6.0% |
| Weapon Offences | Possession of Articles with Blade or Point | 1,436 | 3.1% |
| Total | | 45,830 | 100% |

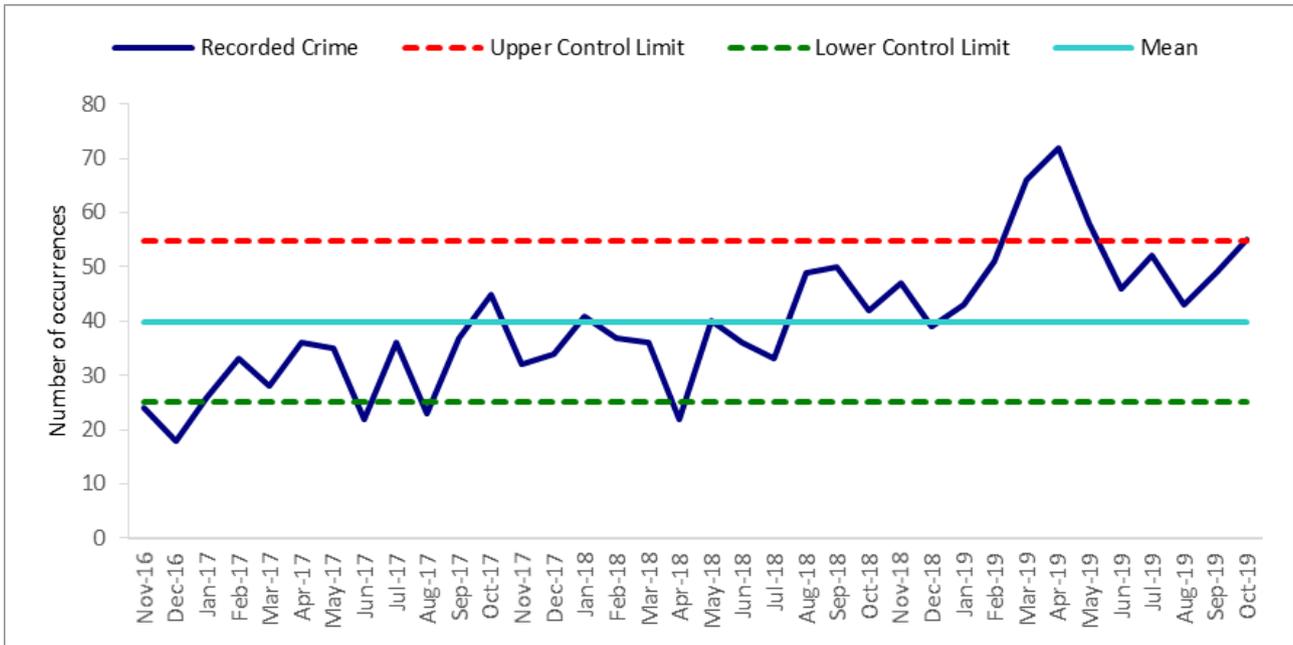
Between November 2016 and October 2019, there were 1,436 *Possession of Articles with Blade or Point* offences recorded by Nottinghamshire Police. As Figure 19 illustrates, there is considerable random variation in 2016-18. There were 169 more offences (37.4% increase) recorded in 2018/19 compared to the previous 12 months with a spike in March to April 2019, 66 and 72 offences respectively. Both months have seen unusually, significant high volumes of recorded crime. This increase correlates with additional police activity, specifically 'stop and search' – which has seen an increase due to funding at the end of 2018/19 financial year and the start of 2019/20.

²⁸ High volume but lower impact violence, often not part of *Serious Violence* groupings

²⁹ Remaining VAP offences - Knife Enabled and S47 ABH are referred to as Lower Severity violence/offences in this document



Figure 19:
Trend, Possession of Articles with Blade or Point, NNVRU area, November 2016 – October 2019.
 Source: Nottinghamshire Police, Management Information.



Knife Crime

Possession of Articles with Blade or Point is a specific offence within the Possession of Weapons category; however, Police forces in England and Wales are also required to record information on whether an offence involved a knife or a sharp instrument (i.e. Knife Enabled/Knife Crime). This information is submitted in annual data return (ADR160) to Home Office and captures offences within *Homicide, Violence Against the Person, Sexual Offences, Robbery* (ONS, 2017; Home Office, 2019). A joint SNA chapter on knife crime is currently being developed by Nottingham Crime and Drugs Partnership (CDP), which provides an in-depth analysis of knife crime in Nottingham. The JSNA will be published on Nottingham Insight, once completed: <https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/joint-strategic-needs-assessment/>.

Practitioner intelligence suggests that a volume of recorded Possession of Articles With Blade or Point can be linked to specific Police activity. For example, Operation Lumination (2019) involving stop-and-search in the Forest Rec area and Operation Relentless (2019), involving plain-clothed officers tackling crime and antisocial behaviour in Nottingham’s city centre. Future work should look at gathering some qualitative data from the officers involved in those and other similar operations in NNVRU area.



In Table 22, Nottinghamshire Police recorded 817 Knife Crime offences in the 12 months ending 30/09/2019. They are the only Police Force in the East Midlands region that have seen a year on year reduction in reported Knife Crime, showing 7.8% reduction (69 fewer offences) compared to the previous 12 months. Whilst this is a positive finding, further analysis is needed to better understand what is driving this reduction. The Knife Crime JSNA will provide some of the answers for Nottingham City and similar analysis is needed in Nottinghamshire County.

Table 22:
Regional comparison, *Knife Crime*, NNVRU area, October 2018 – September 2019. Source: Nottinghamshire Police, Management Information.

| Local Regional Forces comparison | 12 months to Sept 18 | 12 months to Sept 19 | Change | % Change |
|--------------------------------------|----------------------|----------------------|-------------|---------------|
| Ranked by % change | | | | |
| Northamptonshire | 472 | 608 | +136 | +28.8% |
| Lincolnshire | 249 | 313 | +64 | +25.7% |
| Leicestershire | 801 | 1,000 | +199 | +24.8% |
| Derbyshire | 577 | 718 | +141 | +24.4% |
| Nottinghamshire | 886 | 817 | -69 | -7.8% |
| Local Regional Forces Average | 2,985 | 3,456 | +471 | +15.8% |

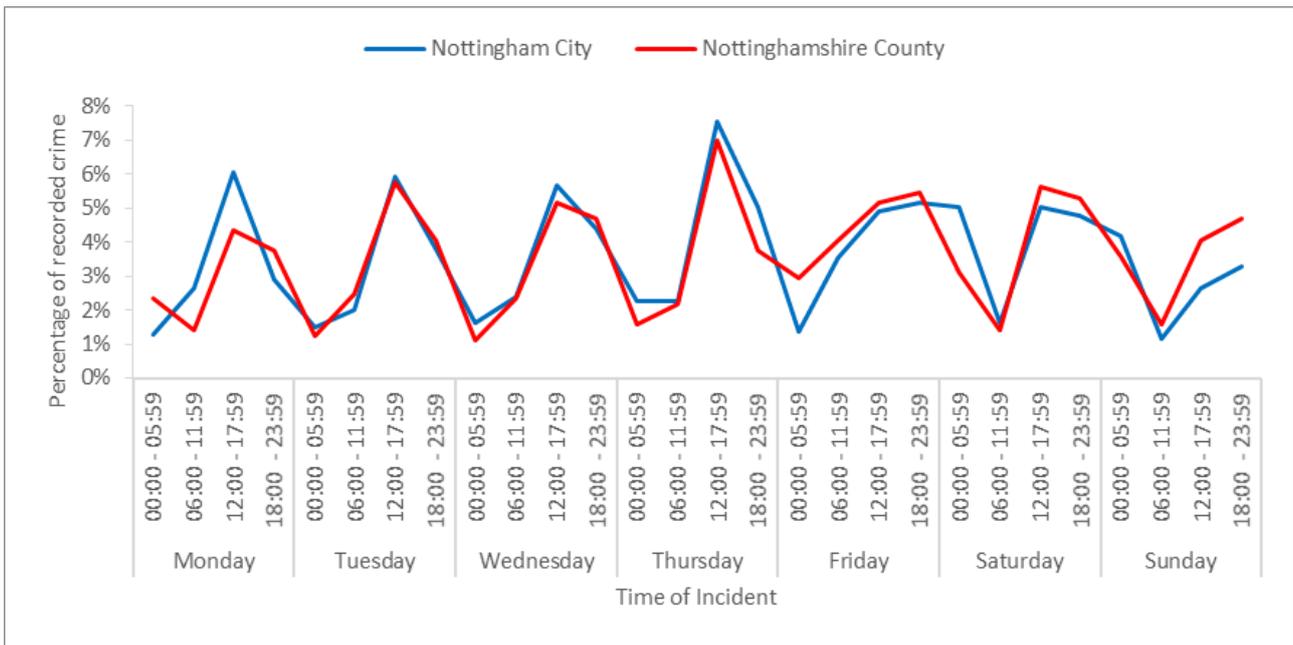
Temporal Pattern

Possession of Articles with Blade or Point offences show a regular pattern for City and County, in that most of the recorded offences occurred in the afternoon (12:00-17:59). Nottingham City has seen a higher proportion of *Possession of Articles with blade or Point* offences being recorded as taking place in the afternoon between Monday and Thursday (25.2%, 200/794 offences), whilst Nottinghamshire County has seen a higher volume of recorded *Possession of ABP* offences on Thursday and Friday afternoons (12.1%, 78/642 offences). As mentioned earlier, offences in this category relate to the police activity and whilst the specific time and day relate to the point where offender is intercepted, it is likely that they were carrying knives throughout their daily activities.

Nottinghamshire Police Force recorded 817 Knife Crime offences in the 12 months ending 30/09/2019 and are the only Force in the East Midlands region with a year on year reduction; 7.8% reduction (69 fewer offences) compared to the previous 12 months.



Figure 20:
Occurrence time, *Possession of Articles with Blade or Point*, NNVRU area, November 2016 – October 2019. Source: Nottinghamshire Police, Management Information.



Location of Reported Crime

Districts

Table 23 (next page) shows the number of *Possession of Articles with Blade or Point* offences recorded by Nottinghamshire Police between 01/11/2016 and 31/10/2019, split by location of the occurrence: Nottingham City and Nottinghamshire County ('City' and 'County' BCU), with further breakdown by district (Neighbouring Policing Areas, NPA) for Nottinghamshire County.

55.3% (794/1,436) of *Possession of Articles with Blade or Point* offences recorded during the last three years occurred in Nottingham City. With only 28.7% of NNVRU population living in Nottingham City, the area had the highest rate of *Possession of Articles with Blade or Point* offences with 2.4 reported crimes per 1,000 residents. This compares to 0.8 crimes per 1,000 residents in Nottinghamshire County, ranging from 1.4 per 1,000 in Mansfield to 0.4 in Rushcliffe.



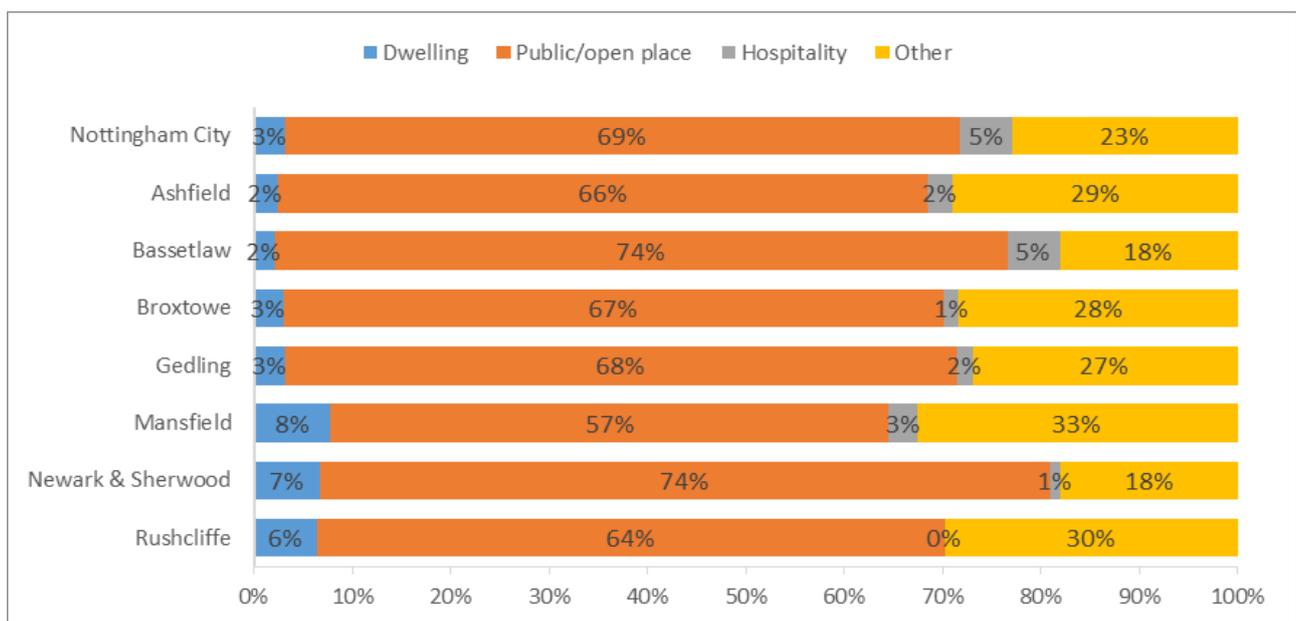
Table 23:
Occurrence location, Possession of Articles with Blade or Point, NNVRU area, November 2016 – October 2019. Source: Nottinghamshire Police, Management Information.

| Possession of Articles with Blade or Point 01/11/2016 – 31/10/2019 | Recorded crime | Rate per 1,000 pop. |
|---|-------------------|------------------------|
| Nottingham City | 794 | 2.4 |
| Nottinghamshire County | 642 | 0.8 |
| Ashfield | 124 | 1.0 |
| Bassetlaw | 97 | 0.8 |
| Broxtowe | 70 | 0.6 |
| Gedling | 64 | 0.5 |
| Mansfield | 147 | 1.4 |
| Newark and Sherwood | 91 | 0.7 |
| Rushcliffe | 49 | 0.4 |
| NNVRU Total | 1,436 | 1.2 |

Location Premises

Figure 21 shows, type of location premises recorded for the *Possession of Articles with Blade or Point* offences reported in the NNVRU area, in the three years ending 31/10/2019, split by district. Records where data was not available (36 records) are excluded from the denominator. It is important to note that some of the percentages in this Figure are calculated from relatively small denominators and should be viewed in conjunction with Table 23 ‘Occurrence location’ in the Districts section (above).

Figure 21:
Location premises type, Possession of Articles with Blade or Point, NNVRU area, November 2016 – October 2019. Source: Nottinghamshire Police, Management Information.



6.2.4 Robbery (Knife Enabled)

Trends in Reported Crime

The following part of the SNA looks at offences within *Robbery* category, that were flagged as *Knife-Crime* in the Home Office's ADR160 return, as defined in the scope (section 6.2.1). Table 24 shows the volume of crime captured in this category in relation to the rest of the *NNVRU Serious Violence*.

Table 24:
***NNVRU Serious Violence* covered in this section: *Robbery (Knife Enabled)*. Source: Nottinghamshire Police, Management Information.**

| <i>NNVRU Serious Violence</i> | | Volume | % |
|--|--|---------------|-------------|
| 01/11/2016 - 31/10/2019 | | | |
| Violence Against the Person (VAP) | Homicide | 31 | 0.1% |
| | Violence with Injury excl. ABH | 3,969 | 8.7% |
| | S47 Assault Occasioning Actual Bodily Harm ³⁰ | 33,649 | 73.4% |
| | Remaining VAP offences - Knife Enabled ³¹ | 265 | 0.6% |
| Robbery | Robbery of Personal Property - Knife Enabled | 837 | 1.8% |
| | Robbery of Business Property - Knife Enabled | 103 | 0.2% |
| Sexual Violence (current) | Rape | 2,798 | 6.1% |
| | Sexual Assault | 2,742 | 6.0% |
| Weapon Offences | Possession of Articles with Blade or Point | 1,436 | 3.1% |
| Total | | 45,830 | 100% |

Over the last three years, 940 knife enabled *Robberies* were reported across Nottingham City and Nottinghamshire County. As Figure 22 shows, there is a high level of random variation in the monthly volume of recorded crimes of this category, which shows in the lack of clear trend over the last three years. Nonetheless, there was an 11.7% reduction in the period of November 2018 to October 2019, with 41 fewer offences recorded compared to the previous 12 months.

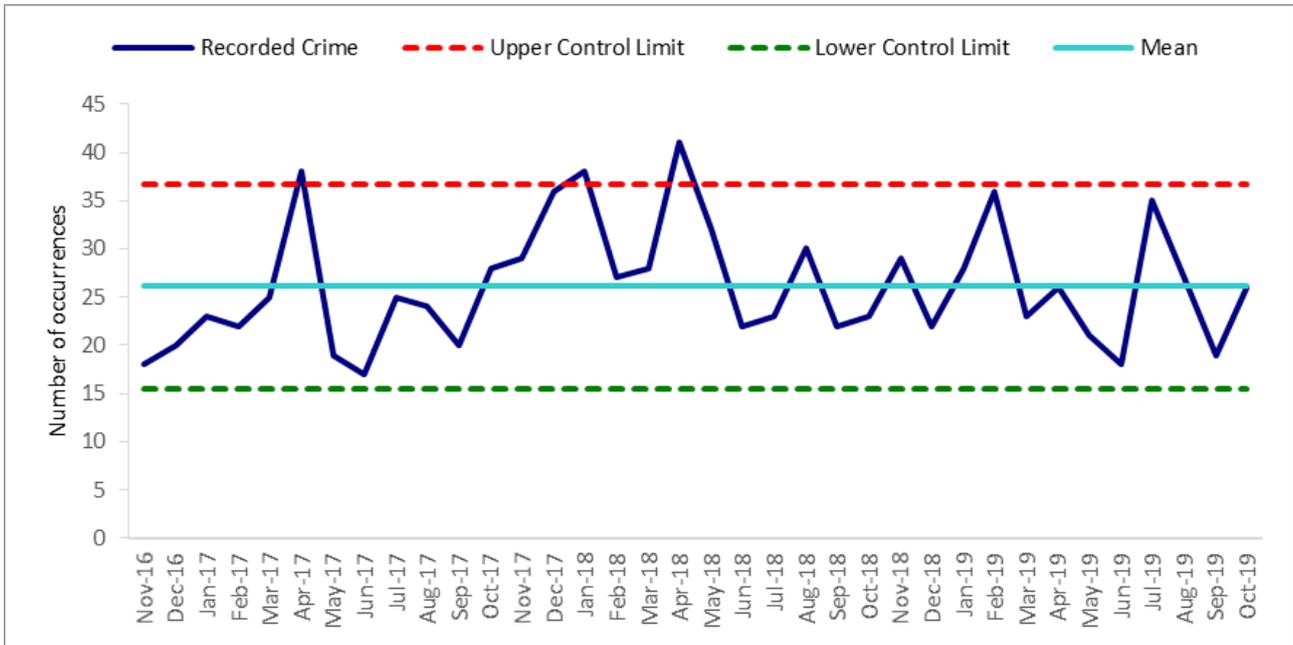
This grouping consists of two offences *Robbery of Business Property* as well as *Robbery of Personal Property*, the latter being more prevalent within the context of knife crime, 89.0% of reported knife enabled *Robberies* related to personal property. Both offence types contributed to the overall year on year reduction.

³⁰ High volume but lower impact violence, often not part of *Serious Violence* groupings

³¹ Remaining VAP offences - Knife Enabled and S47 ABH are referred to as Lower Severity violence/offences in this document



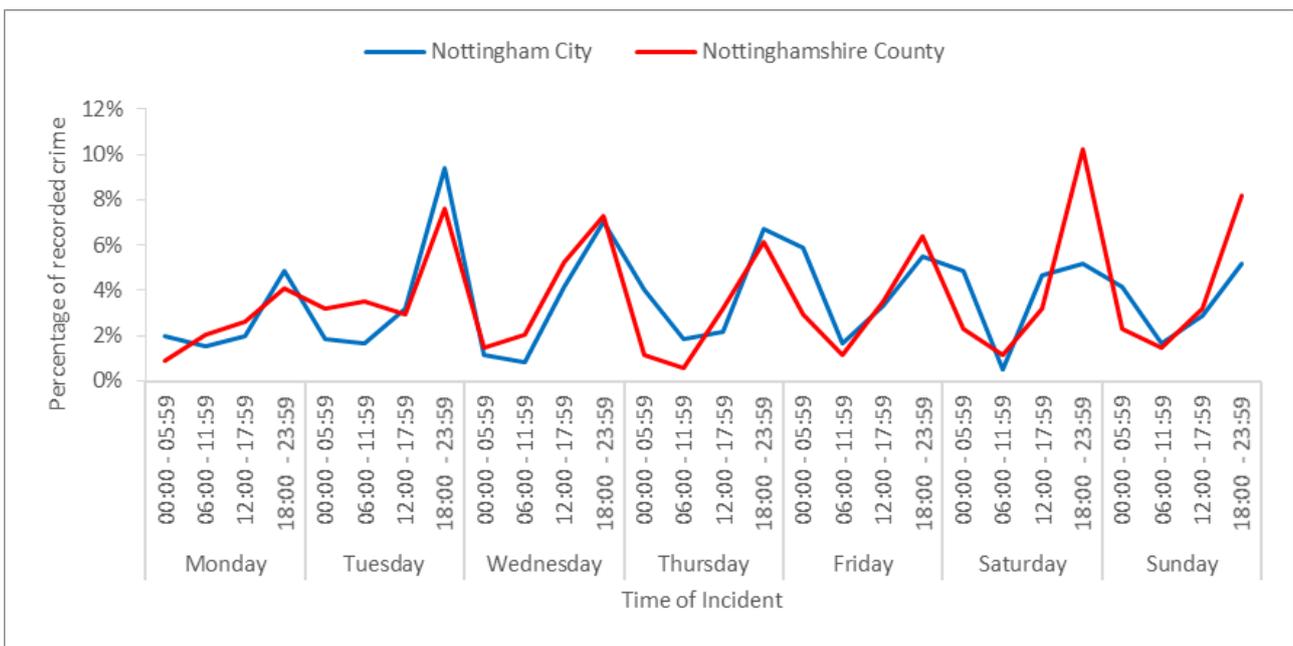
Figure 22:
Trend, Robbery (Knife Enabled), NNVRU area, November 2016 – October 2019. Source:
Nottinghamshire Police, Management Information.



Temporal Pattern

Where it has been reported to the police, *Robbery (Knife Enabled)* occurred mostly during the evening/night time, with 46.1% (433/940) of occurrences over the last three years taking place between 18:00 and 23:59. Tuesday night was the most frequently reported time of the incident in Nottingham City (9.4%, 56/597 offences), whilst Saturday night was the most frequently reported time of the incident in Nottinghamshire County (10.2%, 35/343 offences).

Figure 23:
Occurrence time, Robbery - Knife Enable, NNVRU area, November 2016 – October 2019. Source:
Nottinghamshire Police, Management Information.



Property Stolen

The evidence suggests that there are particular goods which are most frequently stolen including cash, purses/wallets, small electronic goods such as mobile phones, cameras and MP3 players and laptops, jewellery and drugs. These types of products can be characterised by the acronym CRAVED: concealable, removable, available, valuable, enjoyable and disposable (Tompson, 2012).

Analysis completed by Nottingham City Crime and Drugs Partnership identified that between September 2017 and August 2018, 10% of reported *Robbery* offences in Nottingham City included cash and ATM as part of the offence summary, whilst phone thefts are cited in 27% of offences (CDP, 2018).

Work by Nottingham Crime and Drugs Partnership indicates that cash, recently withdrawn and mobile phones are the most frequently stolen items in Robbery of Personal Property. Future work will explore this further to provide useful insights into offender motivations and risk factors.

Location of Reported Crime

Districts

Table 25 shows the number of *Robbery (Knife Enabled)* crimes recorded by Nottinghamshire Police between 01/11/2016 and 31/10/2019, split by location of the occurrence: Nottingham City and Nottinghamshire County ('City' and 'County' BCUs), with further breakdown by district (Neighbouring Policing Areas, NPA) for Nottinghamshire County.

Table 25:
Occurrence location, *Robbery (Knife Enabled)*, NNVRU area, November 2016 – October 2019. Source: Nottinghamshire Police, Management Information.

| Robbery (Knife Enabled) 01/11/2016 – 31/10/2019 | Recorded crime | Rate per 1,000 pop. |
|--|---------------------------|--------------------------------|
| Nottingham City | 597 | 1.8 |
| Nottinghamshire County | 343 | 0.4 |
| Ashfield | 79 | 0.6 |
| Bassetlaw | 20 | 0.2 |
| Broxtowe | 58 | 0.5 |
| Gedling | 55 | 0.5 |
| Mansfield | 56 | 0.5 |
| Newark and Sherwood | 31 | 0.3 |
| Rushcliffe | 44 | 0.4 |
| NNVRU Total | 940 | 0.8 |



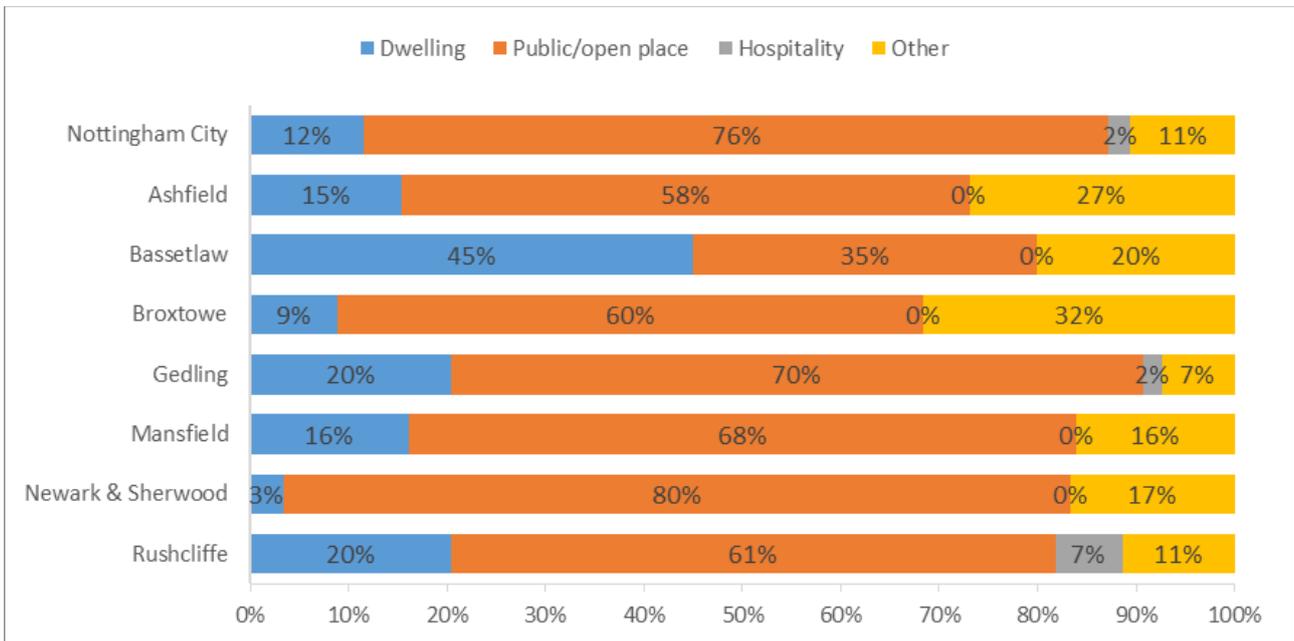
63.5% (597/940) of *Robbery (Knife Enabled)* offences recorded during the last three years occurred in Nottingham City. With only 28.7% of NNVRU population living in Nottingham City, the area had the highest rate of *Robbery (Knife Enabled)* offences with 1.8 reported crimes per 1,000 residents. This compares to 0.4 crimes per 1,000 residents in Nottinghamshire County, ranging from 0.6 per 1,000 in Ashfield to 0.2 in Bassetlaw.

Further work should explore which items are more frequently stolen at certain times and locations to support the design of more targeted messages around safety and awareness in the areas most affected.

Location Premises

Figure 24 shows the type of location premises recorded for the *Robbery (Knife Enabled)* reported in the NNVRU area, in the three years ending 31/10/2019, split by district. Records where data was not available (13 records) are excluded from the denominator. It is important to note that some of the percentages in this Figure are calculated from relatively small denominators and should be viewed in conjunction with Table 25 ‘Occurrence location’ in the Districts section (above).

Figure 24:
Location premises type, *Robbery (Knife Enabled)*, NNVRU area, November 2016 – October 2019.
 Source: Nottinghamshire Police, Management Information.



Map - Super Output Area

Figure 25 shows the volume of recorded crime mapped to super output areas (SOA). Super output areas are based on the population, meaning that regardless of how large the area is it should have a similar number of people residing in it. Between 01/11/2016 and 31/10/2019, 932 crimes were reported over 340 SOAs. In total there are 679 SOAs in the NNVRU area.

35.1% (328/932) of *Robbery (Knife Enabled)* occurred in the 28 highest SOAs, of which 27 were in Nottingham City and 1 in Mansfield (with 6 occurrences).

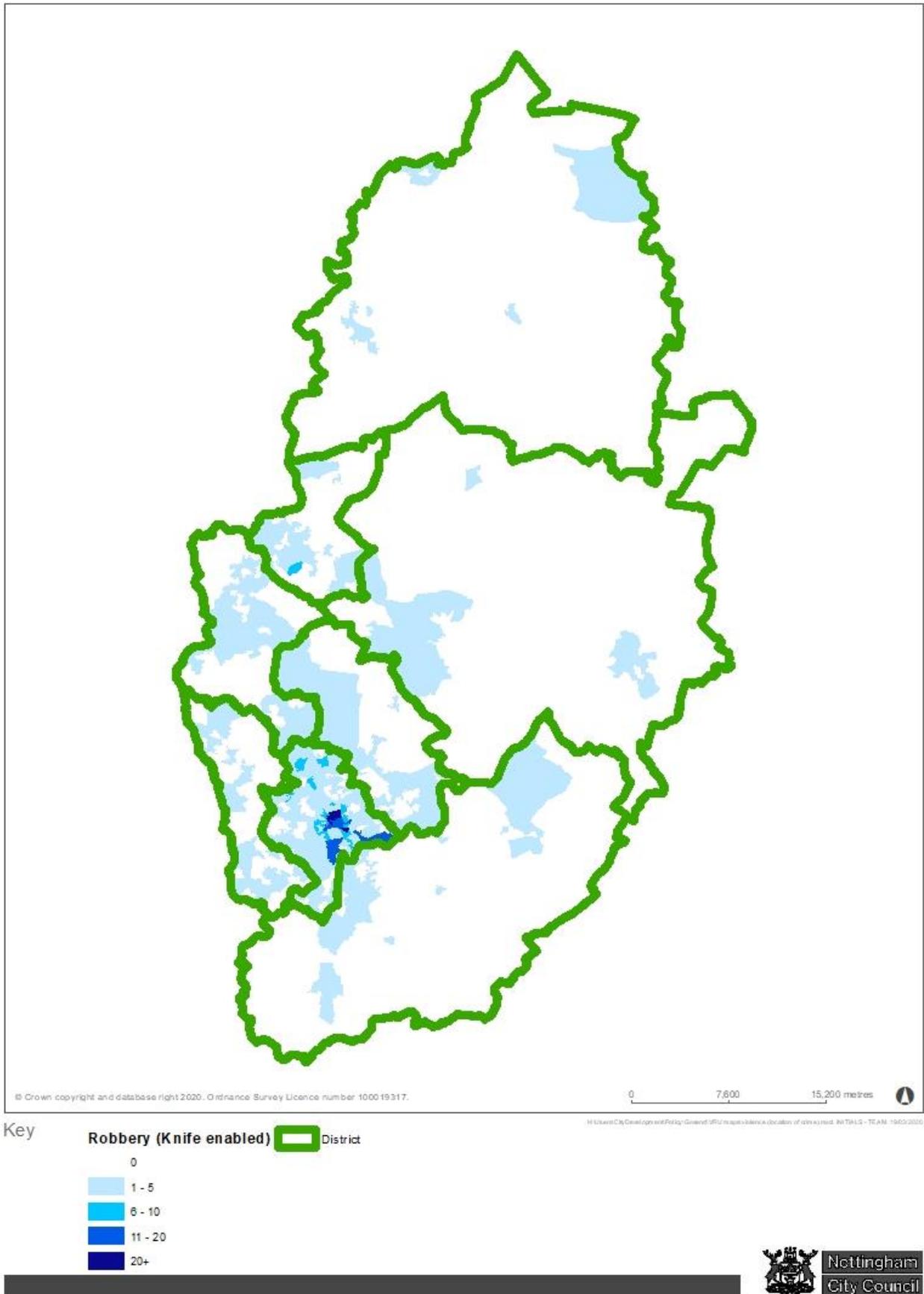
The highest concentration of reported crime can be seen in the northern part of the City Centre, the SOA which covers parts of Forest Road and Alferton Road and the SOA covering the Forest Recreation Ground being the second and third highest respectively. Knife enabled robberies look to be more frequent in SOAs around the edge of the City Centre, possibly along the main routes into the Centre.

Future work should focus on those areas and address the following questions:

- Do incidents in those areas happen on the main roads, such as Mansfield Road, Derby Road, Alferton Road, Ilkeston Road and/or Castle Boulevard, or in the adjoining areas including residential areas, Forest Recreation Ground, Canal towpath?
- Do those areas and/or adjoining areas have a higher proportion of student victims? Are students being targeted on their route to the City Centre?



Figure 25:
Map – reported crime volume per LSOA, *Robbery (Knife Enabled)*, NNVRU area, November 2016 – October 2019. Source: Nottinghamshire Police, Management Information.



6.2.5 Sexual Violence (Current)

Trends in Reported Crime

The following part of the SNA looks at *Sexual Violence*, as defined in the scope (section 6.2.1). Table 26 shows the volume of crime captured in this category in relation to the rest of the *NNVRU Serious Violence*.

Table 26:
NNVRU Serious Violence covered in this section: *Robbery (Knife Enabled)*. Source: Nottinghamshire Police, Management Information.

| NNVRU Serious Violence | | Volume | % |
|--|--|---------------|-------------|
| 01/11/2016 - 31/10/2019 | | | |
| Violence Against the Person (VAP) | Homicide | 31 | 0.1% |
| | Violence with Injury excl. ABH | 3,969 | 8.7% |
| | S47 Assault Occasioning Actual Bodily Harm ³² | 33,649 | 73.4% |
| | Remaining VAP offences - Knife Enabled ³³ | 265 | 0.6% |
| Robbery | Robbery of Personal Property - Knife Enabled | 837 | 1.8% |
| | Robbery of Business Property - Knife Enabled | 103 | 0.2% |
| Sexual Violence (current) | Rape | 2,798 | 6.1% |
| | Sexual Assault | 2,742 | 6.0% |
| Weapon Offences | Possession of Articles with Blade or Point | 1,436 | 3.1% |
| Total | | 45,830 | 100% |

Sexual Violence refers to all offences in the *Rape* category as well as those within the *Sexual Assault* grouping (HO group code: 20A, 20B, 17A, 17B). Due to different nature of historical *Sexual Violence*, only current offences (i.e. reported within 12 months of occurrence start) are captured in the *NNVRU Serious Violence* scope. Further information, including the support to victims/survivors can be found at

<https://www.nottinghamshire.pcc.police.uk/Document-Library/Public-Information/Newsletters-and-Publications/Publications/Sexual-Violence-Needs-Assessment-LimeCulture-October-2019.pdf>

The 2019 Rape & Sexual Offences Problem Profile completed by Nottinghamshire Police identified that 25.1% of Rape and Other Sexual Offences had 'the victim was under 16' online flag recorded. This will be explored further in the next iteration of the SNA.

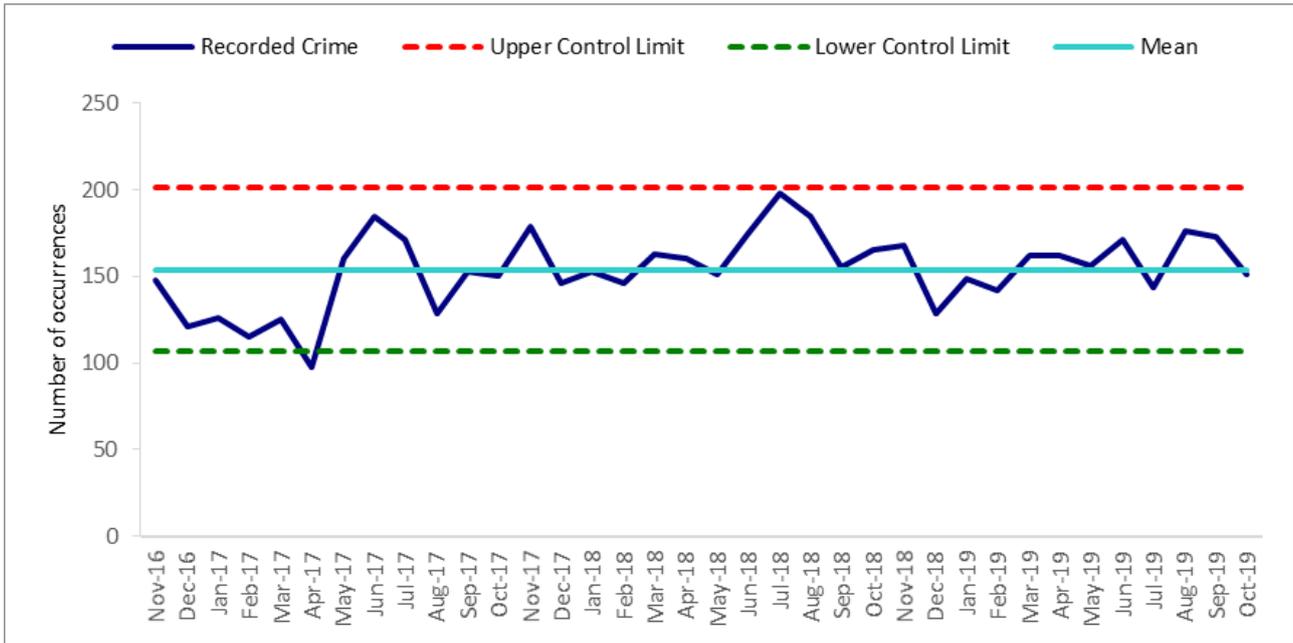
³² High volume but lower impact violence, often not part of *Serious Violence* groupings

³³ Remaining VAP offences - Knife Enabled and S47 ABH are referred to as Lower Severity violence/offences in this document



Nottinghamshire Police recorded 5,540 current *Sexual Violence* offences in the three years ending October 2019, with just over a half (50.5%) being *Rape* offences. *Rape* offences have seen a 14.4% reduction in reported crime (151 fewer crimes recorded) in the 12 months ending 31st October 2019 compared to the previous 12 months, which was offset by the 6.3% increase in reported *Sexual Assaults* (58 more crimes recorded). Overall, current *Sexual Violence* have seen a 4.7% reduction in the volume of reported crime during this time period. As Figure 26 illustrates, these changes are likely to be due to random/common cause variation so conclusions should be drawn with caution.

Figure 26:
Trend, *Sexual Violence (Current)*, NNVRU area, November 2016 – October 2019. Source:
Nottinghamshire Police, Management Information

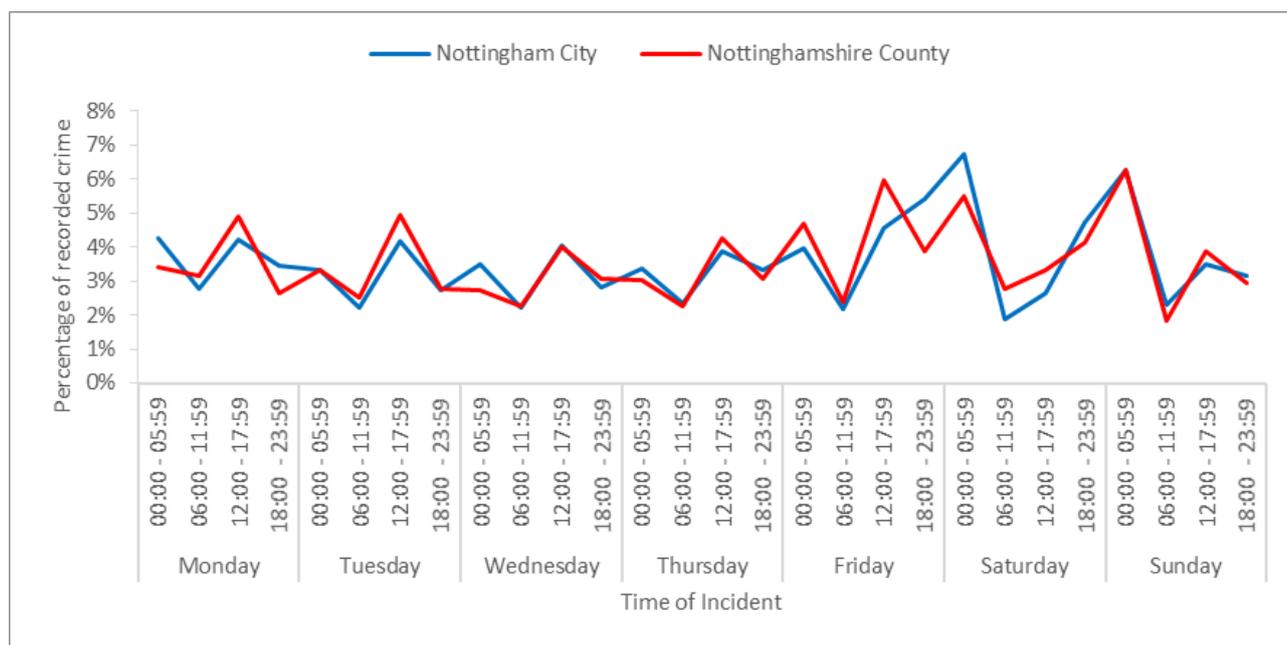


Temporal Pattern

As illustrated in Figure 27, almost a third of *Sexual Violence (Current)* reported between 01/11/2016 and 31/10/2019 in the NNVRU area occurred in the early hours of the morning. 31.4% (773/2,458) of *Sexual Violence (Current)* offences reported in Nottingham City and 28.9% (891/3,082) offences in Nottinghamshire County occurring between 00:00 and – 05:59. A higher proportion of offences in this category occurred in the early hours on Saturday and Sunday, suggesting a link with the NTE.



Figure 27:
Occurrence time, Sexual Violence (Current), NNVRU area, November 2016 – October 2019. Source: Nottinghamshire Police, Management Information.



Location of Reported Crime

Districts

Table 27 shows number of *Sexual Violence (Current)* crimes recorded by Nottinghamshire Police between 01/11/2016 and 31/10/2019, split by location of the occurrence: Nottingham City and Nottinghamshire County (City and County BCUs), with further breakdown by district (Neighbouring Policing Areas, NPA) for Nottinghamshire County.

Table 27:
Occurrence location, Sexual Violence (Current), NNVRU area, November 2016 – October 2019. Source: Nottinghamshire Police, Management Information.

| Sexual Violence (Current) 01/11/2016 – 31/10/2019 | Recorded crime | Rate per 1,000 pop. |
|--|---------------------------|--------------------------------|
| Nottingham City | 2,458 | 7.4 |
| Nottinghamshire County | 3,082 | 3.7 |
| Ashfield | 607 | 4.8 |
| Bassetlaw | 439 | 3.8 |
| Broxtowe | 282 | 2.5 |
| Gedling | 402 | 3.4 |
| Mansfield | 658 | 6.0 |
| Newark and Sherwood | 431 | 3.5 |
| Rushcliffe | 263 | 2.2 |
| NNVRU Total | 5,540 | 4.8 |



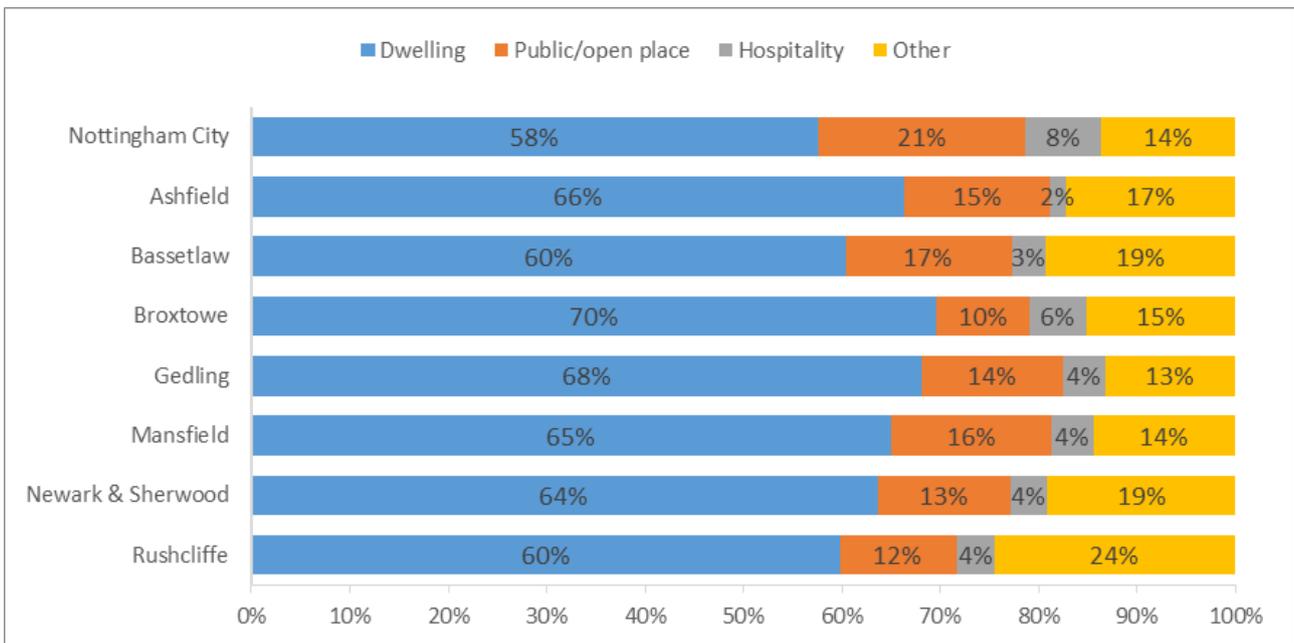
44.4% (2,458/5,540) of *Sexual Violence (Current)* offences recorded during the last three years occurred in Nottingham City. With only 28.7% of NNVRU population living in Nottingham City, the area had the highest rate of *Sexual Violence (Current)* offences with 7.4 reported crimes per 1,000 residents. This compares to 3.7 crimes per 1,000 residents in Nottinghamshire County, ranging from 6.0 per 1,000 in Mansfield to 2.2 in Rushcliffe.

Location Premises

Figure 28 shows type of location premises recorded for *Sexual Violence (Current)* offences reported in the NNVRU area, in the three years ending 31/10/2019, split by district. Records where data was not available (561 records) are excluded from the denominator. This Figure should be viewed in conjunction with Table 27 ‘Occurrence location’ in the Districts section (above).

The 2019 Rape & Sexual Offences Problem Profile completed by Nottinghamshire Police identified that offender is known to the victim in 52.3% of reported offences (current) and 60% of offences occur within a dwelling (22% of offences were Domestic Abuse related). Further work should explore the overlaps between Sexual Violence and Domestic Abuse to better define the problem.

Figure 28:
Location premises type, Sexual Violence (Current), NNVRU area, November 2016 – October 2019



Source: Nottinghamshire Police, Management Information



6.2.6 Violence Against the Person

Trends in Reported Crime

The following part of the SNA looks at selected VAP offences, as defined in the scope (section 6.2.1). Table 28 shows the volume of crime captured in this category (highlighted for clarity) in relation to the rest of the *NNVRU Serious Violence*.

Table 28:

NNVRU Serious Violence covered in this section: Violence Against the Person. Source: Nottinghamshire Police, Management Information.

| NNVRU Serious Violence | | Volume | % |
|--|--|---------------|-------------|
| 01/11/2016 - 31/10/2019 | | | |
| Violence Against the Person (VAP) | Homicide | 31 | 0.1% |
| | Violence with Injury excl. ABH | 3,969 | 8.7% |
| | S47 Assault Occasioning Actual Bodily Harm ³⁴ | 33,649 | 73.4% |
| | Remaining VAP offences - Knife Enabled ³⁵ | 265 | 0.6% |
| Robbery | Robbery of Personal Property - Knife Enabled | 837 | 1.8% |
| | Robbery of Business Property - Knife Enabled | 103 | 0.2% |
| Sexual Violence (current) | Rape | 2,798 | 6.1% |
| | Sexual Assault | 2,742 | 6.0% |
| Weapon Offences | Possession of Articles with Blade or Point | 1,436 | 3.1% |
| Total | | 45,830 | 100% |

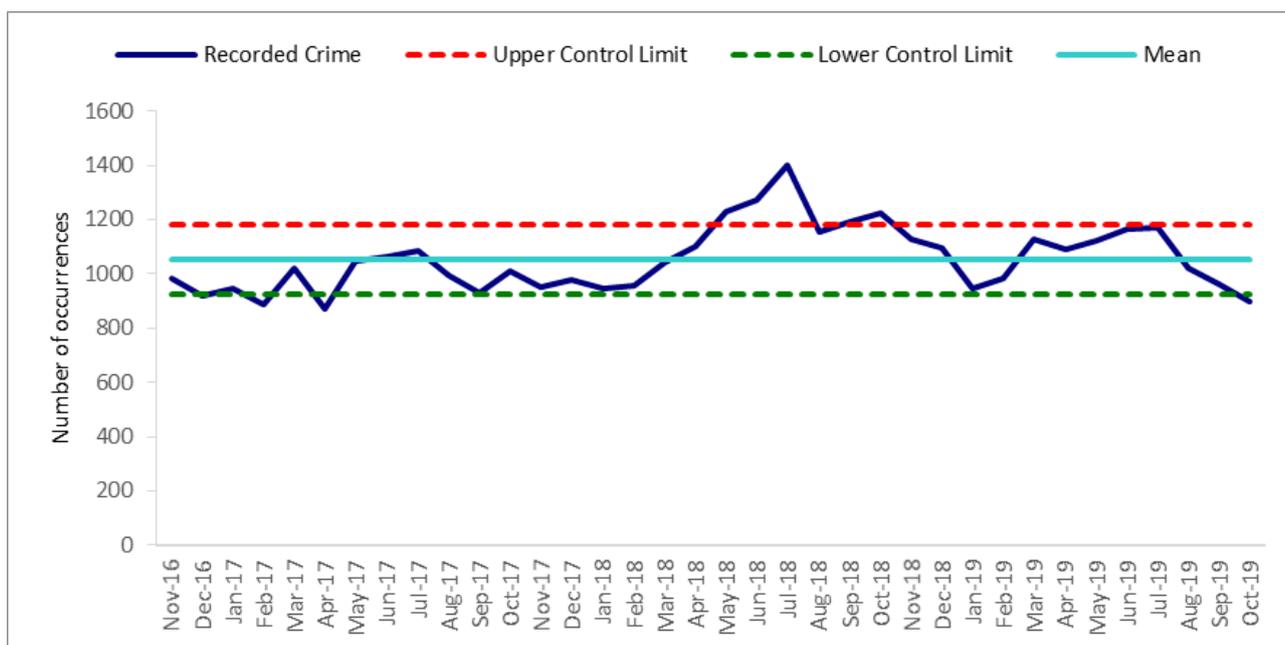
As could be anticipated, due to the largest crime category being within the SNA scope, *Violence against the Person* closely matches the trend of *NNVRU Serious Violence* as a whole.

³⁴ High volume but lower impact violence, often not part of *Serious Violence* groupings

³⁵ Remaining VAP offences - Knife Enabled and S47 ABH are referred to as Lower Severity violence/offences in this document



Figure 29:
Trend, Violence Against the Person (NNVRU Scope), NNVRU area, November 2016 – October 2019.
 Source: Nottinghamshire Police, Management Information.



As noted earlier, the ABH offences³⁶ are large in volume making up 88.8% (33,649/37,914) of VAP offences within the scope of the SNA and 73.4% (33,649/45,830) of all NNVRU Serious Violence. Whilst high in volume, this type of crime has a relatively low severity in terms of physical harm, visible marking (such as bruising or scratches) being the main requirement to meet the threshold of this offence. Including ABH in the overall Figures potentially masks some of the trends in other, more severe offences within the VAP category.

S47 Assault Occasioning Actual Bodily Harm (ABH) offences accounted for 88.8% (33,649/37,914) of Violence Against the Person offences within the scope of the SNA and 73.4% (33,649/45,830) of all NNVRU Serious Violence.

Temporal Pattern

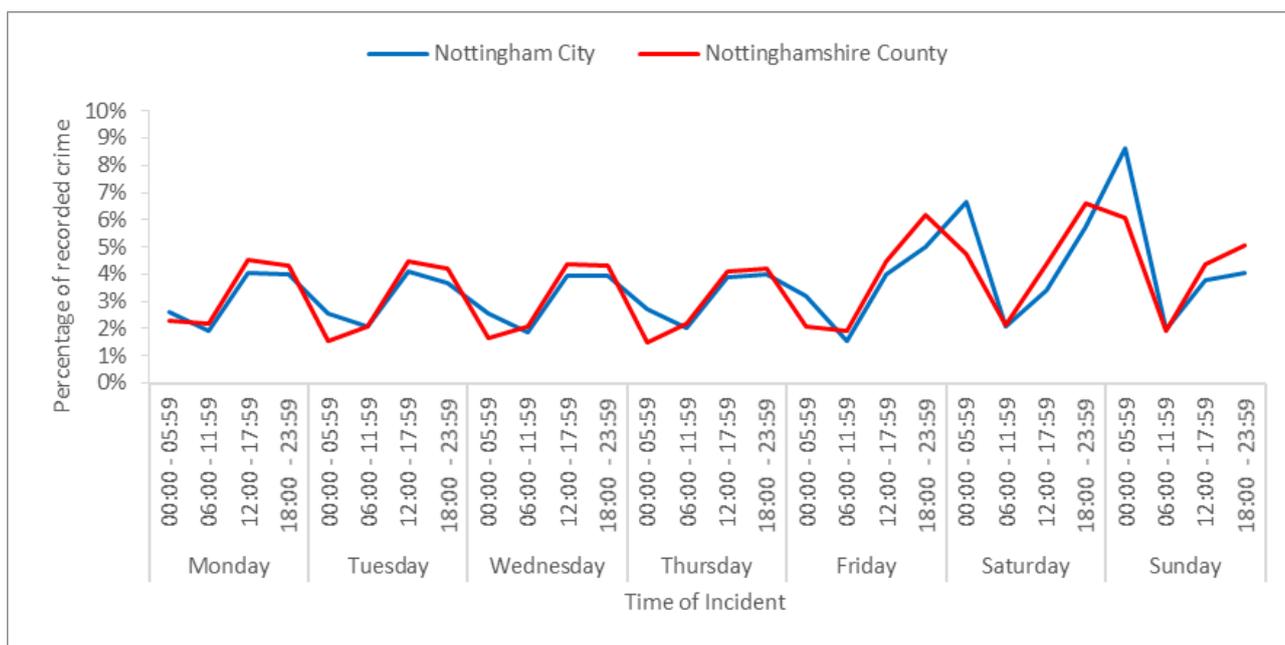
Figure 30 shows the temporal profile for VAP, this grouping includes lower severity offences such as ABH and Violence without Injury (Knife Enabled).

Data analysis suggests that most of the VAP offences are linked to the weekend NTE, with almost a quarter (24.6%, 9,332/37,900) of offences occurring on Friday night/early hours of Saturday and Saturday night/early hours of Sunday. This is true for both local authority areas, although slightly more pronounced in Nottingham City (26.1%, 4,110/15,775) than in Nottinghamshire County (23.6%, 5,222/22,125).

³⁶ Assault - S47 - AOABH assault occasioning actual bodily harm, Assault - S47 - AOABH assault occasioning actual bodily harm on a Constable and racially/religiously aggravated assault occasioning ABH



Figure 30:
Occurrence time, Violence against the Person (NNVRU Scope), NNVRU area, November 2016 – October 2019. Source: Nottinghamshire Police, Management Information.



Location of Reported Crime

Districts

Table 29 shows number of VAP offences recorded by Nottinghamshire Police between 01/11/2016 and 31/10/2019, split by location of the occurrence: Nottingham City and Nottinghamshire County (City and County BCU), with further breakdown by district (Neighbouring Policing Areas, NPA) for Nottinghamshire County.

Table 29:
Occurrence location, Violence Against the Person (VAP), NNVRU area, November 2016 – October 2019. Source: Nottinghamshire Police, Management Information.

| Violence Against the Person (VAP) 01/11/2016 – 31/10/2019 | Recorded crime | Rate per 1,000 pop. |
|--|---------------------------|--------------------------------|
| Nottingham City | 15,781 | 47.7 |
| Nottinghamshire County | 22,133 | 26.9 |
| Ashfield | 4,141 | 32.6 |
| Bassetlaw | 3,645 | 31.2 |
| Broxtowe | 2,157 | 19.0 |
| Gedling | 2,343 | 19.9 |
| Mansfield | 4,958 | 45.6 |
| Newark and Sherwood | 3,435 | 28.3 |
| Rushcliffe | 1,454 | 12.4 |
| NNVRU Total | 37,914 | 32.8 |

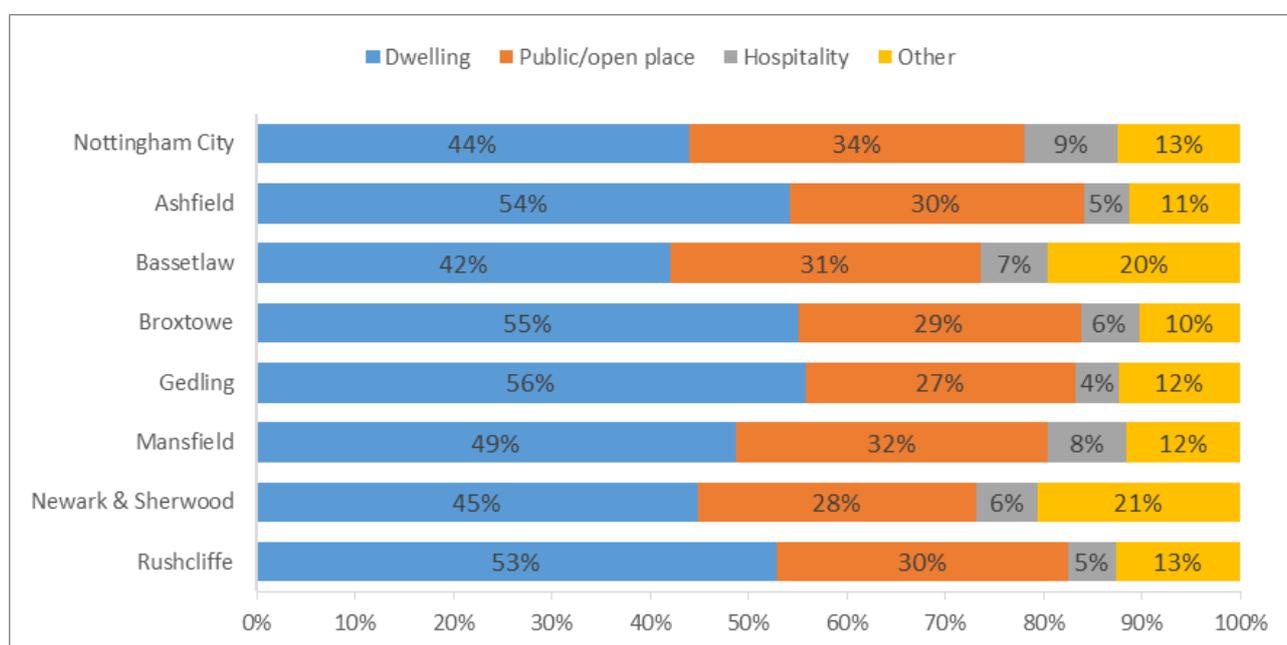


41.6% (15,781/37,914) of *NNVRU VAP* offences recorded during the last three years occurred in Nottingham City. With only 28.7% of *NNVRU* population living in Nottingham City, the area had the highest rate of *NNVRU VAP* offences with 47.7 reported crimes per 1,000 residents. This compares to 26.9 crimes per 1,000 residents in Nottinghamshire County, ranging from 45.6 per 1,000 in Mansfield to 12.4 in Rushcliffe.

Location Premises

Figure 31 shows type of location premises recorded for the *NNVRU VAP* reported in the *NNVRU* area, in the three years ending 31/10/2019, split by district. Records where data was not available (1,446 records) are excluded from the denominator. This Figure should be viewed in conjunction with Table 29 ‘Occurrence location’ in the Districts section (above).

Figure 31:
Location premises type, Violence Against the Person (VAP), NNVRU area, November 2016 – October 2019. Source: Nottinghamshire Police, Management Information.



6.2.7 Homicide and Violence with Injury (excl. ABH and Domestic Violence)

Trends in reported crime

This section of the SNA focuses on *Homicide* and *Violence with Injury* but excludes ABH and Domestic Violence. Domestic Violence is an issue affecting all communities and practitioner intelligence suggests links between domestic abuse and wider offending; however, this type of crime has a very different profile to other types of VAP within the SNA scope. There is a strong local response in place, with analytical products exploring the subject in great depth³⁷, as well as dedicated governance structures in Nottingham City and Nottinghamshire County coordinating the activity. As such, it was decided to separate the DV occurrences from the rest of the VAP category to enable focused analysis and inform

³⁷ Domestic and sexual violence and abuse, 2018. Available on Nottingham Insight: <https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/joint-strategic-needs-assessment/adults/domestic-and-sexual-violence-and-abuse-2018/>



the response strategy. Table 30 shows the volume of crime captured in this category in relation to the rest of the *NNVRU Serious Violence*.

Table 30:
NNVRU Serious Violence covered in this section: Homicide and Violence With Injury (excl. ABH and Domestic Violence). Source: Nottinghamshire Police, Management Information.

| NNVRU Serious Violence | | Volume | % |
|--|--|---------------|-------------|
| 01/11/2016 - 31/10/2019 | | | |
| Violence Against the Person (VAP) | Homicide (excl. DV/total) | 20/31 | <0.1% |
| | Violence with Injury excl. ABH (excl. DV/total) | 3,406/3,969 | <8.7% |
| | S47 Assault Occasioning Actual Bodily Harm ³⁸ | 33,649 | 73.4% |
| | Remaining VAP offences - Knife Enabled ³⁹ | 265 | 0.6% |
| Robbery | Robbery of Personal Property - Knife Enabled | 837 | 1.8% |
| | Robbery of Business Property - Knife Enabled | 103 | 0.2% |
| Sexual Violence (current) | Rape | 2,798 | 6.1% |
| | Sexual Assault | 2,742 | 6.0% |
| Weapon Offences | Possession of Articles with Blade or Point | 1,436 | 3.1% |
| Total | | 45,830 | 100% |

Figure 32 shows the trend in *Homicide and Violence With Injury (excl. ABH and DV)* offences, November 2016 – October 2019, with the red and green dashed lines signifying upper and lower control limits (95% confidence interval, +/- 1.96 standard deviations).

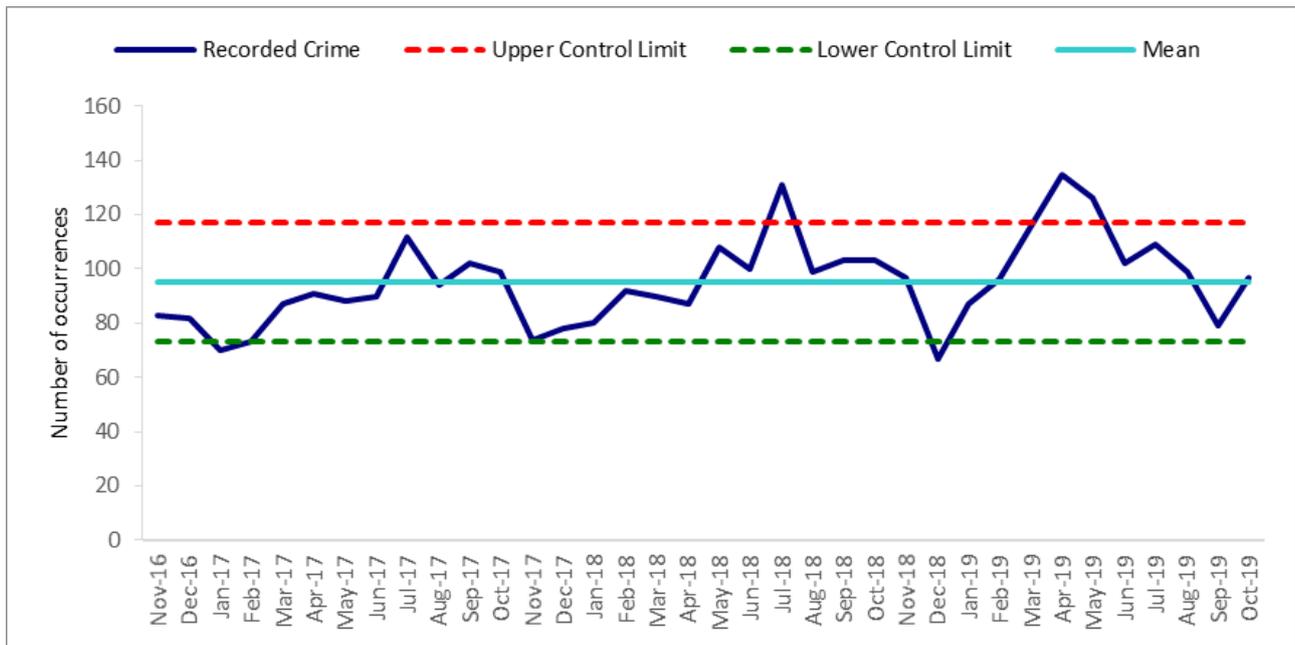
In order to enable more focused consideration, some of the offences from the Violence against the Person grouping have been removed in this section. Namely, offences where domestic abuse qualifier has been applied i.e. reported Domestic Violence offences and S47 Assault Occasioning Actual Bodily Harm (ABH) offences.

³⁸ High volume but lower impact violence, often not part of *Serious Violence* groupings

³⁹ Remaining VAP offences - Knife Enabled and S47 ABH are referred to as Lower Severity violence/offences in this document



Figure 32:
Trend, *Homicide and Violence With Injury* (excl. ABH and DV), NNVRU area, November 2016 – October 2019. Source: Nottinghamshire Police, Management Information.



As with broader *Violence Against the Person* definition the Summer 2018 peak is still present, however unlike VAP, where the increased level of crime can be observed in June, July and August 2018, the peak in *Homicide and Violence With Injury* (excl. ABH and DV) shows only in July. More recently, there has been a significant increase in reporting of offences in this category between April and May 2019.

Temporal Pattern

Figure 33 shows the temporal profile for *Homicide and Violence With Injury* (excl. ABH & DV). The pattern in Nottingham City is very similar to that of broader NNVRU VAP category, however in Nottinghamshire County, the weekend night/early hours peaks become less pronounced, offset by the higher proportion of recorded crime occurring on a weekday between 12:00 - 17:59 (24.5%, 489/1,998 offences). Table 31 shows temporal profile for Homicide and Violence With Injury (excl. ABH and DV) for each district. The table highlights any time/location where above average (arithmetic mean) proportion of crime occurred, the darker shading represents higher proportion of reported crime.



Figure 33:
Occurrence time - *Homicide and Violence With Injury* (excl. ABH and DV), NNVRU area, November 2016 – October 2019. Source: Nottinghamshire Police, Management Information.

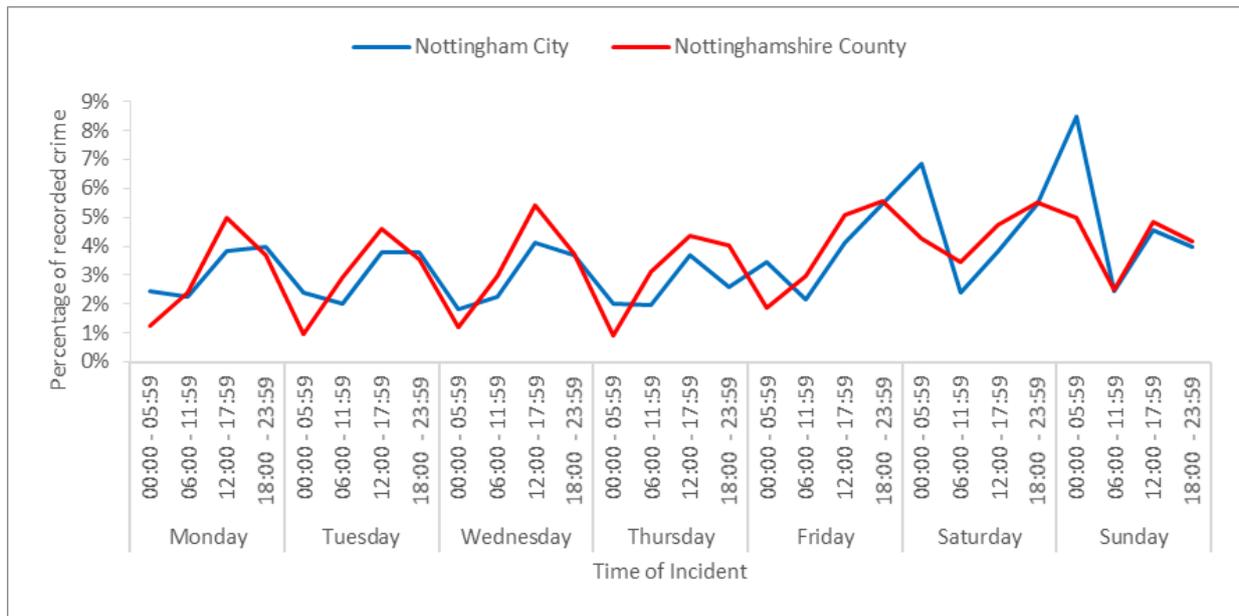


Table 31:
Occurrence time – District, *Homicide and Violence With Injury* (excl. *ABH* and *DV*), NNVRU area, November 2016 – October 2019. Source: Nottinghamshire Police, Management Information.

| 3.6% - Average 10.7% - Maximum | Mon | | | | Tue | | | | Wed | | | | Thu | | | | Fri | | | | Sat | | | | Sun | | | |
|-----------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | 00:00 | 06:00 | 12:00 | 18:00 | 00:00 | 06:00 | 12:00 | 18:00 | 00:00 | 06:00 | 12:00 | 18:00 | 00:00 | 06:00 | 12:00 | 18:00 | 00:00 | 06:00 | 12:00 | 18:00 | 00:00 | 06:00 | 12:00 | 18:00 | 00:00 | 06:00 | 12:00 | 18:00 |
| | 05:59 | 11:59 | 17:59 | 23:59 | 05:59 | 11:59 | 17:59 | 23:59 | 05:59 | 11:59 | 17:59 | 23:59 | 05:59 | 11:59 | 17:59 | 23:59 | 05:59 | 11:59 | 17:59 | 23:59 | 05:59 | 11:59 | 17:59 | 23:59 | 05:59 | 11:59 | 17:59 | 23:59 |
| Nottingham City | 2% | 2% | 4% | 4% | 2% | 2% | 4% | 4% | 2% | 2% | 4% | 4% | 2% | 2% | 4% | 3% | 3% | 2% | 4% | 5% | 7% | 2% | 4% | 5% | 8% | 2% | 5% | 4% |
| Ashfield | 3% | 4% | 6% | 4% | 1% | 3% | 5% | 3% | 1% | 2% | 4% | 4% | 1% | 3% | 4% | 5% | 3% | 3% | 4% | 7% | 2% | 4% | 4% | 5% | 4% | 3% | 4% | 4% |
| Bassetlaw | 1% | 3% | 4% | 3% | 1% | 2% | 4% | 2% | 1% | 4% | 6% | 3% | 1% | 4% | 3% | 3% | 3% | 3% | 5% | 6% | 5% | 3% | 5% | 5% | 5% | 3% | 5% | 6% |
| Broxtowe | 0% | 1% | 5% | 3% | 1% | 3% | 4% | 5% | 2% | 1% | 4% | 4% | 1% | 3% | 8% | 6% | 1% | 1% | 5% | 4% | 2% | 3% | 4% | 8% | 3% | 2% | 7% | 6% |
| Gedling | 0% | 3% | 5% | 3% | 1% | 2% | 4% | 3% | 1% | 3% | 3% | 4% | 2% | 4% | 3% | 3% | 2% | 5% | 7% | 6% | 7% | 5% | 7% | 6% | 5% | 3% | 3% | 5% |
| Mansfield | 1% | 1% | 5% | 4% | 2% | 4% | 3% | 5% | 2% | 3% | 4% | 5% | 1% | 2% | 3% | 4% | 2% | 2% | 5% | 5% | 6% | 2% | 5% | 7% | 10% | 1% | 5% | 3% |
| Newark & Sherwood | 2% | 2% | 5% | 6% | 0% | 3% | 5% | 5% | 1% | 2% | 8% | 3% | 1% | 2% | 5% | 4% | 1% | 4% | 5% | 6% | 5% | 4% | 5% | 4% | 3% | 3% | 5% | 3% |
| Rushcliffe | 0% | 3% | 7% | 1% | 0% | 3% | 11% | 2% | 2% | 6% | 7% | 3% | 0% | 4% | 6% | 4% | 1% | 2% | 5% | 3% | 3% | 3% | 4% | 5% | 3% | 3% | 5% | 3% |

It is worth noting that that the volume of recorded crime in this category is relatively low in some of the districts and that the data concerns offences reported over a 3-year period. As such, caution should be taken when looking at percentages, e.g. 11% offences in Rushcliffe equates to 16 offences committed over three years. It is recommended that this information is viewed in conjunction with the table in the subsequent section (Table 32).

Whilst it is difficult to comment on districts individually due to relatively small numbers in this category, the overall pattern shows stronger links to the NTE in Nottingham City and Mansfield, than in other Nottinghamshire districts.

Nottingham City and Mansfield show a higher proportion of recorded Homicide and Violence with Injury (excl. DV and ABH) occurring on Saturday night/early hours of Sunday, this contrasts with other districts in Nottinghamshire where higher proportions of crime occurs in the afternoon and evening hours (12.00-17.59).



Location of Reported Crime

Districts

Table 32 shows number of crimes within *Homicide and Violence with Injury (excl. ABH and Domestic Violence)* grouping recorded by Nottinghamshire Police between 01/11/2016 and 31/10/2019, split by location of the occurrence: Nottingham City and Nottinghamshire County (City and County BCU), with further breakdown by district (Neighbouring Policing Areas, NPA) for Nottinghamshire County.

Table 32:
Occurrence location, *Homicide and Violence with Injury (excl. ABH and Domestic Violence)*, NNVRU area, November 2016 – October 2019. Source: Nottinghamshire Police, Management Information.

| Homicide and Violence with Injury (excl. ABH and Domestic Violence) 01/11/2016 – 31/10/2019 | Recorded crime | Rate per 1,000 pop. |
|--|---------------------------|------------------------------------|
| Nottingham City | 1,427 | 4.3 |
| Nottinghamshire County | 1,999 | 2.4 |
| Ashfield | 358 | 2.8 |
| Bassetlaw | 353 | 3.0 |
| Broxtowe | 210 | 1.9 |
| Gedling | 197 | 1.7 |
| Mansfield | 398 | 3.7 |
| Newark and Sherwood | 333 | 2.7 |
| Rushcliffe | 150 | 1.3 |
| NNVRU Total | 3,426 | 3.0 |

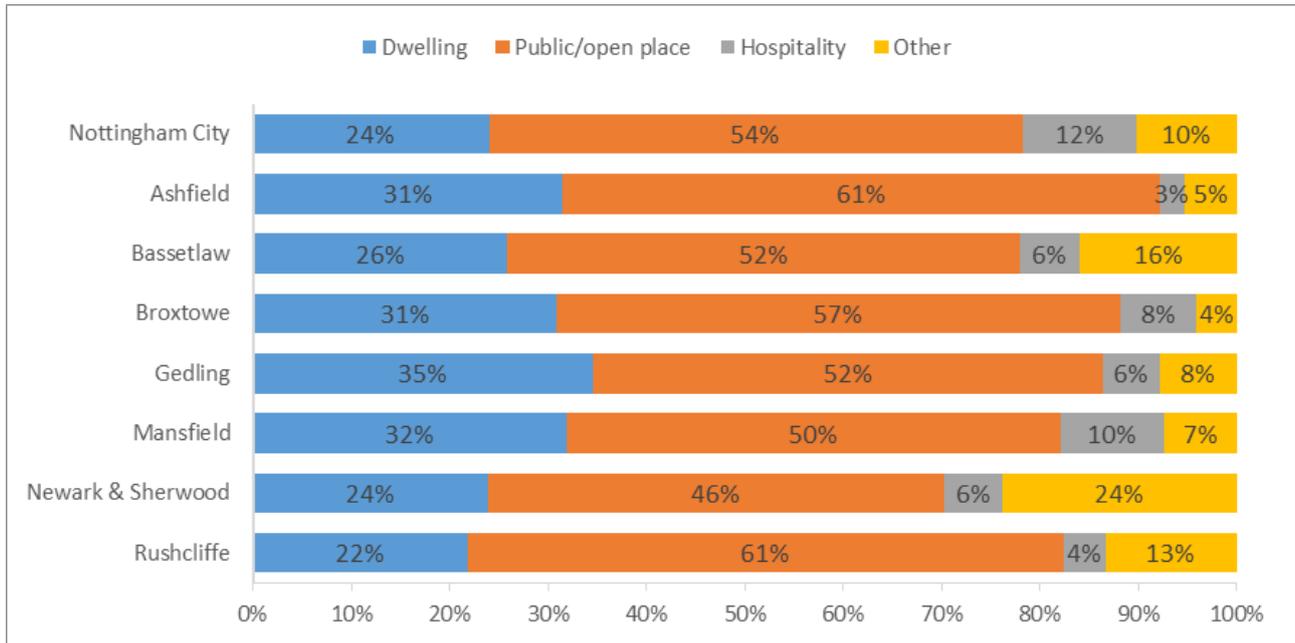
41.7% (1,427/3,426) of offences within the *Homicide and Violence with Injury (excl. ABH and Domestic Violence)* grouping occurred in Nottingham City in the last three years. With only 28.7% of NNVRU population living in Nottingham City, the area had the highest rate of crimes within this grouping, with 4.3 reported crimes per 1,000 residents. This compares to 2.4 crimes per 1,000 residents in Nottinghamshire County, ranging from 3.7 per 1,000 in Mansfield to 1.3 in Rushcliffe.

Location Premises

Figure 34 shows type of location premises recorded for the *Homicide and Violence with Injury (excl. ABH and Domestic Violence)* offences reported in the NNVRU area, in the three years ending 31/10/2019, split by district. Records where data was not available (138 records) are excluded from the denominator. This Figure should be viewed in conjunction with Table 32 'Occurrence location' in the Districts section (above).



Figure 34:
**Location premises type, *Homicide and Violence with Injury (excl. ABH and Domestic Violence)*,
 NNVRU area, November 2016 – October 2019. Source: Nottinghamshire Police, Management
 Information.**



6.2.8 Alcohol-Related Crime within the NNVRU Serious Violence

Home Office Counting Rules for Recorded Crime (Home Office, 2019) define *Alcohol-Related Crime* as:

“Any notifiable offence (crime) where it is perceived, by the victim or any other person, that the effects of alcohol consumption on the offender or victim was an aggravating factor”⁴⁰.

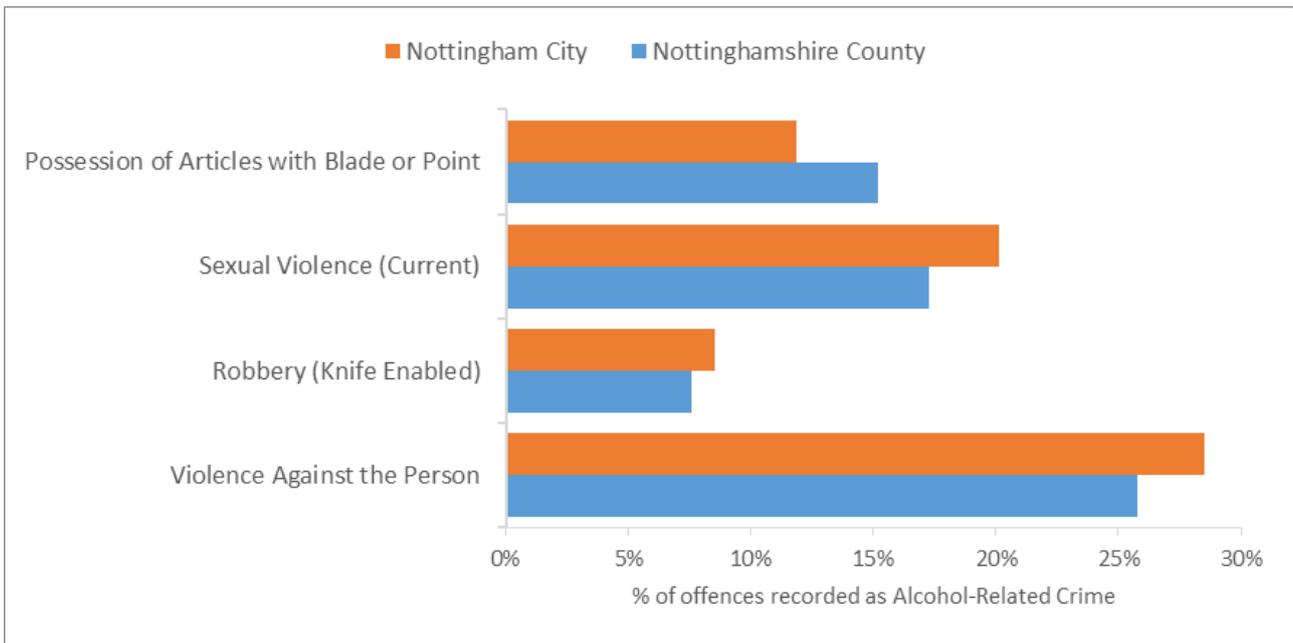
It became a mandatory data collection in April 2017 and is recorded with an ‘alcohol’ yes or no flag.

In the two years ending 31/10/2019, Nottinghamshire Police recorded 25.0% of *NNVRU Serious Violence* as being *Alcohol-Related Crime* (7,948/31,751 offences). Figure 35 shows the proportion of reported offences recorded as *Alcohol-Related Crime* in each category.

⁴⁰https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/791106/count-flags-apr-2019.pdf



Figure 35:
Alcohol-Related Crime, NNVRU Serious Violence, NNVRU area, November 2017 – October 2019.
Source: Nottinghamshire Police, Management Information.



As shown in Figure 35, the ‘alcohol’ flag is most prevalent in *Violence Against the Person* category, where 26.9% (7,037/26,158) of offences in the category are recorded as alcohol related. In contrast, *Robbery (Knife Enabled)* had the smallest proportion of reported offences recorded as alcohol-related (8.2%, 54/661).

Violence against The Person is the category with the highest number and proportion of offences recorded as *Alcohol-Related Crime*, as such the next section focuses on this category.

Violence Against the Person

Figure 36 shows the proportion of VAP offences recorded by Nottinghamshire Police between November 2017 and October 2019, where the ‘alcohol-related’ flag was applied, split by type of violence.

The proportion of offences recorded as *Alcohol-Related Crime* varies across the three categories, ranging from 55.9% (2,080/3,722) of NTE Violence, to 15.4% (2,152/14,019) of General Violence. A higher proportion of Domestic Violence was recorded as being *Alcohol-Related Crime* in Nottinghamshire County (35.4%, 1,801/5,089 offences) than in Nottingham City (30.2%, 1,004/3,328 offences).

25% (7,948/31,751) of NNVRU Serious Violence can be classed as Alcohol-Related crime, however the data does not distinguish what role the alcohol played in the crime such as whether the offender was under the influence of alcohol or targeting victims in the NTE. Other datasets have been identified such as ‘test on arrest’ outcomes, which will be accessed in order to explore this area further in the next iteration of the SNA.



Figure 36:

Alcohol-Related Crime, Violence Against the Person, NNVRU area, November 2017 – October 2019.

Source: Nottinghamshire Police, Management Information.

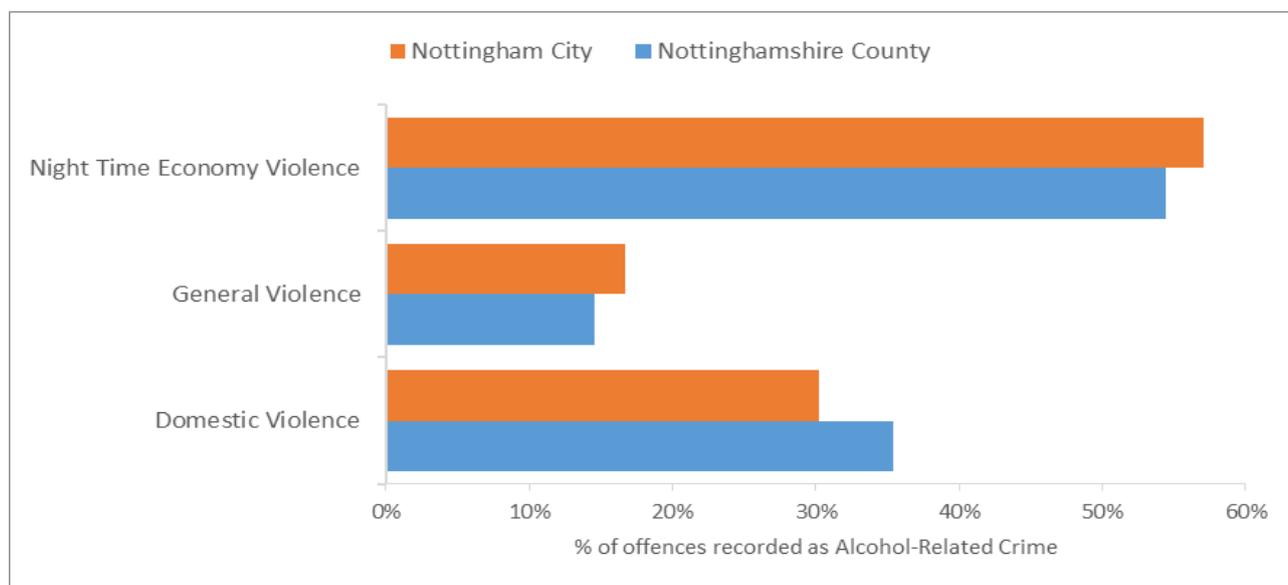


Table 33 shows the proportion of *Violence Against the Person* offences recorded by Nottinghamshire Police between November 2017 and October 2019, where the 'alcohol' flag was applied, split by district. Of 26,156 *Violence against the Person* (VAP) offences recorded by Nottinghamshire Police between November 2017 and October 2019, 26.9% (7,037) were deemed *Alcohol-Related Crime*.

A similar proportion of VAP offences were recorded as *Alcohol-Related Crime* in Nottingham City (28.5%, 3,068/10,762) and Nottinghamshire County (25.8%, 3,969/15,396). Mansfield was the area with the highest proportion of VAP crimes recorded as *Alcohol-Related Crime* (30.8%, 1,043/3,391). In contrast, Gedling was the area with the lowest proportion of VAP defined as *Alcohol-Related Crime* (22.7%, 364/1,603).

Table 33:

Alcohol-Related Crime per district, Violence Against the Person, NNVRU area, November 2017 – October 2019. Source: Nottinghamshire Police, Management Information.

| NNVRU Violence Against Person (VAP) 01/11/2017 - 31/10/2019 | Recorded Crime | Alcohol-Related | |
|--|----------------|-----------------|------------|
| | | (n) | (%) |
| Nottingham City | 10,762 | 3,068 | 29% |
| Nottinghamshire County | 15,396 | 3,969 | 26% |
| Ashfield | 2,922 | 700 | 24% |
| Bassetlaw | 2,600 | 682 | 26% |
| Broxtowe | 1,507 | 363 | 24% |
| Gedling | 1,603 | 364 | 23% |
| Mansfield | 3,391 | 1,043 | 31% |
| Newark and Sherwood | 2,337 | 548 | 23% |
| Rushcliffe | 1,036 | 269 | 26% |
| NNVRU Total | 26,158 | 7,037 | 27% |



6.2.9 Crime Outcomes

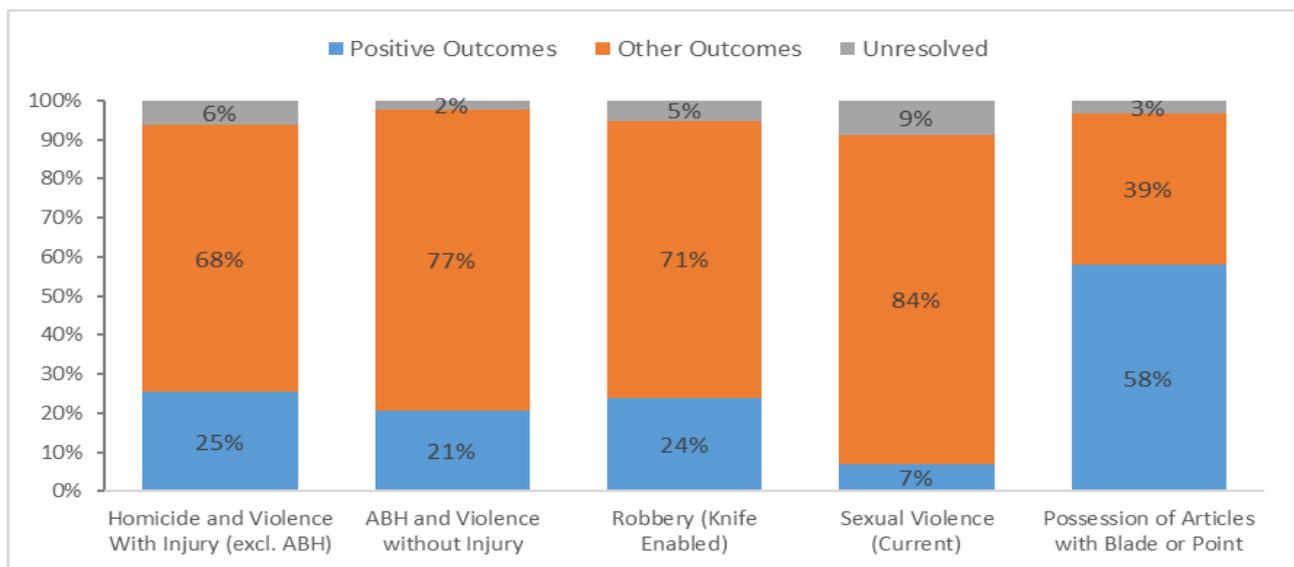
Crime outcome refers to the police or court outcome at the time of data extraction. There were over 30 different outcomes recorded by Nottinghamshire police in the current classification, which can be grouped into three categories:

- Positive outcomes – in this context ‘positive’ refers to the outcome from the policing perspective i.e. police or court outcome, charges, or summons and instances resulting in criminal record. Where known, ‘offender’ refers to individuals who had positive outcome recorded against them.
- Other outcomes: instances where positive outcome is not achieved. This could be due to further action not being in the public interest, victim not wanting/able to support further action, evidential difficulties, or no suspect being identified following the investigation, but there are other examples.
- Unresolved: Investigation not completed at the time of the data extraction.

It is important to note the distinction between ‘named’ and ‘known’ offender. Whilst the offender is not always named by the victim (either not known to the victim, or the victim does not want to support the investigation), the local intelligence network can support police in identifying the suspects and detecting offenders, which can lead to positive outcomes.

Overall, 20.6% (9,424/45,830) of *NNVRU Serious Violence* recorded in the three years ending 31/10/2019, had a positive outcome. The proportion of offences where positive outcome was recorded varies depending on the crime category, ranging from 58.0% (833/1,436) in *Possession of Articles with Blade or Point* to 6.9% (383/5,540) in *Sexual Violence (Current)*. Figure 37 shows Positive Outcomes as proportion of crime recorded in each crime grouping, as well as proportion Unresolved. This is important to bear in mind in the later sections, as the demographic information relates to around 1/5 of the recorded crime (20.6% with Positive Outcome, 9,424/45,830) in the NNVRU scope.

Figure 37:
Recorded Crime Outcomes, *NNVRU Serious Violence*, NNVRU area, November 2016 – October 2019.
Source: Nottinghamshire Police, Management Information.



6.2.10 Characteristics of Offenders

Area of residence

As noted previously, offender information is only available for reported crimes where positive outcome (successful prosecution) has been recorded; for *NNVRU Serious Violence* this was 1 in 5 (20.6% 9,424/45,830 offences).

There were 6,841 offenders recorded in relation to the offences within the *NNVRU Serious Violence* definition, for occurrences recorded between 01/11/2016 and 31/10/2019. Of those, 6,600 (96.5%) had their area of residence recorded (BCU).

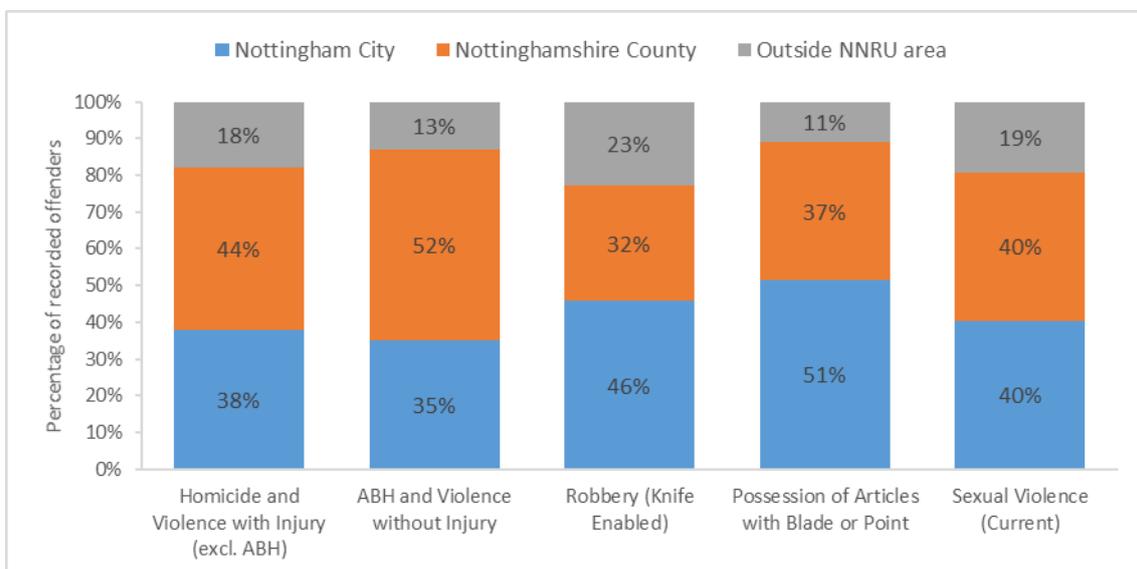
It was not possible to consistently extract offender’s home address at the time of the offence; as such, the latest recorded address was used. This presents a data limitation as offenders might have committed crimes multiple times over the three-year period and it is likely that there are instances where they have changed their address during that time.

Future work could look at mapping offender addresses outside the NNVRU area, to explore their offending behaviour:

- From where are the travelling?
- Do they come to the NNVRU area specifically to offend (e.g., country lines related), or is offending related to another activity (e.g., going out in the NTE, participating in sporting events)?
- Are some areas more attractive to out of area offenders?

Figure 38 shows offender’s area of residence (based on their home address) for the records linked to *NNVRU Serious Violence* occurring in Nottingham City and Nottinghamshire County in the three years ending 30/11/2019, split by the offence types. Offenders are counted only once in each category, regardless how many times they offended, but they can appear in more than one crime grouping depending on the offences committed. Not known values were excluded from the denominator.

Figure 38:
Offender Home Address, *NNVRU Serious Violence*, NNVRU area, November 2016 – October 2019.
Source: Nottinghamshire Police, Management Information.

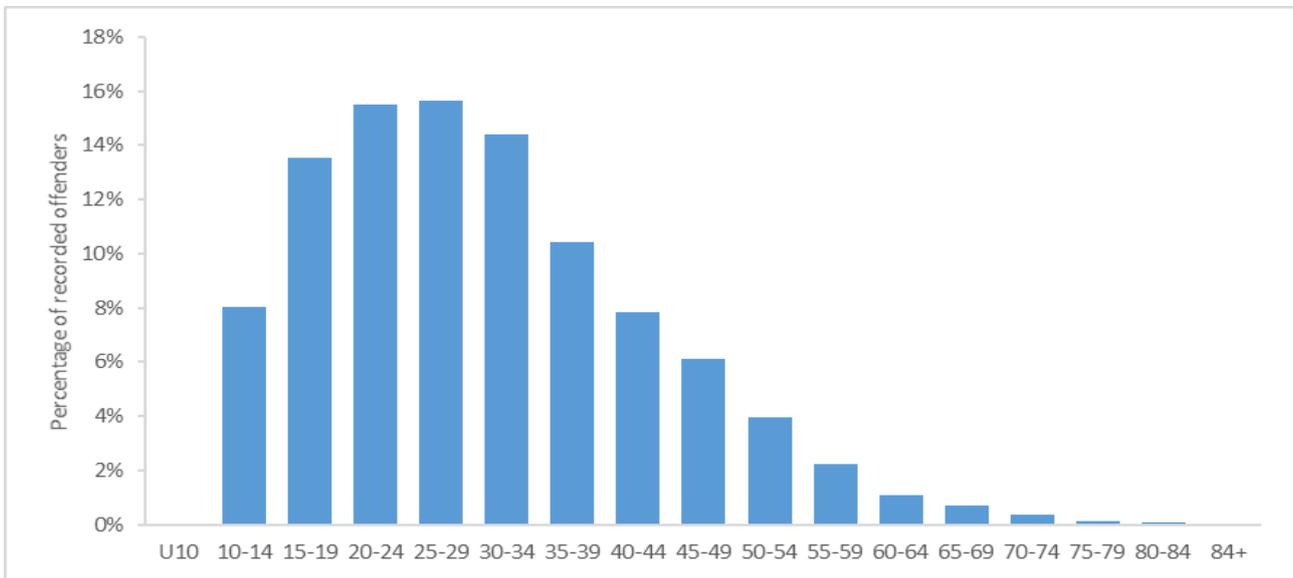


Overall, 37.0% (2,443/6,600) of known offenders who committed an offence fitting the *NNVRU Serious Violence* definition live in Nottingham City and 49.2% (3,245/6,600) live in Nottinghamshire County. 13.8% (912/6,600 offenders) live outside of the NNVRU area, ranging from 11.1% (80/721) within the *Possession of Articles with Blade or Point* to 22.7% (51/225) within the *Robbery (Knife Enabled)*.

Age

99.6% (6812/6841) of offender records associated with *NNVRU Serious Violence* in the last three years had their date of birth recorded. Figure 39 shows the age of the offender at the time of them committing an offence that fits the *NNVRU Serious Violence* definition, recorded in the period between 01/11/2016 and 31/10/2019. Not known values were excluded from the denominator.

Figure 39:
Offender Age, NNVRU Serious Violence, NNVRU area, November 2016 – October 2019. Source:
Nottinghamshire Police, Management Information.



20-24 and 25-29 age brackets were the most frequent age groups, with almost one in three offenders associated with *NNVRU Serious Violence* being in those age groups (31.1%, 2,120/6,812). The average age of the offender differs depending on the crime type, with *Robbery (Knife Enabled)* and *Possession of Articles With Blade or Point* having a noticeably younger age profile than other offence groups in *NNVRU Serious Violence*. Figure 40 compares age distribution for different crime types. Similar differences can be seen in *Violence Against the Person* grouping when comparing types of violence: age profile of *Domestic Violence* perpetrator, appears older than that of a person who committed *NTE Violence*, Figure 41 shows

One in three (31.1%, 2,120/6,812) offenders associated with NNVRU Serious Violence are in the 20-24 and 25-29 age brackets. The Literature Review suggests that once people get past their late teens/early 20s most people 'grow out' of crime, but some become persistent offenders. Future work should further explore this hypothesis in the local context.



age distribution for offenders in *Violence Against the Person* grouping, split by type of violence. Figure 42 shows age distribution for offenders in Violence Against the Person (VAP) grouping, split by type of violence. 77.5% (1,776/2,293) of DV perpetrators were over 25 years old; in contrast, the same age group accounted for 53.6% (602/1,124) of NTE VAP offenders and 56.8% (1,596/2,809) of General VAP offenders.

Figure 40:
Offender Age, *NNVRU Serious Violence*, NNVRU area, November 2016 – October 2019. Source: Nottinghamshire Police, Management Information.

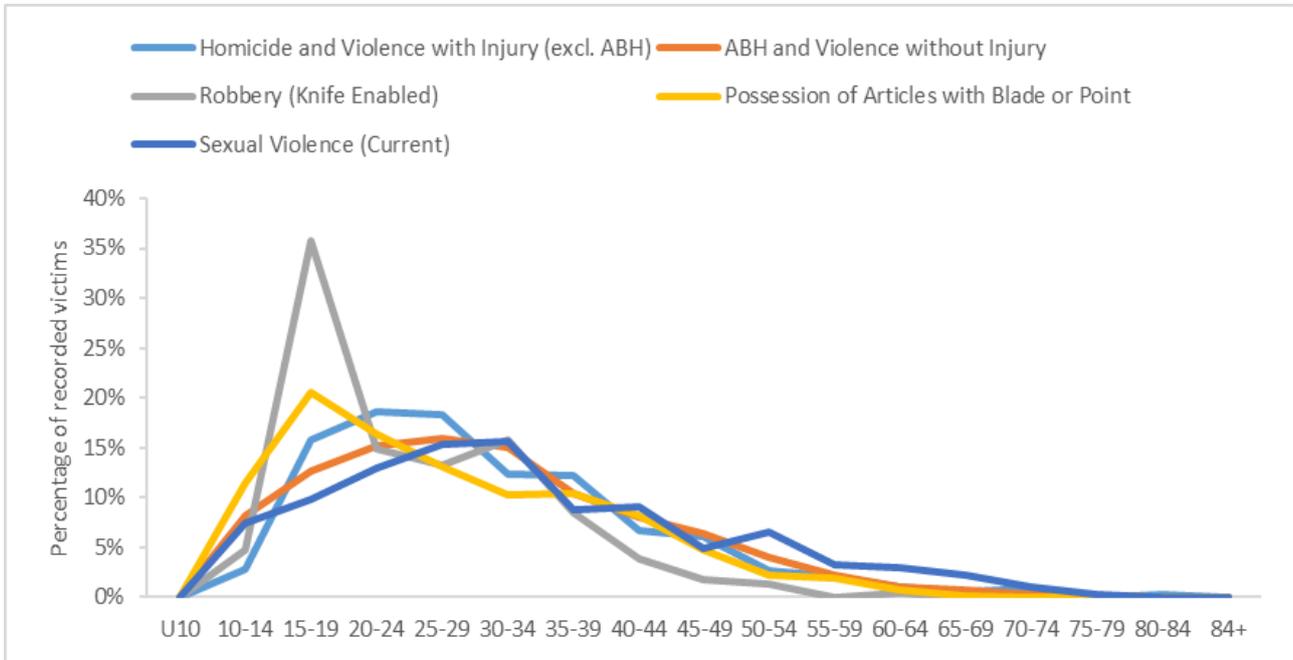


Figure 41:
Offender Age (single age, 10 - 44), *NNVRU Serious Violence*, NNVRU area, November 2016 – October 2019. Source: Nottinghamshire Police, Management Information.

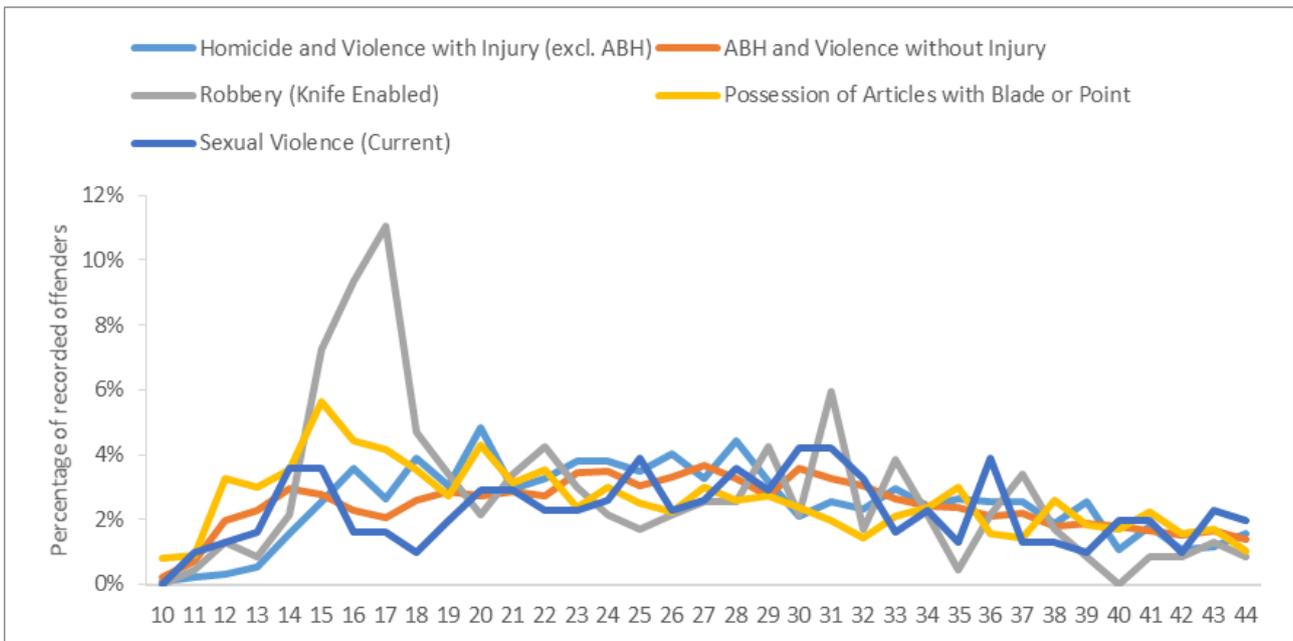
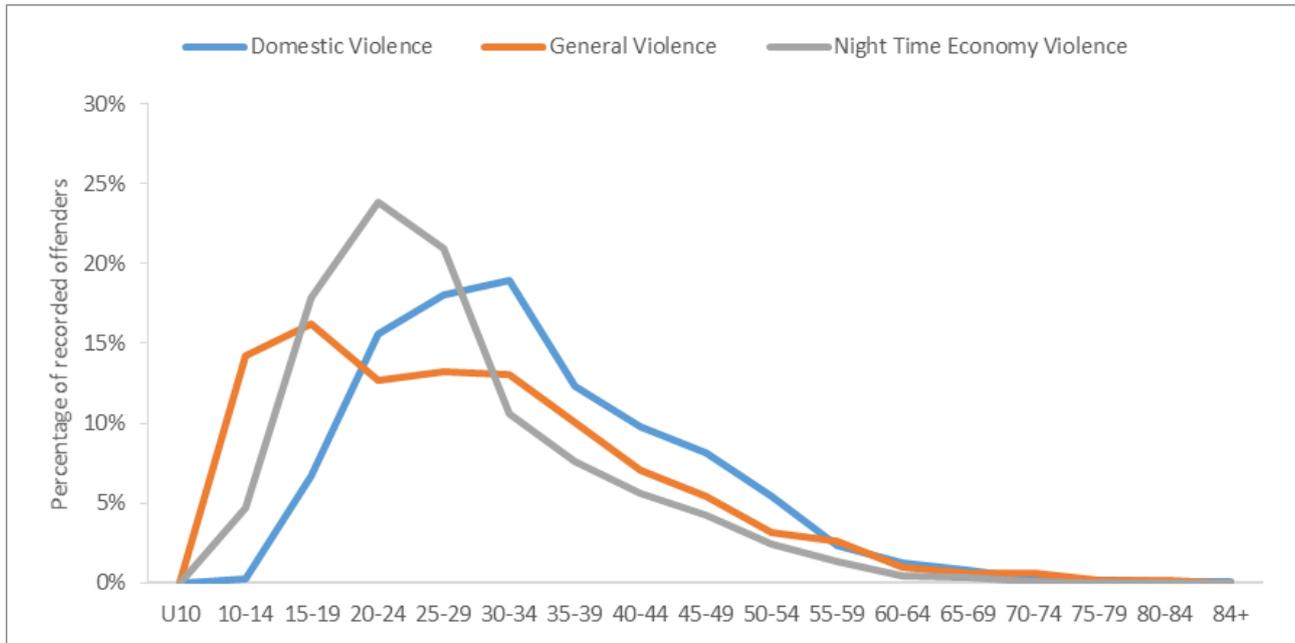


Figure 42:
Offender Age, Violence Against the Person, NNVRU area, November 2016 – October 2019. Source:
Nottinghamshire Police, Management Information.



Gender

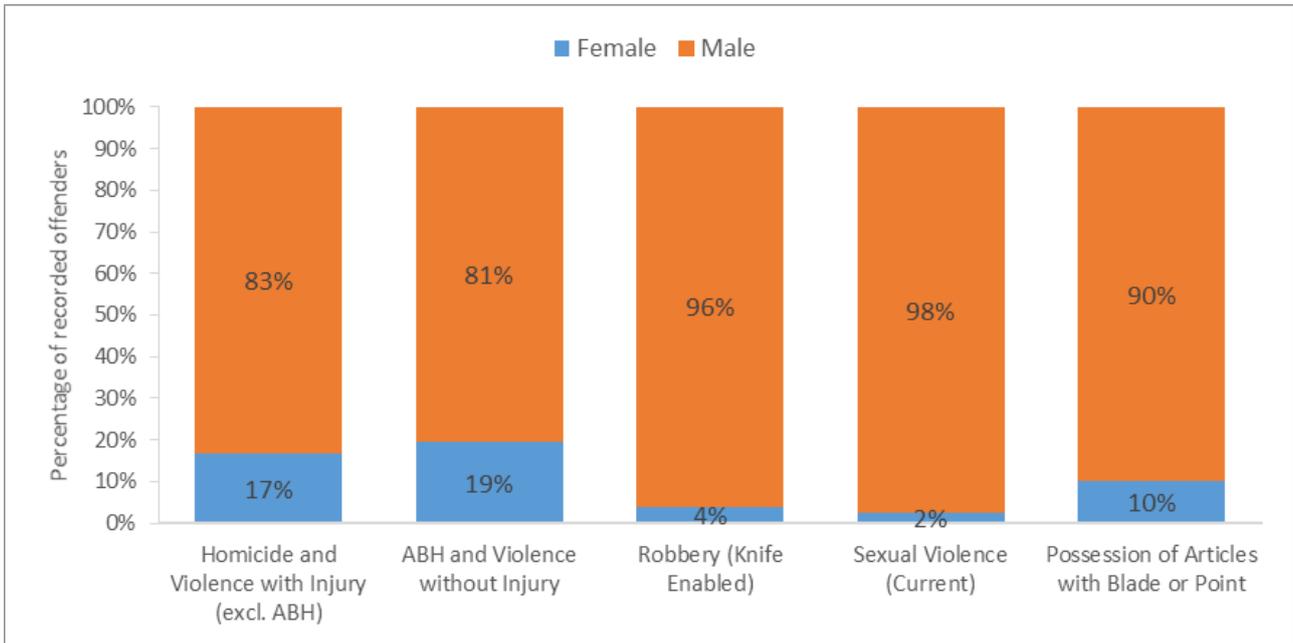
98.4% (6,733/6,841) of offender records linked to *NNVRU Serious Violence* between November 2016 and October 2019 had a gender recorded.

Overall, the majority of offenders were male (82.5%, 5,554/6,733), with a much smaller proportion being female (17.5%, 1,179/6,733). Male offenders make up an even higher proportion of *Robbery (Knife Enabled)* (96.1%, 221/230) and *Sexual Violence (Current)* (97.7%, 296/303). Male offenders are also the majority in *Homicide and Violence with Injury (excl. ABH)*, *ABH and Violence without Injury* and *Possession of Article with Blade or Point* albeit at a smaller proportion (83.3%, 80.5% and 89.9% respectively). Not known values were excluded from the denominator.

Practitioner intelligence suggests there is a strong link between Domestic Violence and other criminal behaviour. Whilst the DV is has not been the main focus of this assessment, it is important to explore this in the future, as DV is likely to be part of the offender’s journey and potentially a precursor to other violence.



Figure 43:
Offender gender, *NNVRU Serious Violence*, NNVRU area, November 2016 - October 2019. Source:
Nottinghamshire Police, Management Information.

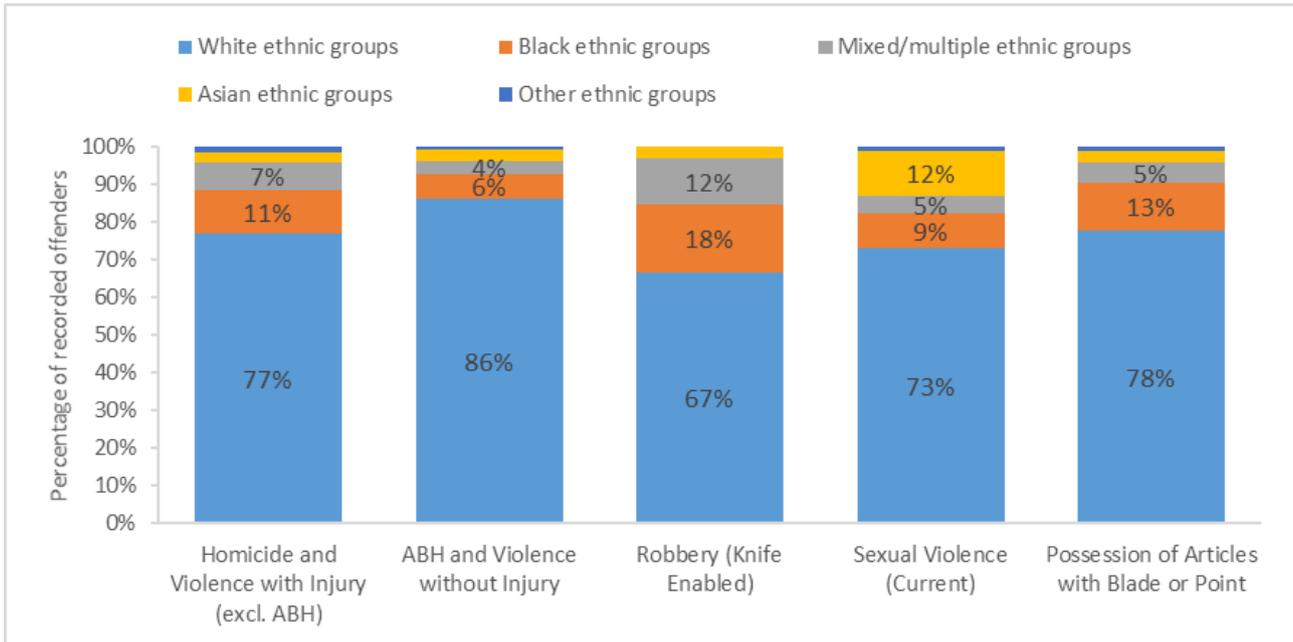


Ethnicity

75.5% (5,493/6,841) of Offender records within the *NNVRU Serious Violence* scope had their self-reported ethnicity recorded. Within those, White ethnic groups (2011 Census grouping) were the most frequently recorded ethnicity group, 83.5% (4,588/5,493) of offenders reporting it as their ethnicity, with 78.0% (4,286/5,493) identifying with White British ethnicity. Black ethnic groups (7.8%, 426/5,493) were the second most frequently recorded, with 3.5% (194/5,493) of offender records stating Black Caribbean as self-reported ethnicity. Mixed/Multiple ethnicity was the third highest recorded ethnicity grouping (4.3%, 235/5,493), with 3.0% (164/5,493) offenders identifying with White/Black Caribbean ethnicity. The proportion of each offender ethnicities differs across various crime types, Figure 44 shows self-reported ethnicity of the *NNVRU Serious Violence* offenders, in the three years ending 31/10/2019, split by offence type. Not known values were excluded from the denominator. Chinese is included in Asian ethnic groups as per the 2011 census grouping.

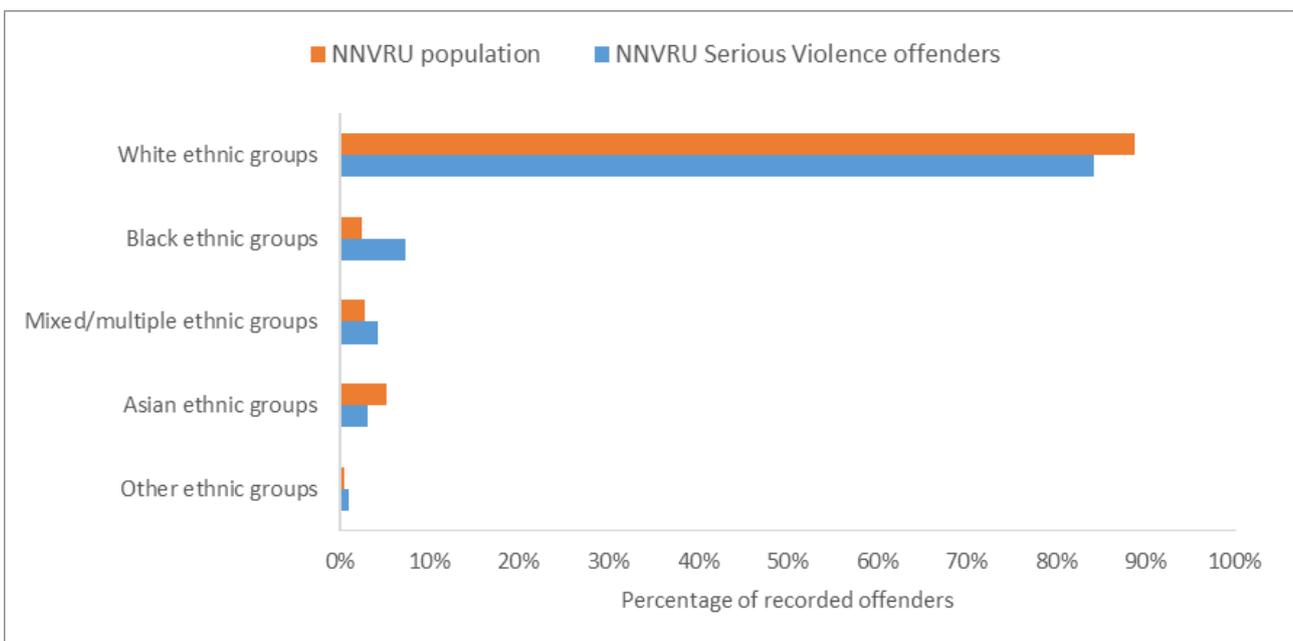


Figure 44:
Offender Ethnicity, *NNVRU Serious Violence*, NNVRU area, November 2016 – October 2019. Source: Nottinghamshire Police, Management Information.



In order to comment on offender ethnicity in relation to population makeup, the offender data in the subsequent section has been filtered to keep offenders residing in Nottingham City or Nottinghamshire County, leaving the 5,688 (out of 6,841, 83.1%) offender records with home address within the NNVRU area. Of those, 76.6% (4,610/5,688) had their ethnicity recorded. Figure 45 shows self-reported ethnicity of offenders in the *NNVRU Serious Violence* cohort residing in NNVRU area and that of the general population in the NNVRU area, based on the 2011 census data.

Figure 45:
Offender/Population Ethnicity, *NNVRU Serious Violence*, NNVRU area, November 2016 – October 2019. Source: Nottinghamshire Police, Management Information; ONS.



The offender population broadly replicates the general population in the NNVRU area and any over or underrepresentation is marginal (<5%). White ethnic groups were underrepresented in the offender cohort compared to general population (84.2% vs 88.8%, based on 2011 Census data), this is more prominent in offenders who reside in Nottinghamshire County (93.1% offenders/95.5% residents), but it is not the case in Nottingham City (72.0% offenders/71.5% residents). Asian ethnic groups are also underrepresented in the offender cohort (3.1% of offenders/5.2% of residents), more so in Nottingham City (5.0% of offenders/13.1% of residents) than in Nottinghamshire County (1.7% of offenders/2.2% of residents).

Black and Mixed/Multiple ethnic groups were overrepresented in the offender cohort compared to Nottinghamshire Population. For both groups, this was more prominent in the Nottingham City than in Nottinghamshire County. 7.4% of recorded offenders in the Nottinghamshire NNVRU area identified as Black/African/Caribbean/Black British ethnic groups, compared to 2.5% of population. 4.3% of offenders identified with Mixed/multiple ethnic groups compared to 2.8% of population.

As with all police crime data, it is important to remember that the figures in this and other sections relate only to reported crime. Some victims might report months or years after the offence occurred, whilst others might not report at all due to various circumstances. In addition, offender information is only available for crimes where positive outcome (i.e. successful prosecution) has been recorded; for *NNVRU Serious Violence* this was 1 in 5. It is important to consider this information when commenting on the demographic makeup of the offender population.

6.2.11 Characteristics of Victims

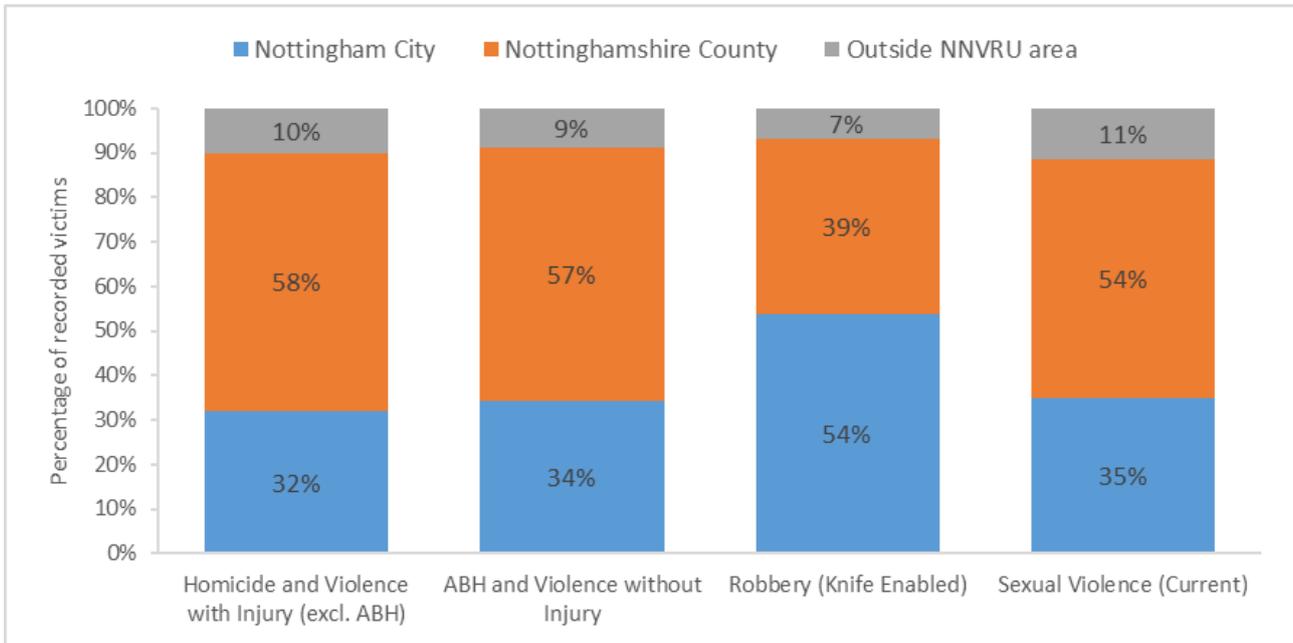
Area of Residence

35,062 individuals were reported as victims of *NNVRU Serious Violence* between 01/11/2016 and 31/10/2019. Of those, 34,019 (97%) had their area of residence recorded (BCU). It was not possible to consistently extract victim's home address at the time of the offence; as such, the latest recorded address was used. This presents a data limitation, affecting records where person was a victim of multiple crimes in the three-year period and have changed their address during that time.

Figure 46 shows the victim's area of residence (based on their home address) for the records linked to *NNVRU Serious Violence* occurring in the three years ending 31/11/2019 in NNVRU area, split by the offence types. Individuals are counted only once in each category, regardless how many crimes they have reported, but they can appear in more than one crime grouping depending on the crimes they were victim of.



Figure 46:
Victim Home Address, NNVRU Serious Violence, NNVRU area, November 2016 – October 2019.
 Source: Nottinghamshire Police, Management Information.

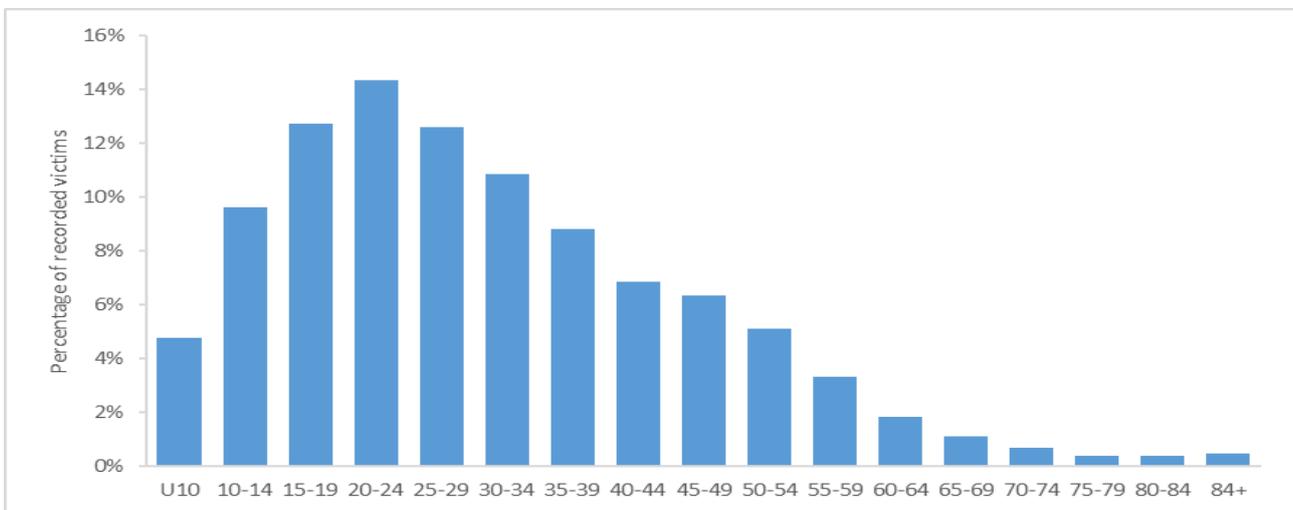


34.3% (11,674/34,019) of known *NNVRU Serious Violence* victims live in Nottingham City and 56.4% (19,194/34,019) live in Nottinghamshire County. 9.3% (3,151/34,019) of victims live outside of the NNVRU area, this ranged from 7% (64/917) of victims of *Robbery (Knife Enabled)*, to 11.4% (505/4,417) of the victims/survivors of *Sexual Violence (Current)*. Not known values were excluded from the denominator.

Age

95.8% (33,578/35,062) of victims of *NNVRU Serious Violence* in the last three years had their date of birth recorded. Figure 47 shows victim age at the time of the offence; age at the first offence was used in instances when a person was a victim of multiple offences.

Figure 47:
Victim Age, NNVRU Serious Violence, NNVRU area, November 2016 – October 2019. Source: Nottinghamshire Police, Management Information.



20-24 age bracket was the most frequently recorded age group, 14.4% (4,821/ 33,578) of victims were in this age group. 15-19 age bracket was the second most frequently recorded group (12.7%, 4,274/33,578) followed by 25-29 age group (12.6%, 4,231/33,578). Not known values were excluded from the denominator.

The average victim age differs depending on the crime type. Similar to the offender age profile, the victims of *Robbery (Knife Enabled)* have a noticeably younger age profile than other *NNVRU Serious Violence* groupings; Figures 48 and 49 compare age distribution for different crime types. Similar variations can be seen in *Violence Against the Person* grouping when comparing types of violence: age profile of *Domestic Violence* survivor, appears older than that of a person who was a victim of *NTE Violence*, Figure 50 shows age distribution for victims of *Violence Against the Person* offences, split by type of violence.

Figure 48:
Victim Age, NNVRU Serious Violence, NNVRU area, November 2016 – October 2019. Source:
Nottinghamshire Police, Management Information.

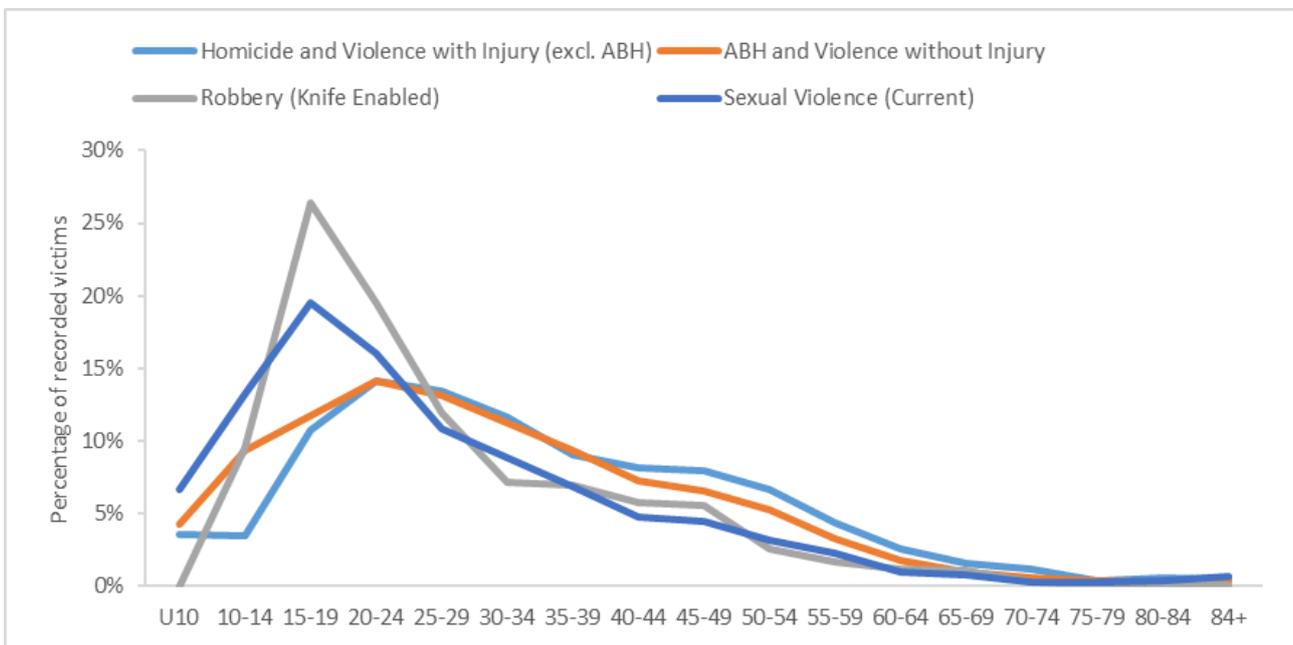


Figure 49:
Victim Age (single age, 10 - 44), NNVRU Serious Violence, NNVRU area, November 2016 – October 2019. Source: Nottinghamshire Police, Management Information.

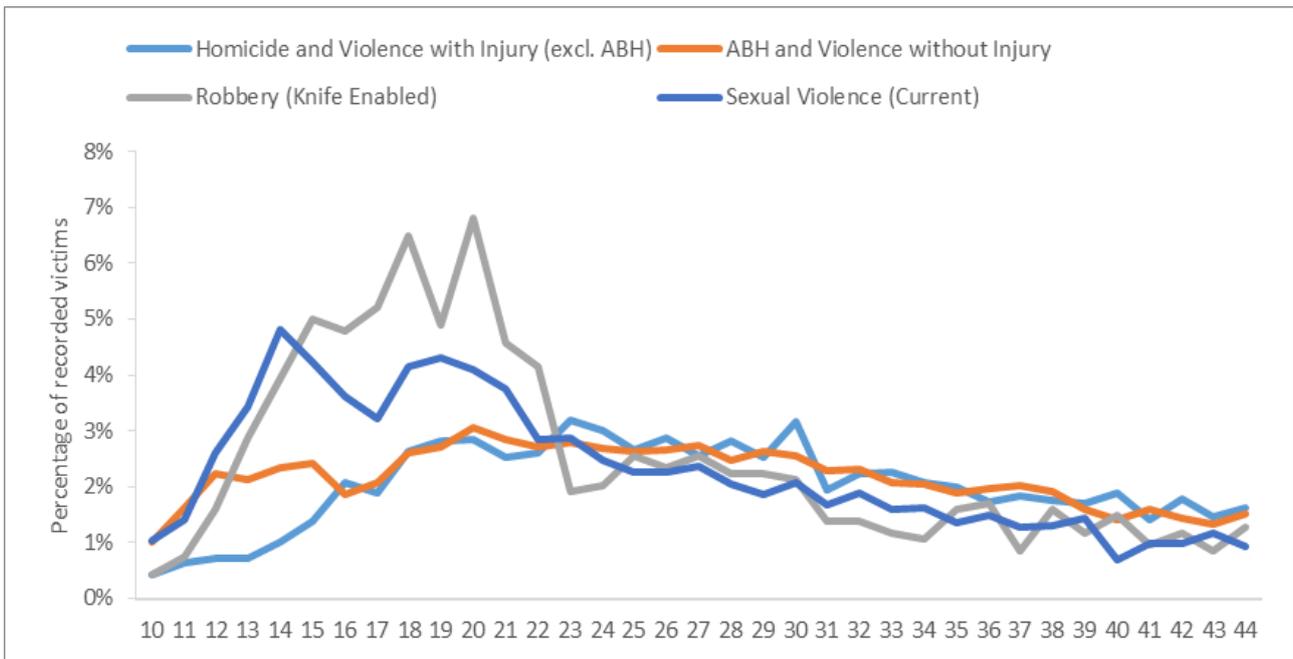
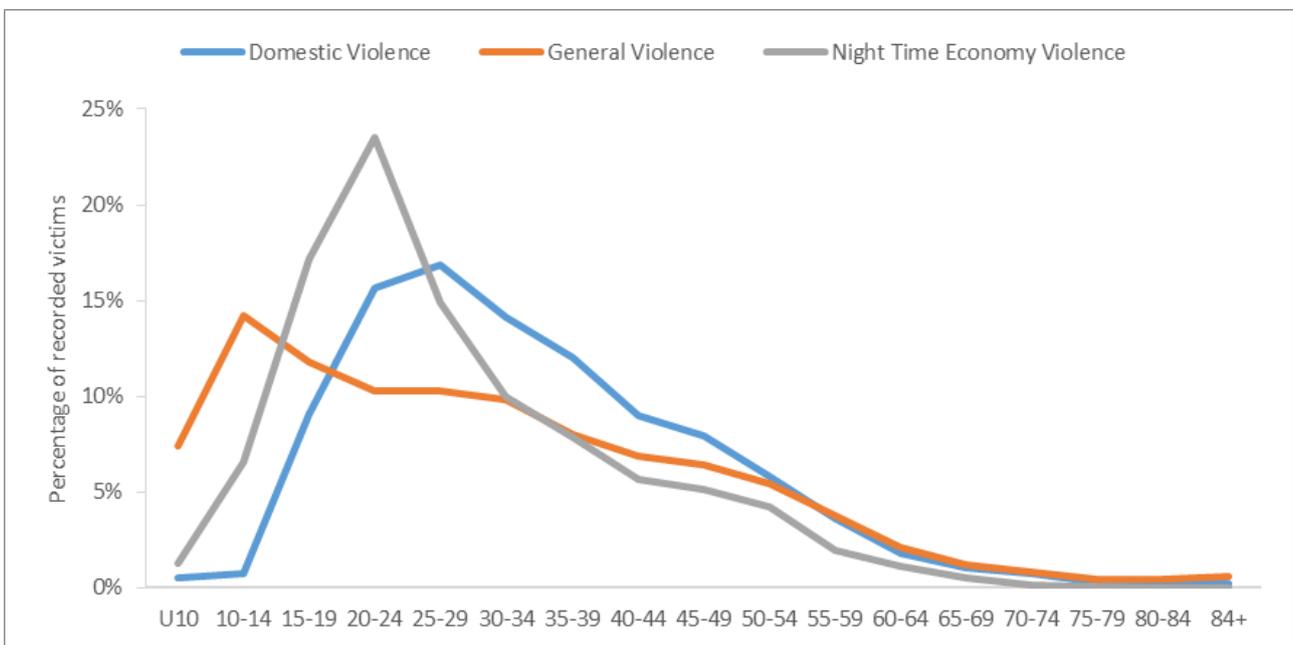


Figure 50:
Victim Age, Violence Against the Person, NNVRU area, November 2016 – October 2019. Source: Nottinghamshire Police, Management Information.



Gender

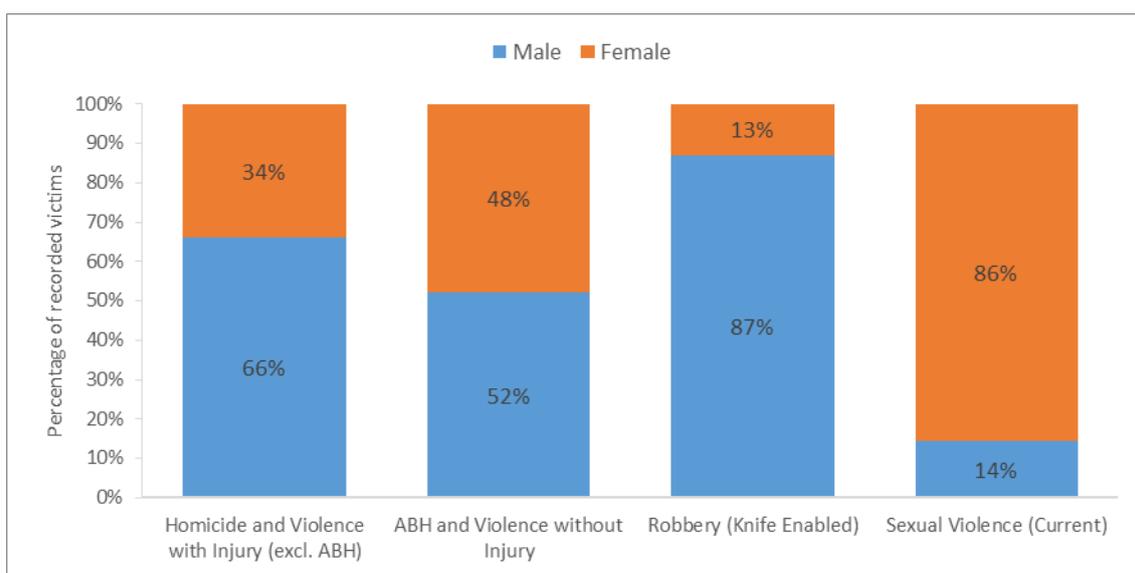
98% (34,376/35,062) of victim records linked to *NNVRU Serious Violence* between November 2016 and October 2019 had gender recorded.



Overall, there was a similar proportion of male and female victims of *NNVRU Serious Violence* in the last three years: 50.6% (17,387/34,376) of victims were male, 49.4% (16,989/34,376) were female. Not known values were excluded from the denominator.

As with other victim characteristics, this varies by crime type. As Figure 51 shows, *Sexual Violence (Current)* was the only crime group where there were fewer male than female victims: 14.3% (641/4,490) of victims were male. The proportion of male victims in the remaining offence groups ranged from 52.2% (14,065/26,922) in *ABH and Violence without Injury* to 86.9% (803/924) in *Robbery (Knife Enabled)*.

Figure 51:
Victim gender, *NNVRU Serious Violence*, *NNVRU* area, November 2016 – October 2019. Source: Nottinghamshire Police, Management Information.

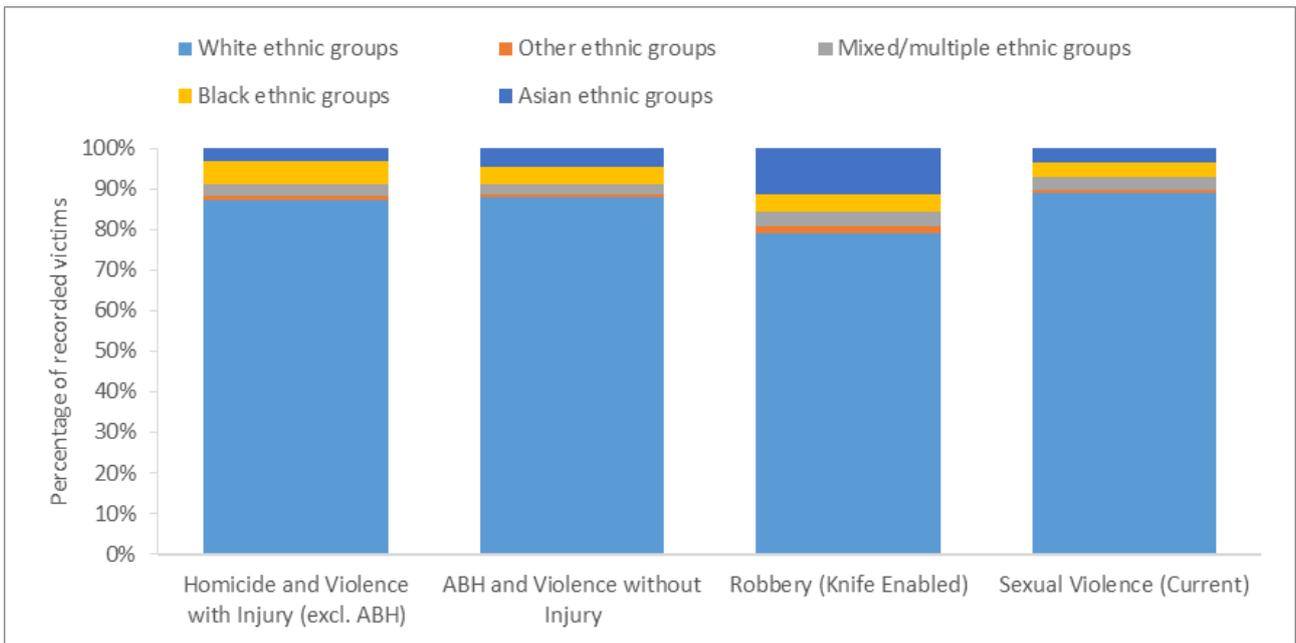


Ethnicity

74.3% (26,061/35,062) of victims of *NNVRU Serious Violence* had their self-reported ethnicity recorded. White ethnic groups (2011 Census grouping) were the most frequently recorded, with 87.6% (22,826/26,061) of victims reporting it as their ethnicity and 82.2% (21,418/26,061) identifying as White British. Asian ethnic groups (4.6%, 1,188/26,061) were the second most frequently recorded, with 1.9% (492/26,061) of victim records stating Pakistani as self-reported ethnicity. Black ethnic groups were the third most frequently recorded (4.3%, 1,117/26,061), with 1.6% (416/26,061) of victims identifying as Black Caribbean. The ethnic breakdown differs across various crime types, Figure 52 shows self-reported ethnicity of victims of *NNVRU Serious Violence* in the three years ending 31/10/2019, split by offence type. Not known values were excluded from the denominator. Chinese is included in Asian ethnic groups as per 2011 census grouping; this ethnicity was part of 'Other' ethnic groups prior to 2011.

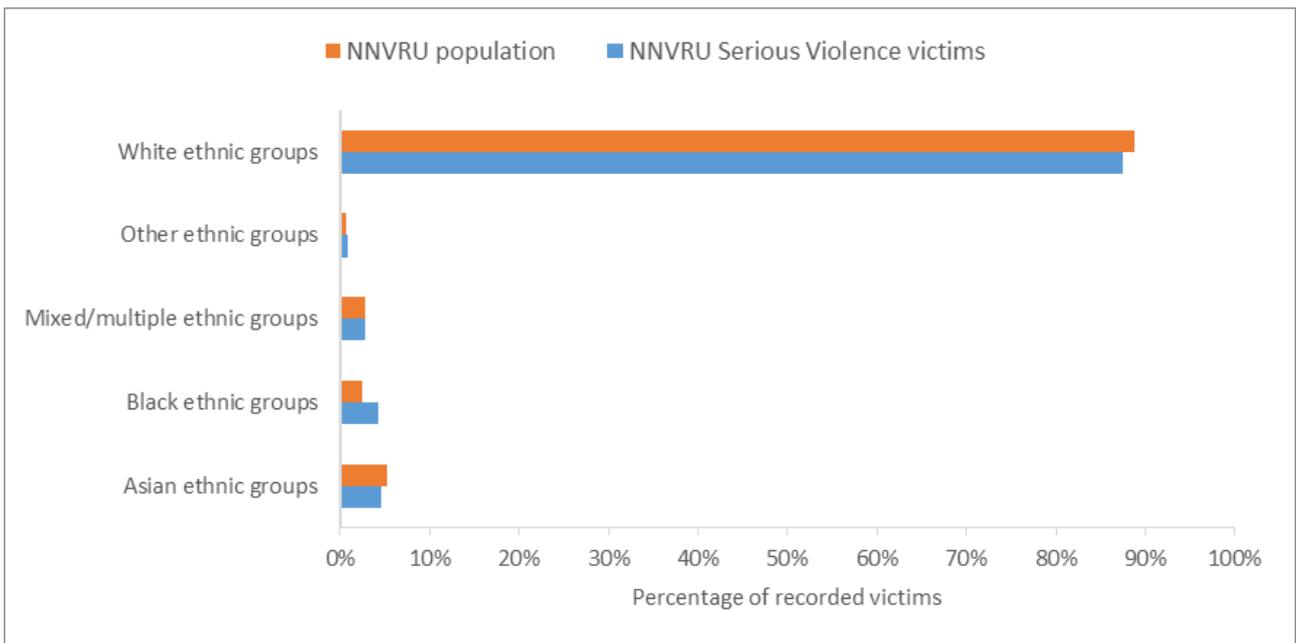


Figure 52:
Victim Ethnicity, NNVRU Serious Violence, NNVRU area, November 2016 – October 2019. Source: Nottinghamshire Police, Management Information.



In order to comment on victim ethnicity in relation to population makeup, the data in the subsequent section has been filtered to keep victims residing in the NNVRU area (30,868/35,062 records). Of those, 74.6% (23,033/30,868) of victims had their ethnicity recorded. Figure 53 shows self-reported ethnicity of victims of the NNVRU Serious Violence, residing in NNVRU area, compared to the NNVRU area population (based on the 2011 census data).

Figure 53:
Victim/Population Ethnicity, NNVRU Serious Violence, NNVRU area, November 2016–October 2019. Source: Nottinghamshire Police, Management Information; ONS.



The victim population broadly replicates the general population in NNVRU area and any over or underrepresentation is marginal. Black ethnic groups are overrepresented, 4.3% of victims of *NNVRU Serious Violence* identifying with Black ethnic groups, compared to 2.5% of the general population in the NNVRU area. White ethnic groups are underrepresented in the victim population, with 87.5% of reported victims of *NNVRU Serious Violence* identifying with those ethnic groups, compared to 88.8% of general population in the NNVRU area.

As with all police crime data, it is important to remember that the figures in this and other sections relate only to reported crime. Some victims might report months or years after the offence occurred, whilst others might not report at all due to various circumstances. Practitioner intelligence suggests that some crime types are more underreported than others are, it is important to bare that in mind when commenting on the demographic makeup of the victim population.

6.2.12 NNVRU Serious Violence and Deprivation

This section compares the domicile of perpetrators of *NNVRU Serious Violence* between November 2016 and October 2019 based on the perpetrator's address (NNVRU definition) to concentrations of deprivation as measured by the Index of Multiple Deprivation⁴¹ 2019. 6,221 postcodes within Nottinghamshire were identified and aggregated to Lower Super Output Area (LSOA) level to preserve anonymity and to aid comparison with the Index of Multiple Deprivation. Four LSOA's which contain four prisons, HMPs Nottingham, Ranby, Rampton and Lowdham Grange, were removed from the subsequent calculations as they contained very high levels of *NNVRU Serious Violence* offenders. It is unclear whether this represents violence occurring within the prison population or a data quality issue around the recording of home addresses. This left 5,827 occurrences to be mapped.

Figure 54 shows variations in the numbers of perpetrators of *NNVRU Serious Violence* across Nottinghamshire. Areas in the most deprived 10% nationally are highlighted in red and those in the 10% to 20% most deprived are highlighted in orange. District level maps are in Appendix 3 which allow variations to be seen in greater detail.

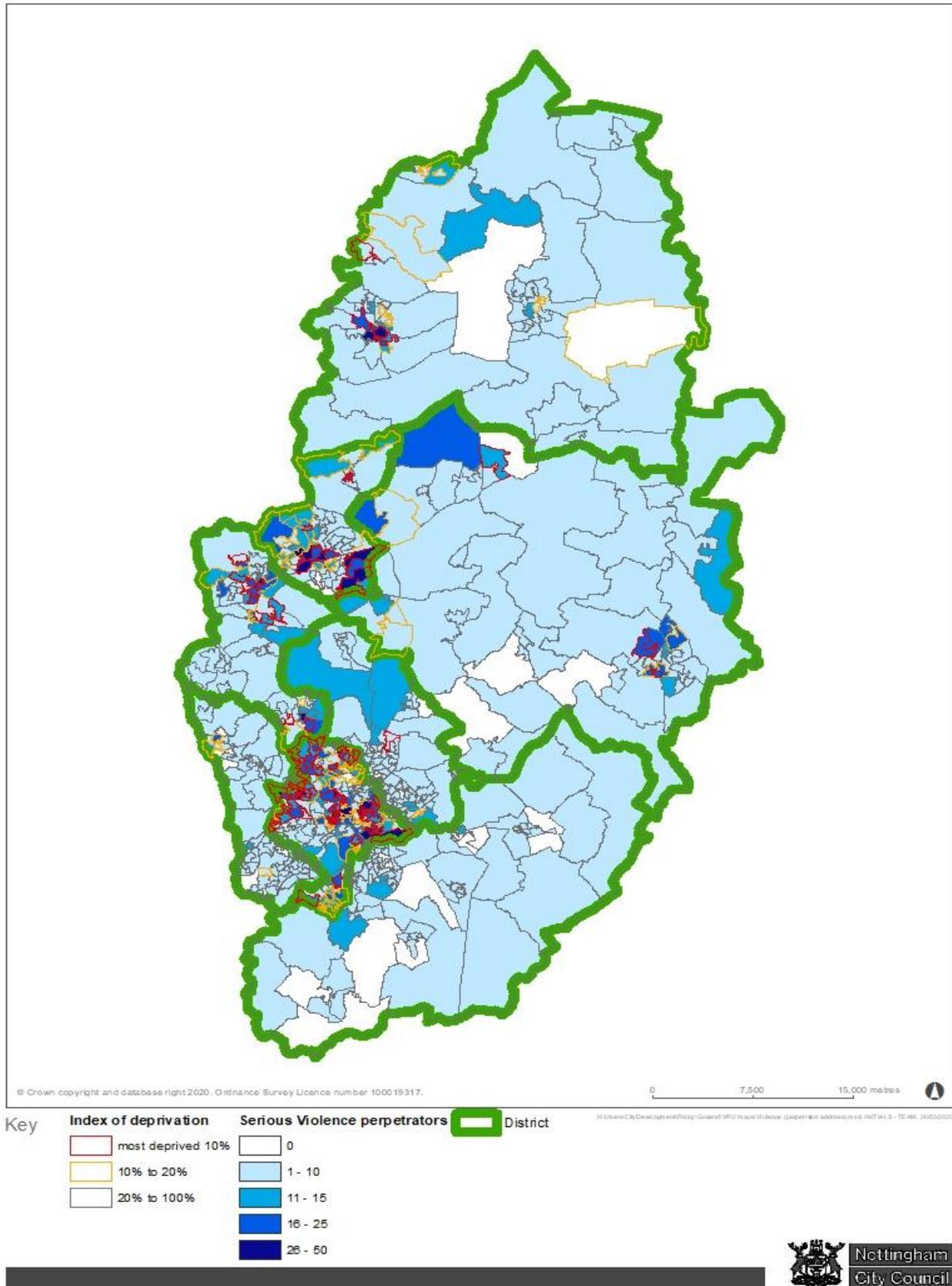
The initial impression that the highest concentrations of *NNVRU Serious Violence* offenders coincide with the areas of highest deprivation is confirmed by a Pearson's correlation coefficient of -0.71 between a low deprivation ranking (the most deprived area is ranked number one) and a high level of *NNVRU Serious Violence* offenders residing in an area (a complete correlation would have a value of -1.00).

The highest numbers of *NNVRU Serious Violence* offenders during this period were in an LSOA forming part of the Portland Ward in Mansfield (50 perpetrators), followed by LSOAs in Worksop South Ward in Bassetlaw (47), two LSOAs in the Hyson Green and Arboretum Ward in Nottingham City (40 and 39 perpetrators) and one in the Berridge Ward of Nottingham City (37).

⁴¹ The methodology for the Index of Multiple Deprivation is described in section 6.1.1. It should be noted that Crime figures form part of the composite Index of Multiple Deprivation and so a relationship between Crime and Deprivation is built into the Index. However, Crime only accounts for 9.3% of the overall Index so is the comparison between crime and the overall index still valid.



Figure 54:
NNVRU Serious Violence offender home address by LSOA/most deprived 10% and 20% of LSOAs nationally, NNVRU area November 2016 – October 2019. Source: Nottinghamshire Police,



Management Information; Index of Multiple Deprivation 2019.



Table 34 aggregates data from LSOAs across the NNVRU area according to their deprivation decile. It shows that in those parts of Nottingham City and Nottinghamshire which rank in the most deprived 10% nationally, there were 10.9 perpetrators of *NNVRU Serious Violence* per 1,000 people. This rate initially declines rapidly to 8.6 per 1,000 in the 10% to 20% decile and then increasingly slows to a rate of just 1.3 per 1,000 people for areas in the least deprived 10%. Overall, 51.5% of *NNVRU Serious Violence* perpetrators are people who live in the most deprived 20% of LSOAs, despite these areas containing just 27% of the NNVRU area's population.

Table 34:
Offender address by deprivation decile, *NNVRU Serious Violence*, NNVRU area, November 2016 – October 2019. Source: Nottinghamshire Police, Management Information; Index of Multiple Deprivation 2019.

| National deprivation decile (IMD 2019) | Serious violence perpetrators | Rate per 1,000 people | % of serious violence | % of population |
|--|-------------------------------|-----------------------|-----------------------|-----------------|
| Most deprived 10% | 1,626 | 10.9 | 27.9 | 13.0 |
| 10% - 20% | 1,378 | 8.6 | 23.6 | 14.0 |
| 20% - 30% | 747 | 6.8 | 12.8 | 9.6 |
| 30% - 40% | 534 | 5.0 | 9.2 | 9.4 |
| 40% - 50% | 434 | 4.4 | 7.4 | 8.7 |
| 50% - 60% | 385 | 3.3 | 6.6 | 10.3 |
| 60% - 70% | 210 | 2.2 | 3.6 | 8.3 |
| 70% - 80% | 195 | 2.1 | 3.3 | 8.0 |
| 80% - 90% | 176 | 1.7 | 3.0 | 9.0 |
| 90% - 100% | 142 | 1.3 | 2.4 | 9.7 |

Tables 35 and 36 show the same breakdown by deprivation decile for two specific crime types, Homicide & Violence with Injury (excl. ABH) and Domestic Violence. For Homicide & Violence with Injury, the numbers of perpetrators at a Super Output Area level are small and have insufficient variation to provide a strong correlation (-0.36). However, the correlation between Domestic Violence and deprivation remains relatively strong at -0.63.

The tables show that when data is aggregated to deprivation deciles, similar patterns emerge. Perpetrators of Homicide and Violence with Injury (excl. ABH) are concentrated in the most deprived 20% of SOAs which contain 52.6% of perpetrators compared to just 27% of the population (Table 35). Differences become less noticeable after the third decile although there is a general decline in perpetrators as places become less deprived.

53.2% of Domestic Violence perpetrators are people who live in the most deprived 20% of households, which contain just 27% of the NNVRU population. Domestic Violence incidents occur in all areas, but the highest rate of 3.63 perpetrators per 1,000 people is in LSOAs in the most deprived 10% and the rate declines relatively quickly at first and then more slowly in the less deprived deciles.



Table 35:

Offender address by deprivation decile, *Homicide and Violence with Injury (excl. ABH)*, NNVRU area, November 2016 – October 2019. Source: Nottinghamshire Police, Management Information; Index of Multiple Deprivation 2019.

| National deprivation decile (IMD 2019) | Homicide and Violence with Injury (excl. ABH) | Rate per 1,000 people | % of Homicide and violence with injury | % of population |
|--|---|-----------------------|--|-----------------|
| Most deprived 10% | 193 | 1.30 | 28.7 | 13.0 |
| 10% - 20% | 161 | 1.00 | 23.9 | 14.0 |
| 20% - 30% | 81 | 0.74 | 12.0 | 9.6 |
| 30% - 40% | 51 | 0.47 | 7.6 | 9.4 |
| 40% - 50% | 63 | 0.64 | 9.4 | 8.7 |
| 50% - 60% | 46 | 0.39 | 6.8 | 10.3 |
| 60% - 70% | 26 | 0.27 | 3.9 | 8.3 |
| 70% - 80% | 19 | 0.21 | 2.8 | 8.0 |
| 80% - 90% | 17 | 0.16 | 2.5 | 9.0 |
| 90% - 100% | 16 | 0.14 | 2.4 | 9.7 |

Table 36:

Offender address by deprivation decile, *Domestic Violence*, NNVRU area, November 2016 – October 2019. Source: Nottinghamshire Police, Management Information; Index of Multiple Deprivation 2019.

| National deprivation decile (IMD 2019) | Domestic Violence perpetrators | Rate per 1,000 people | % of Domestic Violence | % of population |
|--|--------------------------------|-----------------------|------------------------|-----------------|
| Most deprived 10% | 541 | 3.63 | 28.5 | 13.0 |
| 10% - 20% | 469 | 2.92 | 24.7 | 14.0 |
| 20% - 30% | 252 | 2.29 | 13.3 | 9.6 |
| 30% - 40% | 173 | 1.61 | 9.1 | 9.4 |
| 40% - 50% | 119 | 1.20 | 6.3 | 8.7 |
| 50% - 60% | 117 | 0.99 | 6.2 | 10.3 |
| 60% - 70% | 68 | 0.72 | 3.6 | 8.3 |
| 70% - 80% | 57 | 0.62 | 3.0 | 8.0 |
| 80% - 90% | 52 | 0.50 | 2.7 | 9.0 |
| 90% - 100% | 50 | 0.45 | 2.6 | 9.7 |

6.2.13 Probation

No data or information has been shared by probation to inform the SNA. Discussion with neighbouring NNVRUs suggest this is a national problem. If/when this data becomes available it will be included in the next iteration of the SNA.



6.3 Injuries Requiring Emergency and Hospital Treatment

6.3.1 East Midlands Ambulance Service data

An information sharing agreement between PHE and EMAS is in place to facilitate data flow from EMAS to PHE data lake, no analysis has been possible due to the restrictions of home working as part of the CoronaVirus19 response. Specifically, the NNVRU analyst who had taken an honorary contract with PHE to analyse this data was unable to do so remotely due to the restrictions of the scope of her honorary contract. EMAS data analysis will be included in the next iteration of the SNA.

6.3.2 Emergency Department Attendances

For the purpose of this report, violence related attendances at all Accident and Emergency (A&E) Department types for residents of Nottingham City and Nottinghamshire County have been identified using the A&E patient group field, which provides the reason for an accident and emergency episode. Patient group code 20 denotes assault.

Over a three-year period from 1st April 2016 to 31st of March 2019, there were 8,866 attendances by 7,973 persons at A&E for assault within the NNVRU area. These attendances account for approximately 1% of all A&E attendances for the same time period.

Table 37 below summaries patient group codes assigned to all A&E episodes that occurred during the stated time frame. It shows that 72.7% of all A&E attendances for the aforementioned time period were assigned a patient group code 80, “*other than above*”⁴². This suggests that the reasons for which the majority of persons attending A&E within the stipulated time period did not fit into the available patient group options. This could be as a result of poor data capturing/recording practices or refusal of patients to disclose details of the nature and cause of sustained injuries. Therefore, it should be noted that the number/proportion of attendances for assault for this time period is likely to be an underestimation of the true numbers.

⁴² ‘Other than above’ patient group code, is used when the reason for which a patient is attending A&E, does not fit into any of the available patient group options.



Table 37:
Accident and Emergency Department Attendances, 2016/17-2018/19. Source: Hospital Episode Statistics (HES).

| A&E Patient Group | Patient Group Description | Numbers | Percent |
|-------------------|---------------------------|-----------------|---------------|
| 80 | Other than above | 882,124 | 72.7% |
| 60 | Other accident | 281,942 | 23.2% |
| 40 | Sports injury | 11,994 | 1.0% |
| 30 | Deliberate self-harm | 10,996 | 0.9% |
| 10 | Road traffic accident | 10,061 | 0.8% |
| 20 | Assault | 8,866 | 0.7% |
| 99 | Missing data | 6,187 | 0.5% |
| 70 | Brought in dead | 126 | 0.0% |
| 50 | Firework injury | 463 | 0.0% |
| Total | | 12,12759 | 100.0% |

Demographics

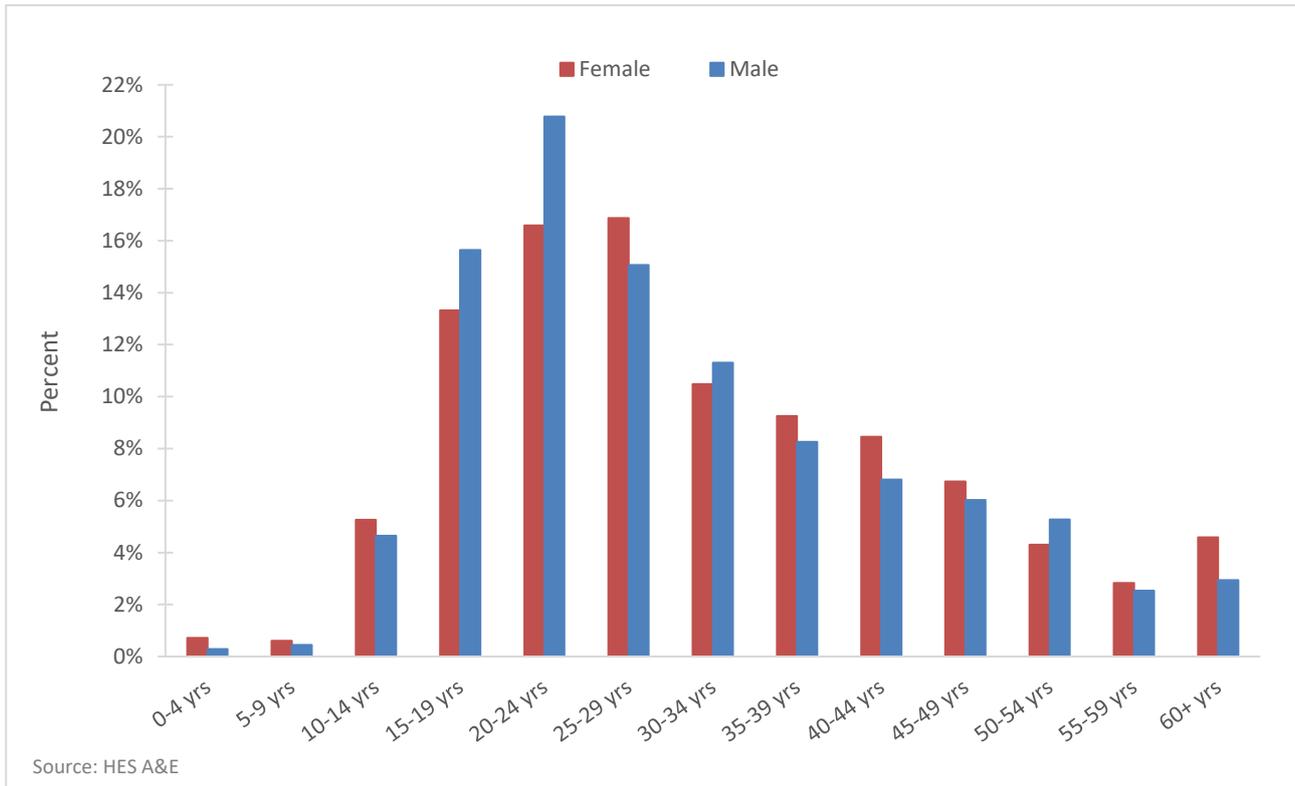
Of the 8,866 attendances for assault, 71.7% (6,357) were males, 50.2% (4,446) aged between 15-29 years, 69.31% (6,144) were of White British ethnic background, 16.2% (1,439) from Black, Asian and minority ethnic group (BAME) and 14.8% (1,283) without a stated ethnic group. Excluding records without a stated ethnicity, the ethnic makeup of this cohort is similar to that of the NNVRU area. Approximately 35% of attendances were from the most deprived quintile within the NNVRU, a fourfold difference in numbers between the most and least deprived quintiles.

Of 6,357 males, over 50% were aged between 15-29 years, with the 20-24 year age group having the highest proportion (20.8%). Similarly for females, 46.8% of 2,508 were aged between 15-29 years and the highest proportions seen in the 20-24 and 25-29 age groups, 16.6% and 16.9% respectively, as illustrated in Figure 55 below. For both males and females, a fairly similar pattern is observed, with peaks between ages 20 to 29 and numbers declining thereafter. It is interesting to note that the proportion of females attending A&E following assault is only higher in the over 60s.

Males are more likely to have an A&E attendance for assault than females, particularly young males aged 20-29 who are responsible for 25.7% of all attendances.



Figure 55:
Age distribution for Accident & Emergency Attendances for Assault, 2016/17 -2018/19. Source:
Hospital Episode Statistics (HES).



Across the 8 Local Authorities, over 70% of persons attending A&E for assault within each Local Authority were male except in Ashfield where 68% were male. Between 40-60% were aged between 15 and 29 years and over 50% were from the first and second most deprived quintiles. Nottingham City is the exception with 48% from first and second most deprived quintiles.

The highest proportion of attendances amongst males was noted in the 20-24 age group for all Local Authorities except in Ashfield, which had the highest proportion in the 25-29 age group. Likewise for females, Gedling, Nottingham and Rushcliffe had the highest attendances in the 20-24 age group, whilst Mansfield, Broxtowe, Newark and Sherwood had the highest attendances in the 25-29 year age group. The 15-19 year age group has the highest attendances in Bassetlaw.

Seven of the eight Local Authorities had similar ethnicity breakdowns with over 70% being from a White British background, between 6-14% from BAME background and 6-18% without a stated ethnicity. Nottingham City was the exception with 56% from a white British background and 26.1% from BAME background. The ethnicity breakdown for each Local Authority mirrors the ethnicity makeup of their respective resident populations (excluding records without a stated ethnicity).



A&E Attendance rates

Figure 56 shows that attendance rates in males in the NNVRU area are on average twice as high as attendance rates in females. National rates are not currently available for comparisons. The overall trend shows a decline in rates across the three geographical footprints for both males and females, with significant decrease seen in males within Nottingham City from 558.8 per 100,000 (13/14-16/17) to 468.7 per 100,000 (16/17-18/19). However, this observed decrease needs to be interpreted with caution in light of data quality issues with the HES A&E dataset, particularly with changes in recording practices over the years.

Attendance rates in males are on average two times higher than rates in females.

For the three-year pooled average (16/17-18/19), attendance rates in both males and females within Nottingham City (468.7 and 206.7 per 100,000 respectively) are significantly higher compared to the NNVRU rates (346.3 and 141.3 per 100,000). Likewise, rates in Nottinghamshire County for both males (299.9 per 100,000) and females (117.5 per 100,000) are significantly lower compared to the NNVRU average.

Figure 56:
Accident and Emergency Attendances for Assault- Age Standardised Rates, 2016/17 - 2018/19.
 Source: Hospital Episode Statistics (HES).

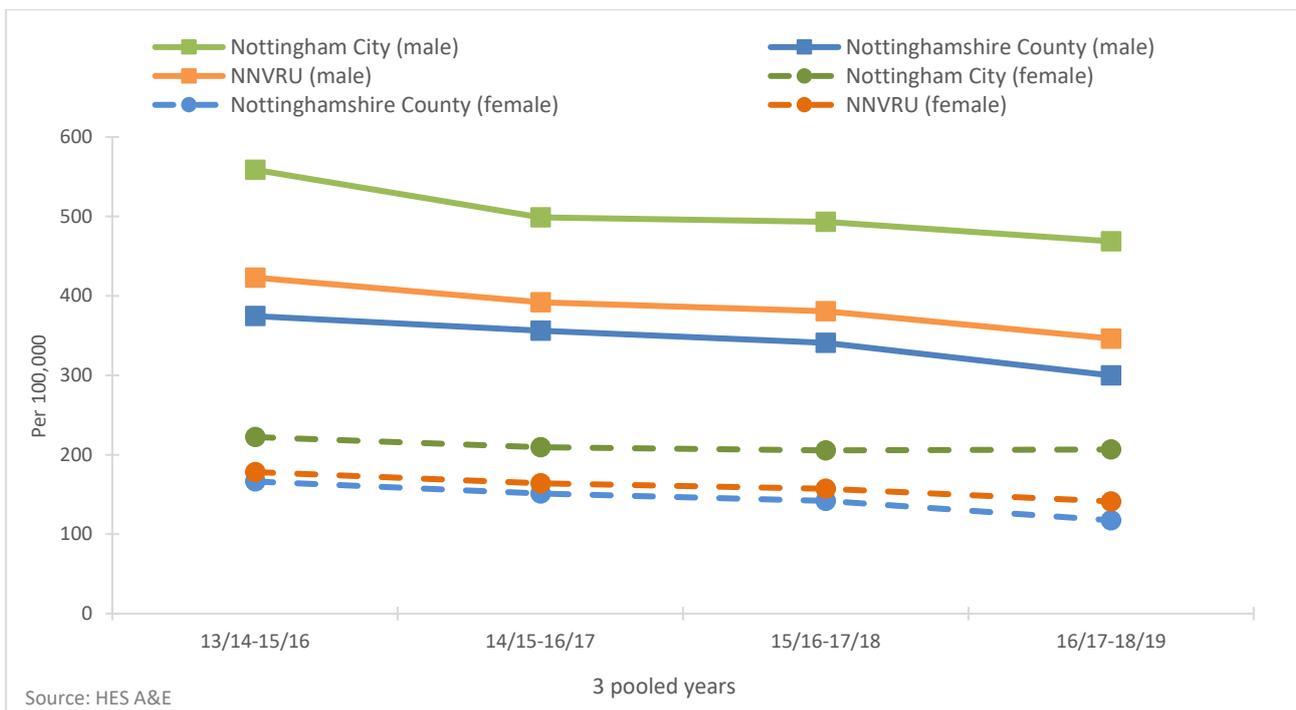


Figure 57 below shows the A&E attendance rates for the Local Authorities within the NNVRU area for males and females. Compared to the NNVRU average for males (346.3 per 100,000), attendance rates per 100,000 population in Nottingham City (468.7) and

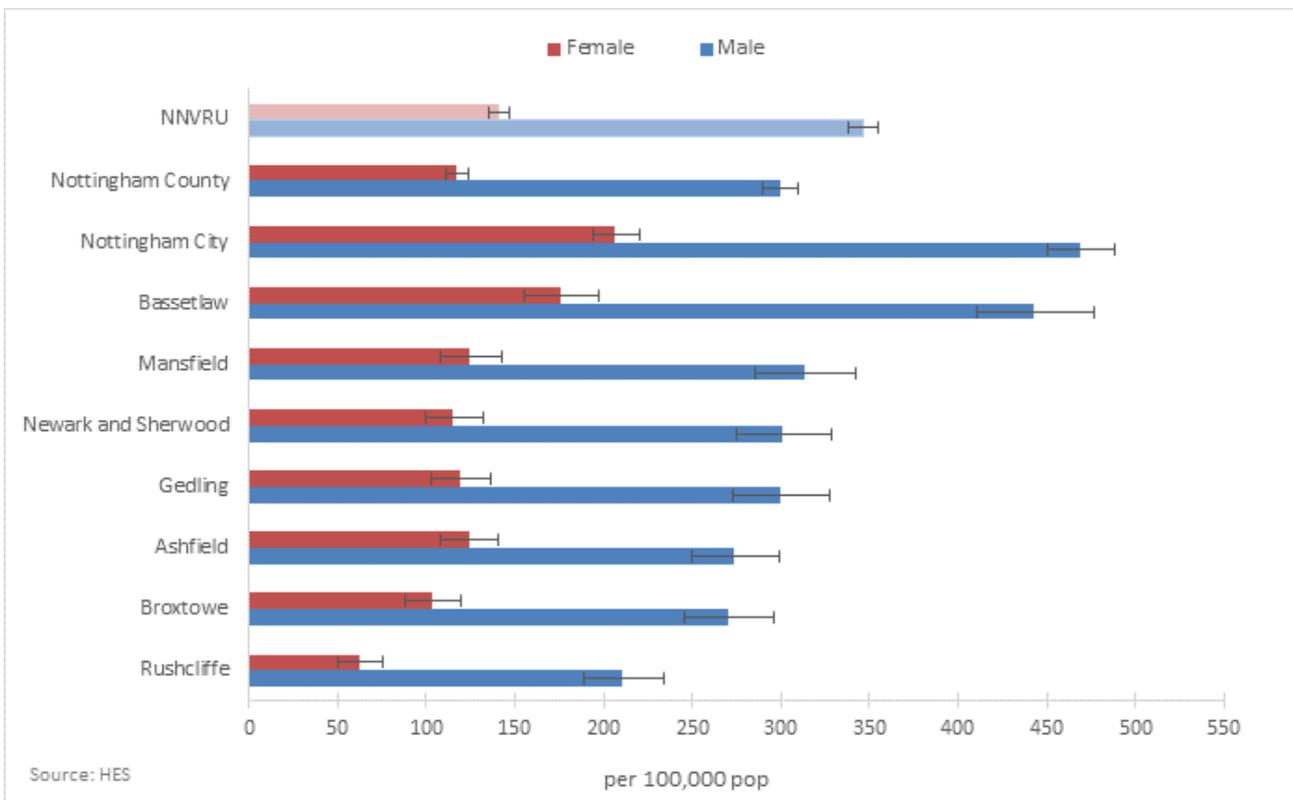


and Bassetlaw (442.7) are significantly higher whilst rates in the remaining 6 Local Authorities are significantly lower than the NNVRU average with the exception of Mansfield which has a similar rate to the NNVRU.

Nottingham City and Bassetlaw have significantly higher A&E attendance rates for assault than the NNVRU average for both males and females.

Likewise, rates for females in Nottingham (206.7) and Bassetlaw (175.6) are significantly higher than the NNVRU average (141.3) whilst Rushcliffe, Broxtowe and Newark and Sherwood have significantly lower rates. The remaining 3 Local Authorities, Ashfield, Gedling and Mansfield, have similar rates to the NNVRU average.

Figure 57:
Accident and Emergency Attendances for Assault by Local Authority - Age Standardised Rates, 2016/17-2018/19. Source: Hospital Episode Statistics (HES).



Age Specific Rates by Local Authority

Table 38 below shows that for females, Nottingham City has the highest age specific rates in five of the seven age categories (10-14, 30-39, 40-49, 50-59 and 60+ age groups); Bassetlaw and Ashfield have the highest rates in the 0-9 year and 20-29 year age groups respectively.



Table 38:
Age Specific Rates (female), 2016/17-2018/19. Source: Hospital Episode Statistics (HES).

| Local Authority | 0-9 years | 10-19 years | 20-29 years | 30-39 years | 40-49 years | 50-59 years | 60+ years |
|---------------------|-----------|-------------|-------------|-------------|-------------|-------------|-----------|
| Rushcliffe | 0.0 | 90.1 | 218.5 | 91.1 | 39.7 | 15.9 | 20.1 |
| Broxtowe | 22.1 | 213.9 | 227.2 | 143.3 | 121.5 | 78.7 | 16.7 |
| Newark and Sherwood | 15.0 | 217.4 | 216.7 | 164.1 | 202.9 | 69.7 | 16.8 |
| Gedling | 15.6 | 152.4 | 406.5 | 187.4 | 97.7 | 50.0 | 17.9 |
| Mansfield | 0.0 | 183.7 | 331.5 | 201.3 | 138.8 | 79.3 | 23.3 |
| Ashfield | 4.4 | 211.3 | 412.1 | 174.8 | 107.7 | 51.8 | 18.3 |
| Bassetlaw | 51.6 | 312.9 | 392.6 | 263.5 | 230.5 | 97.4 | 29.5 |
| Nottingham City | 20.1 | 332.0 | 343.0 | 387.9 | 303.7 | 129.9 | 54.1 |

Similarly for males, Nottingham City had the highest age specific rates in five of the seven age groups (10-14, 30-39, 40-49, 50-59 and 60+ age groups); whilst Bassetlaw had the highest rates in the 20-29 age group and Gedling in the 0-9 year age group as shown in Table 39 below. The reason for the high attendances in the 0-9 age-group from the Gedling area is unclear and warrants further exploration.

Taking into account the population size in each age group, Nottingham City has the highest age specific rates in all the age groups with the exception of 0-9 and 20-29 age groups for both males and females.

Table 39:
Age Specific Rates (male), 2016/17-2018/19. Source: Hospital Episode Statistics (HES).

| Local Authority | 0-9 years | 10-19 years | 20-29 years | 30-39 years | 40-49 years | 50-59 years | 60+ years |
|---------------------|-----------|-------------|-------------|-------------|-------------|-------------|-----------|
| Rushcliffe | 14.6 | 370.9 | 742.3 | 268.8 | 161.2 | 75.7 | 27.7 |
| Broxtowe | 20.7 | 601.3 | 650.4 | 395.1 | 270.7 | 163.6 | 35.7 |
| Ashfield | 17.1 | 483.6 | 712.0 | 426.9 | 294.9 | 199.9 | 31.9 |
| Newark and Sherwood | 4.8 | 499.8 | 782.4 | 559.6 | 262.0 | 173.4 | 57.1 |
| Gedling | 38.9 | 464.3 | 899.9 | 467.7 | 277.3 | 164.5 | 37.0 |
| Mansfield | 19.8 | 495.7 | 875.2 | 473.9 | 366.7 | 193.1 | 37.0 |
| Bassetlaw | 30.3 | 766.3 | 1358.7 | 724.6 | 363.7 | 211.8 | 51.9 |
| Nottingham City | 25.3 | 889.7 | 844.1 | 829.3 | 649.1 | 391.5 | 87.0 |

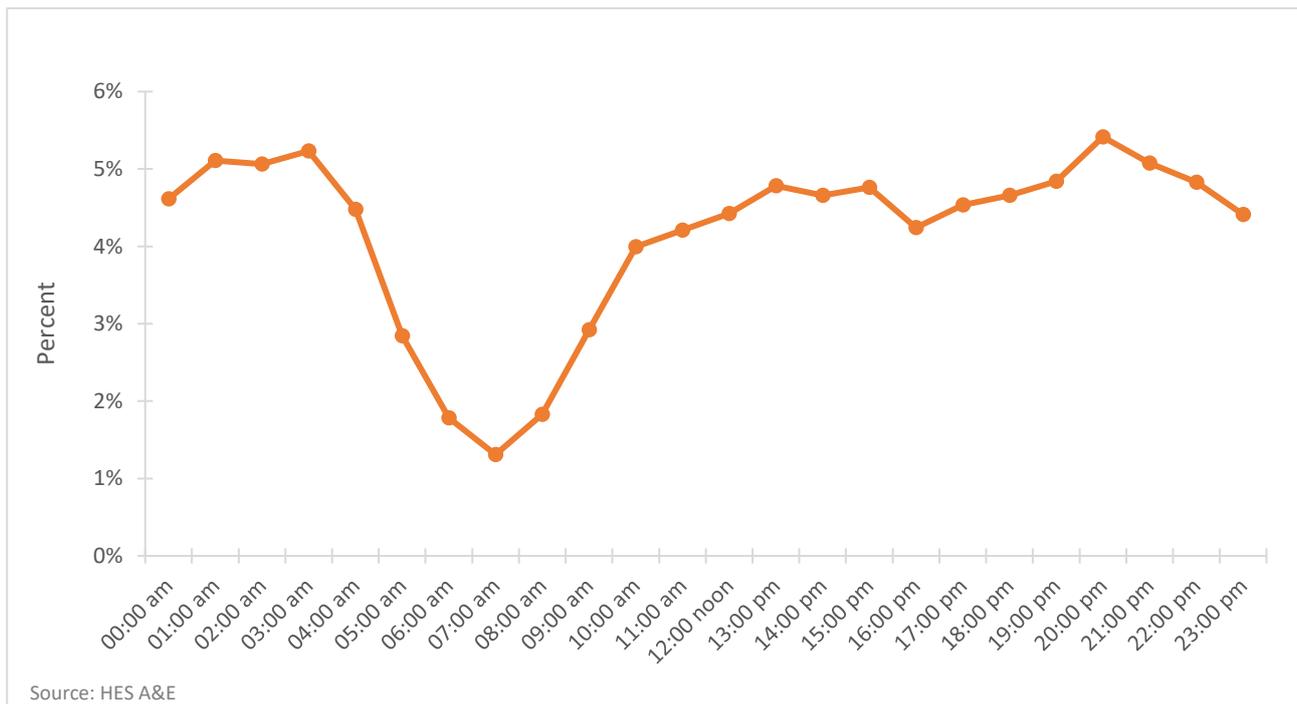


Temporal Pattern

Time of Day

Figure 58 below shows the proportion of attendances at A&E for assault related injuries by hour over the three period. Approximately 85.3% of attendances occurred between 11am and 4am with peaks at 8pm and 3am. Attendances drop steadily from about 3am to 7am, with the lowest numbers recorded at 7am. Thereafter, a steady increase is seen as the day progresses.

Figure 58:
Accident and Emergency Attendances by hour, 2016/17-2018/19. Source: Hospital Episode Statistics (HES).



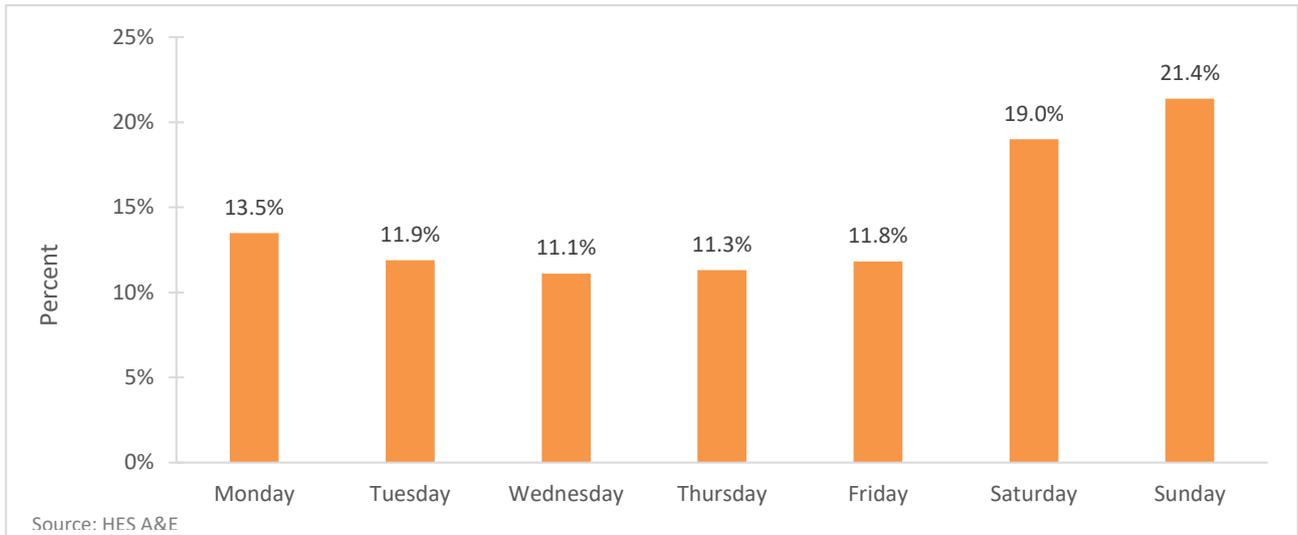
Day of the week

Overall, attendances at A&E following assault were higher over the weekend with 40.4% of attendances for assault related injuries occurring on Saturday and Sunday. In comparison to other week days, a smaller peak can be seen on Monday (13.5%), but this could be attributed to visits just before midnight that spill over into the early hours of the Monday morning (see Figure 59).

More than two thirds of attendances for assault occur between 11am and 4am and more than one third occur over the weekend.



Figure 59:
Accident and Emergency Attendances by day of week, 2016/17-2018/19. Source: Hospital Episode Statistics (HES).



Monthly Variation

Whilst there are no visible seasonal patterns in attendances for assault, there are small spikes that can be seen in October (10.0%), July (9.2%) and May (9.1%) as shown in Figure 60 below. The lowest proportions occurred in the winter months with the exception of December.

Figure 60:
Accident and Emergency Attendances by month, 2016/17-2018/19. Source: Hospital Episode Statistics (HES).

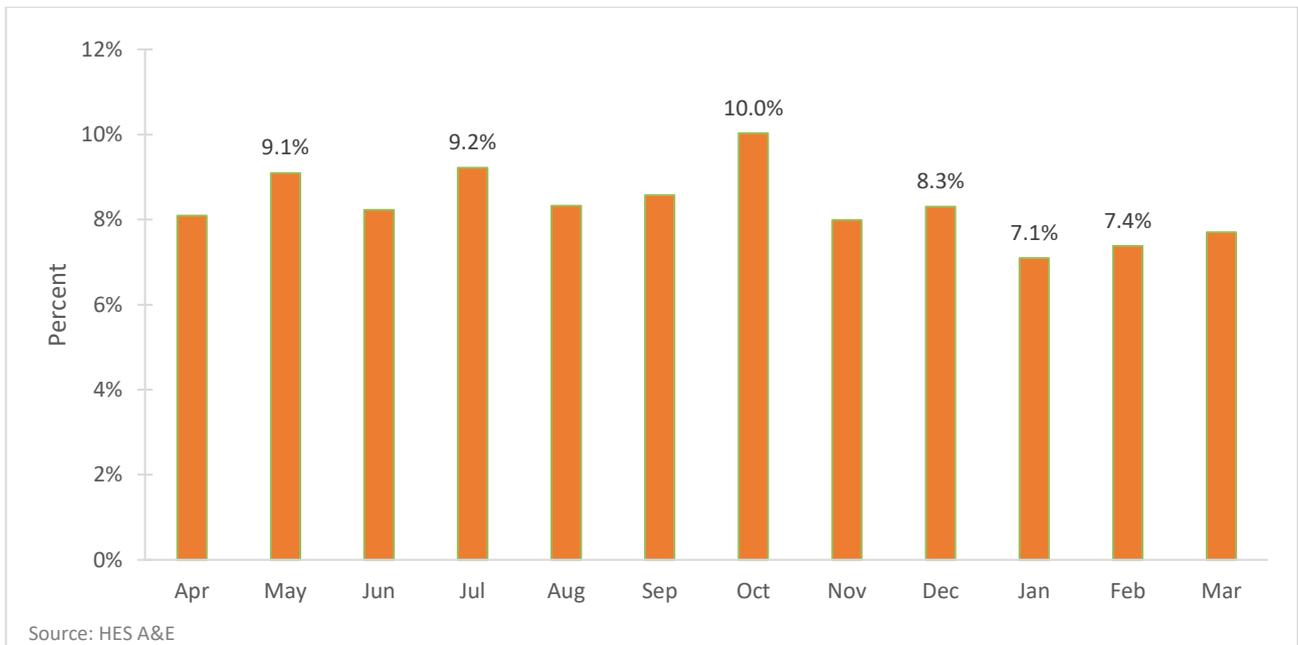
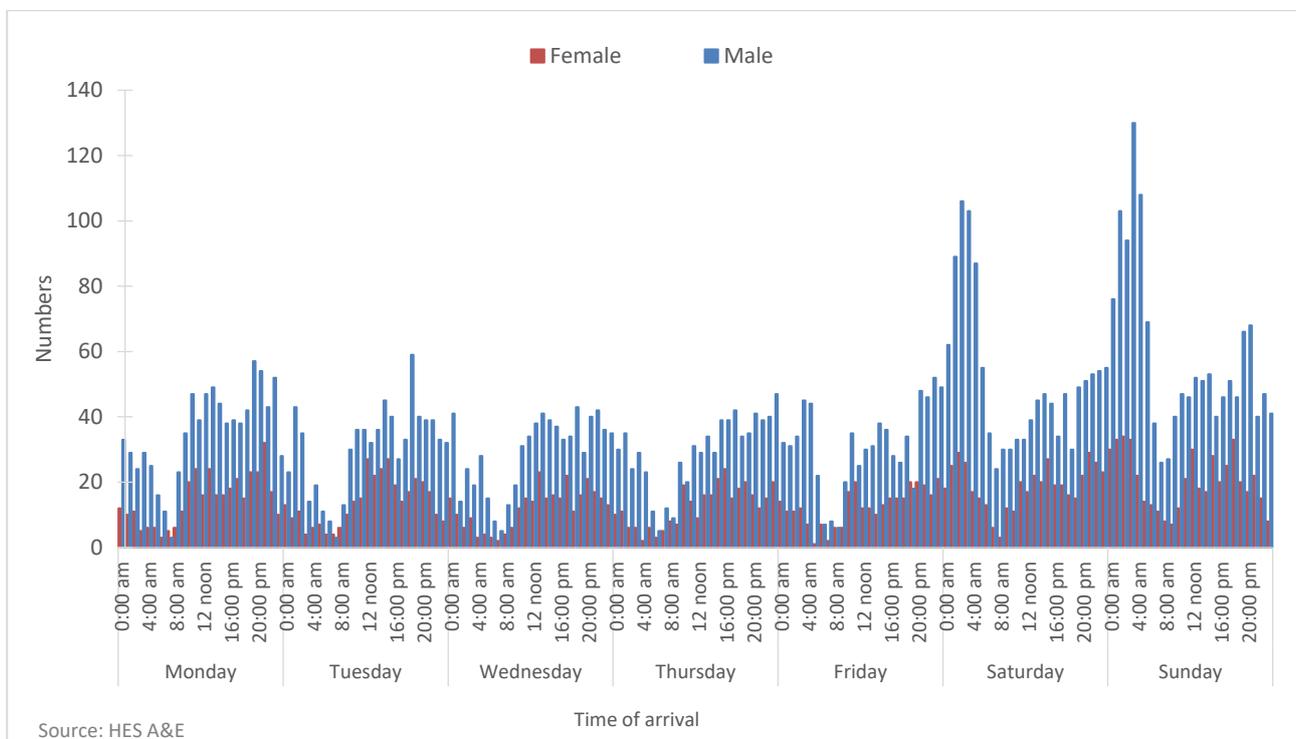


Figure 61 below illustrates the temporal patterns by day of the week and time of day for males and females. A&E attendances following an assault for males is fairly consistent during weekdays. An increase in numbers can be seen from about 8pm on Friday, peaking between 2am to 3am on Saturday and lowest numbers recorded about 7am. A similar pattern is also visible between 8pm on Saturday to 4am Sunday.

Compared to males, attendances by females for each day of the week are much lower and consistent. From Monday to Thursday, over 70% of attendances each day happened between the hours of 10am and 10pm and the lowest numbers were recorded in the early hours of the morning up until 9am. This varies slightly from the pattern observed from Friday to Sunday, with over 80% of attendances occurring between 11am and 3am and lowest numbers recorded between 4am and 10am.

Figure 61:
Accident and Emergency Attendance by day of week and time, 2016/17-2018/19. Source: Hospital Episode Statistics (HES).



Location of Assault

Over 98% (8,743/8,866) of A&E attendances for assault had a location of assault recorded and less than 2% did not. Of the 8,743, 50% (4,415) of the incidents occurred in a public place; 18.5% (1,620) in the home environment; 7.5% (653) in a work environment and 2.4% (11) in an educational establishment.

As shown in Figure 62, the most common location of assault for both males and females

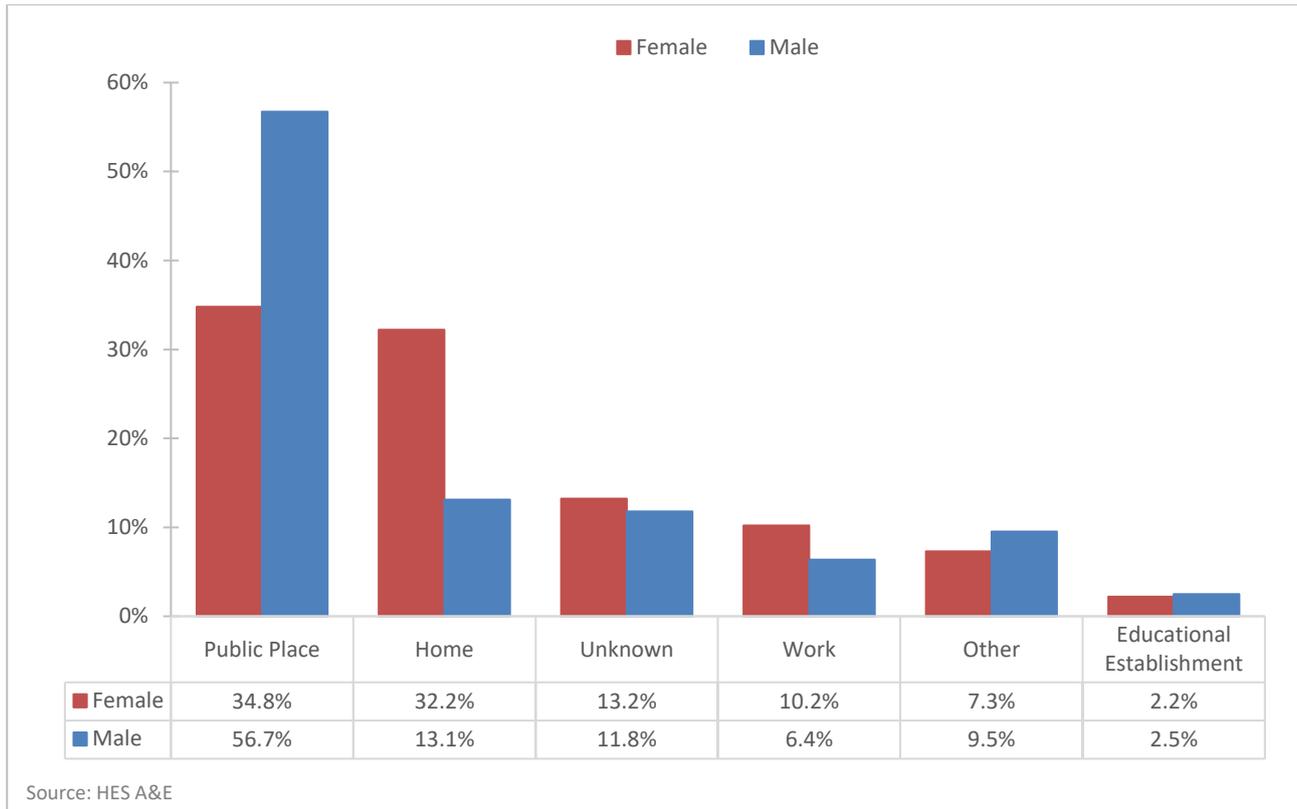
More than half of visits to A&E for assault related injuries in males occurred in a public place particularly in the 20-29 age group. Assaults at home is the second most common location more so for females than males.



was a public place, 56.7% and 34.8%, respectively. The home environment is notably the second most common location of assault, particularly for females with 32.2% (738/2,477), 57.8% (461/798) of which were aged between 20-39 years.

Due to limitations of this dataset, particularly with regards to details of nature and mechanism of assault related injuries, it is not possible to carry out further analysis or conclude with some degree of certainty that assaults which occur in the home environment are related to or are in fact domestic violence.

Figure 62:
Accident and Emergency Attendances by location, 2016/17-2018/19. Source: Hospital Episode Statistics (HES)



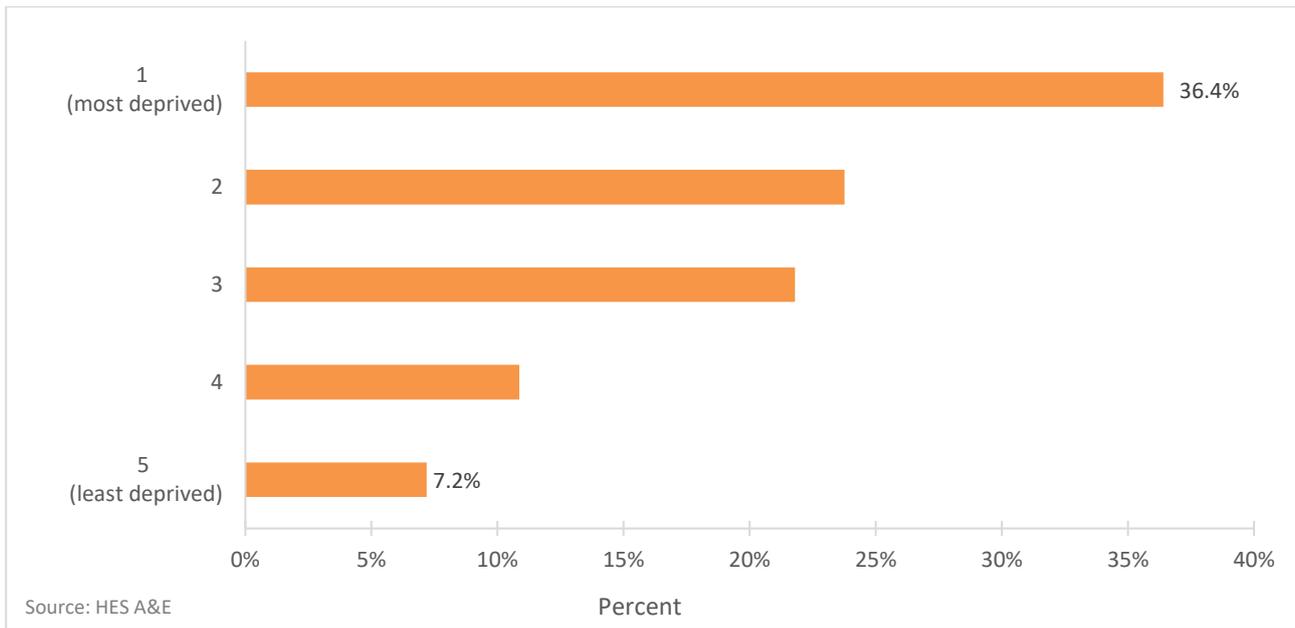
Repeat Attendances

Over the three-year period, 741 persons had more than one visit to A&E with violence related injuries, ranging from two to five times, accounting for 1,634 attendances for assault. Upon further analysis of this cohort, 75.8% were males, 64.2% aged between 15 to 34 years, 71.7% from White British background, 16.4% from BAME background and 11.9% without a stated ethnic group. Figure 63 illustrates a strong relationship between repeat attendances at A&E for assault and level of deprivation, with a fivefold difference between the most and least deprived quintiles of the NNVRU area.

There is a strong relationship between repeat attendances and level of deprivation indicated by a 5-fold difference in numbers between the most and least deprived quintiles.



Figure 63:
Repeat Attendances at Accident and Emergency by Deprivation Quintile, 2016/17-2018/19. Source:
Hospital Episode Statistics (HES).



Furthermore, of the 1,634 repeat attendances, 142 persons had more than one attendance at A&E on the same day (range of two to four times). This accounted for a total of 288 attendances. Of these, the majority (82.6%) were males, 46.9% aged 20-29 years, 73.9% of a White British background and 26.6% from the most deprived quintile of the NNVRU geography. Due to limitations of the A&E dataset, it is not currently possible to explore further and gain better understanding of reasons behind multiple same day visits.

Males aged between 20-29 years are more likely to attend A&E multiple times in a day; the reason behind this is unclear and warrants further exploration.

Reasons for Attendance

Diagnosis codes used in A&E are broad and do not provide sufficient detail about the nature of injury or mechanism by which it was sustained.

Of the 8,866 attendances at A&E for assault, 5.2% (505) did not have a valid diagnosis description assigned to the A&E episode. Excluding these from the analysis, Table 40 below shows the top ten reasons for visits to A&E following an assault. 22.6% presented with contusions/abrasions, 18.7% with lacerations and 17.9% with head injuries.



Table 40:
Top 10 Reasons for Attendances at Accident and Emergency Department, 2016/17-2018/19. Source:
Hospital Episode Statistics (HES).

| Diagnosis | Number | Percent |
|--|--------|---------|
| Contusion/abrasion | 1,887 | 22.6% |
| Laceration | 1,567 | 18.7% |
| Head injury | 1,500 | 17.9% |
| Dislocation/fracture/joint injury/amputation | 1,127 | 13.5% |
| Diagnosis not classifiable | 463 | 5.5% |
| Ophthalmological conditions | 317 | 3.8% |
| Soft tissue inflammation | 299 | 3.6% |
| Sprain/ligament injury | 237 | 2.8% |
| Nothing abnormal detected | 224 | 2.7% |
| Muscle/tendon injury | 88 | 1.1% |

Attendance Outcome

Of the 8,866 attendances at A&E for assault, 75.5% (6,697) were discharged; 7.2% (634) left the department before being treated; 7.2% (642) were referred to either an outpatient clinic or to other health professionals; 5.8% (512) were admitted; less than 2% did not have an attendance disposal code and less than 1% died in the department. These figures should be interpreted with caution due to changes in coding practices and patient pathways over the years. Patients referred to outpatient clinics or other health professionals in most cases are admitted following the consultation.

6.3.3 Violence Surveillance in Emergency Departments

Nottingham University Hospitals' participate in 'injury surveillance' as a member of the National Violence Surveillance Network (NVSN) sometimes referred to as the 'Cardiff model' (Cardiff University, 2019). At the time of writing, NNVRU has been unable to establish whether Sherwood Forest Hospitals and Bassetlaw District General Hospital participate in this surveillance.

In 2019, 2,642 people presented at Nottingham University Hospitals' Emergency Department with injuries related to assaults.

Times and Dates of Assaults

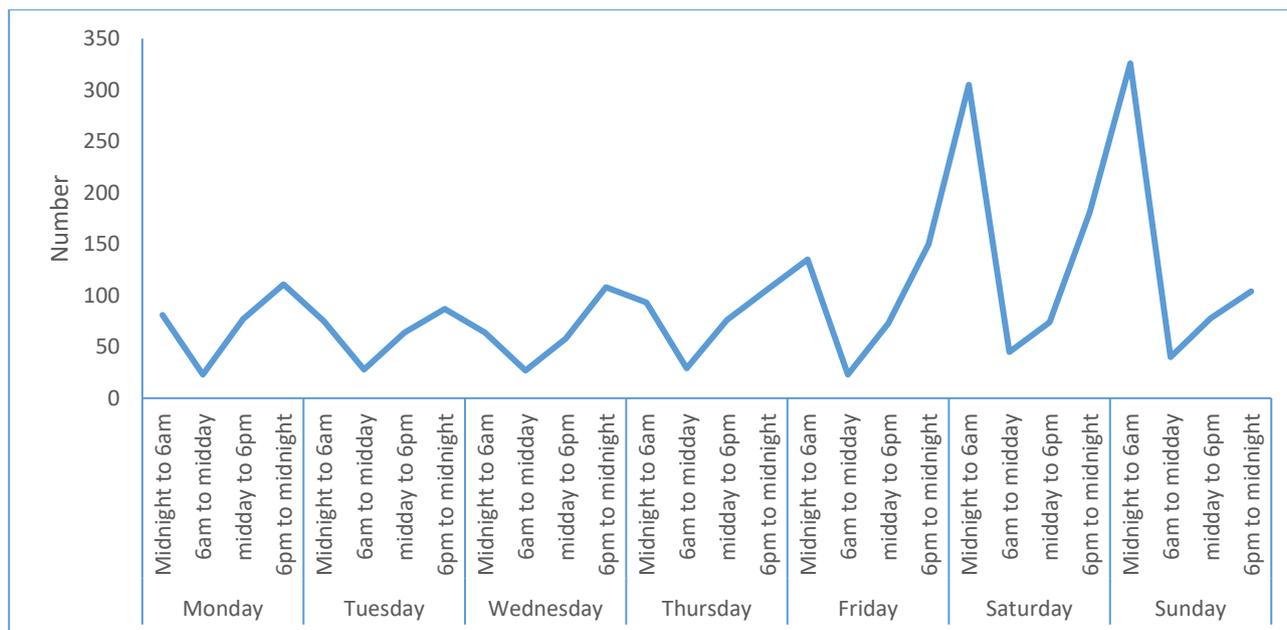
Assaults were fairly evenly spread throughout the year, with the highest number of 245 recorded in April 2019 and the lowest in September (180). There is more variation in the days of the week and times of day at which people present at the A&E with assault related injuries. Figure 64 shows the number of people presenting at A&E has two significant peaks in between midnight and 6am on Saturday and Sunday mornings which account for 23.9% of all assault injuries presenting at the Emergency Department. The immediately preceding time periods of 6pm until midnight on Friday and Saturday have the next highest levels of incidence and account for a further 12.5% of the total.



On every day, the lowest numbers of incidents, 215 in total, occur between 6am and midday, although Saturday and Sunday still have a larger number of morning incidents than weekdays. The number of incidents increases to 500 between midday and 6pm with relatively little variation between weekdays and weekends.

Incidents increase between 6pm and midnight on every day to a total of 847. Between midnight and 6am, incident numbers fall off on Monday to Thursday, but increase further on Friday, Saturday and Sunday evenings.

Figure 64:
People presenting at Nottingham University Hospitals' Emergency Departments with assault related injuries by day of week and time of day. Source: Nottingham University Hospitals Trust.



Demographics

45.7% of people were aged 18-29 and a further 34% were aged 30-49, with numbers declining with age thereafter. Victims of assaults are drawn from a wide geographic area, although 82.5% gave their home address as having an 'NG' postcode and 75.6% had a home address in either Nottingham City or the southern three districts of Nottinghamshire County which tend to be served by Nottingham University Hospitals (Broxtowe, Gedling and Rushcliffe). A lack of good quality geographical data on the home address of the assault victim makes it difficult to provide proper context for these figures, but across Nottingham City and Nottinghamshire County, 18.1% of people are aged 18-29 and 24.7% are aged 30-49 suggesting these groups are overrepresented as victims of assaults.

74.1% of victims are male, again higher than the City and County average of 49.7%. Victims are more likely to be male than female in every age group, but there is some variation. 46.4% of victims aged 70 or over were female, probably reflecting the high ratio of women to men at this age. Women aged 25-49 were also more likely to be victims of assault than women overall.

Data on the ethnic group of victims is incomplete with 702 people (26.6%) either not choosing to report their ethnic group or having no ethnic group reported. Of the 1,940 people



who reported their ethnic group, 74.9% were from White British ethnic groups, 6.4% were from Asian or Asian British ethnic groups, 6.3% from Black or Black British ethnic groups, 4.4% from Mixed ethnic groups, 4% were from Other White ethnic groups, including White Irish and 3.8% from Other ethnic groups.

Again, the lack of geographical data on victims makes comparisons difficult as it is hard to establish a total population from which the victims are drawn. The significant variation between Nottingham City where 34.6% of the population is from BAME groups and Nottinghamshire County where it is just 7.4% means the combined City and County figure may not be an appropriate comparison. However, in relative terms, the Black or Black British ethnic groups appears to be the most overrepresented in relation to other ethnic groups, making up 6.3% of victims but just 2.5% of the City and County population.

Details of Assault

Table 41 shows that more than half of assaults were result of a 'Punch with Fist' and this increases to 67.1% if 'Blunt Force/Pushed' and 'Kick with Foot' are included to give a figure for injuries caused without a weapon. The largest proportion of weapon enabled assaults were from a 'Blow from Blunt Object' or 'Stabbed/Cut with Knife', which account for 9.5% and 9.3% of injuries respectively.

Table 41:
Percentage of assault victims presenting to Nottingham University Hospitals Emergency Department, 2019. Source: Nottingham University Hospitals Trust.

| Weapon Used | % of assault victims presenting to Emergency Department |
|--------------------------|---|
| Blow from Blunt Object | 9.5 |
| Blunt Force / Pushed | 10.3 |
| Crushing Injury | 0.3 |
| Gunshot Wound | 0.2 |
| Injury due to Projectile | 0.4 |
| Kick with Foot | 6.5 |
| Other | 11.0 |
| Punch with Fist | 50.4 |
| Stabbed/Cut with Glass | 2.3 |
| Stabbed/Cut with Knife | 9.3 |

41.4% of assaults occurred within a venue, although this can include private dwellings, workplaces and prisons, as well as public buildings. Further coding work would be required to more accurately identify both geographical locations of assaults; even then it might not be possible to get a consistently accurate location. The data currently available is taken from a free text field and contains a variety of data, from named buildings and streets, to non-specific descriptions ("Partner's house"; "on a bus" etc.).



Outcomes

The largest group of people, 61.3% were discharged after treatment from the Emergency Department. A further 17.9% left without being seen or refused treatment. 13.4% of patients were admitted to hospital and a further 6% were referred or streamed to another department or clinic within the hospital.

Location of Assault

The data on the location of an assault is collected by a free text box which means the quality of the data is highly variable and a considerable amount of work is needed to identify and map these locations. However, if this data was more complete and accurate, it would potentially be very valuable as it is one of the key inputs to the 'Cardiff model' which enabled services in Cardiff to look in detail at the geographical and temporal spread of violence, enabling them to tailor their interventions accordingly.

To give an idea of the issues facing the Nottingham data and the potential value of the data, the section below looks at a sample of the injury surveillance data from Nottingham University Hospitals from the 1st of April 2019 to the 30th of June 2019.

Over the three-month period, 693 incidents presented to the NUH Emergency Department which were registered as being due to an assault. Of these, 88 incidents originated outside Nottinghamshire and a further 87 contained insufficient data to establish even which district they occurred in. 48 further incidents were registered as occurring at the patient's home, however, the location data for patients' addresses was limited to postcode district. As some of these cut across local authority district boundaries, it was not possible to allocate the incident to a district. This left 470 incidents (67.8%) which were able to be allocated to a district (Table 42). The incidents strongly focus on Nottingham City and skew more towards the districts in the south of the County which are more likely to be served by NUH. The relatively low numbers of incidents reported in the North and East of Nottinghamshire are likely to be due to the lack of data from the Emergency Departments at Kings Mill and Bassetlaw hospitals.

Table 42:

Incidence of assaults presenting at Nottingham University Hospitals April to June 2019, by district.
Source: Nottingham University Hospitals, Injury Surveillance. April to June 2019.

| District | Number of Incidents |
|------------------------|---------------------|
| Ashfield | 13 |
| Broxtowe | 29 |
| Gedling | 33 |
| Mansfield | 9 |
| Newark and Sherwood | 11 |
| Rushcliffe | 19 |
| Nottinghamshire County | 114 |
| Nottingham City | 356 |
| NNVRU total | 470 |



Just under a half of the incidents in the three-month period (333/693) could be mapped down to a ward level. This generally meant that either an identifiable location or a street name had been recorded. Figure 65 maps this data, again picking out Nottingham City as the main location of incidents but showing the main concentrations are in the three Wards which make up Nottingham City Centre.

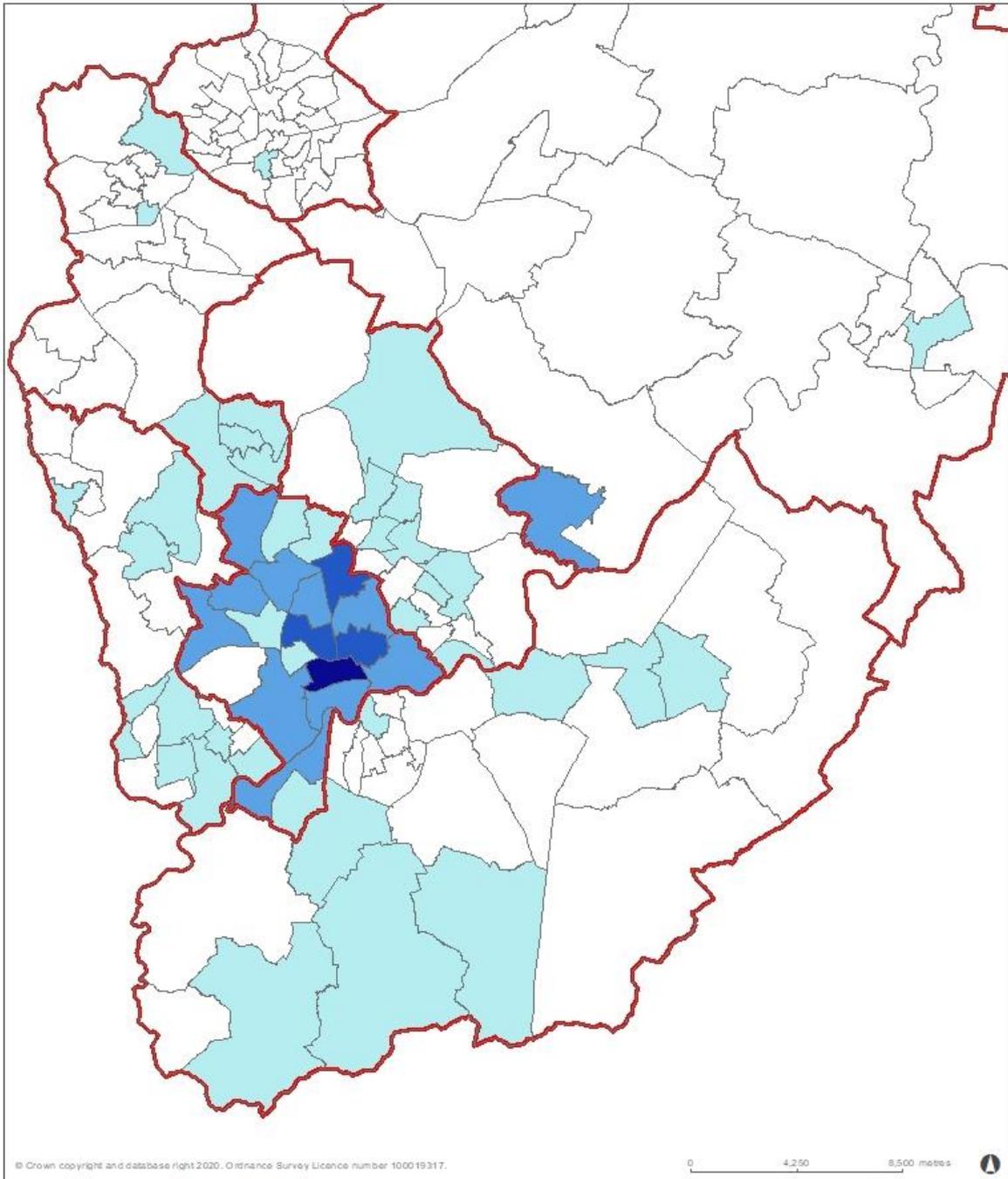
Figure 66 maps the 171 incidents (24.7%) which were successfully matched to a unit postcode. These incidents tend to be those which occurred in or close to an easily identifiable location such as a licensed premises, shop or workplace. It almost completely excludes incidents which occurred at domestic addresses, although these types of incidents should be relatively easy to capture in the future if the patient's home postcode is recorded in full. These incidents have then been aggregated to output areas to enable them to be visible on a map and the map is then focussed on Nottingham City to demonstrate the ability to identify small geographical areas.

Again, the relatively small data sample and the low quality of location data currently captured undermines its' usefulness. However, these maps demonstrate the potential for this data to be used to identify areas of concentration on which to focus and query it in greater detail.



Figure 65:
Incidence of assaults presenting at Nottingham University Hospitals April to June 2019, by Ward.
Source: Nottingham University Hospitals, Injury Surveillance. April to June 2019.

NUH Emergency Department Injury Surveillance April to June 2019



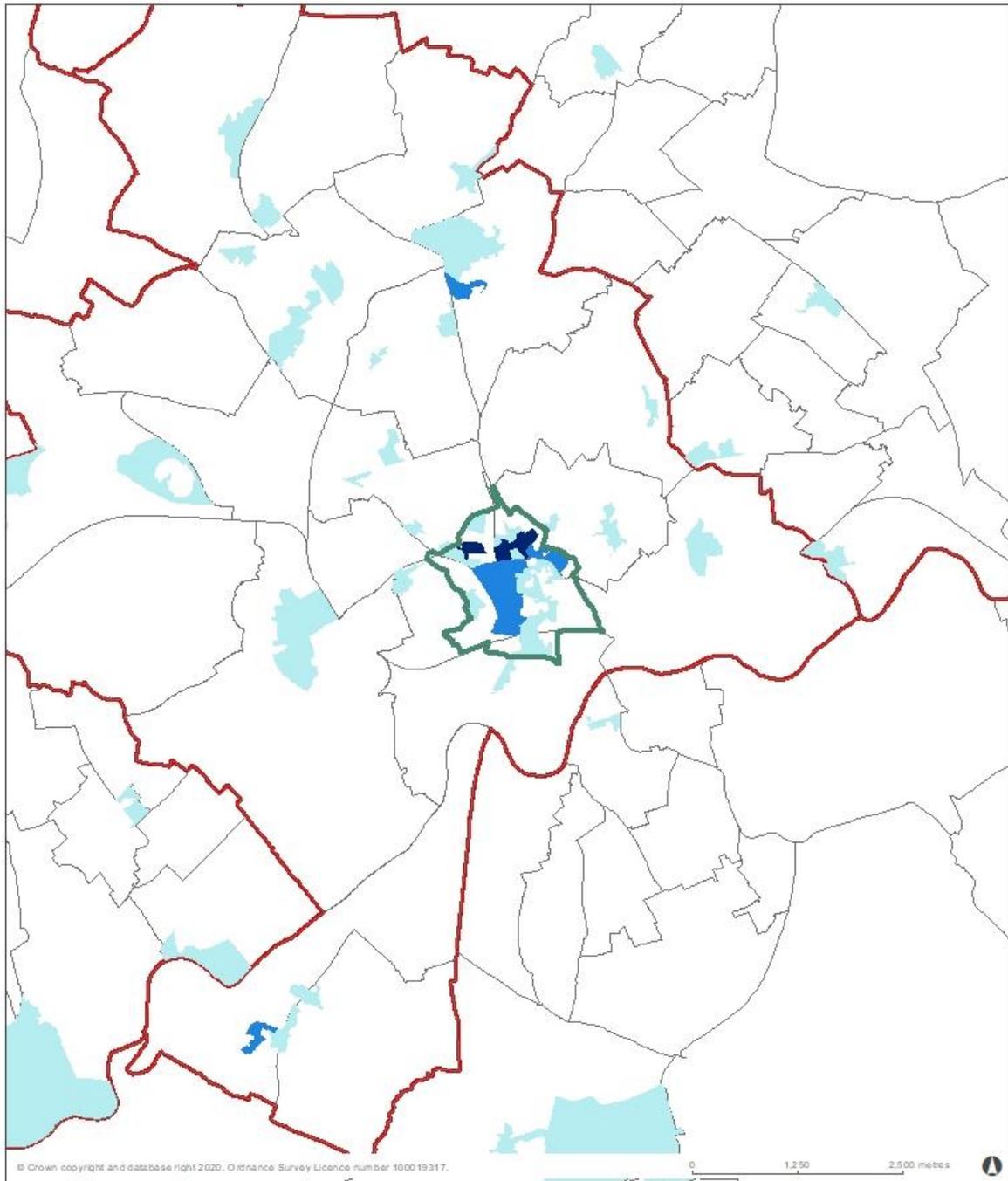
Key **number of incidents**  District

-  5 or fewer
-  5 to 10
-  10 to 30
-  more than 30

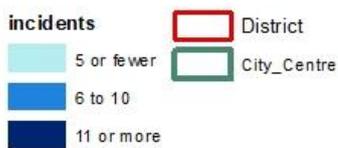


Figure 66:
Incidence of assaults presenting at Nottingham University Hospitals April to June 2019, by Census 2011 Output Area. Source: Nottingham University Hospitals, Injury Surveillance. April to June 2019.

NUH Emergency Department Injury Surveillance April to June 2019



Key



King's Mill Hospital Violence Surveillance

Limited data has been made available to the NNVRU from Redthread's exploratory work with King's Mill A&E Department. A trial project looking at 11-24 year olds presenting to the A&E as a result of an assault found 241 cases between November 2018 and November 2019. 73% of cases were male and the most common age of victims was 20 years old (12% of cases). Around 40% of cases presented on a Saturday or Sunday and more than half of assaults occurred in the street. The three main methods of assault were: use of a body part (65%), pushed (10%) and blunt objects (10%).

6.3.4 Emergency Department Interventions

Redthread have been running a Youth Violence Intervention Project in the Queen's Medical Centre Emergency Department since April 2018. The project looks to engage with young people aged 11-24 who have been the victims of violence and to help them engage with services and organisations in the local community and take on a mentor role to support people into making positive long term plans.

By the end of 2019, 580 people had been referred to the project. 340 people have been provided with support, of which 150 people have been engaged in long term support. 250 people were not engaged with the program either because the young person had support in place, or they refused support.

The demographics of the people referred to the project are broadly similar whether they engaged with the project or not. Overall, 75.5% of people referred were male, this increased to 78.9% of those who engaged with the project but fell to 72.7% of the 150 people who engaged long term. 59.4% of all people referred were aged 18 and over as were 60.1% of those who engaged with the project. The cohort involved in the longer-term interventions had a slightly younger age profile with just 55.2% aged 18 or over.

The most common reasons for referral to the project were as a result of an assault without a weapon (31.3%) or assault with a bladed weapon (28.7%). Amongst the cohort who were engaged long term, a higher proportion were assaulted with a bladed weapon (31.8%) or a firearm (3.2%) or had a history of assault (7.8%) than those who were not engaged with the project.

Of the 154 people engaged long term with the project, 26% were currently engaged with statutory services and a further 9.1% were known but not engaged. The majority were known to Social Services (27.3%) with the next highest proportion those who were known to the Youth Offending Team or Probation (8.4%). 37.7% were not known to any statutory service although the large remaining percentage (27.7%) had no data recorded.

Just over 100 assessments were completed at the end of the period April 2018 to March 2019 with young people who had been engaged long term with the project. 50.5% of the cohort were assessed as being at decreased risk of causing harm to others, 27.4% were at decreased risk of causing harm to themselves and 25.5% at decreased risk of harm from others. Between 0.9% and 1.9% of the cohort were at increased risk of causing harm or being the victim of harm following the intervention.

Assessment was also carried out looking at the 110 people who were engaged by the project between April 2018 and December 2018, to see if they re-attended A&E Department for any



reason in the following 12 months after their initial engagement. 40% of the cohort re-attended within the following year. The most frequent reason was for mental health concerns (12.7%) although 11.8% re-attended for violence and 2.7% for wound care.

6.3.5 Hospital Admissions

Demographics

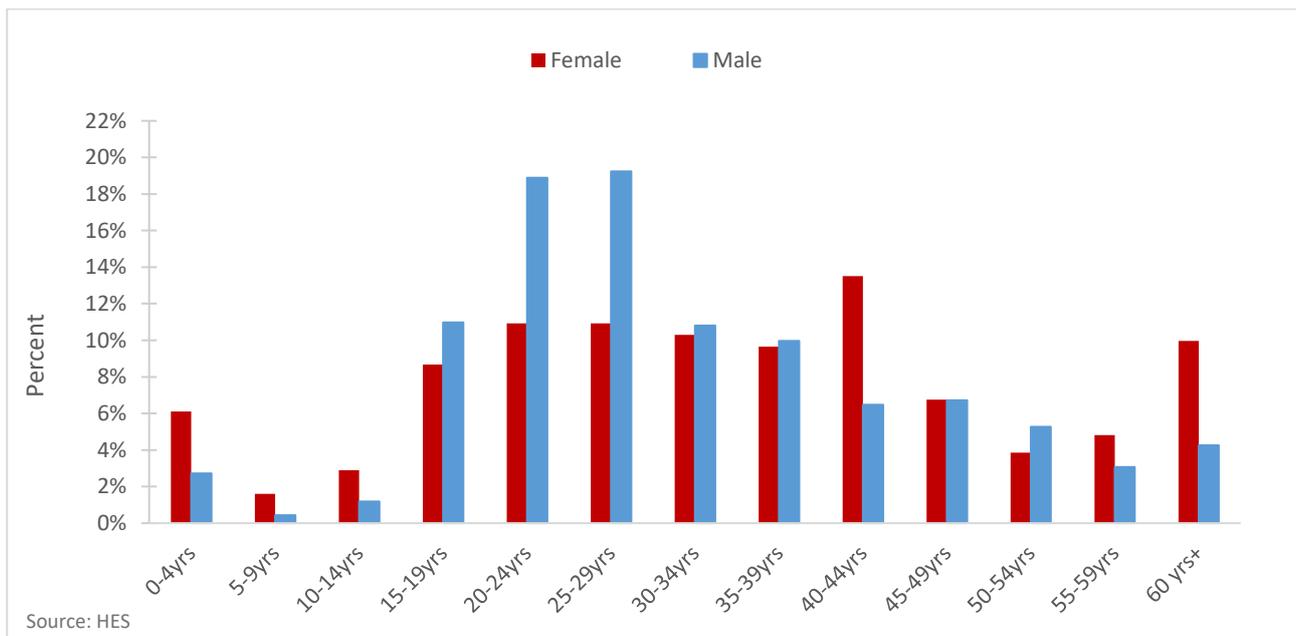
Between 1st April 2016 and 31st March 2019, there were a total of 1,483 hospital admissions and 1,430 persons admitted for assault in the NNVRU area, with males accounting for majority of admissions (79.2%) compared to females (20.8%).

Males aged 20-29 from the most deprived quintile of the NNVRU footprint, are 4 times more likely to be admitted for violence related injuries than females.

Approximately 60% of males admitted were aged between 15-34 years and 55.6% of females aged between 20-44 years. The 25-29 year age group in males recorded the highest proportion (19.5%) of admissions whilst the 40-44 year age group had the highest proportion (13.6%) of admissions in females as shown in Figure 67 below.

67.8% (1,006) were of White British ethnic background, 18.9% (280) from Black, Asian and minority ethnic groups, 13.3% (197) without a stated ethnicity and approximately 40% (581) from the most deprived quintile of Nottinghamshire. The ethnicity makeup of this cohort mirrors the Nottinghamshire ethnicity makeup with no ethnic group being over/underrepresented.

Figure 67:
Age distribution by gender, 2016/17-2018/19. Source: Hospital Episode Statistics (HES).



Across the districts, a similar pattern for gender and ethnicity was observed, with majority of persons admitted being males and of White British background. Over 55% of males admitted for assault within each district were aged between 20-39 years except in Gedling where over 55% were aged between 10-29 years. Compared to males, females admitted for assault show a different pattern, with 60% to 70% of females admitted in Nottingham, Ashfield, Mansfield, Bassetlaw and Newark and Sherwood aged between 10-49 years and approximately 60% of females admitted in Gedling aged 40 years and above.

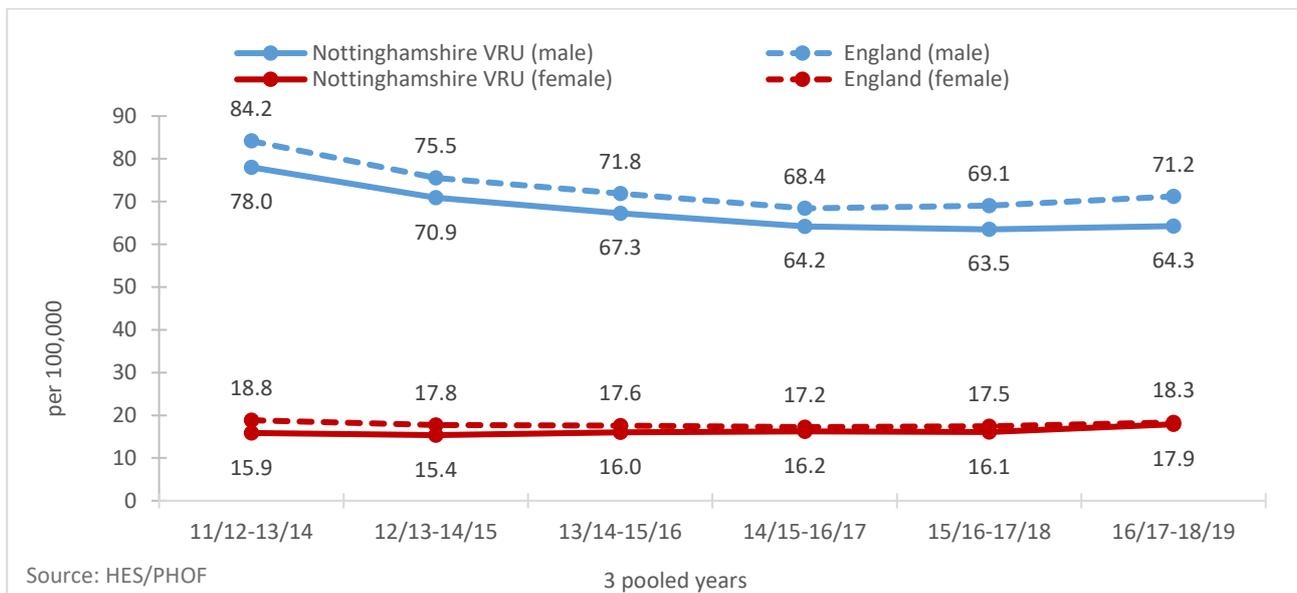
Directly Age Standardised Rates

Within the NNVRU area, males have significantly higher rates of hospital admissions for assault compared to females, approximately four times more. However, when compared to the National average the observed rates for both males and females have been consistently lower although not always significantly lower than the England average. Rates in men have been significantly lower than the England average except for 2014/15-2016/17 period. On the other hand, rates in females were only significantly lower than the England average between 2011/12 to 2014/15. Compared to the 2016/17 England average (71.2 for males and 18.3 for females), the rate in males is significantly lower whilst rate in females are similar to the England average.

Over six financial years, the three-year pooled age standardised rate for hospital admissions in males decreased from 78.0 admissions per 100,000 population (2011/12-2013/14) to 64.3 admissions per 100,000 population (2016/17-2018/19). This trend mirrors the downward trend observed nationally. Whilst rates in males have decreased, rates in females have shown a slight increase from 15.9 per 100,000 female population (2011/12-2013/14) to 17.9 per 100,000 population (2011/12-2013/14) as shown the Figure 68 below.

2016/17-2018/19 hospital admission rates in males in the NNVRU area for violence are significantly lower than the National average whilst rates in females are similar.

Figure 68:
Hospital Admissions for Violence – Directly age standardised Source: HES/PHOF



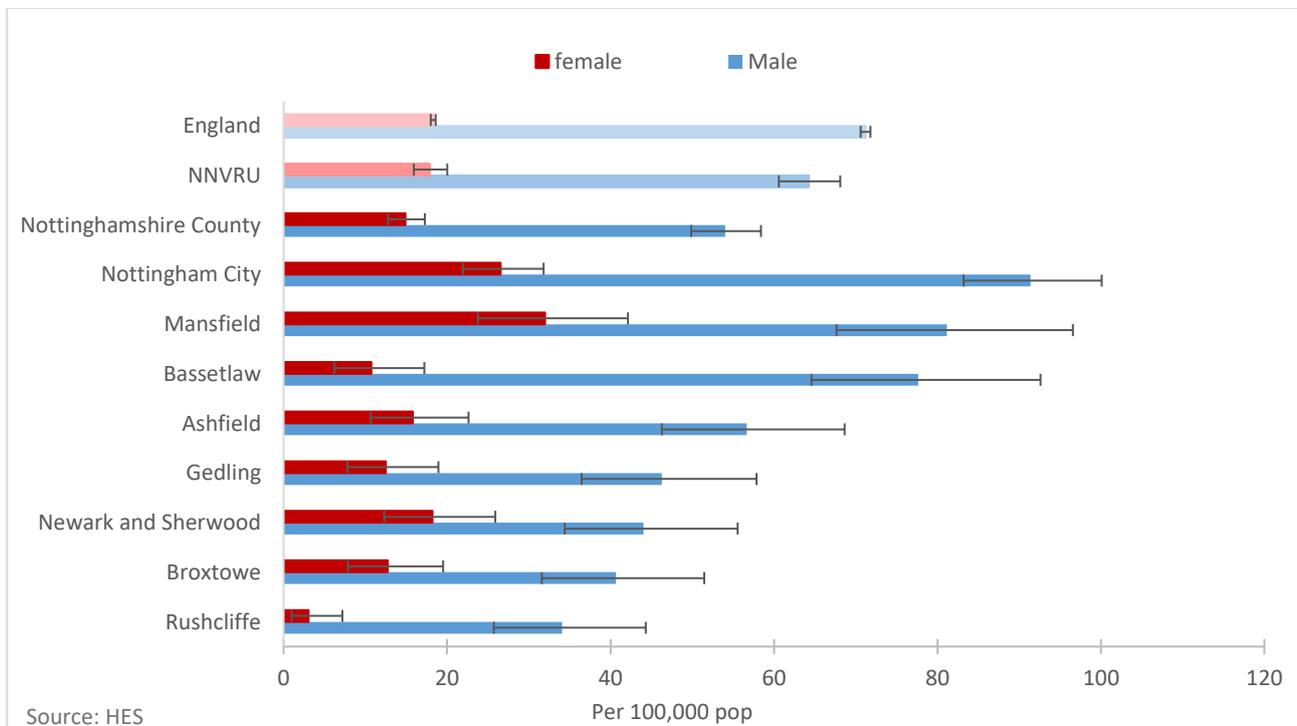
At Local Authority level, Nottingham City had the highest rate of admissions for assault for males (91.4 admissions per 100,000 population), significantly higher than both the England and NNVRU average (71.2 and 64.3 admissions per 100,000 population respectively). Likewise, Mansfield had the highest rate for females with 32.0 admissions per 100,000 population, which is significantly higher than both the England (18.3 admissions per 100,000 population) and NNVRU average (17.9 admissions per 100,000 population).

Rushcliffe had the lowest admission rates of all 8 Local Authorities for both males and females (34.1 and 3.1 per 100,000 respectively). These rates are also significantly lower than both the England and NNVRU average.

As Figure 69 illustrates, although Mansfield and Bassetlaw have higher admission rates for males (81.2 and 77.7 admissions per 100,000 respectively) compared to the NNVRU and England average, they are not significantly higher. For females, Nottingham has the second highest rate (26.6 per 100,000) of the 8 Local Authorities, which when compared to the England and NNVRU average is significantly higher. Newark and Sherwood with a rate of 18.2 per 100,000 is similar to the England average (18.3 per 100,000) but higher than the NNVRU average (17.9 per 100,000), although not significantly so.

Nottingham City has a significantly higher admission rate for violence for males and females, compared to the National average.

Figure 69:
Hospital Admissions for Violence by Local Authority – Directly age standardised rates 16/17-18/19.
 Source: Hospital Episode Statistics (HES).



Age Specific Rates by Local Authority

Across all 8 Local Authorities within the Nottinghamshire NNVRU area, Nottingham City has the highest age specific admission rates for age groups: 10-19 years, 30-39 years, 40-49 years and 50-59 years for males whilst Bassetlaw has the highest rate for age group 20-29 years. Rushcliffe had the lowest age specific rates for age groups: 0-9 years, 30-39 years and 50-59 years. Likewise, Broxtowe had the lowest rates for age groups: 10-19 years and 20-29 years; Gedling had lowest rates for the remaining age groups.

Nottingham city has the highest age specific admission rates for males in 4 of 7 age groups.

Figure 70:
Age specific Admission Rates (male), 2016/17-2018/19. Source: Hospital Episode Statistics (HES).

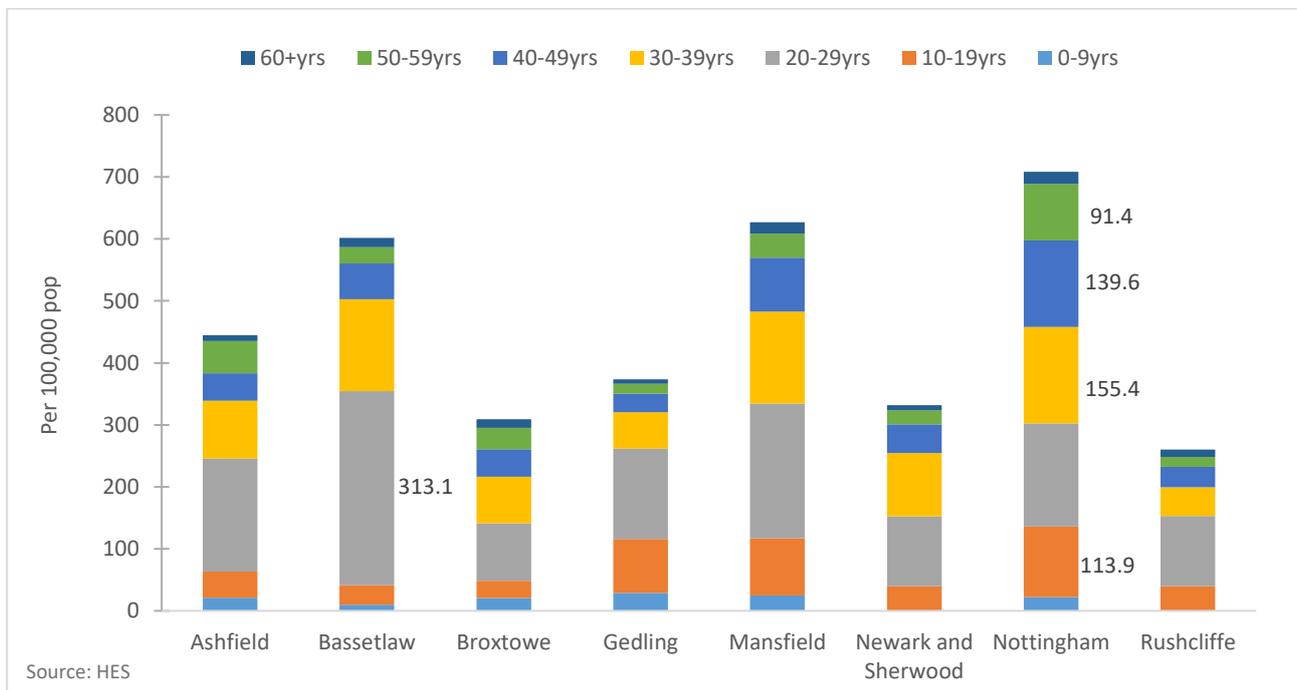
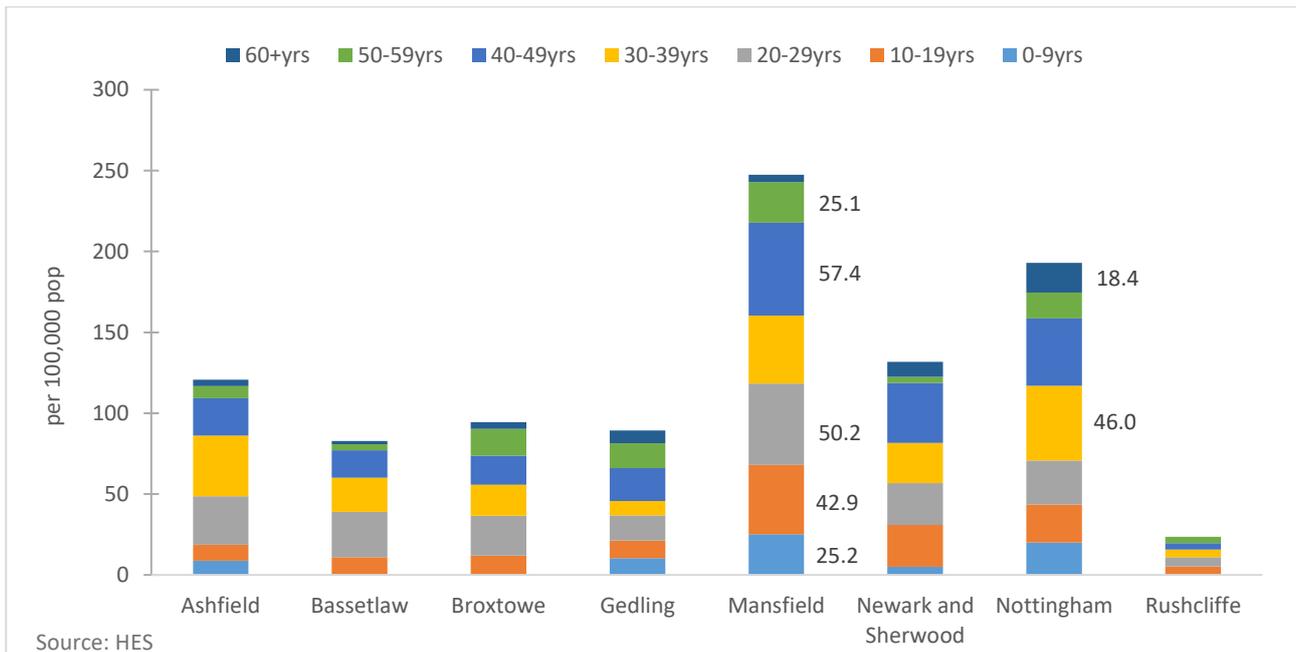


Figure 71, shows that for females, Mansfield had the highest age specific rates for age groups: 0-9 years, 10-19 years, 20-29 years, 40-49 years and 50-59 years whilst Nottingham City had the highest rates for age groups 30-39 years and 60+ years. Rates in the 20-29 age group are fairly similar in Ashfield, Bassetlaw, Broxtowe, Nottingham City and Newark and Sherwood, ranging between 24.7 to 30.1 admissions per 100,000 population.

Amongst females, Mansfield has the highest age specific admission rates in five of seven age groups.



Figure 71:
Age specific Admission Rates (female), 2016/17-2018/19. Source: Hospital Episode Statistics (HES).

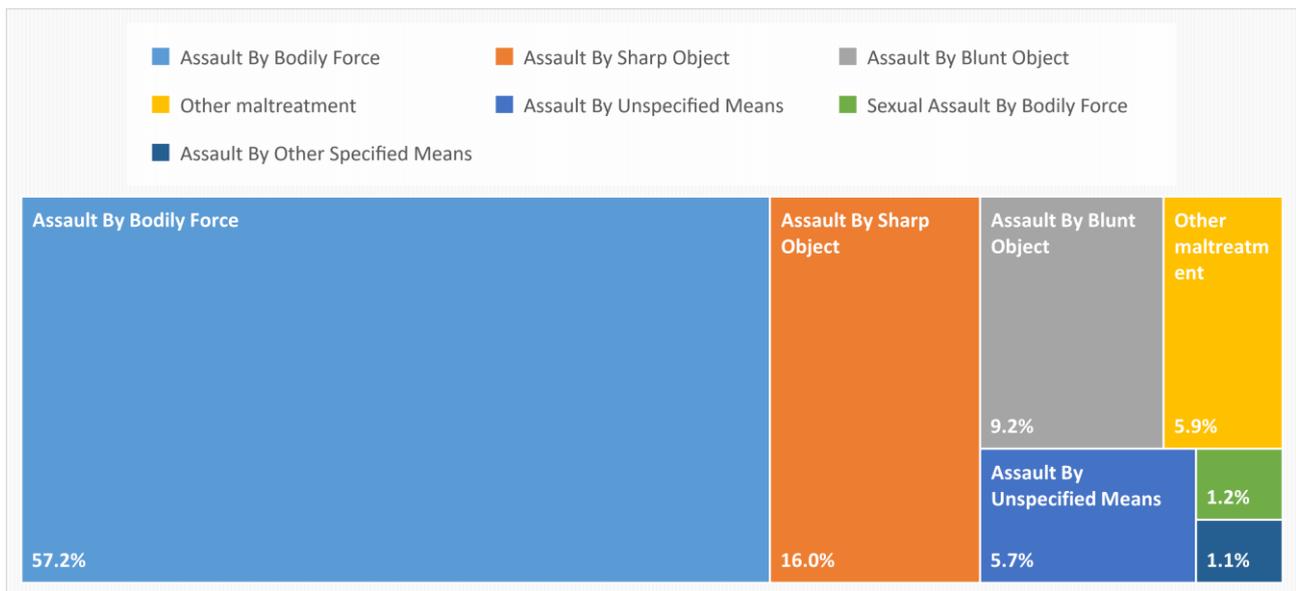


Reasons for Hospital Admissions

As shown in Figure 72 below, assault by bodily force was the most common reason for admissions, accounting for 57.3% (849/1483) of all admissions for assault. Other common reasons included assault by sharp object (16.1%, 238), assault by blunt object (9.2%, 136) and maltreatment (5.9%, 88).

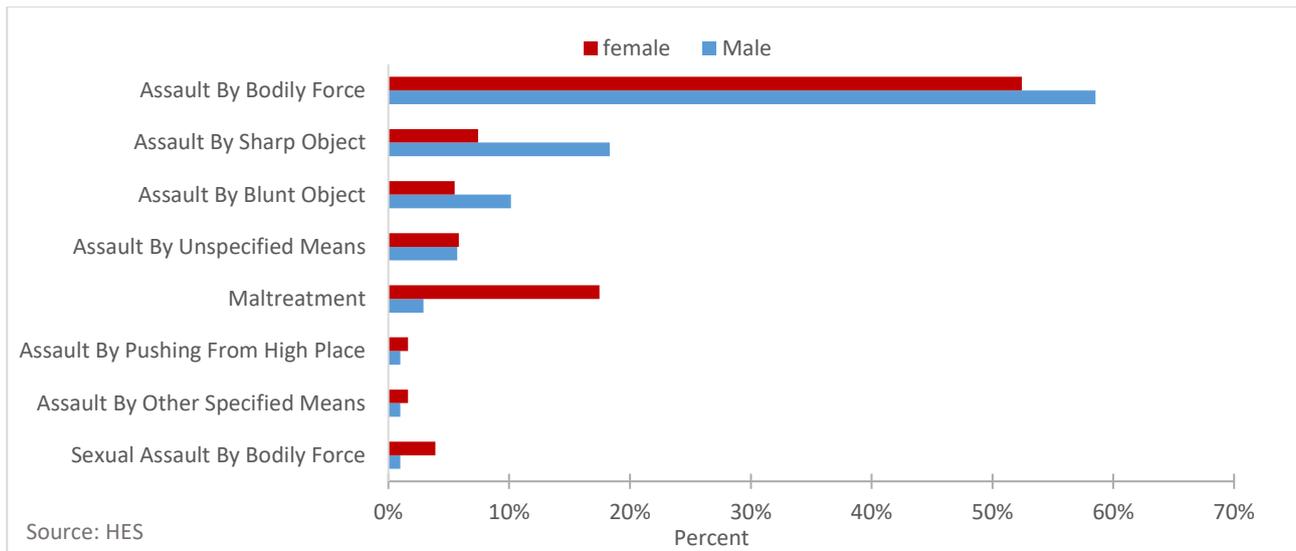
More than half of admissions for violence were as a result of assault by bodily force in both males and females.

Figure 72:
Reasons for Hospital Admissions for Assault, 2016/17-2018/19. Source: Hospital Episode Statistics (HES).



Similarly, assault by bodily force was the most common reason for admissions in both males and females, accounting for over 50% of all admissions for assaults (Figure 73). Other common reasons in males were assault by sharp object and assault by blunt object and in females; maltreatment and assault by sharp object. The main reason for admission in persons aged between 0-9 years was maltreatment and for all other age groups assault by bodily force was the most common reason. A similar pattern is seen across all eight Local Authorities within the NNVRU area.

Figure 73:
Reasons for Hospital Admissions for Assault by gender, 2016/17-2018/19. Source: Hospital Episode Statistics (HES).



Location of Assault

Based on the location attached to ICD 10 codes for assault, 47.3% (702/1483) of all admissions had an unspecified place recorded as the location of assault. Although this does not provide much insight, it does highlight potential gaps/challenges as high proportions could be down to patient’s refusal to disclose location of assault or issues with the data capturing and coding process.

Home environment is the most common location of assault in females aged 40 to 44 admitted for violence.

Similarly, for both males and females, the most common location of assault was an unspecified place as shown in Figure 74 below, with 50.1% of cases in males and 36.6% in females. Amongst males, this was noted mainly in the 20-29 year age group (40.6%) whilst for females in the 20-29 years and 30-39 years age groups accounting for over 50%.

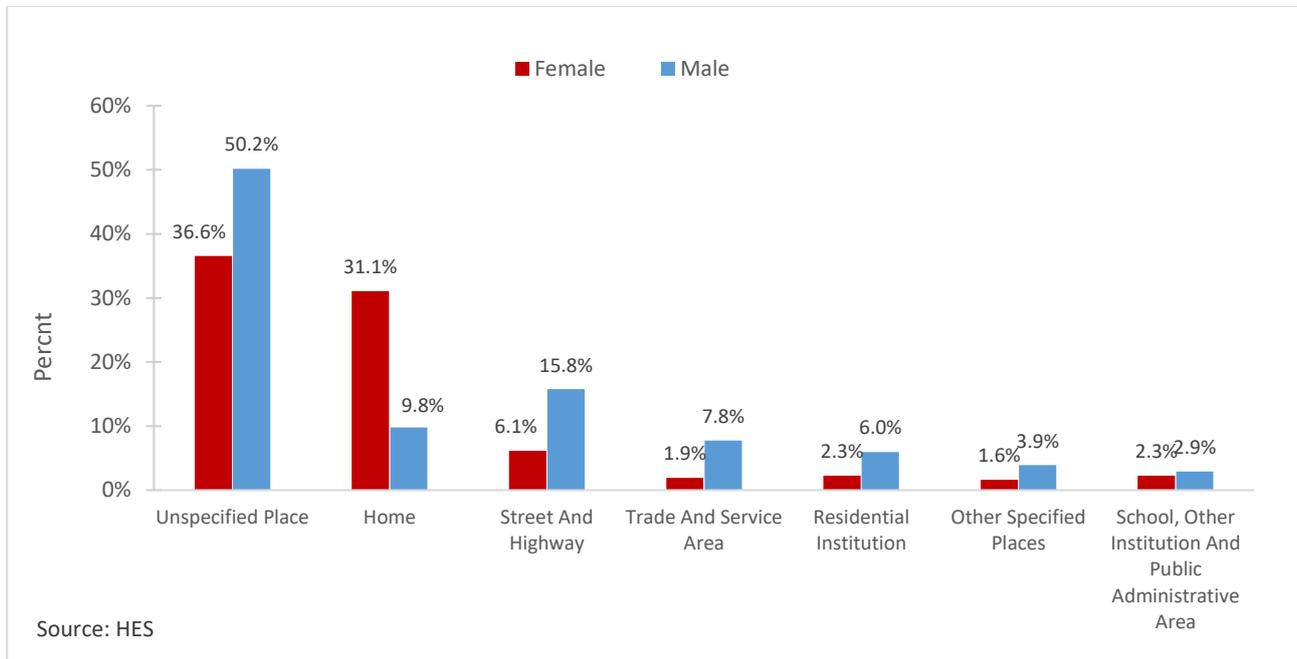
Less than half the cases of assault that occurred in an unspecified place were associated with alcohol (30.7% in females and 38.9% in males) and illicit drug use (44% in females and 43.3% in males). However, more than half (57.9% males and 65.9% women) of cases of assault that occurred in an unspecified location had a mental health disorder.

It is worth noting that for females, the home environment was the second most common location of assault, particularly in age groups 40-49, 50-59 and 60 and above. The most



common type of assault in this cohort of females was assault by bodily force. Assaults in the age group 0-9 years for both males and females occurred mostly at the hands of their parents.

Figure 74:
Location of Assault by gender, 2016/17-2018/19. Source: Hospital Episode Statistics (HES).



Repeat Admissions

Over the three-year period, 3% of persons admitted were admitted more than once (range 2-5). Of these, majority were males (74%) and 41.3% aged between 20-29 years. Overall, the top three causes for repeat admissions were assault by bodily force, assault by blunt object and assault by sharp object. These were also the top three causes amongst males however, for females the top three causes were assault by bodily force, maltreatment and assault by unspecified means.

Temporal Pattern

Based on arrival time at A&E, 37% of assault cases were brought in between the hours of 11pm and 4am and mostly over the weekend, with Sunday having the highest percentage (23%). 45% of admissions for assault were seen between the months of March and July, with July recording the highest number of cases and January recording the lowest number of cases.

Length of Stay

Over the three-year period, admissions for assault account for a total of 4,602 bed days, averaging three bed days per person and 1,534 bed days per year. 91.8% (1,361/1,483) of all admissions for assault had a length of stay between 0 to 5 days. Length of stay (LOS) ranged from 0 to 577 days, with LOS above 50 bed days all relating to Mental Health disorders. 75.5% (3,473/4,602) of the total bed days for admissions for assault were linked to mental health disorders. Table 43 gives the top five causes of admissions with the longest length of stay. Assault by bodily force accounted for 69.5% (3,196/4,602) of total bed days.



Table 43:
Top 5 Causes with Longest Length of Stay, 2016/17-2018/19. Source: Hospital Episode Statistics (HES).

| Causes of Admission | Number of bed days | Number of admissions | Number of persons |
|------------------------------|--------------------|----------------------|-------------------|
| Assault by Bodily Force | 3196 | 849 | 828 |
| Assault by Sharp Object | 535 | 238 | 237 |
| Other Maltreatment | 308 | 88 | 87 |
| Assault by Blunt Object | 163 | 136 | 134 |
| Assault by Unspecified Means | 152 | 85 | 84 |

Residents of Nottingham, Broxtowe and Mansfield accounted for over 70% of the total bed days as shown in Table 44 below.

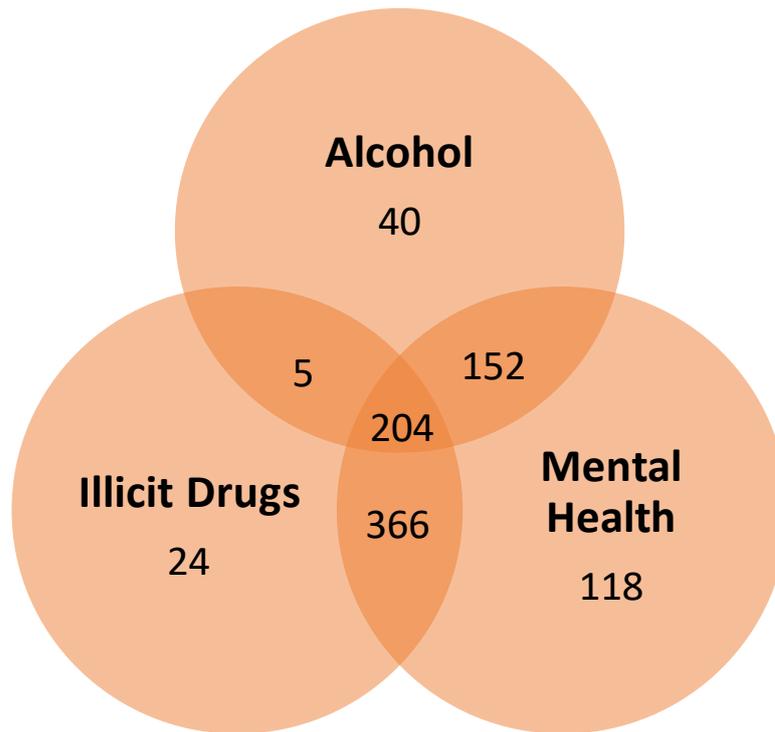
Table 44:
Total bed days by Local Authority, 2016/17-2018/19. Source: Hospital Episode Statistics (HES).

| Local Authority | Number of admissions | Total bed days | Percent |
|------------------------|----------------------|----------------|---------------|
| Nottingham City | 673 | 2,512 | 54.6% |
| Nottinghamshire County | 810 | 2,090 | 45.4% |
| Broxtowe | 90 | 439 | 9.5% |
| Mansfield | 180 | 430 | 9.3% |
| Ashfield | 135 | 281 | 6.1% |
| Bassetlaw | 142 | 278 | 6.0% |
| Newark and Sherwood | 103 | 260 | 5.6% |
| Rushcliffe | 61 | 201 | 4.4% |
| Gedling | 99 | 201 | 4.4% |
| Total | 1,483 | 4,602 | 100.0% |

The sections below consider the influence of alcohol, illicit drug use and mental health disorder in cases of assault related admissions. There is significant overlap between these factors as records could have one or a combination of the factors under consideration. As these are not mutually exclusive, proportions from different sections should not be added up. Figure 75 illustrates the overlap between these factors in this cohort.



Figure 75:
Overlap between Alcohol, Illicit Drug Use and Mental Health in Hospital Admissions for Assault
(number of cases), 2016/17-2018/19



Alcohol Involvement

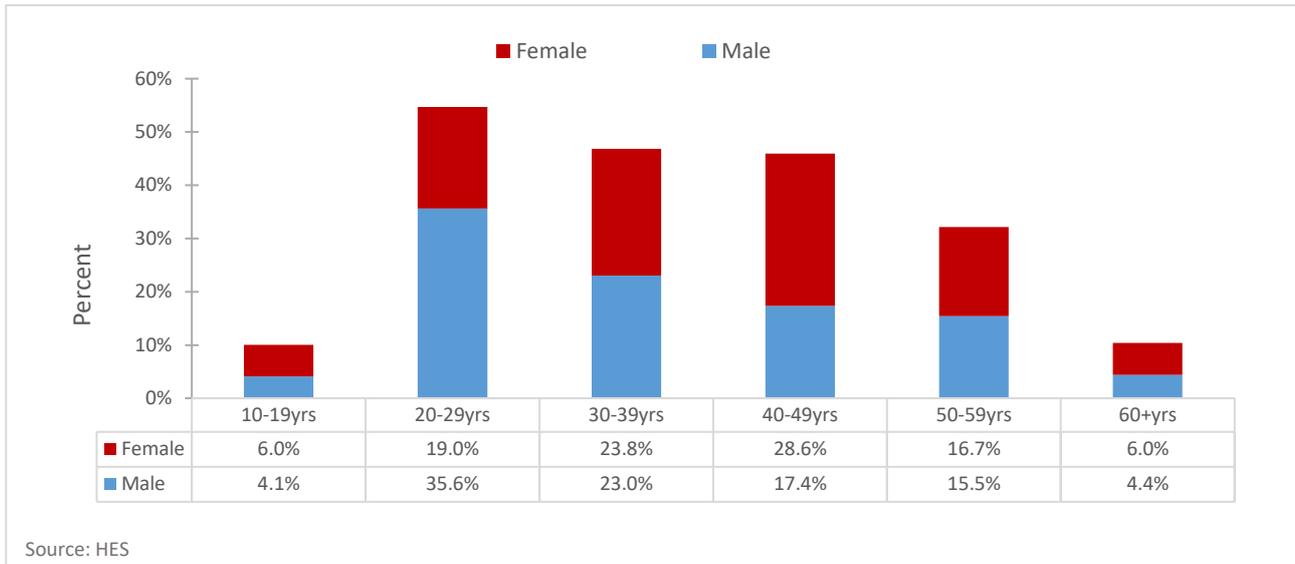
Cases of alcohol involvement were determined by a finding of alcohol in blood. 27% (401/1,483) of all hospital admissions for assault within the NNVRU area indicated some alcohol influence. This cohort includes cases of alcohol use alone or in combination with drugs and/or a diagnosis of a mental health disorder. Of the 401 cases identified, approximately 10% (40) indicated alcohol use alone; less than 2% used a combination of alcohol and illicit drugs; 37.9% (152) used alcohol and had a mental health disorder and 50.1% (204) used alcohol, drugs and also had a mental health disorder.

One in four admissions for assault was found to have some influence of alcohol. The proportion of alcohol involvement in males aged 20-29 is nearly double that in females in the same age group.

As Figure 76 illustrates, of these cases, majority (79.1%) were males, 32.2% were aged between 20-29 years. 44.2% were from the most deprived quintile within the NNVRU area. The top 3 common causes for admission were assault by bodily force (62.8%), assault by sharp object (10.2%) and assault by blunt object (9.7%). The highest proportion of alcohol involvement in males was seen in the 20-29 years age group whilst for females in the 40-49 years age group.



Figure 76:
Hospital Admissions with Alcohol Involvement, 2016/17-2018/19. Source: Hospital Episode Statistics (HES).



Across the eight Local Authorities, a similar pattern for gender and age is seen with the majority being males and aged between 20-29 years except in Broxtowe and Newark and Sherwood, where the highest proportion of cases with alcohol influence was seen in 40-49 age group.

Illicit Drug Use

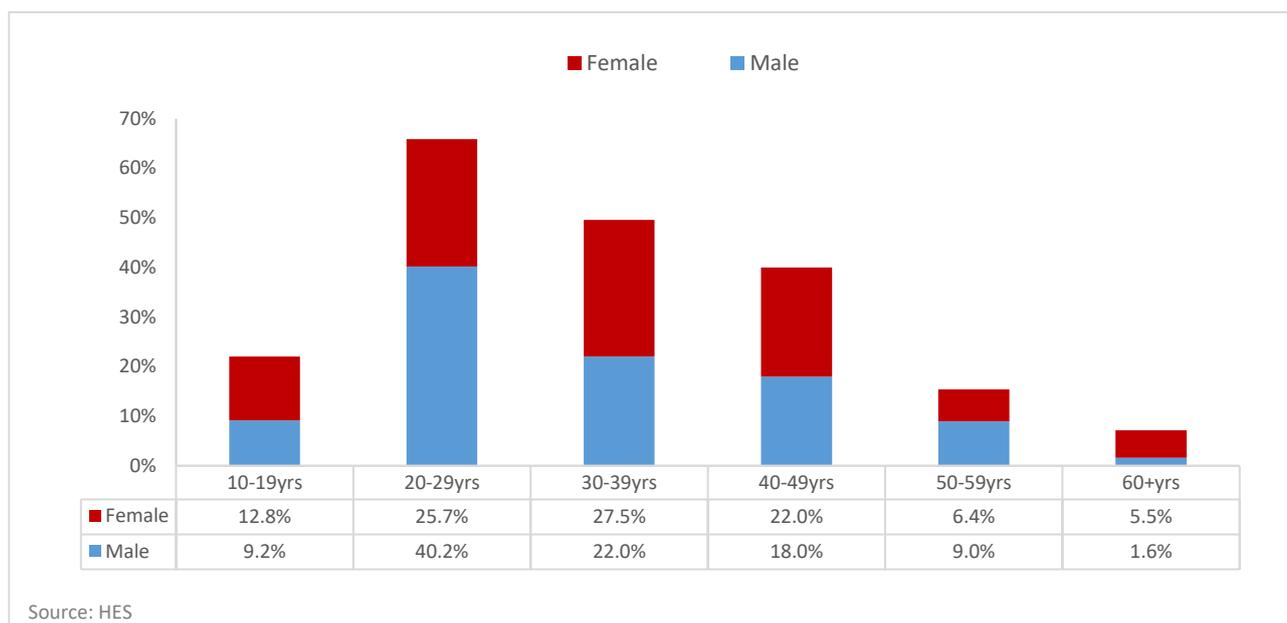
Illicit drugs refer to substances such as opioids, cannabinoids, sedatives and hypnotics, hallucinogens organic solvents and other psychoactive substances. Illicit drug use was identified in 40.4% (599/1483) of all hospital admissions for assault. These include cases with illicit drug use alone or in combination with alcohol and/or a diagnosis of mental health disorder in the following proportions: 4% (24) used illicit drugs alone; less than 1% used illicit drug in combination with alcohol; 61.1% (366) used illicit drugs and had a mental health disorder and 34.6% (204) used illicit drugs alongside alcohol and also had a mental health disorder.

Approximately 33% of 599 cases of admissions for violence, where illicit drug use was noted, were in males aged between 20-29 years.

81.8% of 599 cases were males, 37.6% aged between 20-29 years and 45.3% from the most deprived quintile of the NNVRU area (Figure 77). Similar to cases of alcohol involvement, the top three causes of admissions were: assault by bodily force (59.8%); assault by sharp object (16.7%) and assault by blunt object (9.7%). The highest proportion of illicit drug use was seen in the 20-29 years age group in males, whilst in females, 30-39 years (27.5%) and 20-29 years (25.7%) age groups.



Figure 77:
Hospital Admissions for Assault where Illicit Drug Use was noted, 2016/17-2018/19. Source: Hospital Episode Statistics (HES).



In Gedling and Newark and Sherwood, the highest proportion of illicit drug use was seen in the 20-29 years and 30-39 years age groups accounting for over 50% of all cases, whilst in the other Local Authorities, the highest proportion of substance use was seen only in the 20-29 years age group.

Mental Health Disorders

Mental health disorders were identified in more than 50% (840/1,483) of all hospital admissions for assault. This cohort includes cases with only a diagnosis of a mental health disorder and/or a finding of alcohol and/or illicit drugs in a blood sample. Of the 840 cases, 14% (118) had a mental health disorder alone; 18.1% (152) had a mental health disorder with a finding of alcohol in blood; 43.6% (366) had a mental health disorder with a finding of illicit drugs in blood and 24.3% (204) had a mental health disorder and a finding of both alcohol and illicit drugs in blood.

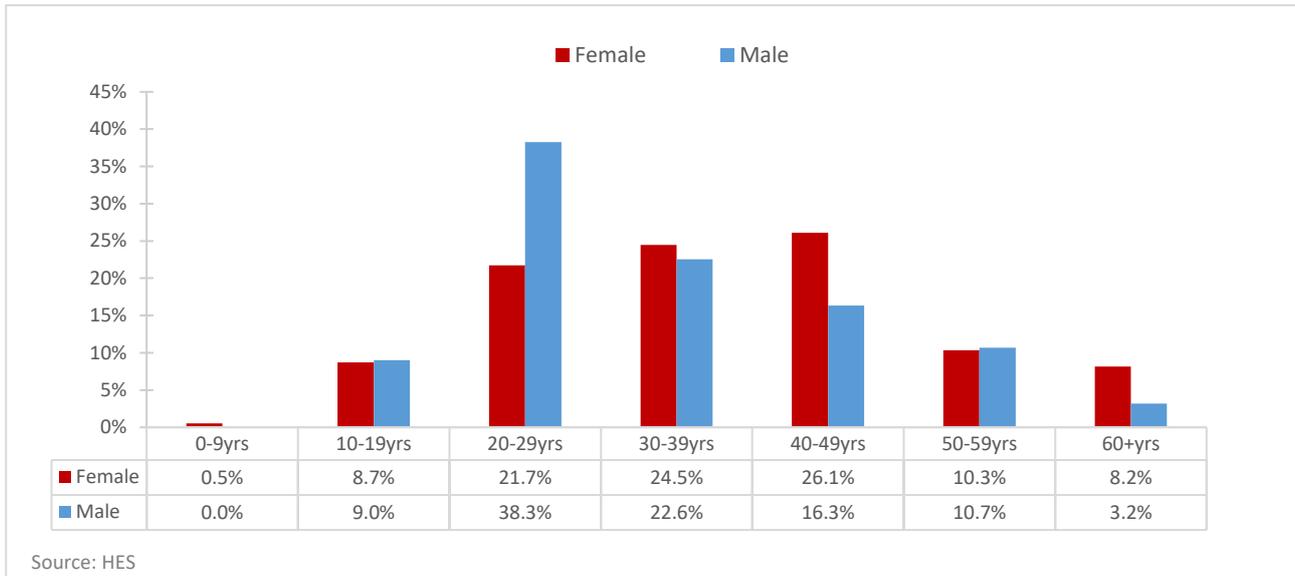
Of this cohort, the majority were males (78.1%) and 76.1% aged between 20-49 years, with the highest proportion in the 20-29 years age group and 42.5% from the most deprived quintile. The top three reasons for admissions were: assault by bodily force (60.4%), assault by sharp object (14.2%) and assault by blunt object (9.9%). Amongst males, the highest proportion of mental health disorders were seen in the 20-29 years age group and for females in the 40-49 year age group as shown in Figure 78, below.

Over 50% of admissions for assault had a diagnosis of a mental health disorder.

In all eight localities, the highest proportion of mental health disorders was mainly in the 20-29 years age group for males, accounting between for 25-55% of cases. However, in females, the highest proportion of mental health disorders was seen in the 30-39 years and 40-49 years age groups.



Figure 78:
Hospital Admissions for Assault with Mental Health Disorder, 2016/17-2018/19. Source: Hospital Episode Statistics (HES).



Alcohol and Illicit Drug Use

Alcohol and illicit drug use were identified in 14.1% of all admissions for assault (209/1,483). These include cases with a finding of alcohol and illicit drugs in blood or with a diagnosis of a mental health disorder. Of the 209 cases, over 95% indicated alcohol and illicit drug use with a diagnosis of a mental health disorder.

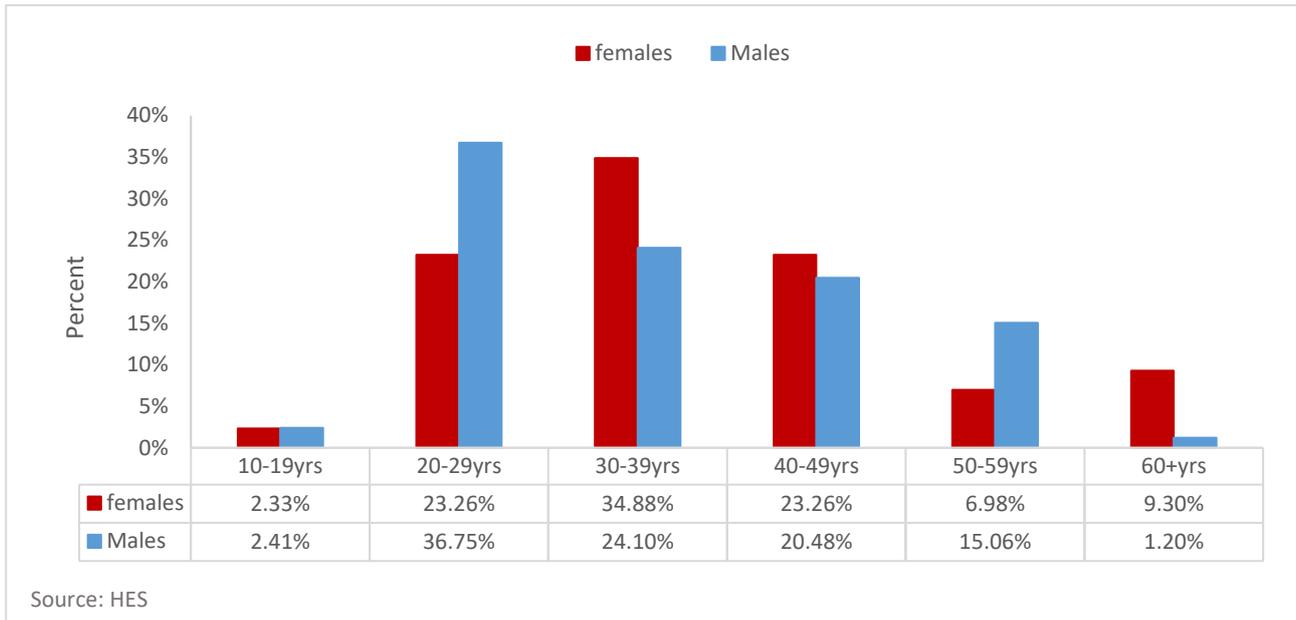
The highest proportion of alcohol and illicit drug use in females admitted following assault is in those aged 30-39 years compared to 20-29 year age group in males.

The majority (79.4%) of the 209 cases identified were males, 81.3% (170) aged between 20-49 years and 48.8% from the most deprived quintile of the NNVRU area.

For males, over 95% were aged between 20-59 years with the highest proportion seen in the 20-29 year age group. Whilst for females, over 80% were aged between 20-49 years with the highest proportion in the 30-39 years age bracket (see Figure 79).



Figure 79:
Hospital Admissions for Assault with Alcohol and Illicit Drug Use, 2016/17-2018/19. Source: Hospital Episode Statistics (HES).



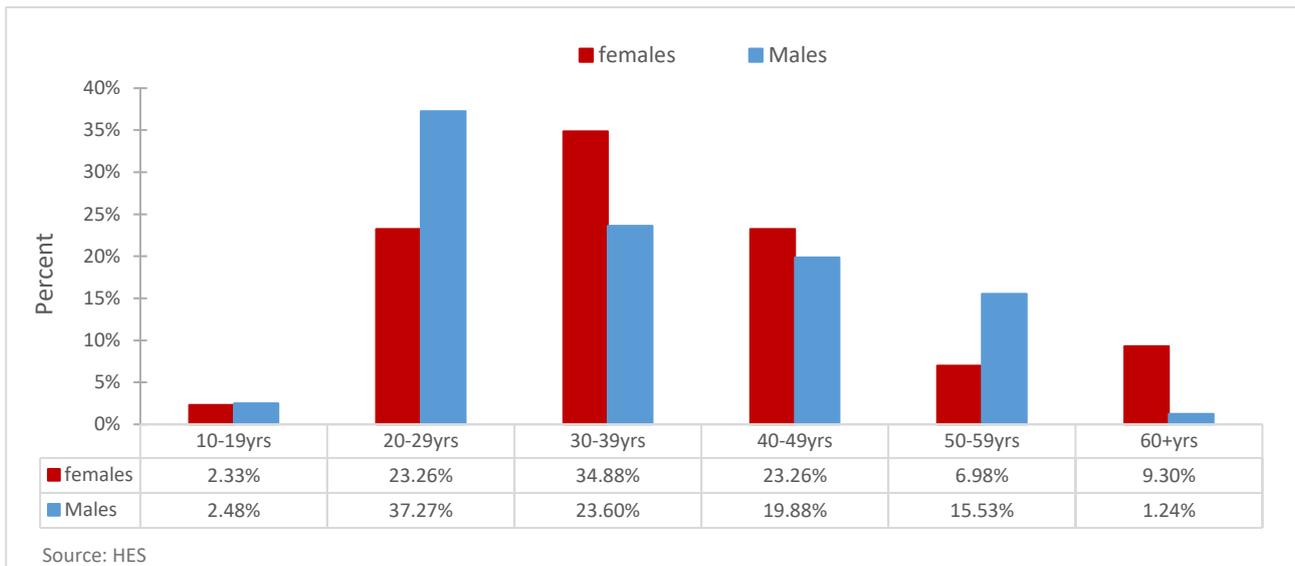
Mental Health Disorders, Alcohol and Illicit Drug Use

Alcohol, illicit drug use and mental health disorders was identified in 13.8% (204/1,483) of all assault admissions. 78.9% were males, over 80% aged between 20-49 years and approximately 50% from the most deprived quintile of the NNVRU area. The most common type of assault for both males and females as assault by bodily force and the highest proportion of admissions was seen in the 20-29 year age group for males and in the 30-39 year age group for females as shown in Figure 80.

The proportion of mental health diagnosis, alcohol and illicit drug use in males aged 50-59 years admitted for assault is double that in females.



Figure 80:
Hospital Admissions for Assault with Mental Health Disorders, Alcohol and Illicit Drug Use, 2016/17-2018/19. Source: Hospital Episode Statistics (HES).



Discharge Following Assault Admission

Of the 1,483 hospital admissions over the three-year period, 1,337 were completed admission spells. Of these, less than 1% died from injuries sustained following assault and over 95% were discharged to their respective places of abode.

Estimated Cost of Hospital Admissions for Assault

The cost of an admission depends on the final healthcare resource group (HRG) code for each admission spell which in turn depends on the clinical coding for diagnosis and procedures. Commissioners normally pay a single tariff for the whole stay in hospital rather than for each night stay, unless the stay goes over the set maximum length of stay (LOS) for each HRG in which case there will be an extra charge for each “excess bed day”.

Over the three-year period (16/17 to 18/19), admissions for assault is estimated to have cost the NHS in Nottingham City and Nottinghamshire over £2M, averaging £700k a year.

Based on information provided by Nottingham City CCG, an average cost for a long stay emergency admissions (LOS ≥ 2 days) of £2,700 and £700 for a short stay emergency admission (LOS ≤ 1 day), the total estimated cost for hospital admissions for assault over the 3 year period (2016/17-2018/19) works out to over £2 million (Table 45). This gives an average cost of approximately £700,000 per financial year and approximately £1500 per person. Please note that the estimated cost provided do not include the cost of excess bed days, therefore these figures are an under estimation of the actual cost.



Table 45:
Estimated Cost of Hospital Admissions for Assault, 2016/17-2018/19. Source: Hospital Episode Statistics (HES).

| Admission category | Number of Admissions | Unit cost | Total Estimated Cost | Average Cost per financial year |
|--------------------------------|----------------------|-----------|----------------------|---------------------------------|
| Long stay admissions (LOS ≥2) | 530 | £2700.00 | £1,431,000.00 | £477,000.00 |
| Short stay admissions (LOS ≤1) | 953 | £700.00 | £667,100.00 | £222,366.67 |
| Total | 1,483 | | £2,098,100.00 | £699,366.67 |

Table 46 below gives the estimated cost by type of assault. Assault by bodily force had the longest length of stay and contributed an estimated cost of over £1.18 million, over 50% of the total estimated cost.

Table 46:
Estimated Cost of Hospital Admissions for Assault by type of Assault, 2016/17–2018/19. Source: Hospital Episode Statistics (HES).

| Reason for admission | Short stay admissions (LOS ≤1) | Long stay admissions (LOS ≥2) | Cost of short stay (LOS ≤1) | Cost of long stay (LOS ≥2) | Total Estimated Cost |
|------------------------------|--------------------------------|-------------------------------|-----------------------------|----------------------------|----------------------|
| Assault by Bodily Force | 556 | 293 | £389,200 | £791,100 | £1,180,300 |
| Assault by Sharp Object | 146 | 92 | £102,200 | £248,400 | £350,600 |
| Assault by Blunt Object | 103 | 33 | £72,100 | £89,100 | £161,200 |
| Other Maltreatment | 38 | 50 | £26,600 | £135,000 | £161,600 |
| Assault by Unspecified Means | 55 | 30 | £38,500 | £81,000 | £119,500 |
| All other types of assault | 55 | 32 | £38,500 | £86,400 | £124,900 |
| Total | 953 | 530 | £667,100 | £1,431,000 | £2,098,100 |

6.4 Mortality

Over 5 pooled financial years (1st April 2014 and 31st March 2019), there was a total of 74 deaths from assaults recorded within the NNVRU area equating to 1.3 deaths per 100,000 population. 32 deaths occurred within Nottingham City with a directly age standardised rate (DSR) of 1.8 deaths per 100,000 population and 42 deaths in Nottinghamshire County with a DSR rate of 1.1 deaths per 100,000 population.

Of 74 deaths, 66.1% were males, 45.9% from the most deprived quintile within the Nottinghamshire NNVRU area and 63.1% aged between 20-49 years with the highest proportion (28.8%) in the 20-29 years age group. Within the City the majority (78.1%) were males, 34.4% aged between 20-29 years and over 50% from the first and second most deprived quintiles of the City. Nottinghamshire County showed a similar pattern for gender and deprivation but differs in age group with over 70% aged above 40 years. National figures for deaths from assault are currently unavailable for comparison.



Table 47:
Number of deaths from violence, 2007/08–2018/19. Source: Office for National Statistics (ONS).

| Local Authority | Number of Deaths |
|---------------------|------------------|
| Nottingham City | 69 |
| Mansfield | 22 |
| Ashfield | 17 |
| Newark and Sherwood | 17 |
| Bassetlaw | 15 |
| Gedling | 9 |
| Broxtowe | 8 |
| Rushcliffe | 5 |
| Grand Total | 162 |

7. Local Views: The lived experience of serious violence in Nottingham City and Nottinghamshire County

7.1 Sources of Information

| Source | Facilitator | Participants | Purpose of engagement | Data collection | Dates | Type of Information |
|-------------------------------------|--|---|--|--|-----------------------------------|----------------------|
| Stakeholder Reference Groups | NNVRU team Stakeholder Reference Groups | 42 attendees (Oct) 25 attendees (Nov) | To gather input and perspectives from local stakeholders | Feedback given during roundtable discussions with NNVRU stakeholders | 30 October 2019; 28 November 2019 | Stakeholder feedback |
| Focus Group with prisoners | NNVRU Public Health team | 7 male prisoners aged 19-24 years in HMP Nottingham | To collect data on lived experience | Focus group discussion | February 2020 | Citizen interviews |



| Source | Facilitator | Participants | Purpose of engagement | Data collection | Dates | Type of Information |
|---|--|--|---|--|---------------------------|---------------------|
| Research Project on Weapon Enabled Violence. | Nottingham Trent University (Criminology Division) | 16 professionals from statutory/third sector organisations; 2 groups of family members affected by weapon enabled violence; 3 groups of young peoples' advocates; 4 school-based workshops (14-15 year olds) | To promote the critical success factors for engagement between police, victims, witness and communities | Semi-structured interviews; focus groups | June 2019 – February 2020 | Citizen interviews |
| Focus Groups with young people | NNVRU Community Engagement lead; External Facilitator Smart Training & Consultancy | 8 young people at Fuel Alternative Provision; 7 young people at NGY Myspace; 1 group at Stone Soup Nottingham. Mixed gender, ages 12-17. | To understand local young people's views on social media in relation to violence | Focus group discussions | October 2019 – March 2020 | Citizen interviews |
| Discussions with local contacts | NNVRU Community Engagement lead | Various – examples include a woman aged 27 with challenging family background | To keep listening to the voices and experience of local citizens | Opportunistic open or semi-structured interviews (by telephone or face to face), use of common questions where possible) | October 2019–March 2020 | Citizen narratives |



| Source | Facilitator | Participants | Purpose of engagement | Data collection | Dates | Type of Information |
|---|--|---|---|--|--------------------|---------------------|
| Reflections on the Youth Inclusion Project (YIP) | Community Safety & Cohesion Service | Alumni of the YIP (delivered for 13-19 year olds in St Ann's) | To understand the perspectives of young people in addressing the issues on violent crime and explore the potential for ambassador roles | Six hours of interviews (individual and group) | February 2020 | Citizen interviews |
| Organisational Stakeholder Consultation | Juno and Nottinghamshire SVSS | Women from African Caribbean and African communities | To provide understanding of barriers to accessing women's centres and services | Perspectives and experiences on accessing women's centres and services | 2019 | Citizen feedback |
| Video on local young peoples' stories | Pythian Productions | 8 young people from Nottingham City (male and female, range of ethnic groups) | To communicate the perspectives of local young people | Individual Stories and their concerns and priorities with a focus on YP living with disabilities; SEND; experiences of crime and LGBT young people | Autumn/Winter 2019 | Citizen narratives |
| Case studies | Youth Justice Nottinghamshire, Youth Justice Nottingham City | Various young people | To describe the backgrounds and experiences of individual local young people | Case studies written by practitioners | Spring 2020 | Citizen narratives |

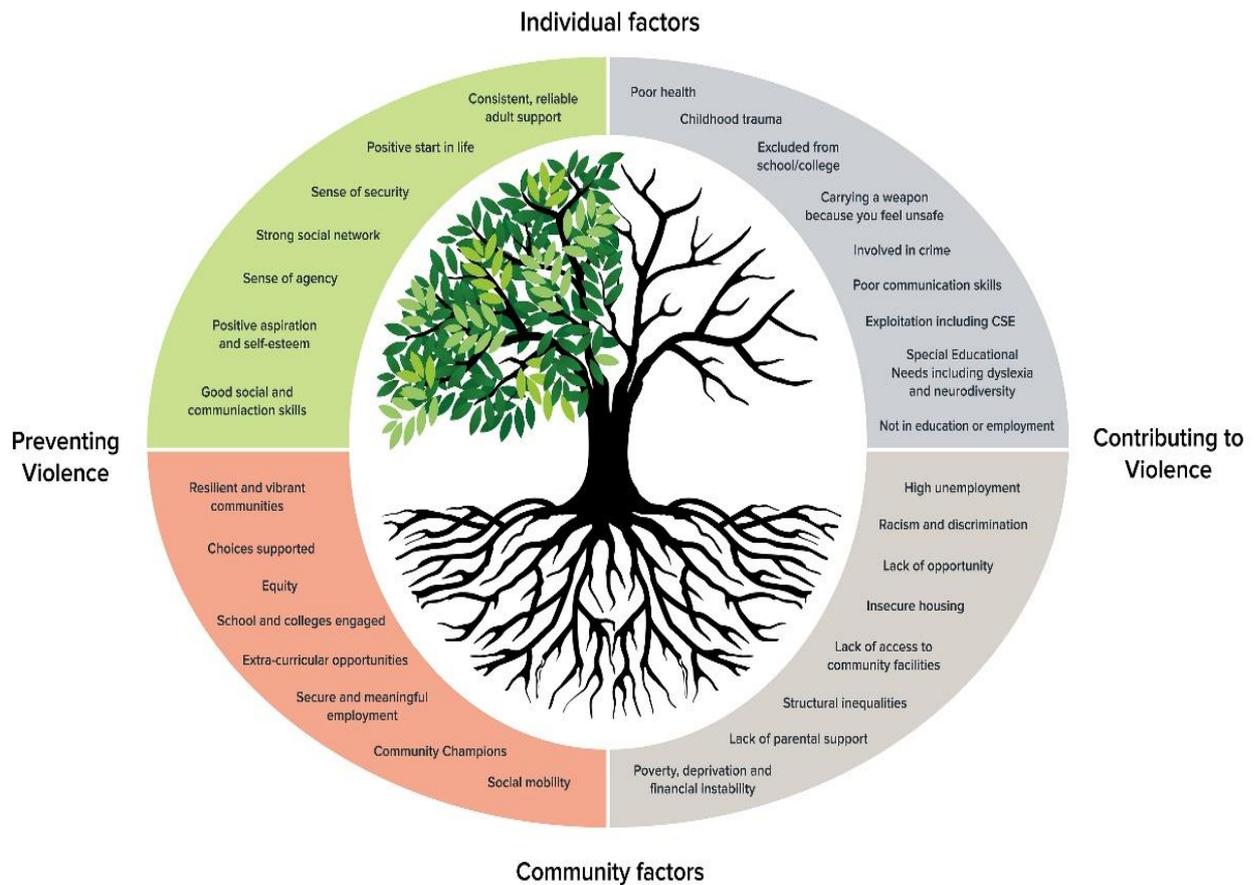
7.2 Overview

Empirical evidence can't provide a full understanding of what can prevent violence without the 'voice' of our local communities. Our engagement with local communities suggests that the causes of violence and the strategies to prevent violence, in their communities are so complex it feels like 'you can't see the wood for the trees'. Arguably, this feeling reflects the complex reality of the individual and community factors that contribute to violence and those that can help prevent it.



The image of a tree with strong roots is used when community members discuss their aspirations for their children (see Figure 81). Specifically, that they will achieve their potential with the support of strong community roots amidst others, peers and professionals, who are committed to supporting them flourish. In synergy, Nottingham City and Nottinghamshire’s Violence Reduction Unit is developing an asset-based approach to engagement which has fostered a sense of optimism in a future in which ending youth violence is a possibility. Our arboreal visualisation of simultaneous growth and decay will be used in future engagement regarding violence reduction to further support exploration of the challenges individuals and local communities face and opportunities for support.

Figure 81:
Visualisation of factors that contribute to and prevent violence in Nottingham City and Nottinghamshire County.



7.3 Thematic Findings: Experience of violence

Violence can be framed as ‘fighting’ and seen as normal for young people.

The majority of participants in the focus group at Nottingham Prison cited responsibility for violence and their subsequent prison sentence with themselves; they focussed on personal traits and their own difficulties in managing anger or impulse control and there was a notable lack of self-pity. Most of the participants had been aware of some violence in the community during their teenage years, usually explained in terms of fights and aggression and they perceived it as normal for teenagers *“As a kid you fight, don’t you. You’re boys aren’t you and you fight. Obviously, I’d had a few fights. If you’re living there, you see it happening,*



you can't avoid it". At least one participant mentioned violence at home, but this was not dwelled on in discussions. Some of them perceived a need to protect family members or friends.

In the community focus groups, it was notable that several of the participants had lost someone close to them through violence; in a few instances they had lost more than one person, friends and relatives such as cousins. They felt that they had no support in dealing with the impacts of this loss other than in their alternative provision or youth club.

7.4 Thematic findings: Perception of violence in the community, public realm and within domestic settings

Some areas of Nottingham City and Nottinghamshire County feel safer than others; the relationship between visible police presence and perceived safety is complicated by perceived racial discrimination, mistrust and the use of 'stop and search' powers.

In the Pythian film, several of the young people mentioned that they felt aware of how neighbourhoods within Nottingham City felt different to each other and that it affected where they felt safe as they went about their lives. One contributor described the city centre as 'neutral' because of the police being visible there, but that the streets locally didn't have that, another contrasted the peace of Wollaton Park with the more urban feel of Bulwell. They had their own sense of where felt safe, but several of the young people talked about how gangs preyed on people who were vulnerable and their advice for other young people was to make good friends and be part of the right sort of group.

The theme of safe space was highlighted in the lookback at the Youth Inclusion Project in St Ann's, described by a facilitator as "*space to be me; space to be safe; space to be free of judgement*". Safety was one of the core themes in the YIP report.

Systemic racism and its impacts were a factor in several of the stories shared in the prison focus group; some participants felt they were treated differently or more harshly by police and this contributed to the challenges that they experienced. Bespoke local research on weapon enabled violence identified a shared commitment to address weapon enabled violence but highlighted that the factors that affect police and community relations are pertinent. These factors include when poor communication of police processes can be interpreted as a lack of action, a mistrust of the police and that 'natural justice' notions exist in some communities in dealing with issues themselves; these factors may be particularly significant within BAME communities. There were specific concerns that street youth outreach prevents an escalation in the city centre but displaces it elsewhere and about the targeting and application of stop and search of young people. The comments on the Police were echoed in community focus groups such as "*police don't listen, they twist your words. They don't see you as a person*" and more generally in relation to trust, with one girl saying: "*I don't trust anyone, not a single person apart from my Mum, how do you get to trust people*"?



7.5 Thematic findings and Case Studies: Risk factors contributing to violence

Commonly cited risk factors in relation to young people and violence, as victims or perpetrators, include substance misuse and the impacts of social media; detailed case studies highlight multi-layered vulnerabilities.

A few of the prisoners in their focus group mentioned drugs or alcohol in relation to the 'mistakes' they'd made: *"Alcohol. That didn't help. But it was still emotional stuff. Alcohol and the mix"*. Engagement with community members suggests that whilst the link between drug use and violence in young people is recognised referrals, aren't made to drug services as young people using drugs is accepted as the norm in some communities.

The role of social media was raised in much of the engagement work and has been the subject of particular interest for the NNVRU. The focus group in prison felt that there was a link between the promotion of knife crime in music and films and the pattern they had seen in their communities where young people think carrying knives makes them big and hard. *"People carry them, they might have been in one situation and they feel the need to carry a knife, they don't know the effects that can have on individuals, people who have been stabbed to death and stuff like that."*

Many of the young people participating in community focus groups had seen disturbing content on social media of people being threatened or beaten and inappropriate sexual imagery. One of the particular challenges raised in relation to social media was the view that Schools and the Police could not help with online crimes such as bullying and hate crime including racism and catfishing and constant sexual harassment. The young people participating in the community focus groups felt that the anonymity of social media is enabling abuse and speaking up was difficult *"snitches get stitches"* and many of the young women in particular feel trapped by this. However, participants had developed some of their own 'do's and don'ts' to look after themselves.

The community engagement lead following these groups commented:

"The impression I had overall is that social media can be helpful, but it is also a source of bullying, judgement, peer pressure and is sometimes unsafe for the young person's physical and mental wellbeing. I also think it is part and parcel of the space occupied by young people, not necessarily causative in and of itself, like drill music it is both instrumental and a mirror to what is going on."

In addition, young people in the focus groups felt that the lack of youth groups and support was directly related to the problems they were having in their communities. One young person took some time out to talk about a mentor from the Children's Society who had been supporting him for two years but whom he is now losing owing to funding cuts. *"They really made a difference; you can ask anyone two years ago I was a different person to the one I am now"*.



Case Study 1: Child in Nottinghamshire County

Male aged 13, diagnosed with ADHD but not taking medication, reporting regular cannabis use, enrolled with an alternative educational provider. There are reports of him witnessing and experiencing domestic abuse and mother suffers from mental health issues. Initially receiving group intervention in relation to anti-social behaviour in the community. Multiple MASH referrals regarding his behaviour; Child in Need status and all agencies expressing concern regarding him discussing knives and gang culture. He received a Community Resolution for common assault and criminal damage. Soon after he received a Referral Order for possession of Class B drugs and possession of a weapon. He is known to be participating in activities associated with a known local gang and has appeared in 'Drill' videos. Multi-agency view is that he is extremely vulnerable to Child Criminal Exploitation; although there is little hard evidence of current drug-dealing, there is information coming from his peers and the police to suggest that he is being used/groomed to deal.

Case Study 2: Child A⁴³, Nottingham City

In 2013 the family first came to the attention of services. Nottingham City Children's Integrated Services (CIS) were involved with the family following concerns about them being at risk of neglect and physical harm due to being left home unsupervised and having a difficult relationship with their father. There followed concerns from the school about Child A being involved in criminal activity and being beyond parental control. CIS maintained involvement, at varying levels with the family, from the initial referral onwards. The family had come to the attention of the police on a number of occasions.

From December 2017 until September 2018 there were numerous arrests but none that resulted in criminal sanction. In November 2017 Child A was referred to the Youth Justice Service (YJS) for Targeted Youth Support intervention, owing to concerns relating to suspected involvement in gangs and County Lines and being in possession of both drugs and weapons. Child A had been subject of a Child Protection Plan from December 2017 until September 2018 when they were remanded to the care of the Local Authority. He had also been subject to care proceedings since April 2018.

In July 2018, he received his first formal criminal justice disposal, when he was sentenced to a 12 Month Referral Order for offences of robbery and possession of knife. In September 2018, emergency services attended the scene of a reported stabbing and found an unconscious male who appeared to have suffered a stab wound to the chest. The male subsequently died from his injuries. A murder investigation was conducted and Child A (together with four other juveniles) was charged with murder. They were sentenced in July 2019 to lengthy custodial sentences. They are currently being jointly supported by the YJS, the Youth Secure Estate workers and Social Care.

⁴³ A case review for Child A was undertaken. Positive practice included direct work with Child A, intensive intervention, with access to a trusted professional. The learning points included the impact of parental neglect and child A's vulnerability to criminal exploitation and activity outside of the home and the extent of associated fear and entrenchment created by debt bondage. The learning from this and related cases contributed to the formation of a multi-agency CCE panel.



Case Study 3: Child B⁴⁴, Nottingham City

Child B is 17, resides with his maternal grandmother and is open to Social Care as a Child In Need since August 2019. Child B was previously known to Social Care due to concerns originating from his mother's difficulties with her mental health and being a victim/survivor of domestic violence. Child B had a period of being cared for by adult siblings before moving to live with his grandmother. She is in ill health and is supported by Adult Services who provide home care.

Child B was open to the Youth Justice Service (YJS) in 2019 on a Referral Order following an incident the previous year where he assaulted his sister's ex-boyfriend, following feeling threatened by him. In August 2019 Lincolnshire Police received a call from a passer-by that a 17 year old male had been assaulted by 2 males in the nearby area. Officers attended and found that Child B had a knife wound above his eye. In the ambulance, Child B was asked if he had any drugs on him and admitted that he had several wraps of Class A drugs. He was arrested for possession and gave a no comment interview. He later admitted to his YJS worker that he had been trafficked to the area and had been there for 5 days. The drugs were dropped off to him and then within 10 minutes 2 males came in and fought him to take the drugs. He felt it was a set-up but said he was not left with any debt. He said he paid £200 to someone and that he did not have to but did this so he'd be left alone. He borrowed this money from his grandmother (which she confirmed). Further to the above there was intelligence about Child B's involvement in drug dealing in an area of Nottingham known to be a linked County Line source to Lincolnshire. There was an indication that Child B wanted to withdraw from this and in particular from a key nominal thought to be leading the drug dealing in that area. The National Referral Mechanism was completed and the above drug matters were referred back from Court to the YJS Out of Court Disposal (OoCD) panel. Child B was made subject to a Youth Conditional Caution. Work was undertaken by the YJS and Futures to divert Child B from CCE and further offending behaviour and back into appropriate bespoke education.

7.6 Thematic findings: Effective responses in reducing and preventing violence

Reflective learning from the Youth Inclusion Project emphasises the importance of whole-community response and local credibility in achieving change; mentors or consistent trusted adults are key.

The Youth Inclusion Project in St Ann's 2001-2010 demonstrated impact in engaging young people who had dropped out or been excluded from mainstream education, in building confidence and independence and in creating gainful and purposeful outcomes; this was achieved against a background of high levels of organised crime in the city and in an area known for gun violence. The learning from interviews with past members shows that there were several factors that made the project effective. These factors included the base at Chase Neighbourhood Centre, the credibility gained by the project by the participation of

⁴⁴ The learning points highlighted from this case: Child B appears to be an exception to his peers in terms of him admitting he was coerced in involvement with County Lines. He was honest about how he was trafficked. Child B has admitted to being scared to the YJS worker and was successfully diverted from a further post-court disposal. As part of his Out of Court Disposal he was able to be supported into appropriate education and was re-engaged with CGL (Young people's substance misuse provider).



prominent individuals, the facilitators were felt to be ‘relatable’, the development of peer group bonds and the opportunities and activities that were made available. The St Ann’s community backed and invested in the YIP: the YIP was one of a multitude of co-existing projects in St Ann’s coordinated at strategic level and with an operational forum that promoted consistency in offers. Service users would cycle between projects and if they disengaged from one, there was another to pick up the pieces. At times of crisis the local church would open doors to provide a place of sanctuary.

Some of the themes in the case studies above are echoed by the point made in one of the community engagement interviews with an individual with a history of carrying a knife responding to that question of what one change would make a difference: *“If I could change one thing about Nottingham I would change how people slip through the net. I think it should be a mandatory requirement that all young people have the opportunity to secure a mentor. This is so they can be advocated for in the absence of a conventional family. It will also give them a change to offload and provide clarity to situations young people find themselves in.”*

7.7 Thematic Findings: Opportunities and barriers in increasing the impact of violence reduction work

The understanding of choices and consequences and the development of real world skills are recognised as key priorities for supporting local young people; the reach and impact of community and voluntary sector organisations is limited by short term funding and the ability to draw from those with lived experience.

In answer to the question of what might make a change in serious violence, the participants of the prison focus group said that young people needed more activities – youth groups and sports clubs, but also that they needed more education and information with more help to understand that their behaviours and choices had consequences and to understand the types of consequences in more detail. *“I think you should teach the youth proper things, not just stuff to do. Proper things, knife awareness courses, because a lot of youth are killing themselves nowadays. Different courses, give them knowledge on certain things in life, they don’t know enough, teach them.”*

Young people need help in developing real-world skills. The YIP review participants recognised that creative pursuits have their place but expressed the need to avoid instilling ‘pipe dreams’ in young people. One participant captured this: *“They gave us the studio, the football – but it’s like, those are things that are expected for black youth. For me, becoming an electrician was the best thing I’ve ever done. You need to widen their horizons, it’s not like ‘these kids have been kicked out of school, send them to the music studio’. It’s like, provide support for people to be accountants, businessmen. It’s about a movement of young adults with the same mind-set and the same positivity that the youths can see. They can envision it; they can be inspired to attack that space.”*

There are important opportunities in developing workforce skills. The research on weapon enabled violence highlighted that police training needs to include effective community engagement skills and trauma informed approaches. A particular point was raised in wider stakeholder engagement in relation to the workforce who have lived experience themselves. There have been particular challenges experienced by local organisations where practitioners who are qualified as counsellors and teachers, are drawn from local communities and have been through the youth justice system themselves. These practitioners can be very well placed to connect with young people and be seen as credible



and relevant and make use of their training and skills, but their records and reputations can frustrate opportunities to attract funding and to therefore work locally. This point has been emphasised within the Ending Youth Violence Network, as their Chair described: *"There is a view within the sector that lived experience is not valued by services and if anything weakens the case for participation in support for young people. There is a view that lived experience does not have the same weight of professional experience or knowledge. The additional issue of previous offending exacerbates this as the professionals cite concerns around trustworthiness - I have heard this said from professionals particularly in the Police and Youth Offending Services. This is said despite convictions being historic and offences spent. The extent to which institutionalised discrimination plays a part is difficult to ascertain but it is often an issue raised by BAME organisations and individuals within them who have worked in the sector for a long time."*

There remain some barriers for some communities in accessing services. One example was drawn out through community engagement with women from African Caribbean and some African communities who were not typically accessing women's centres and services within Nottingham City. Nonetheless one of the findings from these consultations was that some of the issues were being dealt with within grassroots organisations and faith organisations. Communities can have less visible resources that they draw upon.

Local stakeholders have many creative solutions for reducing violence and are an important conduit in linking with smaller organisations as well as with local people directly and they provide detailed insight and cultural awareness. The stakeholder feedback is very clear that a key barrier is short term funding and the competitive nature of it, as well as gaps in essential resources such as vans. Longer term commitment is also vital in overcoming some of the legacy issues in relation to trust. It was proposed that a ten-year strategy (long term commitment though adaptive in how it is implemented) is needed to start to create change in a generation.

The opportunities for development within the sector include improving links and pathways and capacity building. The stakeholders are also well placed in identifying specific gaps, including groups of young people who may be falling between services and provision, for example at a recent meeting participants highlighted that there are unclear pathways for NEETs who drop out of college. Recurring themes were the importance of trauma informed practice across practitioners and the role of community and voluntary sector organisations in building community resilience.

8. Local Service Provision and Assets

8.1 Context

There are a broad range of services and assets in Nottingham City and Nottinghamshire County which directly work to reduce violence in the area, mitigate the risk factors associated with violence and/or increase the resilience of individuals, families and communities. NNVRU will build on and add to, the work that is already underway in the area and increase collaboration and integration between different assets and services.



Data and intelligence is a specific asset locally and there are detailed programmes of Joint SNAs and intelligence accessible on the local Insight websites⁴⁵.

The following sections look at the citizen-facing services which are available across Nottingham City and Nottinghamshire County. They are not intended to give a comprehensive picture of all of the assets, services and projects available across the NNVRU area, but rather give a broad overview of the types of services.

Two key difficulties have been encountered in trying to fully capture the range of activities across Nottingham and Nottinghamshire, particularly in relation to the Voluntary and Community Sector (VCS). Firstly, a level of ‘mapping fatigue’ has been identified amongst workers. It is felt that such exercises are undertaken regularly by a variety of organisations and this reflects the difficulty in firstly identifying the full range of services and assets available and the ongoing issue of maintaining an accurate database. Two websites have been set up, *Ask Lion*⁴⁶ covering Nottingham City and *Notts Help Yourself*⁴⁷ for Nottinghamshire County, which allow Voluntary and Community based organisations and Associations to list their services although some gaps remain.

The second difficulty relates to the differences between services in the City and conurbation and in other parts of the County. Services have developed in relation to need and perceived or actual gaps in statutory provision which may have led to greater levels of VCS provision in more deprived areas. However, there is also a feeling that the larger, more diverse population and higher population density in the City supports both a wider range of services and more specialist services. This has also enabled a higher degree of integration between groups and the ability to deliver across communities as they are operating in closer geographical proximity. By contrast, the County’s population is more dispersed, which may mean organisations are more locally based and covering a variety of issues. This seems to have led to less integration and collaboration between services and more difficulties in identifying the full range of services available.

Some stakeholders feel that the larger, more diverse population and higher population density in the City supports both a wider range of services related to violence reduction and more specialist services.

8.2 Statutory Services

A range of statutory sector partners work together, nationally and locally, to reduce serious violence including interventions at primary, secondary and tertiary levels. For brevity, these partners are not listed in full and include those working in Local Authorities, health, education and police.

⁴⁵ www.nottinghamshireinsight.org.uk and www.nottinghaminsight.org.uk.

⁴⁶ www.Asklion.co.uk

⁴⁷ www.Nottshelpyourself.org.uk



8.3 Specialised Services Focused on the Causes of Violence and Violence Reduction

A range of commissioned and specialist services, provision and networks specifically work to reduce violence. The following are highlighted as examples of promising local practice.

Universal Services

Community Safety Partnerships and Crime and Drugs Partnership

Nottingham City has a Crime and Drugs Partnership. Nottinghamshire County Council has four Statutory Community Safety Partnerships which sit under the Safer Nottinghamshire Board and has retained a strong Youth Service throughout the districts. Community Safety Managers and a Harm Reduction Officer seek to address risks and vulnerabilities in communities using an evidence-based approach, including local intelligence.

Social Prescribing

Part of the NHS England Long Term Plan to deliver personalised care, Social Prescribing is when primary care professionals and local agencies refer patients to a Link Worker, or similar role, who enables them to access appropriate support in the community, in order to improve their health and wellbeing. Social Prescribing may be relevant for a wide range of people, including those with one or more long-term conditions, who need support with their mental health, who are lonely or isolated and who have complex social needs which affect their wellbeing. The Link Workers take a holistic approach to people's health and wellbeing by connecting people to local community groups, non-clinical and statutory services for practical and emotional support.

In Nottingham City, GPs and health professionals are making referrals to eight Link Workers employed by Nottingham City GP Alliance. In addition, there are two Link Workers and three Community Connectors employed by City Care and Nottingham City Council respectively. The Nottingham Community and Voluntary Sector (NCVS) is working in partnership with the Link Workers as well as with local organisations and community groups to shape the delivery of Social Prescribing, build multi-agency partnerships, raise awareness, share learning and good practice and strengthen the development of voluntary and community sector enterprise provision.

Nottingham City Community Cohesion Team

The Community Cohesion team within Nottingham City has a Community Support function with the following roles:

- Researching need to build Community Cohesion
- Advising other parts of the Council about Nottingham's diverse communities and their needs
- Supporting new groups and developing opportunities for collaboration with other groups
- Supporting Asylum seekers and refugees



- Supporting Community groups which support young people involved or at risk of becoming involved in violence
- Tackling hate crime
- Supporting Students and improving relationships with city residents

Child Criminal Exploitation (CCE) Panel

The CCE panel is a monthly multi-agency forum which provides a quality assurance function for work undertaken in relation to individual young people and correlates information to identify risks associated with possible perpetrators and locations of concern. It enables information sharing and focused discussion, ensuring a contextualised safeguarding approach is taken to support the needs of children at risk of being exploited and to disrupt and identify barriers to the prosecution of alleged perpetrators. The CCE panel has representation from key groups including Police, education, health, mental health, Children's Social Care, Community Protection, housing and the Youth Justice Service (including prevention services undertaken by the Exploitation and Violence Reduction (EVR) Hub), in order to ensure that all possible powers and options are being used to safeguard victim/survivors and disrupt offending activities. Relevant consideration will also be given to the potential risk of exploitation of others in that child's peer or familial network and strategy meetings may include undertaking a contextual peer mapping exercise. The CCE panel has secured funding from the OPCC to provide personalised commissioning from the voluntary sector to support engagement with the most challenging children.

Wellbeing Hub

Framework brings together a number of existing employment and support services into The Wellbeing Hub⁴⁸. This means that people can access more than one service in one place and ask for additional support if they feel they need it. Services include:

- Nottingham Recovery Network – drug and alcohol support
- Wellness in Mind – mental health support
- Opportunity and Change – employment support
- Building Better Opportunities – employment support
- Better Working Futures – employment support
- Clean Slate – offender support with specialist drug and alcohol treatment
- The Health Shop - sexual health and harm reduction

Youth Services

Nottingham Area Based Grants

Funding provided through the Area Based Grants Programme offers an incredibly wide variety of activity, both diversionary and targeted, across the City. Partners within the

⁴⁸ <https://www.nottinghamwellbeinghub.org/>



programme offer activity for young people aged 5-25 years as well as some family provision. For younger children there are play sessions, sports provision including boxing, after school sessions and open family-based provision. For young people, the activities provided include boxing, gym sessions, multi-sports, girls only sessions, football, sessions that focus on mental health and well-being, detached youth work and counselling, music provision such as song writing, live performance and the use of digital media.

Also funded are three larger community organisations (Take 1, Afro-Caribbean and Asian Forum (ACAF) and the Community Recording Studio) that work specifically with young people who are either already engaged in 'risky' behaviours or on the cusp of criminality. Using staff from these communities as positive role models, these community groups are able to reach young people that statutory services cannot and who the young people involved respect.

Nottinghamshire County Council Youth Service

Nottinghamshire County Council's Youth Service delivers youth work provision offering high quality, safe and enjoyable positive social education activities outside of the school day. Youth work is available from a network of 32 delivery points across the County, including four mobile youth projects each delivering to several communities reaching young people who may not be able to access building-based provision.

The Youth Service engages with young people from age 10-19, Looked After Children until the age of 21 and disabled young people up to the age of 25. The aim is to provide opportunities for young people to engage in new learning experiences, whilst establishing trusting professional relationships between young people and youth workers. Youth work enables the early identification of concerns and allows youth workers to make positive and appropriate targeted social education and early help interventions before issues become acute.

The service also delivers targeted outreach work in hotspot areas and with key individuals identified in conjunction with the Police and community safety teams. This preventative and diversionary youth work is delivered to young people who are on the periphery of engaging in risky behaviours and therefore engaging with them at an early stage.

Youth Violence Interruption

Since April 2018, Redthread⁴⁹ have had a presence in the A&E Department at the Queen's Medical Centre in Nottingham, employing youth workers to engage with young people who have been the victims of assaults. The workers seek to use this point as a "teachable moment" to try and divert the victims of assault into more positive choices and to connect them with services and agencies which can help to reduce their chances of coming to further harm, or inflicting harm on others. Redthread also engages with staff in the hospital to increase their awareness of the issues surrounding these young assault victims and trains staff to engage more productively with the young people. Funding is provided in partnership with the Office of the Police and Crime Commissioner. Positive results have been reported from the QMC project from victims, staff and the agencies involved and a scoping project is being carried out to assess the suitability of taking a similar approach in the A&E Department at Kings Mill hospital in Mansfield.

⁴⁹ <https://www.redthread.org.uk/>



Networks

The Ending Youth Violence Network

This is a network of 84 Youth and Community organisations based mainly in the City of Nottingham, who self-define as working to reduce the incidence or risk of violence for young people. This ranges from diversionary activities for young people to family support organisations and commissioned services such as drug and alcohol support for young people. Some statutory services such as the Youth Offending team and Play Service also attend.

The objectives of the Ending Youth Violence Network are:

- The network meets to exchange information and good practice
- Contributes to service development
- Identifies training and development needs
- Seeks opportunities for collaborative working
- Gets information about service development and funding opportunities
- Identifies strategic issues for the sector such as the need for an evidence base and evaluations

The Network has recently undertaken joint training and delivery of the Strengthening Families, Strengthening Communities parenting programme together with City Workers. The NNVRU will be supporting organisations working with Young People and Families affected by trauma and at risk of serious violence via an incubation hub. The incubation hub will be offered across Nottingham City and Nottinghamshire County and will identify training and development needs, develop a variety of ways to improve organisational effectiveness and access to funding and contract opportunities.

The Children and Young People's Provider Network has a wider remit, to support Children and Young People across the City and County meets quarterly. This consists of over 200 organisations and has a similar remit in information and good practice exchange. Some organisations attend both networks.

Street-based Outreach

Nottingham Street Doctors⁵⁰

Nottingham Street Doctors in the Nottingham branch of the national charity Street Doctors. All volunteers are medical students. They teach young people in the community who are at risk of violence what to do if someone is bleeding or unconscious.

Street Pastors

Street Pastors are trained volunteers from local churches seeking to respond to urban night-time problems. They spend time out and about in small groups to care for, listen to and help people, particularly those who are more vulnerable who are out on the streets. The

⁵⁰ <https://www.su.nottingham.ac.uk/healthcare/medsoc/clubsocs/streetdoctors/>



aim is to be a visible presence and source of help and to contribute to safer cities and towns. They work independently, but with the full support of the Local Authority and the Police and work closely with security and door staff of the pubs and clubs. They provide simple practical support such as handing out water and flip-flops, providing emergency first-aid and will signpost individuals to appropriate agencies.

- **Mansfield Street Pastors**⁵¹ patrol the Town Centre on Saturday nights between 9pm and 4am
- **Nottingham Street Pastors**⁵² patrol on Friday and Saturday nights between 10pm and 3am

Intelligence-led Approaches

Predictive Modelling

As part of the Ministry of Housing, Communities & Local Government project on supporting families against youth violence, Nottingham City Council have been developing a predictive model to identify 10-18 year olds within the city who may be at risk of involvement in knife crime. The results of the model will be used as an additional resource for front line staff to evaluate cases and provide preventative intervention. The model is trained using information leading up to people committing their first knife offence (possession or violence) and information from a control group of people who have not committed a knife offence. At present the model is 90% accurate at identifying people not involved in knife crime and 80% accurate at identifying those who are.

Some of the features that weigh heavily in model decision making are:

- Time since last school exclusion and total duration of past exclusions
- Time since most recent offence and number of previous offences
- Total time spent NEET
- Previous knife crime prevention work
- Length of time spent on an EHCP plan
- School attendance over the past 3 terms
- Number of referrals to Children's Services
- Educated at an alternative provision

Domestic and Sexual Violence and Abuse Services

Safe from Harm Review and Local Service Provision

The Safe from Harm Review concluded in 2013 and confirmed that Nottingham City has a good variety of domestic violence services meeting a range of need across the city. It also identified that there was not enough service provision to meet need and more investment in

⁵¹ <https://streetpastors.org/locations/mansfield/>

⁵² <https://streetpastors.org/locations/nottingham/>



Early Intervention work was needed in order to respond in a timelier manner. As well as identifying insufficient capacity in support services for survivors of domestic violence and abuse, the review also identified just one service engaging with the perpetrators of abuse which attempts to reduce reoffending.

Currently, services are provided by JUNO Women’s Aid⁵³ in Nottingham City and in Ashfield, Broxtowe, Gedling and Rushcliffe districts and by Nottingham Women’s Aid⁵⁴ in Bassetlaw, Mansfield and Newark and Sherwood districts including independent advisors and helplines. Equation⁵⁵ provides services for male victims/survivors of domestic abuse across the City and County and is also co-commissioned to provide domestic abuse training to professionals from all sectors. Juno Women’s Aid and Nottinghamshire Women’s Aid also provide specialist support across the County for victims/survivors of stalking outside of a domestic abuse context. In addition, support and referral services are provided by more local, district-based services and by women’s shelters and refuges across the area.

Sexual Violence and Abuse Survivors Needs Assessment

A comprehensive needs assessment and review of services relating to Sexual Violence in Nottingham City and Nottinghamshire County was carried out by LimeCulture in 2019⁵⁶. It identified a range of services across the County including the Topaz Sexual Assault Referral Centre; support and advisory services commissioned or delivered by the Nottinghamshire Sexual Violence Support Service (NSVSS)⁵⁷; and therapeutic support services. Specialist services for children who are either victims/survivors of or witnesses to sexual or domestic violence are also identified (LimeCulture, 2019).

Response to Complexity

Work has also been carried out in Nottingham aimed at increasing support for survivors of domestic and sexual abuse with complex needs, specifically people with needs around substance and/or alcohol misuse and/ or mental health and/or English as a foreign language. This ‘Response to Complexity’ project was analysed by academics at the Universities of Nottingham and Wolverhampton and St Mary’s University and best practise was identified in terms of responding to complex needs and multi-agency partnership working (Harris and Hodges, 2019).⁵⁸

Drugs and alcohol misuse services

Change, Grow, Live⁵⁹

CGL Jigsaw is a specialist young person’s and families drug and alcohol service for Nottingham City. It offers engagement with young people aged 18 and under which includes structured psycho-social interventions to reduce the impact of drug and alcohol use and provide education on the associated risks.

⁵³ <https://junowomensaid.org.uk/>

⁵⁴ <http://nottswa.org/>

⁵⁵ <https://www.equation.org.uk/>

⁵⁶ <https://www.nottinghamshire.pcc.police.uk/Document-Library/Public-Information/Newsletters-and-Publications/Publications/Sexual-Violence-Needs-Assessment-LimeCulture-October-2019.pdf>

⁵⁷ <https://nottssvss.org.uk/>

⁵⁸ <https://www.ingentaconnect.com/content/tpp/jgbv/2019/00000003/00000002/art00003> .

⁵⁹ <https://www.changegrowlive.org/advice-info/under-21-advice>



CGL Jigsaw also offer support to those affected by someone else's drug or alcohol use. This allows for specialist packages of support to be developed which enable a whole family approach to tackle the multifaceted issues encountered with substance use.

Options of intervention include:

- Assessment and care-planning for young people
- 1:1 support and interventions
- Support around related areas such as housing, education/training, employment and finances
- Group-work programmes
- Harm reduction advice and information
- 1:1 support for children impacted by parental substance use. Including support for parents and carers
- Community outreach
- Behavioural couple's therapy
- Information, advocacy and support for families, carers and professionals
- Telephone and digital support via social media

Ending Alcohol Harm

Nottingham City established a programme of work in 2014 to reduce the impacts of harm related to alcohol in the City, with a particular focus on the City Centre and the NTE. The approach has been broadly divided into three strands: limiting the availability of alcohol, management of the City Centre both in terms of venues and their customers and prevention and treatment schemes. The work has emphasised multi-agency working and has attempted to engage all relevant sectors and agencies which are impacted by alcohol harm or can work to reduce it. The City Alcohol Strategy is aligned with the Local Alcohol Action Area programme which includes both the City and County response to alcohol related harm.

Mental Health and Wellbeing

Nottingham City Emotional Health and Resilience Charter

The Charter is based on Public Health England's 'whole school approach' to supporting the mental health, emotional wellbeing and resilience of school pupils. It helps build awareness of mental health issues amongst children and staff, enables early intervention and school-based support and increases links between schools and external agencies who can provide professional and specialist support. By March 2020, 29 schools have signed up to the Charter.



“Changing the language we use with our children has been part of our approach to helping them be aware of and manage mental health. Creating opportunities for children to be reflective learners, thinkers and individuals has been a part of this. Questionnaires show a higher percentage of children now feel supported in school and listened to by staff”.

Quote from Charter case study, February 2020.

Local Transformation Plan

As part of delivering the ambitions outlined in the Future in Mind document (2015) and the NHS Long Term Plan (2019), support for children and young people’s mental health is co-ordinated across a wide range of partners including health, education, social care, the third sector and children, young people and parents and is described in the Local Transformation Plan.

Nottinghamshire Integrated Care System has been successful in securing funding for the rollout of five Mental Health Support Teams across the footprint. The first two teams were established in December 2019 mostly covering Gedling and Rushcliffe boroughs with three more due to go live in September 2020 with two teams covering Nottingham City and one covering Mansfield and Ashfield. Bids have been made to NHS England for teams to cover the rest of the County. The teams will deliver evidence-based interventions, support schools through key workers and establish a Mental Health Lead Support Network.

Commissioned Services in Schools and Colleges

Across Nottingham City and Nottinghamshire, engagement and collaboration with schools and colleges has increased to ensure they feel supported to support our children and young people. Schools have been participating in several initiatives as detailed below.

Contract extensions have been made to the existing commissioned services for resilience programmes to build emotional health and well-being for Children & Young People attending Nottinghamshire Schools. In the north and west of the County this is the Each Amazing Breath – ‘Take 5 at School’ Programme⁶⁰ and Young Minds ‘Academic Resilience Approach’⁶¹ in the south of the County.

SHARP Early Intervention

SHARP offer self-harm clinics in 20 City secondary schools, including alternative education provision each month. Their offer includes work with children and young people to reduce incidence of self-harm and work with frontline professionals to increase their awareness of self-harming behaviours and improve their responses to it. SHARP have reported a reduction in children and young people requiring specialist mental health services as a result of early intervention.

Mental Health First Aid

The MHFA Youth training is designed to support and listen to the voice of young people who may be experiencing poor mental health and how first aiders can give open initial support.

⁶⁰ <https://www.eachamazingbreath.org/services/take-five>

⁶¹ <https://youngminds.org.uk/youngminds-professionals/our-projects/facilitating-academic-resilience-approach/>



The key aims are around preserving life if a young person is in danger, early intervention, preventing problems escalating, giving comfort and support and promoting recovery and reducing stigma, as well as educating first aiders in key areas of depression, anxiety, psychosis, suicide, self-harm and eating disorders.

Pause Nottingham⁶²

Pause is an organisation that works with women who have had children removed from their care and are at risk of this traumatic cycle repeating itself. It works with a woman for 18 months in an intensive, relationship-based way in order to prevent the damaging consequences of more children coming into care and to support her to make positive and lasting changes. All clients have multiple barriers to accessing services and almost all are survivors of domestic violence. Pause works closely with women to build self-esteem and make positive changes, as well as to reflect on their own experiences and their own history. Each practitioner works with eight women at a time and these small caseloads enable workers to build strong relationships.

Innovative Police Approaches

Operation Guardian/Promote

This is a police operation to tackle drug dealing and the associated use of weapons. It uses a passive scanning drugs dog alongside uniformed officers to target those carrying drugs in the NTE, with the aim of deterring such people from coming into the city centre. Seizures of cocaine, ecstasy and cannabis have been made. The model has also been used in towns in the county.

8.4 Services Commissioned by the Office of the Police and Crime Commissioner

The Office of the Police and Crime Commissioner (OPCC) contribute to a broad range of programmes. Some of this work has already been described above. The OPCC contribute to the *Clean Slate*⁶³ and young people substance misuse programmes in the City and the criminal justice element of the Change Grow Live programme in the County. The funding is also supporting the development of the Ending Youth Violence Network (EYVN) to enable these smaller groups to build on their successes and deliver more cohesively.

Nottinghamshire Victim CARE – Catch 22⁶⁴

Nottinghamshire Victim CARE provide help and support to victims of crime and anti-social behaviour, whether they have reported the incident to the police or not. They provide support for all victims of any crime, apart from those who have experienced domestic or sexual abuse and can offer support for all ages. Referrals can be made by police, professional agencies or by direct contact with the organisation. The service's caseworkers are specially trained to deliver one to one emotional or practical support and advocacy. Nottinghamshire Victim CARE will also provide a restorative justice service and will support victims through restorative justice if this is what they wish.

⁶² <https://www.pause.org.uk/practice/nottingham/>

⁶³ <https://www.frameworkha.org/service/clean-slate>

⁶⁴ <https://www.catch-22.org.uk/services/victim-care-nottinghamshire/>



Sexual Violence and Domestic Abuse Support

Sexual Assault Referral Centres are provided for adults through Mountain Healthcare and for children through the East Midlands Paediatrics Children and Young People's Sexual Assault Service at Nottingham University Hospitals. Both provide crisis support, forensic examinations and access to follow on support and healthcare.

Independent Sexual Violence Advisors provide practical, informational and emotional help for adults who have been raped or sexually assaulted and adult victims/survivors and survivors of child sexual abuse. Help includes advocacy and support through the criminal justice process including reporting to the police. Nottinghamshire Sexual Violence Support Services (NSVSS) deliver services for adults and *Imara*⁶⁵ deliver specialist services for children and young people. Counselling and support for victims/survivors of sexual violence is also delivered through Nottinghamshire Sexual Violence Support Services⁶⁶, ISAS⁶⁷ and SHE⁶⁸.

A range of support is funded relating to domestic abuse (described above in the section on Safe from Harm Review).

Schools-based Prevention and Early Intervention Activity

A suite of interventions have been supported for adoption in local schools including:

- **GREAT Programme** – healthy relationships programmes for Years 5 and 6.
- **Equate** – healthy relationship programmes for secondary school.
- **Know More** – targeted healthy relationship programmes for girls who are at risk of abuse (secondary school).
- **Choices** – targeted programmes aimed at tackling the behaviour of young men who are starting to harm.
- **My Connections** – locally developed toolkit for professionals (usually in Youth Offending Services) who are working with young men who may be harming.
- **Horizons** – locally developed family-based programme to tackle harmful behaviour.

8.5 NNVRU Engagement and Activity

Community Engagement Approach

NNVRU has adopted a place-based assets approach to Community Engagement. This involves building on assets⁶⁹, in order to maximise the exposure of people at risk of being a

⁶⁵ <https://www.imara.org.uk/>

⁶⁶ <https://nottssvss.org.uk/>

⁶⁷ <http://www.isas-notts.org.uk/>

⁶⁸ <http://she-uk.org.uk/>

⁶⁹ A health asset is defined as: “Any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain health and well-being.” Antony Morgan, Associate Director NICE 2009. [An asset approach to community wellbeing - glass half full](#)



victim or perpetrator of violence to services which can help to reduce violence. The NNVRU has also developed a Youth and Community Engagement Strategy to ensure that the services it commissions are appropriate and acceptable to the people who are the intended beneficiaries of their work. The strategy is based on a 5C's approach (Public Health England, 2019) to ensure a high level of community engagement and buy in to the services.

This approach enables:

- Communication.
- Collaboration.
- Co-production.
- Community Consensus.
- And development of a counter narrative that challenges some of the existing narratives which lead to increased risk of harm and violence.

NNVRU holds regular meetings with stakeholders, including frontline practitioners and briefs the Voluntary and Community Sector (VCS) in the County and the City. The City VCS briefing has some frontline Staff attending whilst engagement needs to be strengthened with VCS Providers in the County. Consideration is being given to how NNVRU can build on the Community and Youth Engagement Strategy to ensure community consensus and co-production are integrated into its ongoing development, including through the development of shared resources for use by the Community Ambassadors and others and through convening a Citizen's Panel.

NNVRU Led Activity 2019/20

Since the establishment of the NNVRU in 2019, a variety of primary, secondary and tertiary intervention schemes have been established. These have ranged from early intervention schemes aimed to improve the knowledge and resilience of large numbers of people, to more targeted work aimed at groups of people who are at risk of developing violent behaviours and work aimed at reducing reoffending or recurring harm amongst perpetrators and victims of violence. Examples of the programmes funded by the NNVRU are listed below, more details from these will emerge and guide work in 2020/21.

REACH Readiness Assessment - The NNVRU have commissioned a readiness assessment to determine whether the 'REACH model', which seeks to train professionals in trauma informed practice, is appropriate for roll out in Nottinghamshire Police. In the meantime, the NNVRU are establishing a task and finish group to develop a proposal for an approach within Nottingham City and Nottinghamshire which engages with the extra-familial dynamics of risk in adolescence with a view to reducing serious violence. This will include consideration of an approach that is trauma informed and recognises the impact of adverse childhood experiences (ACEs) on children, young people and adults. The outcome of this will be a series of recommendations to the Board about the benefits and feasibility of becoming a trauma informed City and County.

Mentors in Violence Prevention – MVP is a primary prevention programme within an educational framework which utilises a creative bystander approach to prevent all forms of bullying and gender-based violence. It has been rolled out to six schools/alternative



providers in the City and County using a train the trainer model. This is a population level approach which can reach hundreds of young people in a relatively short timescale.

My Voice Programme - 'My Voice' is a countywide writing programme which has launched in 7 primary schools and 2 YOT cohorts, delivered by the Nottingham UNESCO City of Literature. It is a primary prevention mentoring programme, the outcome of which will be to provide diversionary activity for young people in areas that are statistically more likely to be impacted by serious violence.

Interventions for Children Exposed to Domestic Violence - Juno Women's Aid are delivering a six-month pilot of a one to one and group work response to a cohort of young people exposed to domestic violence knife crime. The Programme aims to support their understanding of a healthy relationship, help them manage their experience of exposure to abuse and to give clear messages that violence, particularly knife crime, is unhelpful.

Countywide Contextual Safeguarding Training – The NNVRU held a multi-agency children's safeguarding conference at the beginning of December for frontline professionals from across the city and county. It was commissioned in response to the current limited awareness and understanding of CCE/contextualised safeguarding.

Custody Intervention Programme - The Custody Intervention Programme has seen youth workers deployed into two custody suites one in the city and one in the county. The overall aim is to prevent reoffending and prevent young people from becoming perpetrators or victims of violence by providing a holistic intervention during a 'teachable' moment.

Violence Interrupters Evaluation – The NNVRU have commissioned an evaluation by Nottingham Trent University of the targeted youth outreach programme which is currently being delivered in Nottingham City Centre. They are focussing on the impact on serious violence and stakeholder perceptions of the model. The outcome will be a report which will inform future working models and approaches to targeted youth outreach.

Prison interventions - A tertiary prevention programme aimed at a cohort of violent offenders at HMP Nottingham was commissioned in 2019. It uses a holistic programme of intervention and also aims to support those taking part as they are released into the community. The programme is already seeing positive outcomes as evidenced by a number of first hand case studies. An evaluation report will be provided in April.

Choices Project and Evaluation - Three 'Choices' projects are being delivered within schools and alternative provisions, for a total of 36 young men in Nottinghamshire identified as vulnerable to gang involvement, knife crime and associated abuse. It is based on the premise that preventative education can change attitudes and reduce the social acceptability of violence.

Social Media - Funding allocated to this intervention has been used to fund consultation by the St Giles' trust. The aim of the initiative is to explore the issue of social media as it relates to child criminal exploitation, county lines and youth violence and provide a clearer picture of what is happening locally and the extent to which social media is being used by criminal groups. Recommendations will be made to the Strategic Violence Reduction Board in early 2020/21.



Ben Kinsella Exhibit – Funding is being used to support the creation of a Nottingham families’ room at the Ben Kinsella Choices and Consequences exhibit which is based at the National Justice Museum in Nottingham. The aim of the exhibition is to teach young people, including those visiting from schools, alternative provision and youth offending cohorts, the consequences of carrying a knife.

9. Methodological Considerations

Where data and information has not been available or supplied, the picture of serious violence in Nottingham City and Nottinghamshire County is inevitably incomplete and conclusions have been drawn with caution. These gaps in data and information limit understanding of where there are gaps in service provision, whether the current provision is effective and where resources are best allocated to reduce serious violence. Specific challenges include:

- Police recorded crime figures are significantly affected by changes in recording requirements, such as addition of new offences or changes to national guidance on crime recording. The National Crime Recording Standards have a large impact on the numbers of crimes recorded from incidents reported to the police. This causes difficulties in analysing crime trends over time or between different areas, who may have different rates of NCRS compliance. This impact is less pronounced upon serious crime and is likely to have more impact on crimes such as ABH.
- A number of different services and activities use different data and recording systems, such as Youth Justice Services and have different inclusion criteria and different success outcomes, such as Nottingham City’s Priority Families and Nottinghamshire’s Troubled Families programmes. This limits any intra NNVRU comparisons.
- The ongoing issues with the police national computer mean that it has not been possible to obtain information on first time entrants and reoffending figures in time for inclusion in the SNA. Whilst local data is collected by Youth Justice Services, there are methodological differences as such the figures are not nationally comparable nor are there comparisons between Nottingham City and Nottinghamshire County possible.
- National survey data is rarely reliable at a district level due to small sample sizes so can only be reported for Nottingham City and Nottinghamshire County. This potentially disguises the relative need in different areas of the city and county.
- Arguably most significantly, the response to Coronavirus 19 has required significant efforts across the partnership and has limited the ability of colleagues to contribute to the SNA in recent weeks. In addition, it has not been possible to access and analyse data such as EMAS data whilst working remotely. The refresh of the SNA will enable NNVRU to analyse such additional data and consult on the findings more extensively with the Strategic Violence Reduction Board and other key partners.



10. Summary of Key Findings

Summary of the main findings

- 1. There are important contextual factors for serious violence, in particular the deprivation and inequality experienced by some communities; contextual safeguarding is an essential part of understanding and reducing harm for young people.**
 - There are important risk factors for serious violence that can be described at individual level. Health data, particularly related to mental health, points towards increases in the risk factors which increase vulnerability to violence, particularly amongst young children. Environmental and social factors have a substantial influence on violence and describing these is important in developing a shared and broad understanding on the determinants and violence, in minimising stigmatisation of local communities and in developing effective responses: too often efforts to reduce violence are disconnected from the underlying causes and fail to appreciate the complexity of the system.
 - National and local evidence suggests that the risk factors associated with violence tend to be more prevalent in deprived communities. The same communities have less access to some of the key protective factors which mitigate against violence, particularly given reductions in services due to austerity. The crime data included here suggests a link between deprivation and the volume of recorded crime at district level and future analysis will seek to test this association at Ward level. There is a strong relationship between repeat A&E attendances and level of deprivation indicated by a five-fold difference in numbers between the most and least deprived quintiles.
 - Reported crime under-estimates actual crime. Evidence and local intelligence suggests this is particularly true for victims/survivors of domestic and sexual violence. Victims/survivors are not always willing to name a perpetrator which prevents the perpetrator being brought to justice and may increase the likelihood of further offences being committed. The current narrative around a victims/survivor reluctance to name a perpetrator often cites the issue in the individual rather than the broader context.
 - Violence can be framed as ‘fighting’ and seen as normal for young people; this is an example of a perceived norm and highlights the importance of place-based responses. Commonly cited risk factors in relation to young people and violence (as victims and/or perpetrators) include substance misuse and the impacts of social media. Detailed case studies of young people in the criminal justice system highlight multi-layered vulnerabilities for young people and the importance of contextual safeguarding. Interestingly, the young prisoners in the focus group cited responsibility for violence and their subsequent prison sentence with themselves; they focussed on personal traits and their own difficulties in managing anger or impulse control, although the evidence points to particular risks and vulnerabilities.
 - There were clear findings in the stakeholder feedback and lived experience of young people on how some areas of the public realm in Nottingham City and Nottinghamshire County feel safer than other areas; the relationship between visible



- police presence and perceived safety is complicated by perceived racial discrimination, mistrust and the use of 'stop and search' powers. For example, practitioner intelligence applied to the crime data on *Possession of Articles With Blade or Point* suggests observed increases in 'possession' data can be linked to specific Police activity, for example the 2019 *Operation Lumination* involving stop-and-search in the Forest Recreation area of Nottingham City. Interpreting the effectiveness of local approaches requires situating the activity data in relation to lived experience and an ongoing emphasis on community engagement.

2. Males are over-represented as perpetrators and victims of serious violence.

Males are over-represented in the crime and the health data throughout the SNA and descriptive analysis has identified the extent to which this is observed locally:

- Males are more likely to have an A&E attendance for assault than females, particularly young males aged 20-29 who are responsible for 25.7% of attendances.
- A&E attendance rates in males are on average twice as high as rates in females.
- More than half of visits to A&E for assault related injuries in males occurred in a public place particularly in the 20-29 age group. Assaults at home is the second most common location more so for females than males. Due to limitations of this dataset, it is not possible to conclude that assaults which occur in the home environment are domestic violence related.
- Males aged between 20-29 years are more likely to attend A&E multiple times in a day; the reason behind this is unclear and warrants further exploration.
- Males aged 20-29 from the most deprived quintile of the NNVRU area, are four times more likely to be admitted for violence related injuries than females.
- One in four admissions for assault were found to have some influence of alcohol. The proportion of alcohol involvement in males aged 20-29 is nearly double that in females in the same age group.
- Approximately 33% of 599 cases of admissions for violence where illicit drug use was noted were in males aged between 20-29 years.
- The proportion of mental health diagnosis, alcohol and illicit drug use in males aged 50-59 years admitted for assault is double that in females.
- Of 74 deaths in the NNVRU area between 2014 and 2019, 66.1% were males, 45.9% from the most deprived quintile within the NNVRU area and 63.1% aged between 20-49 years with the highest proportion (28.8%) in the 20-29 years age group.

A broad range of local organisations are assets in working with and engaging men. There is an incomplete evidence base on the effectiveness on diversionary activities such as sports and music, which can often be targeted at young males; there is clear evidence for always available adults and examples of effective mentoring schemes locally and lived experience of the benefits of vocational skills and training. A further review of evidence in relation to reducing violence in males would help to inform local approaches.



3. There are particular patterns of violence in relation to the NTE.

Overall, the long-term trend in the UK has been a reduction in serious violence. 'High harm' offences involving guns, knives and sharp objects have increased in recent years, although they still remain a relatively small proportion of the overall crime figures. These offences are not evenly distributed across the week nor across the NNVRU area. The crime and health data in this SNA has drawn attention to violence particularly occurring in the urban environment (Nottingham City and Mansfield) during evenings and weekends.

- Nottingham City and Mansfield show a higher proportion of recorded *Homicide and Violence With Injury (excluding DV and ABH)* occurring on Saturday night/ early hours of Sunday, this contrasts with other districts in Nottinghamshire, where a higher proportion of crime occurs in the afternoon and early evening (12:00–17:59). The violence in Nottingham City has associations with the NTE and particularly with alcohol consumption, though also with illicit drugs.
- More than two thirds of hospital attendances for assault occur between 11am and 4am and more than one third occur over the weekend. Whilst the temporal profile for crime shows higher frequency of reported crime on Friday and Saturday night, suggesting the link to the NTE, further analysis is needed in this area. Future work should explore the use of offence summary notes, to better distinguish between the offences that occurred on a 'night out' and those that occurred at night.
- More than 35% of assaults presenting at the Nottingham University Hospitals (NUH) Emergency Department occurred between 6pm on Friday evening and 6am on Saturday morning or between 6pm on Saturday evening and 6am on Sunday morning. The usefulness of the Injury Surveillance data (from NUH) is currently limited by the lack of detail on the Location of Assault. Improvements in the data collection could enable the NNVRU to replicate the 'Cardiff model' which led to reductions in violence in the NTE in South Wales.
- 22.7% (10,407/45,830) of NNVRU Serious Violence can be classed as alcohol-related crime, however the data does not distinguish what role the alcohol played in the crime (e.g. was the offender under the influence of alcohol or targeting victims in the NTE). Other datasets have been identified such as test on arrest outcomes, which will be accessed in order to explore this area further.
- Evidence suggest that there are specific, strong links between alcohol and domestic violence and violence in the NTE and this is echoed in the SNA findings. Further work should explore the overlaps between Domestic Violence and NTE Violence, e.g. DV that occurred at night and in licensed premises. Practitioner intelligence suggests that DV element takes priority in recording of such occurrences; future analysis can explore this hypothesis and assess how big the overlap is.
- The trade in illicit drugs is linked to a variety of violent crimes including assaults, acquisitive crime, sexual abuse and the criminal and sexual exploitation of children. Whilst there is a growing body of evidence to suggest that the use of cocaine and alcohol together has a cumulative impact and increases violent behaviours, few services routinely ask whether perpetrators and victims of violence have used alcohol and cocaine which reduces the ability to establish local prevalence.



4. The data sourced and analysed here provides an overview and there is ambition to develop this further; there is not yet sufficiently detailed and a shared insight to address some of the broader questions nor explain some of the observed patterns.

- Data and intelligence is a specific asset locally and there are detailed programmes of Joint SNAs and intelligence accessible on the Insight websites. A broad range of intelligence sources have been brought together within this SNA. The methodological limitations and data sources that have not yet been accessed have been recognised.
- Data is collected for differing purposes. The development of a local predictive model to identify 10-18 year olds within the City who may be at risk of involvement in knife crime, included in the assets section, is an example of producing information that can directly inform targeted engagement. The results of the model will be used as an additional resource for front line staff to evaluate cases and provide preventative intervention.
- It has not been possible to look at longer term changes for some outcomes due to inconsistent data recording and mixed data quality. Changes in recording are a particular issue, for example, the addition of new offences or changes to national guidance on crime recording for the police. Another challenge is the inconsistency in recording protected characteristics, or shared indicators (e.g. alternative education providers). This limits some of the comparisons and conclusions that can be drawn.
- Differences in recording practices can also obfuscate particular needs. For example, stakeholders suggest that attendance and exclusions from local schools underestimates the true picture. Specifically, that unofficial policies such as managed moves and off-rolling are used by some schools to 'manage' poor attendance and challenging behaviour. A report is expected by the Children's Commissioner which may give further insight on unofficial school exclusions. However, more consistency is needed in data collection to allow vulnerable children to be identified and supported.
- Where possible, the data available has been triangulated to support interpretations but there remain specific, unexplained peaks in the data. For example, the peak in the number of *NNVRU-Serious Violence* crimes observed between March and July 2018 is an example of a current knowledge gap, as it does not appear to be related to change in recording rules or change in practice. Practitioner intelligence does not suggest an increase in Police activity taking place in the period. Interestingly, a similar spike in A&E attendances and hospital admissions is not observed for the same period. Further analysis of NNVRU crime data showed that, the increase was driven mainly by ABH offences which didn't all require A&E treatment and/or a hospital admission.
- Further understanding of this difference may be gained from analysis of East Midlands Ambulance Service (EMAS) call out data and by having more information of the patient's journey this could 'plug' the information gap between crime and hospital data. The NNVRU looks to explore this further and include findings in the next iteration of the SNA.



5. There is substantial variation in the risk factors and observed violence across Nottingham City and Nottinghamshire County and place-based approaches are indispensable in addressing these:

- Some of the data included in this SNA pertains across the NNVRU area and broader conclusions can be drawn. For example, employment rates across the NNVRU area are lower than the national average as are average wages. Residents of Nottingham City tend to have lower levels of employment and pay than residents in Nottinghamshire County. More than four in ten children in the NNVRU area live in low-income households. Despite increases in the employment rate, more than half of these low-income households contain a working adult.
- There is important variation across the lower tier authority areas. For example, while the proportion of *Children in Need* or who are Looked After/Children in Care across the NNVRU area is broadly in line with the average for England. This hides a wide degree of variation across the area with higher than average rates in Nottingham City, Ashfield and Mansfield and the lowest rates in Rushcliffe and Gedling.
- Nottingham City and Bassetlaw have significantly higher A&E attendance rates for assault than the NNVRU average for both males and females.
- Triangulating locations where serious violence occurs including using police, injury surveillance and EMAS data will enable a better understanding of geographical context and support the targeting of activity. This can also be linked to data on risk factors. Mapping of hotspots such as those in the hospitality industry and fast food takeaways will inform licencing, policy, regulatory and enforcement activity and support a contextual approach to safeguarding.
- Some of the inequities in access to services is not solely related to difference in need. Some stakeholders feel that the larger, more diverse population and higher population density in the City supports both a wider range of services related to violence reduction and more specialist services.

6. The evidence base emphasises the importance of early years and childhood, the value of early intervention with young people and addressing the underlying issues that contributed to offending behaviour. Further work is needed to understand the influence of domestic violence on violence.

- National evidence suggests that early intervention schemes, aimed at improving the parenting skills of expecting and new parents, have the best evidence in terms of reducing harmful behaviours and generate the largest savings in future costs. The impacts on violence are seen over the longer term, but short-term impacts can be seen on other behaviours (health, attainment, attendance etc.) that are risk factors for violence.
- Interventions before the age of 11 can have the most impact on reducing violence. More training is needed to spread best practice amongst primary schools and to better integrate them into the wider public sector offer. Significant increases in funding are also required to increase the availability of support for children, families and schools.



- Research into Adverse Childhood Experiences has generated both a great deal of enthusiasm into the potential for creating a framework to understand childhood adversity, but also a degree of caution that it should not be interpreted as providing ‘...quick fixes to prevent adversity’. (EIF, 2019).
- There is also relevant information from the citizen and stakeholder feedback and narratives included. In particular, that mentors or ‘consistent trusted adults’ are vital for young people.
- Developing the understanding of choices and consequences and real-world life skills are recognised as key priorities for supporting local young people by both practitioners and young people.
- Reflective learning from the Youth Inclusion Project also emphasises the importance of whole community response and local credibility in achieving change.
- One in three (31.1%, 2,120/6,812) offenders associated with *Serious Violence-NNVRU Scope* are in the 20-24 and 25-29 age brackets. The literature review suggests that once people get past their late teens or early 20s most people ‘grow out’ of crime, but some become persistent offenders. Future work should explore this and try to identify the differences between the two groups.
- Crime data does not, in isolation, offer insights into offender motivations and precursors to offending and violent behaviour such as growing up in a household with Domestic Violence and/or drug and alcohol use. Triangulation of such information at adult offender level has not been possible due to the restrictions of information sharing. Domestic Violence Practitioner intelligence suggests there is a strong link between Domestic Violence and other criminal behaviour. Whilst the Domestic Violence has not been the main focus of this assessment, it is important to explore this in the future, as Domestic Violence is likely to be part of an offender’s journey and potentially a precursor to other violence.
- Interventions that address any underlying issues which led to violence being used should continue throughout an offender’s time in custody and into their release and reintegration back into the community.

7. The NNVRU approach aligns with the needs and insight in this SNA; and local consideration should be given to building forward over a long time frame.

A broad range of NNVRU activity is described in the assets section with planning for delivery in 2020/21 to address locally identified opportunities such as the incubation hub for voluntary and community sector organisation, as well as further work to develop the intelligence within the SNA.

There are several key findings that identify constraints in developing the NNVRU approach:

- Much of the evidence related to preventing serious violence is considered ‘emerging or preliminary’ which limits NNVRU’s ability to consistently commission based on strong evidence.



- And in developing effective strategic approaches to reducing violence, stakeholders stated strongly that short term funding remains an issue for many organisations, statutory, voluntary and community, as it restricts long-term planning and fosters a competitive environment which works against collaboration.

Mitigation measures for these constraints will include cross-sectoral engagement and joint strategic planning on a longer time frame and ensuring the robust evaluation of local interventions to contribute to the evidence base for feasibility of implementation.

11. Limitations, Gaps and Opportunities

Whilst a formal gap analysis has not been undertaken as part of the SNA, the evidence review, data analysis and engagement with local stakeholders and communities has identified a range of unmet, or partially met, needs and gaps in service provision. The recommendations in Section 12 of the SNA, are generated directly from this intelligence and have informed our response strategy for 2020/21. In recognition of the challenges in presenting a comprehensive SNA of serious violence in the time frame set, the Home Office have given VRUs the opportunity to refresh their SNA for submission in January 2021. NNVRU anticipate that some of the gaps and limitations identified below can be rectified for this submission.

Scope: Feedback from colleagues suggests that the agreed scope of the Nottingham City and Nottinghamshire NNVRU is too broad, specifically inclusion of ABH and this, initially, detracted analytical focus on the most serious violent crimes.

The evidence base: As is nationally recognised, much of the evidence related to preventing serious violence is considered ‘emerging or preliminary’ evidence, specifically due to the challenges in adapting complex programmes for different groups of individuals and/or local contexts. This limits NNVRU’s ability to consistently commission based on strong evidence. For example:

- The evidence around schemes aimed at reducing violence amongst perpetrators is not strong (Guy et al, 2014) although there are promising results around integrated models of working which take a holistic approach to wider issues informing the incidence of domestic violence.
- There is relatively little evidence on interventions to reduce the violence linked with the use of cocaine and alcohol simultaneously.

Data and Intelligence

- Not all demographic information is consistently recorded by local services and projects, limiting conclusions regarding equity of access and outcome. Recording of protected characteristics, including ethnicity, disability and sexual orientation, is inconsistent across services with much service data having high proportions of ‘not know/stated’ which limits the NNVRU’s ability to assess equity and target support appropriately, including through the commissioning of services and projects.



Contextual Data

- There is considerable data lag in some national contextual data including, deprivation, child poverty and worklessness and reoffending rates. This reduces the NNVRU's ability to triangulate with more up-to-date local data including that produced by the police, education and health services.
- The conclusions that can be drawn around exclusions data is limited by inconsistent reporting and perceived alternative methods of exclusion such as 'off-rolling' and 'managed moves' by schools who seek to limit the numbers of exclusions they 'declare'.
- Data on school-aged young people attending alternative education provision is not consistently shared and the data quality is inconsistent, limiting the ability to interrogate the data received by Local Authorities. This is despite national evidence that suggests there are strong links between students on reduced timetables, inadequate supervision of young and criminal and sexual exploitation.
- Data from further education colleges is not routinely shared although it is a potential rich source of information on the needs of local young people.
- National evidence suggests that young people who are NEET are more likely to become victims and/or perpetrators of violent crime. More 16 and 17 year olds should be consistently followed after they leave school to reduce the proportion of 'not known' individuals, many of whom are likely to be in the NEET cohort and benefit from additional support. The level of support offered in Nottingham City and Nottinghamshire County is based on available funding rather than young people's need.

Crime, Probation and Youth Justice

- Reported crime under-estimates actual crime. Evidence and local intelligence suggest that this is particularly true for victims/survivors of domestic and sexual violence. In addition, victims/survivors of violence are not always willing to name a perpetrator or withdraw their statement, which prevents the perpetrator being brought to justice for the offence and may increase the likelihood of further offences being committed. The current narrative around a victim's/survivor's reluctance to name a perpetrator often cites the issue in the individual rather than the broader context.
- To support local and national efforts to reduce serious youth violence, the Youth Justice Board (YJB) has developed a Serious Youth Violence (SYV) self-assessment tool. Nottingham City have been part of the YJB SYV reference group which has helped develop this tool. NNVRU will support Nottingham City and Nottinghamshire County Youth Justice Services in their implementation of actions arising from this self-assessment.

Health data

- Injury surveillance data collected by NUH is currently not high quality. For example, the time the incident took place is recorded inconsistently by patients, as is injury intent and injury cause and specific geographical information on where incidents have



occurred is missing. This limits the ability of the NNVRU to emulate the Cardiff model which overlays injury surveillance and police data and uses this to target local activity.

- The NNVRU team have not been able to establish whether injury surveillance data is collected by Kings Mill and Bassetlaw hospitals and thus only data from NUH is included in the SNA.

Triangulating Data

Crime data does not, in isolation, offer insights into offender motivations and/or precursors to offending and violent behaviour such as growing up in a household with DV and/or drug and alcohol use. Triangulation of such information at adult offender level has not been possible due to the restrictions of information sharing.

Whilst the SNA provides broad description of serious violence in Nottingham City and Nottinghamshire County, time constraints have prevented focused work on specific hypothesis such as whether:

- Perpetrators of domestic violence also commit serious violence in the public realm.
- Those not in education, employment or training are more likely to commit violent offences.
- Individuals who commit violent offences in early life are more likely to continue to offend violently throughout their lives.

Qualitative Research and Lived Experience

Whilst the SNA has engaged with a broad range of stakeholders and those affected by serious violence, the ambitious deadline for the SNA has limited meaningful qualitative research with individuals and communities who have experienced serious violence as victims and/or perpetrators particularly those from new and emerging communities and those whose voices are seldom heard.

ACEs, Resilience and Trauma-Informed Approaches

- Despite the growing attention paid to ACEs there is no nationally agreed methodology to measure them and extrapolations from a population to an individual level are flawed. Nottingham City and Nottinghamshire County have different approaches to using an understanding of ACEs to inform service delivery. Stakeholder feedback suggest that without an agreed methodology, the targeting of trauma-informed and trauma-smart interventions is limited and can only be applied as a universal approach.
- Whilst there is evidence to support interventions that increase children and young people's resilience, stakeholder feedback suggests that the current approaches are inconsistent across Nottingham City and Nottinghamshire County. These inconsistencies are not always based on differences in local need.



- The impact of ACEs on serious violence in Nottingham City and Nottinghamshire County is poorly understood. Specifically, what interventions could break the cycle of violence in some local communities?

Contextual Safeguarding and a Whole System Approach

- An understanding of contextual safeguarding and in this instance the link to serious violence, is in its infancy and there are gaps in training and appropriate policy in core provision.
- Too often efforts to reduce violence are disconnected from the underlying causes and fail to appreciate the complexity of the system.

Local Initiatives, Services and Projects

- Stakeholders stated strongly that short term funding remains an issue for many organisations, statutory, voluntary and community, as it restricts long-term planning and fosters a competitive environment which works against collaboration.
- Historically, not all voluntary and community sector organisations have strong evaluation skills and there has been an overreliance on measuring outputs, e.g. the number of people attending sessions. This limits an organisation's ability to demonstrate outcomes as part of meaningful evaluation and means they are less likely to secure funding.
- Young people's drug treatment services for Nottingham City receive few referrals from local agencies despite local intelligence suggesting a considerable number of young people are using illicit drugs and the known association between illicit drug use and serious violence. Feedback from stakeholders suggest this may be due, in part, to illicit drug use being seen as less serious issues than other issues young people are facing including violence and exploitation.
- Feedback suggests that people who experience trauma, loss and bereavement due to serious violence report inconsistent access to appropriate support.
- There is strong evidence around interventions that support and develop parenting skills, but stakeholder feedback suggests that some of the variation in Nottingham City and Nottinghamshire County are unwarranted, e.g. not related to differences in need.
- Local intelligence suggests there are challenges in meeting multiple and complex needs including people with are victims/survivors of domestic violence and have learning disabilities and/or who have no recourse to public funds.
- Awareness of the evidence describing the links between simultaneous alcohol and cocaine use and violence appears low outside specialist services. This means that colleagues don't routinely ask whether perpetrators and victims of violence have used alcohol and cocaine, reducing the ability to establish local prevalence.



- Local service providers and community members suggest that attempts to map service provision are too frequent, quickly become out of date and funding doesn't follow mapping, so there is little appetite to take part in further mapping exercises.
- A number of Voluntary and Community organisations are still not registered on either of the *Ask Lion* or *Notts Help Yourself* directories and public awareness and accessibility of directories needs further development. Issues include capacity of both the websites and the service providers to keep the sites up to date, perceived difficulties accessing and adding information to the sites and a lack of knowledge of the sites amongst some services and their clients.
- Stakeholders and local communities identified a number of gaps in services including:
 - Accredited mentors who are able to offer informed information, advice and guidance and support steps towards employment.
 - Diversionary activity which can move people away from crime and support skills development for those the furthest away from work.
 - Reductions in youth services including youth outreach models. The correlation between serious youth violence and reductions in provision are not clearly established but stakeholders perceive this to be a factor.

The Serious Violence Duty

- There is no nationally agreed definition of serious violence for the Serious Violence Duty; instead the Home Office proposes that the definition should be open to local interpretation. This will cause confusion for colleagues, such as acute hospital trusts, working across multiple Community Safety Partnerships and limit national and intra-area comparison.
- The proposed new duty on Community Safety Partnerships to complete a serious violence needs assessment arguably duplicates the same responsibility placed on VRUs. Completing such a SNA also requires access to considerable analytical expertise which is not consistently in place across Nottingham City and Nottinghamshire County.

12. Conclusion and Recommendations

This SNA will guide the work of Nottingham City and Nottinghamshire Violence Reduction Unit's public health approach to reducing violence in 2020/21 and beyond. Specifically, by working in partnership, we can understand better what causes violence and the causes of those causes, so we can prevent, intervene early and 'treat' them through evidence-based approaches.

The evidence review highlights that, whilst some interventions to reduce violence have strong evidence, other interventions are described as emerging or preliminary. The challenges in implementing interventions developed in different contexts are evident, as is



the need to grow local evidence. This includes supporting the community and voluntary sector to develop robust evaluation. This SNA, whilst comprehensive, is a work in progress. There are a number of areas that will be strengthened over the coming months and these will form part of the next iteration of the SNA which will be submitted to the Home Office in January 2021.

Recommendations

Scope: Whilst recognising that ABH offences provide important context in which serious violence arises the Strategic Violence Reduction Board should give consideration, in 2020/21, to focussed attention on the most serious violent crimes.

The **evidence base** is evolving and the NNVRU will continue to review new publications and, where appropriate, use the learning from these to inform local action. Further literature review(s) on specified topics within violence prevention, using well defined questions and appropriate appraisal of evidence, may be necessary to provide further detail and fully inform strategic local actions including the commissioning of evidence-based services.

The NNVRU should support an in-depth review on the evidence related to assessing ACEs, including whether routine enquiry into childhood experiences (REACH) supports and/or enhances trauma informed practice.

In recognition of the lack of robust evidence in some areas of violence reduction, NNVRU should consider commissioning a research partner to support the evaluation of locally commissioned services, projects and programmes and contribute to the national evidence base.

Data and Intelligence

- Not all demographic information is consistently recorded by local services and projects, limiting conclusions regarding equity of access and outcome. The NNVRU will support existing work to increase the recording of protected characteristics, including ethnicity, disability and sexual orientation, across all local services ensuring that service users and those collecting and collating data understand why the data is collected and how it's used.
- A violence reduction focused analytical group should be established, early in 2020/21. This will lead on the development of regular, timely, joint analytical products that triangulate contextual factors with data from the police, education and health services to inform strategic decision making and guide local action. To minimise duplication this group could support the anticipated new requirements of Community Safety Partnerships to produce a SNA as part of serious violence duty.

Contextual Data

- The conclusions that can be drawn around exclusions data is limited by inconsistent reporting. NNVRU should consider, through its Local Authority Board Members, whether it can support existing work to improve the quality and consistency of exclusion data across Nottingham City and Nottinghamshire County.



- Data on school-aged young people attending alternative education provision is not consistently shared and the data quality is inconsistent limiting the ability to interrogate the data received by Local Authorities. The NNVRU should consider whether it can support work with Alternative Education providers to provide data that enables analysis of the progress of young people attending such provision with those attending mainstream schools.
- Data from Further Education Colleges is not routinely shared although it is a potential rich source of information on the needs of local young people. The NNVRU team will work with Further Education Colleges, through the Strategic Violence Reduction Board members, to understand what data is collected and collated and how it can deepen understanding of those affected by serious violence as victims and/or perpetrators. Richer quality data from colleges will allow better tracking of the educational status of 16-17 year olds, allowing NEET support to be targeted.
- National evidence suggests that young people who are NEET are more likely to become victims and/or perpetrators of violent crime but local intelligence suggests that the level of support offered in Nottingham City and Nottinghamshire County is based on available funding rather than young people's need. The NNVRU to consider whether it can support Nottinghamshire County and Nottingham City, to reduce the number of young people whose destination post-secondary education is 'not known'.

'Health Data'

Injury surveillance data collected by NUH is currently not high quality. NNVRU will work with ED departments to improve the quality of information collected as part of injury surveillance and consider strategies adopted by Cardiff to improve data capture and enable hot spot mapping. If appropriate, the NNVRU will work nationally to influence data capture including by advocating for:

- Clearer recording of demographic characteristics.
- Reduction of free text in favour of fixed fields to enable meaningful analysis. For example, using 'location of incident' to link into contextual safeguarding work.
- Including a question regarding whether the incident was alcohol or illicit drug related and/or whether the individual is in drug or alcohol treatment.

Once it is established whether injury surveillance data is collected by Kings Mill and Bassetlaw hospitals, the NNVRU team will either work with these units to commence data collection or ensure the data is shared so the proposed dashboard and quarterly reports reflect need across Nottingham City and Nottinghamshire County.

NNVRU will work with the providers of walk-in centres in Nottingham City and Nottinghamshire County to explore, if appropriate, how the walk-in centres can participate in violence surveillance.



Crime, Probation and Youth Justice

- Reported crime under-estimates actual crime and this is particularly true for victims/survivors of domestic and sexual violence. The NNVRU will draw on the University of Nottingham's work on victims/survivors of crime in partnership with Domestic Violence service providers and local communities to better understand why victims/survivors don't identify perpetrators and how what actions can be taken to increase the number of perpetrators named and ultimately brought to justice.
- Police recorded crime figures are significantly affected by changes in recording requirements, such as addition of new offences or changes to national guidance on crime recording. Any analysis and conclusions using police recorded crime data must, whenever possible, fully recognise the impact of crime recording changes and the limitations this can place upon such data.
- NNVRU, like other VRUs, has been unable to access data from Probation services which means no local level data on reoffending is included in the SNA. This is a specific gap in terms of describing the characteristics of individuals. The NNVRU will work with the Leicestershire Violence Reduction Network not only to seek a joint approach to data access but also to support in shaping their prevention offer/interventions as part of a whole system approach.
- NNVRU team will work with Youth Justice Service colleagues undertaking analysis and managers to better understand the differences in the reporting across Nottingham City and Nottinghamshire County and provide a clearer picture of the Youth Justice offer across Nottinghamshire and its contribution to reducing serious violence including work beyond statutory requirements.
- NNVRU will work with local Youth Justice Services to better understand the needs of this client group, including SEND, speech and language and what additional evidence-based interventions can result in positive outcomes including the effectiveness of different orders.
- Local intelligence suggests that Youth Justice clients' with SEND and adult prisoners, specifically autism, ADHD and conduct disorder (including those with a diagnosis and those without who could anticipate a diagnosis), are over-represented as victims and perpetrators of violence. NNVRU to consider 'journey mapping' some of these individuals to identify missed opportunities for support, e.g. to prevent involvement in county lines and inform future service provision.
- NNVRU to consider whether it can support a review of Youth Justice cases where young people were excluded from school, including alternative methods of exclusion such as 'off-rolling' and whether such a review usefully informs local action on an ongoing basis.

Triangulating data

- To understand better, offender motivations and/or precursors to violent behaviour, data sources should be triangulated at a more granular level. This will build on Nottingham City's work through *the Supporting Families Against Youth Crime* project. Barriers to obtaining such data through information sharing agreements should be overcome, including with the support of the Strategic Violence Reduction Board.



- Triangulating locations where serious violence occurs including using police, injury surveillance and EMAS data will enable a better understanding of geographical context and support the targeting of activity. Mapping of hotspots such as those in the hospitality industry and fast food takeaways will inform licencing, policy, regulatory and enforcement activity and support a contextual approach to safeguarding.
- The NNVRU will design a dashboard and provide a quarterly report, accessible to partners, that triangulates data including injury surveillance, ambulance and police data. This will encourage partners to make more effective use of the data and highlight the important contribution of this data in Nottingham City and the districts in Nottinghamshire County's response to violence including through a place-based approach.
- Whilst the SNA provides a broad description of serious violence in Nottingham City and Nottinghamshire County, time constraints have prevented focused work on specific hypothesis. The NNVRU will consider setting up a process for ongoing hypothesis testing crime analyses⁷⁰, where necessary through access to nominal information, with the support of the Strategic Violence Reduction Board, data groups and other stakeholders. The proposed process would capture practitioner intelligence, turn it into workable hypotheses and then identify appropriate data to test the hypotheses. This co-productive approach would provide richer, more explanatory analysis of specific issues.
- The NNVRU and the Leicestershire VRN will collaborate in guiding the agenda for the East Midlands Violence Reduction Information Network (VRIN), which is being set up with other forces in the East Midlands to share learning and best practice as part of a regional whole system approach.

Qualitative Research and Lived Experience

- Whilst the SNA has engaged with a broad range of stakeholders and those affected by serious violence, the ambitious deadline for the SNA has limited meaningful qualitative research. NNVRU will commission qualitative research with individuals, families and local communities affected by serious violence across Nottingham City and Nottinghamshire County including those from new and emerging communities and those whose voices are seldom heard. NNVRU will ensure that the support of local community organisations in identifying and facilitating research participants is recognised.
- The focus groups and engagement that took place to inform the SNA suggests there is increasing concern around the exploitation of young women linked to young men involved in illicit drug related crime and violence. NNVRU will consider commissioning qualitative research that further explores the exploitation of young women linked to young men involved in illicit drug related crime and violence to inform the development of gender-based work.

⁷⁰ <https://www.ucl.ac.uk/jdibrief/analysis/hypothesis-testing-crime-analysis>



Adverse Childhood Experiences, Resilience and Trauma-informed Approaches

- Nottingham City and Nottinghamshire County have different approaches to using an understanding of adverse childhood experiences (ACEs) to inform service delivery. The NNVRU will consider whether an agreed local methodology to assess the prevalence of ACEs across Nottingham City and Nottinghamshire County is appropriate. Specifically, whether a robust prevalence estimate would result in more effective targeting of trauma-informed and trauma-smart interventions and the ambition to become ‘trauma-informed Nottinghamshire’.
- Whilst there is evidence to support interventions that increase children and young peoples’ resilience, stakeholder feedback suggests that, locally, there are inequities in access. The NNVRU should give consideration to how it can support and/or extend current activity to increase children and young people’s resilience including by reducing inequities in access that are not determined by differences in local need.
- The impact of ACEs on serious violence in Nottingham City and Nottinghamshire County is poorly understood. NNVRU to consider qualitative work to explore the impact of ACEs on violence within communities as a response to trauma (perpetrator) and as an ongoing risk (victim) including interventions to break the cycle of violence within communities.

Contextual Safeguarding and Whole Systems Approaches

As understanding of contextual safeguarding develops and in this instance the link to serious violence, there will be a need for training and appropriate policy in core provision. NNVRU will work with safeguarding partners and others to develop a ‘contextual safeguarding network area’ in order to access peer support from other areas working to develop a response.

Drawing on national expertise, NNVRU will consider system mapping the underlying causes of violence and efforts to reduce violence using a whole systems approach.

Local initiatives, Services and Projects

- NNVRU recognises that long-term funding is key to successful provision and has committed to working with communities in Nottingham City and Nottinghamshire to ensure sustainability. NNVRU will highlight nationally the issues short-term funding places on providers.
- An incubation hub could support providers to develop skills including demonstrating outcomes as part of meaningful evaluation including, where possible, an assessment of value for money. The development and implementation of a standardised NNVRU evaluation framework would support consistency. Local services and projects commissioned by the NNVRU and partners should be a particular focus.
- Young people’s drug treatment services for Nottingham City receive few referrals from local agencies despite local intelligence suggesting a considerable number of young people are using illicit drugs. NNVRU will work with local services and projects to understand the barriers to referring young people who use illicit drugs to drug



treatment services, challenging when illicit drug use by young people is accepted as the norm and potential harms not recognised. NNVRU will make the 'number of referrals to drug treatment services' a mandatory part of the data return for the services and projects it commissions.

- People who experience trauma, loss and bereavement due to serious violence report inconsistent access to appropriate support. The NNVRU will work with commissioners to increase access to appropriate trauma, loss and bereavement support as part of broader local mental health support.
- There is strong evidence around interventions that support and develop parenting skills, but stakeholders suggest there is unwarranted variation e.g. not related to differences in need. NNVRU should consider how it can support and enhance current work in Nottingham City and Nottinghamshire County to support parents including those parenting children and young people with specific needs such as ADHD, autism and conduct disorders who are over-represented as victims and perpetrators of violence.
- Local intelligence suggests there are challenges in meeting multiple and complex needs including people who are victims/survivors of domestic violence. NNVRU should support DV and other networks to better understand the gaps in local services for individuals with multiple and complex needs who are victims/survivors of violence.
- Stakeholders identified the multi-agency *Ending Alcohol Harm* programme of work was an asset in Nottingham City. NNVRU will consider how it can support the *Ending Alcohol Harm* programme in Nottingham City and consider if it is appropriate and adaptable to Nottinghamshire County or areas of Nottinghamshire County.
- Awareness of the evidence describing the links between simultaneous alcohol and cocaine use and violence appears low outside specialist services and reduces the ability to establish local prevalence. NNVRU will work with local services including the police to encourage practitioners to ask victims and perpetrators of violence whether they were using alcohol and cocaine at the time of the incident.
- Local service providers and community members suggest that services aren't joined up and that it is difficult to find organisations who provide services in different areas. *Ask Lion* and *Notts Help Yourself* have experienced difficulties in fully capturing the range of local services and community groups in their respective areas. NNVRU to consider engagement with local projects and service providers to understand better the perceived challenges in accessing and navigating information on *Ask Lion* and *Notts Help Yourself*. Targeted engagement with projects and services whose information is not on these platforms, could yield useful information on the perceived barriers to listing information.
- The assets in local communities are not fully understood and this lack of understanding could limit community capacity building. NNVRU will consider collating existing mapping and working with the VCS to identify gaps and omission and the commissioning of a joint strategic assets assessment to complement the SNA and Youth and Community Engagement Strategy and inform the delivery plan.



Specific areas of focus could include:

- Capacity in community groups to evaluate interventions and demonstrate evidence of effectiveness and support future funding applications.
- Access to meaningful diversionary activity which can move people away from crime and support skills development for those the furthest away from work.
- Understanding their effectiveness of youth services including youth outreach models and how, if appropriate, they might be augmented in the City and County.

Workforce Development

Stakeholders suggest there is insufficient and inequitable access to local mentoring provision, specifically equity of access to accredited mentors that can offer informed information, advice and guidance and support towards employment. The NNVRU and Leicestershire VRN will work together to explore evidence around mentoring models for young people impacted by serious violence and collaborate on establishing an evidence-based, standardised training approach.

The Mentors in Violence Prevention programme was identified as an asset. A collaborative workshop will be held during 2020/21, in partnership with the Leicestershire VRN, aimed at rolling out training of the bystander approach to frontline workers, for example Prison Officers and DV practitioners.

Some youth and community workers would benefit from additional training and skills development including developing their understanding of the role of social media in violence and 'self-reflective' youth work.

The Serious Violence Duty

- There is no nationally agreed definition of serious violence for the Serious Violence Duty. NNVRU will work at national level to develop a shared definition of serious violence as identified in the Serious Violence Duty. If no national agreement is reached, NNVRU will seek consensus of definition across England's VRUs.
- The proposed new duty on Community Safety Partnerships to complete a serious violence needs assessment arguably duplicates the same responsibility placed on VRUs. NNVRU will support Community Safety Partnerships, the Safer Nottinghamshire Board and Nottingham City's Crime and Drugs Partnership to develop a SNA as part of their serious violence duty and to ensure synergy with the NNVRU SNA and response plan.

Throughout our engagement with stakeholders, including community members, young people and those who were perpetrators or victims of violence, we offered an opportunity to make recommendations to reduce serious violence. Many of their recommendations echo those recommendations identified throughout this SNA. The points below highlight the perspective of local citizens and local practitioners in relation to their lived experience.



- **Diversions Activity** - Across all of the engagement work there has been a frequently expressed view that there needs to be additional positive and meaningful activity for young people within communities. In particular, the existence of youth clubs and the roles of community centres (premises) and youth workers (skilled practitioners) within these are essential, alongside a broader offer of diversionary activities.
- **Knife Crime Awareness** - Young people need more education and awareness on carrying blades and the risks and consequences associated with their choices and behaviour, this was a recurring theme across community engagement and raised by young people themselves. They feel that schools and education providers, in particular, should be providing education on this, as well as through youth clubs and projects.
- **Neighbourhood Safety – visibility of police and youth workers on the streets** - Attention should be paid to contextual safeguarding and safety for young people across local communities; there was recognition of improvements within the city centre (more neutral and more police presence) but safety in other areas remains a concern where there aren't patrols and some young people said they wanted to see more youth workers out on the streets.
- **Opportunities and Provision for Diverse Groups of Young People**. Young people have emphasised that commissioners and decision makers should recognise the diversity and the needs of particular individuals and groups of young people, including young people with disabilities, educational needs and LGBT young people. Specific actions within this include more activities where people with abilities and people with disabilities can come together, earlier diagnosis and support for dyslexia and special educational needs and prevention work for vulnerable young people in relation to gangs and county lines.
- **Tackling Normalisation of Drug Taking** - An audit of referral of young people in drug services to help identify unmet need and to help target responses with communities and services in addressing the perception of drug taking as normal behaviour.
- **Motivating and Mobilising Community Buy-In across the Ending Youth Violence Network** - Learning from the YIP in St Ann's emphasises the strength of broad local community support and that local buy in increases the credibility and impact of the local offer.
- **Extending Skills and Horizons of Young People** - Creative pursuits have their place, but we need to avoid instilling 'pipe dreams' in young people and help them in developing in real world skills, trades and employment opportunities.
- **Long Term Strategic Approach in Working with Community and Voluntary Sector Organisations** - Short term competitive funding does not enable the scale of change nor the building of trust that is needed for transformation.



A range of targeted engagement work and reviews were commissioned by NNVRU and the PCC to inform an understanding of the context of serious violence in Nottingham City and Nottinghamshire including on the role of social media. These reports, currently draft, have a range of recommendations some of which align with the SNA recommendations and some which are outside its scope. Consideration will be given to referencing their recommendations in the next iteration of the SNA.



Nottingham City and Nottinghamshire VRU Literature Review

Executive Summary

A literature search and a rapid review of the evidence was completed on Serious Violence to inform the chapter on the Evidence Base for the SNA.

The literature review builds forward from previous work on knife crime interventions and includes evidence on the causes of violence, risk factors and protective factors in relation to violence and the evidence for strategies and/or interventions to prevent violence.

The literature review includes national and international policy, systematic and other scoping reviews, evidence syntheses and primary studies highlighted as good practice. Preference was given to literature relevant to the UK context and high-quality secondary evidence; individual studies were not critically appraised.

The World Health Organisation have advocated a public health approach to violence. A model for this was implemented successfully in Chicago and a similar approach used by the Violence Reduction Unit in Glasgow. The Home Office's Serious Violence Strategy (2018) sets out this approach and the Government's priorities. Public Health England (2019), the Children's Commissioner (2019) and the Local Government Association (2018) have published resources to outline the issues in the UK and begin to assess potential schemes to reduce violence.

There is no single independent predictor for violent behaviours: research focuses on the interaction between different risk and protective factors considering the complexity of individual lives and how they interact with their local community and society. The WHO ecological framework (2014) identifies and groups the risk factors and protective factors associated with violent behaviours across individuals, relationships, community and society. These include cultural attitudes, economic factors, community opportunities and cohesion and household relationships. Emerging research particularly highlights the contribution of deprivation, adverse childhood experiences (ACEs), trusted adults and support with transitions. In summary:

- Violence is strongly linked to deprivation
- Children and young people who are subjected to harmful behaviours are more likely to be victims or perpetrators of violence
- Consistent, trusted adults significantly increase children's resilience
- Additional support is needed for children moving in and out of care or mainstream schooling



- Factors influencing violence are linked to other poor outcomes including poor physical and mental health and low educational attainment so the impact of interventions is likely to extend beyond reductions in violent behaviour

The presence of multiple risk factors is shown to increase the risk of an individual being the perpetrator and/or victim of violent behaviour. Focussing activity towards people displaying multiple risk factors will increase the chances that interventions are targeted at likely perpetrators but runs the risk that a relatively small proportion of the population of violence perpetrators will receive an intervention.

Prevention approaches to violence are most successful when they are developed in partnership and co-produced using the strengths of individuals and communities and delivered with effective multi-working and data sharing. Care should be taken when targeting vulnerable groups to avoid stigmatising them.

A range of intervention approaches have been assessed:

- The largest body of research and the most robustly evidenced interventions are aimed at new parents and children of primary school age. This reflects the large number of adverse childhood experiences which are seen as risk factors for violent behaviour. These interventions tend to focus on helping to create a secure and nurturing relationship between parents and children and to help children develop social and emotional skills to enable them to deal more constructively with adversity and conflict.
- More targeted work builds on these schemes additionally offering personal and family support to the most vulnerable children and families.
- Interventions aimed at older children and adults tend to lack robust supporting evidence in most part due to the lack of a control group. Interventions include screening processes; mental health support; relationship and dating programs and bystander programmes. The interventions which are thought to be most successful share common themes, notably around the need for a multi-agency approach with information sharing at its core.
- Transition periods such as those between primary and secondary school and secondary school and college are identified as key points where information on needs may not be adequately communicated and children may lose established relationships with supportive adults.
- There is a consensus that approaches that seek to deter violence via scare tactics and/or discipline are ineffective and may actually be harmful. Similarly, care should be taken around interventions which remove vulnerable children from their peer group and lead to them spending most of their time with other vulnerable children.
- Work around gang violence and county lines is still emerging in the UK. The majority of evidence comes from the USA with a specific focus on gun crime, it is unclear whether the underlying findings would translate to a UK context. Vulnerability to gang membership and violence is viewed slightly differently as there is a high level of coercion which is used to encourage and entrap children into violent behaviours.



- A distinction was drawn between gang violence and knife crime, with gang violence being seen as more linked to poverty and deprivation. Knife crime, particularly knife possession, is less linked to deprivation, being a previous victim of knife crime appears to be a stronger indicator.
- Interventions around sexual violence focus heavily around domestic and intimate partner violence, not least due to the impacts that this violence can have on the development of children who witness it. Primary interventions which have been successful have looked at behavioural change and challenging social and cultural norms, particularly around forming relationships.
- Secondary and tertiary interventions around sexual violence tends to be concerned with improving screening of violence to help victims to access help and support. Some targeted work has been done to try and reduce reoffending amongst perpetrators.
- Interventions around violence in the NTE tend to differ from interventions focussed on other forms of violence, focussing more on the role of alcohol and substance abuse and how resources can be used to identify hotspots of violence and prevent and mitigate harm.
- There appears to be little research around labour market interventions despite employment being frequently listed as a strong protective factor for vulnerable people.

The evidence base is evolving and further literature review work including updates and in-depth reviews of specific topics are recommended to continue to inform strategic local actions.

Introduction and Scope of Literature Review

This is a literature search and rapid review of evidence ('literature review') completed to inform the chapter on the Evidence Base for the SNA of Serious Violence in Nottingham City and Nottinghamshire County (2019/20).

This literature review incorporates and builds forward from previous local evidence review work on knife crime interventions, most recently updated in August 2018.⁷¹ The review of knife crime interventions provided an overview and mapping of the published evidence on knife crime and presented the principles for interventions to reduce knife crime that appear to be effective.

The wider remit of this literature review reflects the broader scope of the SNA on Serious Violence in Nottingham City and Nottinghamshire County and evidence has been included around 'county lines' and gang violence, sexual violence and serious violence in the NTE.

The literature review includes evidence on the causes of violence and risk factors and protective factors in relation to violence, in addition to the evidence of strategies or interventions to prevent violence.

⁷¹ Available from the Public Health team, Nottingham City Council



Discussion

Strengths and Limitations

This literature review provides an overview of the evidence base for violence prevention, building on recent work on knife crime interventions and extending to include other aspects of serious violence and the literature on the causes of violence. The review highlights areas where there is emerging and building research such as the importance of a consistent trusted adult in a young person's life. The review groups the evidence for violence prevention which is a vast topic with an increasing body of literature and this review has adopted a pragmatic approach of focussing on guidance and policy, recent large-scale reviews and areas of good practice. There may be less known evidence of particular factors associated with violence, or interventions to prevent violence that has not been included. Across the UK and beyond, many areas are developing interventions and schemes and these may not yet have been evaluated, or evaluations not published leading to gaps in the evidence base.

Recommendations

The evidence base is evolving and the NNVRU will continue to review new publications and, where appropriate, use the learning from these to inform local action.

Further literature review(s) on specified topics within violence prevention using well defined questions and appraising evidence may be necessary to provide further detail and fully inform strategic local actions. An in-depth review on ACEs, routine enquiry into childhood experiences (REACH) and trauma informed practice has already been identified as a local need.



Appendix 2:

Evidence Base Summary and References

Reports and Policies

[A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors](#), World Health Organisation, 2016

A summary outlining individual, relationship and community level interventions with evidence of effectiveness, potential outcomes and cost benefit analysis.

[A whole-system multi-agency approach to serious violence prevention](#), Public Health England, 2019

Outlines a public health approach to serious violence prevention, focussed on the issues that are critical to the particular place and communities and produced in collaboration with the communities and partner organisations. It offers case studies of different, evidence led, approaches to different issues.

[Antisocial behaviour and conduct disorders in children and young people: recognition and management](#), NICE guidelines [CG158], March 2013

This publication is focused on conduct disorders in children and young people. Conduct disorders are defined as repetitive and persistent patterns of antisocial, aggressive and/or defiant behaviour which may in some cases involve knife crime. The guidelines recommend parent or carer training programmes, child-focused programmes and family focused multimodal interventions.

[Back to School](#), All Party Parliamentary Group on Knife Crime, October 2019

Looks at links between school exclusions and Knife Crime. Identifies the same vulnerabilities as the root cause of both but not necessarily a causal link between the two. It cites a shift in Ofsted's focus to accommodate personal development alongside academic progress as a positive development but recommends a significant increase in schools responsibilities to all pupils, even those excluded or 'off rolled'. This should be accompanied by commensurate funding and training in trauma informed practise.

[Early intervention: a guide for frontline police officers and PCSOs: a Home Office Crime Prevention Panel project](#), Early Intervention Foundation (EIF), March 2015

This guide is based on the importance of early intervention in improving outcomes for children, young people and families. Although not knife crime specific, the focus on improving outcomes includes reducing violent crime. It supports the need for a cross-agency response to early intervention.



Early Intervention in domestic violence and abuse, Early Intervention Foundation, 2014

The report looks at the links between domestic violence and child abuse and neglect. It advocates an early intervention approach to increase social and emotional skills and resilience of children by supporting their parents, with long term impacts on aggression antisocial behaviour etc. Also looks at programmes aimed at perpetrators but only finds success with schemes that are tailored to the individual and coupled with support to tackle associated problems.

Early interventions to reduce violent crime, Parliamentary Office of Science and Technology (POST), April 2019

Presents an overview of reported interventions implemented in early life to reduce risk factors, adverse childhood experiences, low educational achievement, social deprivation and those targeted at individuals when they are first involved in crime. Interventions reported include individual/family-based programmes providing behavioural and emotional support; and environmental or population-level approaches.

Ending gang and youth violence programme: annual report 2014/15, Home Office, March 2015

This report links to a review of interventions for gang and youth violence published in 2015. The review states that the most effective interventions have a therapeutic approach, meaning that they aim to create a positive change in young people's lives as well as prevent negative outcomes. Skill building, counselling, multiple coordinated services and restorative programmes were cited as effective interventions. There was some evidence to support community-based and hospital arrangements, such as improvement in data sharing, although the report called for more robust evidence. Programmes based on deterrence and/or discipline were cited as ineffective and, in some cases, were shown to exacerbate existing issues.

Ending gang violence and exploitation, Home Office, January 2016

This publication focuses on the importance of early intervention and linking police forces with health colleagues in reducing gang violence and exploitation. The report puts forward a case for police forces working with community safety partnerships and hospitals. The role of meaningful alternatives, including education, training and employment, is considered essential.

Ending violence against women and girls strategy: 2016 to 2020, HM Government, 2016

The document sets out the Government's continuing strategy for preventing violence against women following on from the previous strategy set out in 2010. The approach revolves around Prevention schemes; Provision of services; Partnership working and Pursuing perpetrators. It contains estimates of the economic costs of domestic violence. It advocates an evidence based, trauma informed approach to violence reduction with the implementation of schemes being controlled locally through the Police and Crime Commissioners' Offices.



European facts and the Global status report on violence prevention 2014, World Health Organization Regional Office for Europe, December 2014

The report makes the case for inter-agency data sharing and cites programmes involving the education sector as a common factor in successful violence-prevention interventions. The publication is not specific to knife-related violence.

European report on preventing violence and knife crime among young people, World Health Organization, August 2010

This report highlights a number of factors that protect against violence and knife crime developing among young people: social skills, self-esteem, academic achievement, strong bonds with parents, positive peer groups, good attachment to school, community involvement and access to social support. Evidence suggests increasing protective factors whilst reducing risk factors, reduces violence in young people.

Gangs and youth crime: thirteenth report of session 2014–15; report, together with formal minutes. House of Commons Home Affairs Committee, February 2015

The report advocates the need to intervene at the right time – the ‘teachable moment’ – when young people may be receptive to support. MAC-UK and Redthread were cited as best practice for reducing gang and youth crime by the Home Office.

Keeping Kids Safe, improving safeguarding responses to gang violence and criminal exploitation, Children’s Commissioner for England, February 2019

Makes recommendations to the Government and calls for an explicit focus on early years in the Serious Violence Strategy. Recommendations include: a reduction in exclusions and a greater ongoing role for schools in safeguarding excluded and off rolled pupils, along with the funding and expertise to deliver this role; a greater and more explicit role for Local Safeguarding Children’s Boards in relation to gangs, having found weaknesses across the country in data and work around gang memberships; increases in Child and Adolescent Mental Health Services (CAMHS) funding and provision for children at risk as well as family therapy for young children and; greater funding and support for children with SEND diagnoses. It points to a large gap in knowledge between the number of young people known to be gang members and those who self-identify as such, or know gang members. It highlights the Commissioners Vulnerability report which suggests 2.3 million children are growing up in a vulnerable family background with more than a third being ‘invisible’ to services.

Knife crime: evidence briefing, College of Policing, 2019

The paper provides police and crime reduction partners with a summary of the current evidence on factors associated with and strategies and interventions to tackle, knife crime. Offenders and victims are likely to be males and in late adolescence. Risk factors include adverse childhood experiences and poor educational attainment. The most effective interventions are likely to include the following approaches:



- *Focused deterrence strategies targeting high-risk offenders, combining access to support with strict enforcement ('carrot-and-stick'), based on the US model, [Pulling Levers](#). Such an approach involves multiple agencies, including police and social services.*
- *Early preventative work aimed at supporting potentially at-risk individuals (public health approach).*
- *Collaboration from different fields (law enforcement, social services, community-based practitioners) in "diagnosing the problem, analysing underlying causes, examining what works and developing solutions".*

[Knife crime: children are not the problem, they are part of the solution.](#) The Conversation, January 7th 2019

"Knife crime is a...symptom of the toxic environments that adults create around children, who then become both perpetrators and victims." Academics suggest that solutions to knife crime need to put children and young people first by diverting children and young people away from toxic environments and into positive, nurturing ones that meet their basic needs. Consideration of the underlying socio-economic drivers behind knife crime – acknowledging the "toxic environment" (poverty, exclusion, troubled family, disorder areas), needs to form part of a multi-agency response to knife crime.

[Knife Crime Interventions: 'What Works?'](#) Scottish Centre for Crime and Justice Research (SCCJR), October 2013

The report cites evidence to support the effectiveness of diversionary activities including sport and mentoring and educational interventions with a particular focus on addressing fear of crime. The report discusses the importance of balancing the criminal justice response with educational interventions and cites knife amnesties as a limited response when used in isolation.

[The mental health needs of gang-affiliated young people: a briefing produced as part of the Ending Gang and Youth Violence programme,](#) Public Health England (PHE), January 2015

This briefing discusses mental health in gang affiliated young people. It reports a lack of research into the effectiveness of interventions for improving the mental health of gang members. It recommends provision of holistic and coordinated interventions over a long time period. Culturally competent practitioners are advocated to help access BME communities. The following interventions are suggested to help prevent mental health and gang affiliation:

- *Improving maternal mental health.*
- *Home visiting programmes.*
- *Parent training programmes.*
- *Preschool programmes and school-based gang prevention programmes.*



- *Social and emotional development programmes.*
- *Classroom behaviour management programmes.*
- *Bullying prevention programmes; and*
- *Dating and relationship programmes.*

Preventing gang and youth violence: spotting signals of risk and supporting children and young people: An overview. Early Intervention Foundation (EIF), November 2015

This overview covers all of the gang and youth violence interventions contained within publications detailed earlier in this report with the addition of computer-based programmes. Two computer-based interventions that delivered the content of a gang and youth violence reduction programme were found to be ineffective. Both had minimal staff contact and one lasted less than an hour. The effects may be limited to the specific programmes assessed.

Protecting people. Promoting health. A public health approach to violence prevention for England, North West Health Observatory, October 2012

This emphasises the public health approach to violence prevention but broadens the scope more widely to include sexual violence, intimate partner violence and elder abuse as well as violence more generally. It looks at the economic cost of violence to both the NHS and society more widely and looks at a range of risk factors and preventative measures.

Public health approaches to reducing violence, Local Government Association, June 2018

Looks at risk factors for different types of violence and where these overlap. Contains several examples of evidenced interventions with estimated costs and returns on investment. Most are primary or secondary interventions targeted at helping new parents develop healthy relationships with their children or at improving the social and emotional skills of primary school children and building resilience. A smaller number of less evidenced programmes are outlined which are more individually tailored to older schoolchildren who have displayed multiple risk factors.

Safeguarding children and young people in education from knife crime: Lessons from London, Ofsted, March 2019

The report surveyed schools in London regarding their knowledge of and engagement with the knife crime agenda in their area. It makes recommendations around improving partnership working and information sharing; around approaches to exclusions and 'managed moves' and; more universal approaches to knife crime through the curriculum and increasing parental knowledge and engagement.

Serious Violence Strategy, Home Office, April 2018

The Serious Violence Strategy builds on Home Office work on the 'Ending gang and youth violence programme' (2014/15) and 'Ending gang violence and exploitation' (2016). The strategy sets out a public health approach in a UK context, alongside the Government's



priorities around serious violence, in particular violence in relation to the trade in illegal drugs and 'county lines'. In terms of interventions, the focus is on early intervention work with young people and includes a range of universal schemes and more targeted interventions aimed at young people who are either at risk of being, or have already become, perpetrators or victims of violence. It outlines the necessity of a community-based approach to violence prevention and suggests potential changes to law and order and criminal justice responses.

[An analysis of indicators of serious violence. Findings from the Millennium Cohort Study and the Environmental Risk Longitudinal Twin Study, Home Office, July 2019](#)

The study uses two long term studies to look at the risk factors associated with serious violence amongst young people. It identifies three groups of factors relating to individual/family factors; educational variables and anti-social behaviour variables and looks at how combining these variables can increase the likelihood of identifying young people at risk of being the perpetrator of serious violence linked behaviours such as carrying a weapon or gang membership. It stresses that using multiple risk factors will help to identify at risk groups but cautions on inferring causation from correlation. It also stresses that while using multiple risk factors will increase the chance that money is being effectively targeted towards at risk individuals, there use also risks a relatively small proportion of the at-risk population being targeted.

[Serious youth violence and knife crime: ADCS discussion paper, Association of Directors of Children's Services \(ADCS\), July 2019](#)

A discussion paper on serious youth violence and knife crime, which aims to open a discussion about what an integrated, whole system response to the risks and harms facing these children, young people and young adults should look like. It highlights links between inequality and high rates of violence which mean some children and young people are more at risk of being drawn into criminality. It calls on the government to deliver a coordinated and sustainably funded knife crime strategy, which prioritises child protection and child safeguarding.

[St Mary's Hospital Youth Violence Prevention Programme, Year 1 Evaluation Report. NPC Associates, January 2016](#)

This evaluation focuses on a youth violence prevention programme ran in four major trauma centres in St Mary's Hospital. It reported a reduction in crime at follow-up assessment (based on a small sample), improved access to supporting services, increased awareness and engagement in A&E staff and improved collaborative working.

["There is no protection on the streets, none." Young people's perspectives on knife crime, All-Party Parliamentary Group \(APPG\) on Knife Crime, March 2019](#)

This report summarises a meeting organised by the All-Party Parliamentary Group (APPG) on Knife Crime, which brought together MPs with 16 young people who had been convicted of knife offences or had been victims of knife crime. It explores young people's thoughts and ideas on knife crime, covering five major themes: reasons for carrying knives; root causes and prevention; social media; policing, drugs and county lines; and sentencing and



prisons. The report includes quotes to highlight the views that were expressed. It also highlights proposals put forward by young people to tackle and prevent knife crime:

- Schools need to provide better support to those at risk of involvement in crime; those excluded from school need a safe place to go
- Investment in youth services and mentors
- Tackle underlying causes of crime e.g. unemployment, lack of housing
- Tackle the drugs market
- Provide support to help those involved or at risk of becoming involved in 'county lines' activity
- Clear strategy on how to help victims/survivors of exploitation escape involvement with gangs

Violence prevention: the evidence, World Health Organisation, 2010

A series of seven briefings on violence prevention. The briefings look at: the development of relationships between children and their parents or caregivers; developing life skills in children and adolescence; reducing the availability and harmful use of alcohol; reducing access to lethal weapons; promoting gender equality; changing social and cultural norms; identifying victims and providing care and support services. Each briefing gives examples of different interventions on different types of violence and the strength of the supporting evidence behind them.

Violence and violence prevention for children, young people and families, Race Equality Foundation, November 2014

The reports states four types of intervention for reducing violence that have been shown to be effective:

- Parenting.
- Parenting and child programme.
- Social support groups; and
- Media interventions.

What works to prevent gang involvement, youth violence and crime? A rapid review of interventions delivered in the UK and abroad, Early Intervention Foundation, 2015

Systematic review of evidence-based approaches to reducing youth violence and gang involvement. Finds the strongest evidence in favour of family-oriented approaches and programmes to develop the social and emotional skills of young children. Mentoring and community-based approaches are less evidenced but promising, particularly if they are well targeted and provide long term positive relationships for at risk children. Highlights the potential of deterrence and discipline-based interventions to be counter-productive,



particularly interventions where at risk children are grouped together. Includes a tool to show the effectiveness of different approaches
https://guidebook.eif.org.uk/search?filters_type=search&evidence_rating%5B%5D=4&search

Youth Violence Commission Interim report, Youth Violence Commission, July 2018

Identifies childhood trauma, mental health issues, inadequate state provision, poor parental support, poverty and social inequality as key drivers of youth violence. Advocates a trauma informed approach with early intervention seen as key and the main focus of resources. Draws a clear link between school exclusions and vulnerability to violence and issues around alternative education provision which may exacerbate existing problems. Drug markets viewed as central to gangs and generating violence. The report also addresses the role of social media in escalating and inciting violence.

Further research, evidence reviews and opinion pieces are identified in the reference list. Some of these are overtly referenced in the body of the needs assessment whilst others have influenced the scope of the literature review.

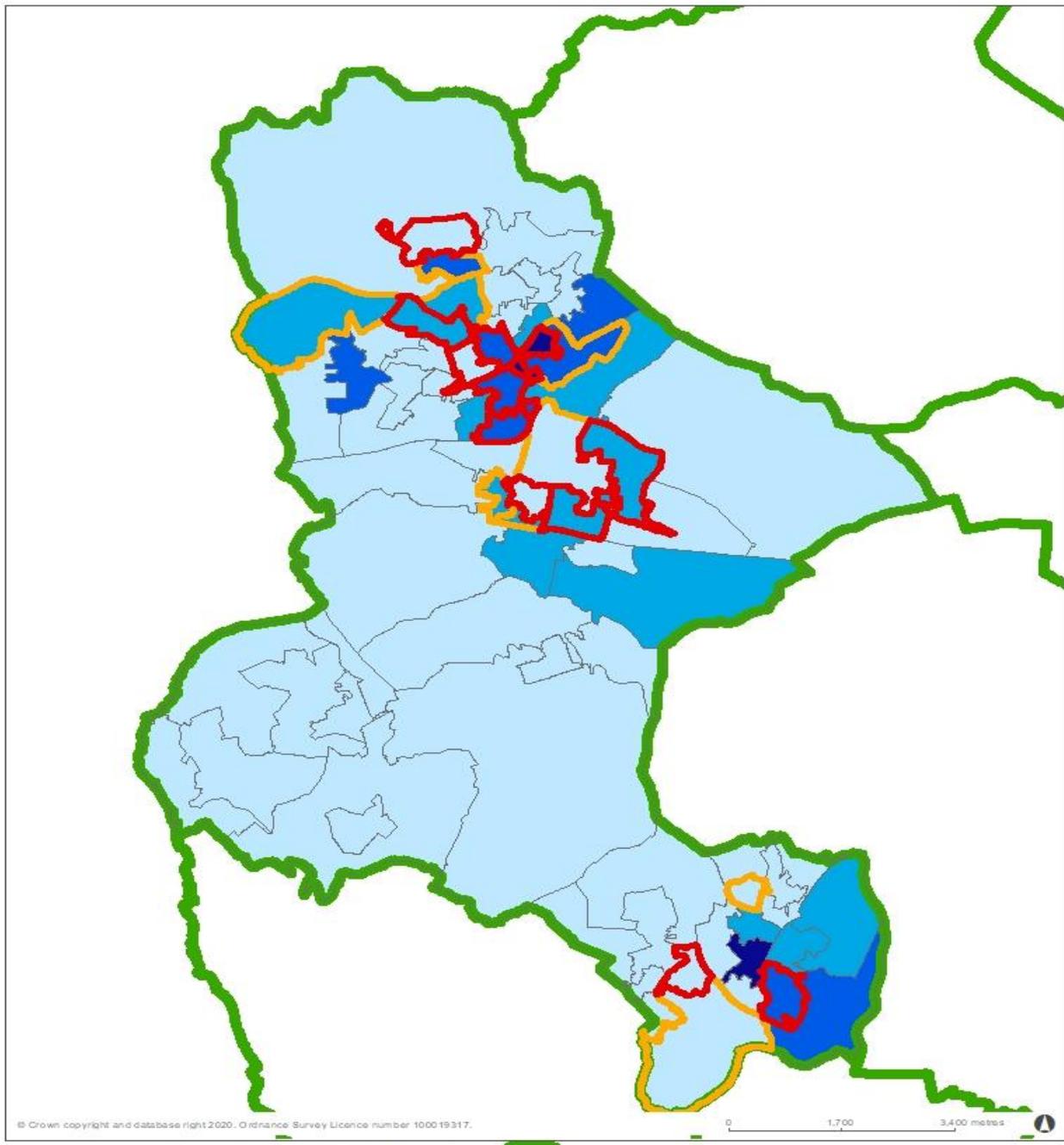


Appendix 3:

District Level Maps Showing Serious Violence Perpetrators and Deprivation Deciles

Ashfield District

Source: Nottinghamshire Police, Management Information; Index of Multiple Deprivation 2019

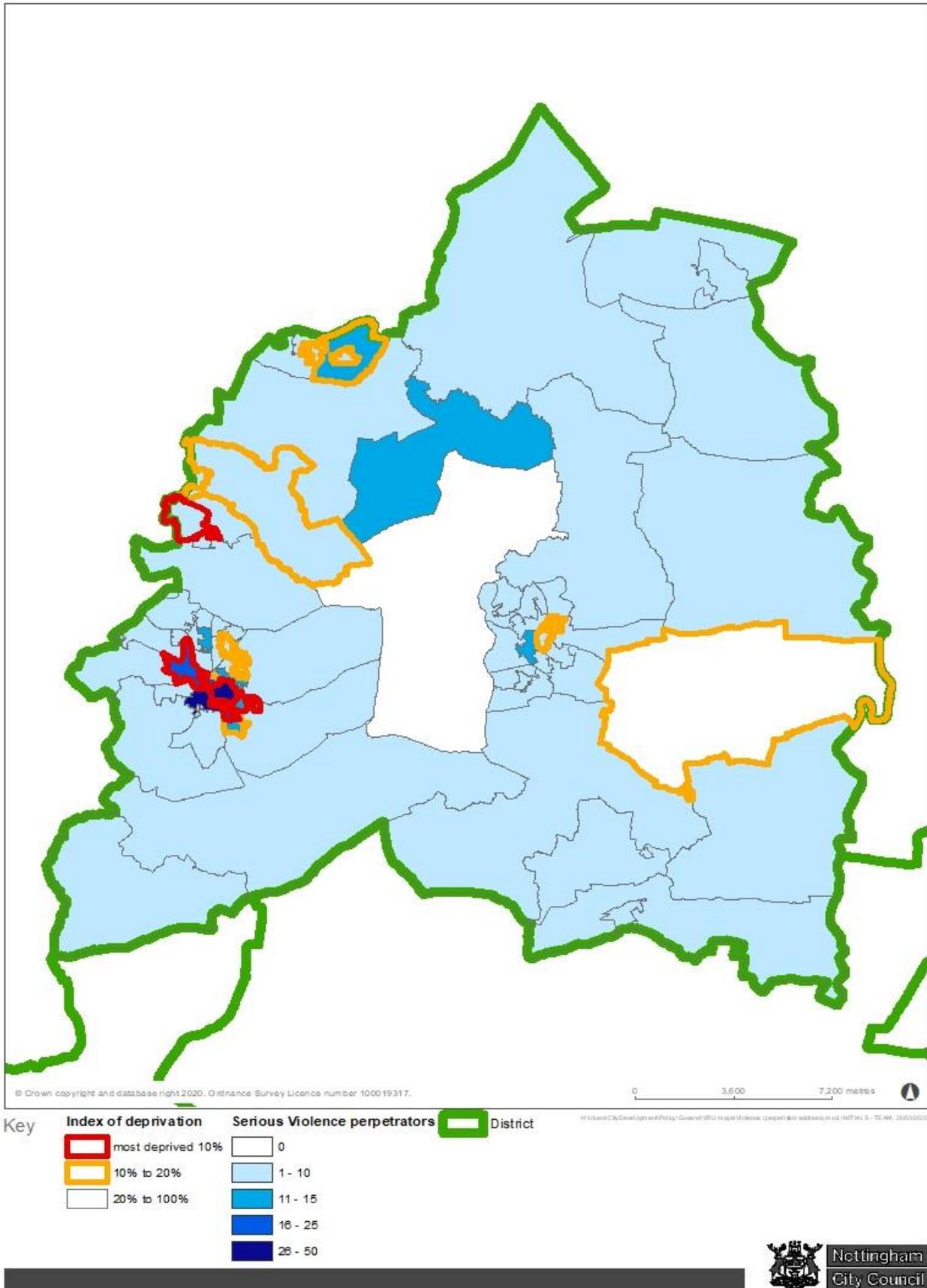


| Key | | Index of deprivation | Serious Violence perpetrators | District |
|-----|-------------------|----------------------|-------------------------------|----------|
| | most deprived 10% | | 0 | |
| | 10% to 20% | | 1 - 10 | |
| | 20% to 100% | | 11 - 15 | |
| | | | 16 - 25 | |
| | | | 26 - 50 | |



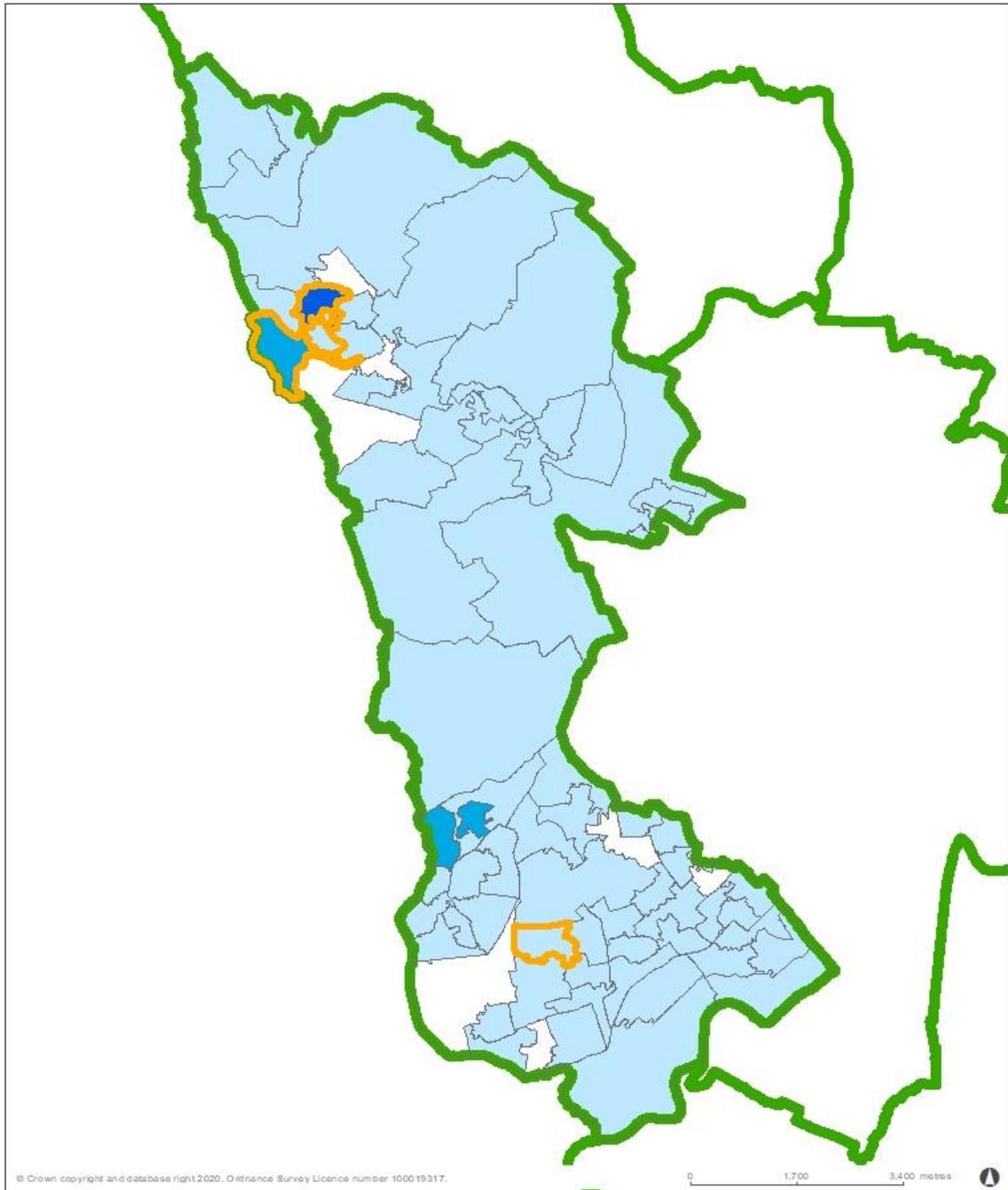
Bassetlaw District

Source: Nottinghamshire Police, Management Information; Index of Multiple Deprivation 2019



Broxtowe District

Source: Nottinghamshire Police, Management Information; Index of Multiple Deprivation 2019



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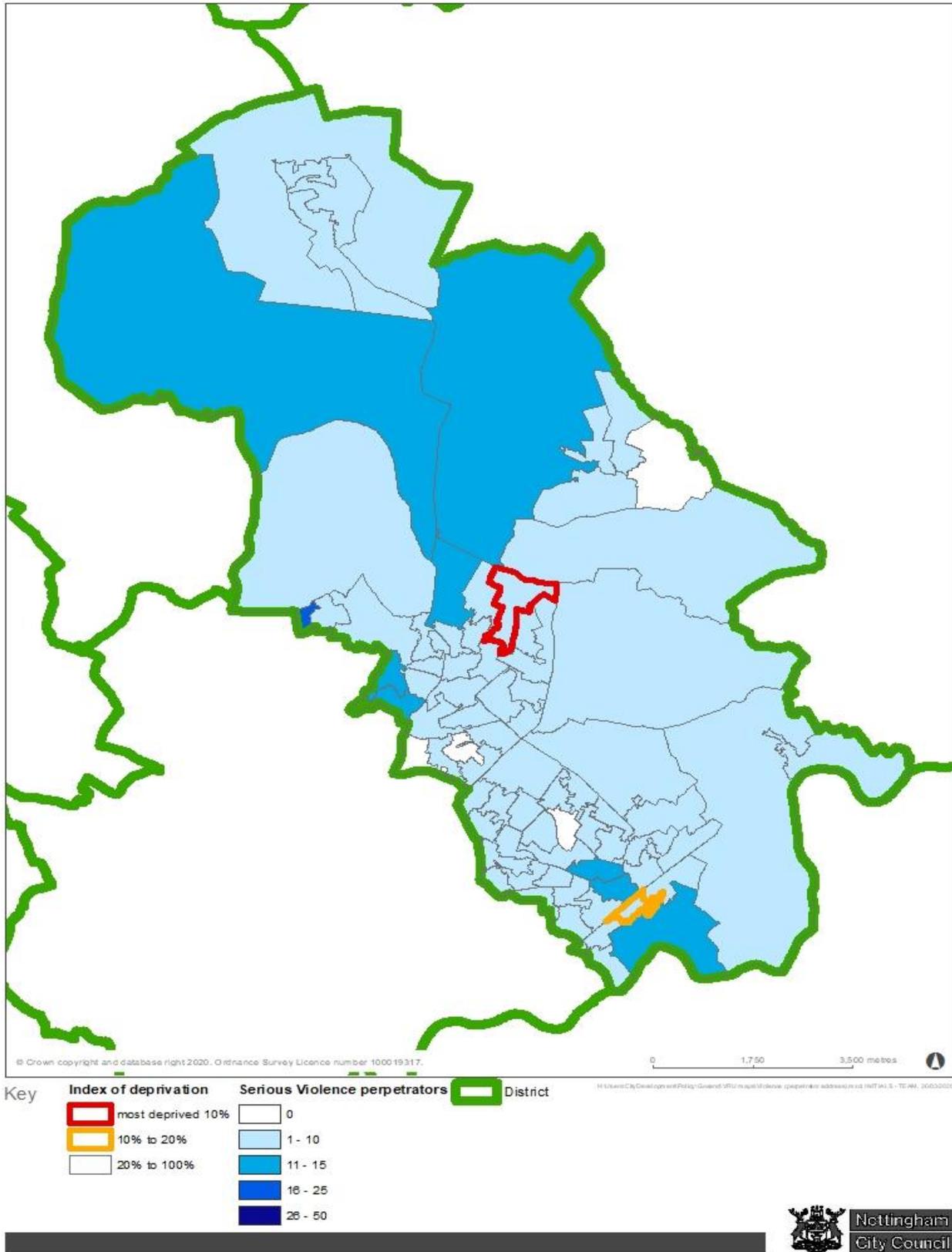
Nottingham City Development Policy - General Urban Regeneration - spatial priorities address page 10 (MGT) 3 - 10.06.2020

| Index of deprivation | | Serious Violence perpetrators | | District |
|----------------------|-------------------|-------------------------------|---------|----------|
| | most deprived 10% | | 0 | |
| | 10% to 20% | | 1 - 10 | |
| | 20% to 100% | | 11 - 15 | |
| | | | 16 - 25 | |
| | | | 26 - 50 | |



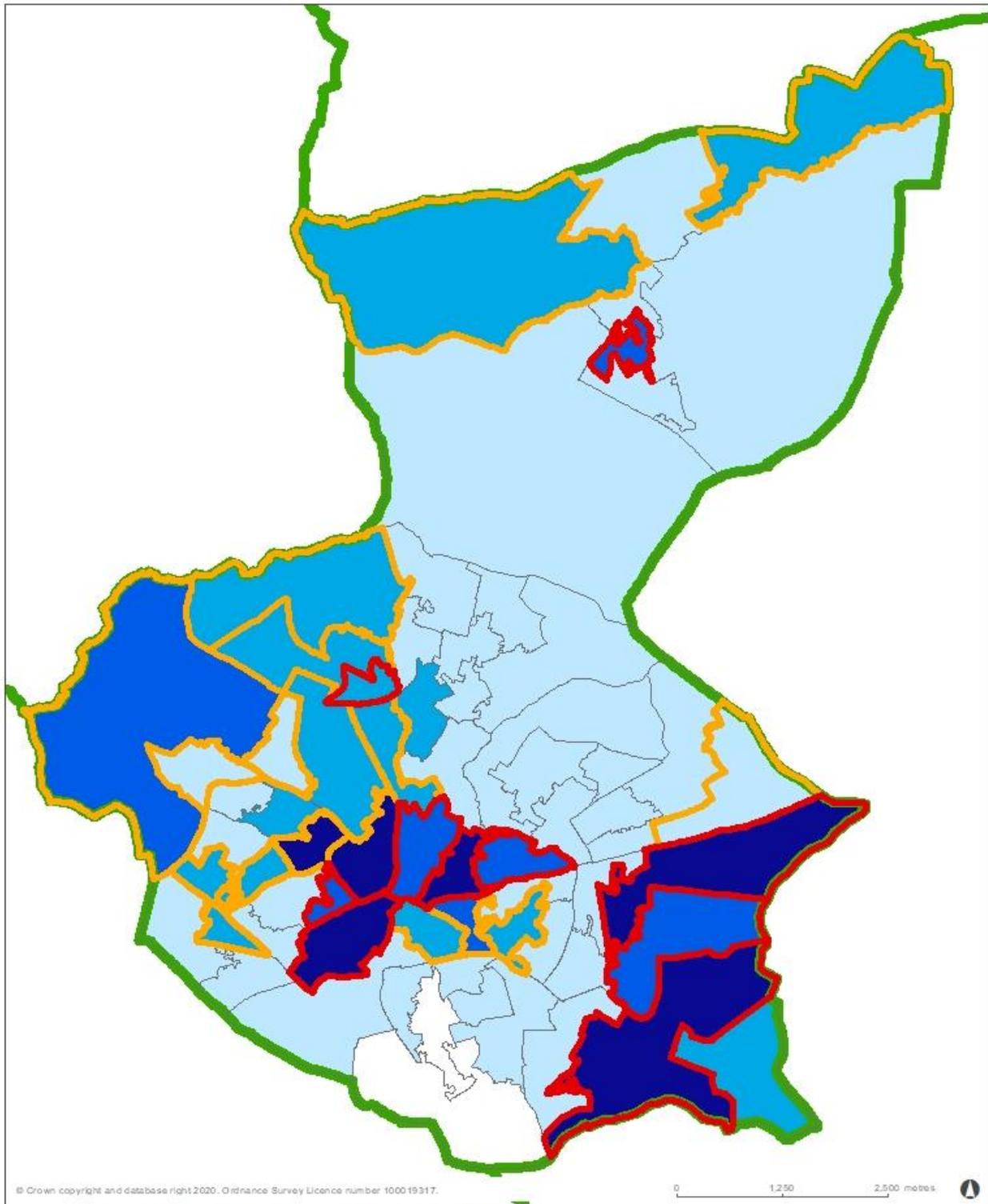
Gedling District

Source: Nottinghamshire Police, Management Information; Index of Multiple Deprivation 2019



Mansfield District

Source: Nottinghamshire Police, Management Information; Index of Multiple Deprivation 2019



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0 1,250 2,500 metres

Key

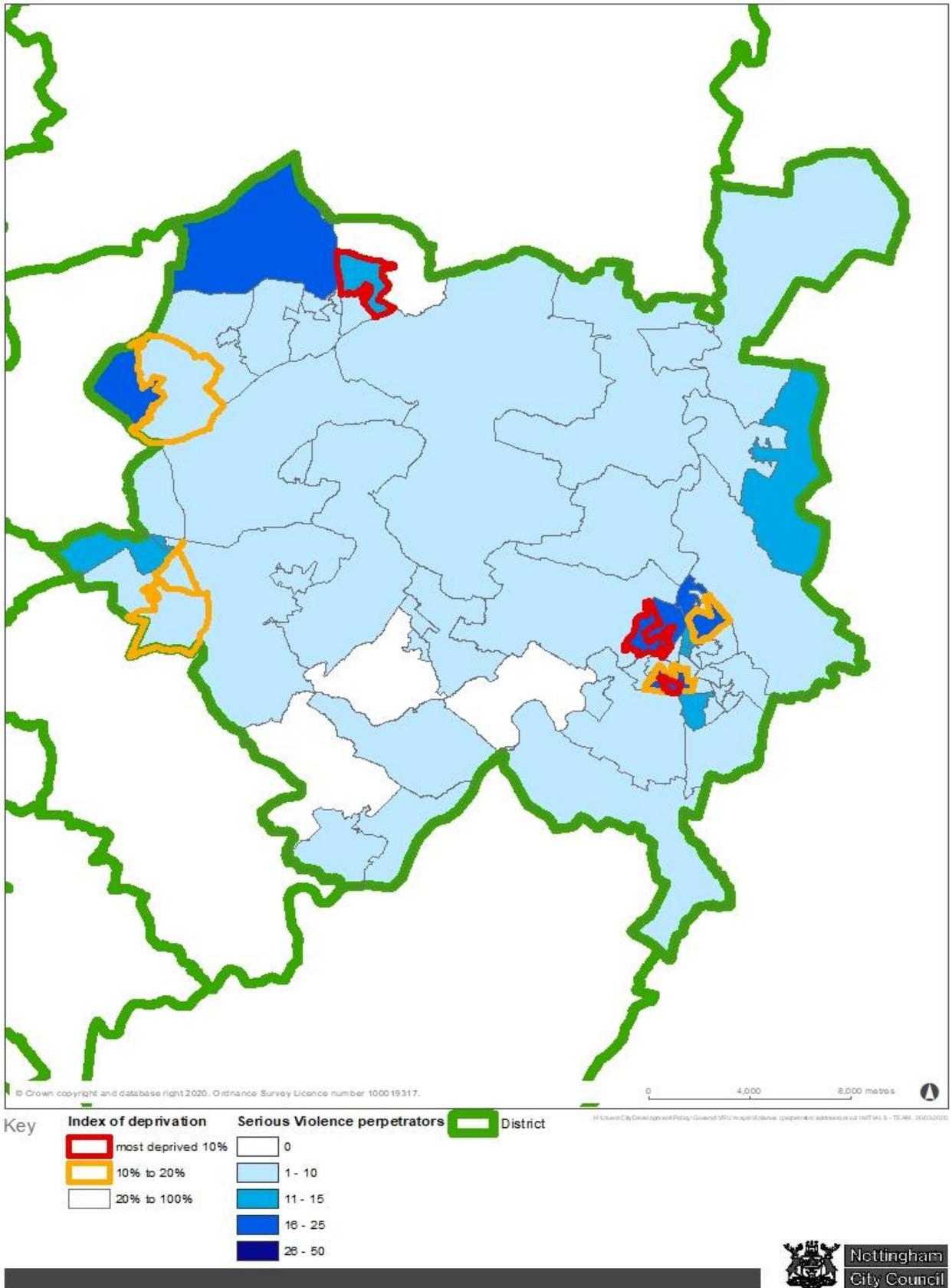
| Index of deprivation | Serious Violence perpetrators | District |
|----------------------|-------------------------------|----------|
| most deprived 10% | 0 | District |
| 10% to 20% | 1 - 10 | |
| 20% to 100% | 11 - 15 | |
| | 16 - 25 | |
| | 26 - 50 | |

Nottingham City Council



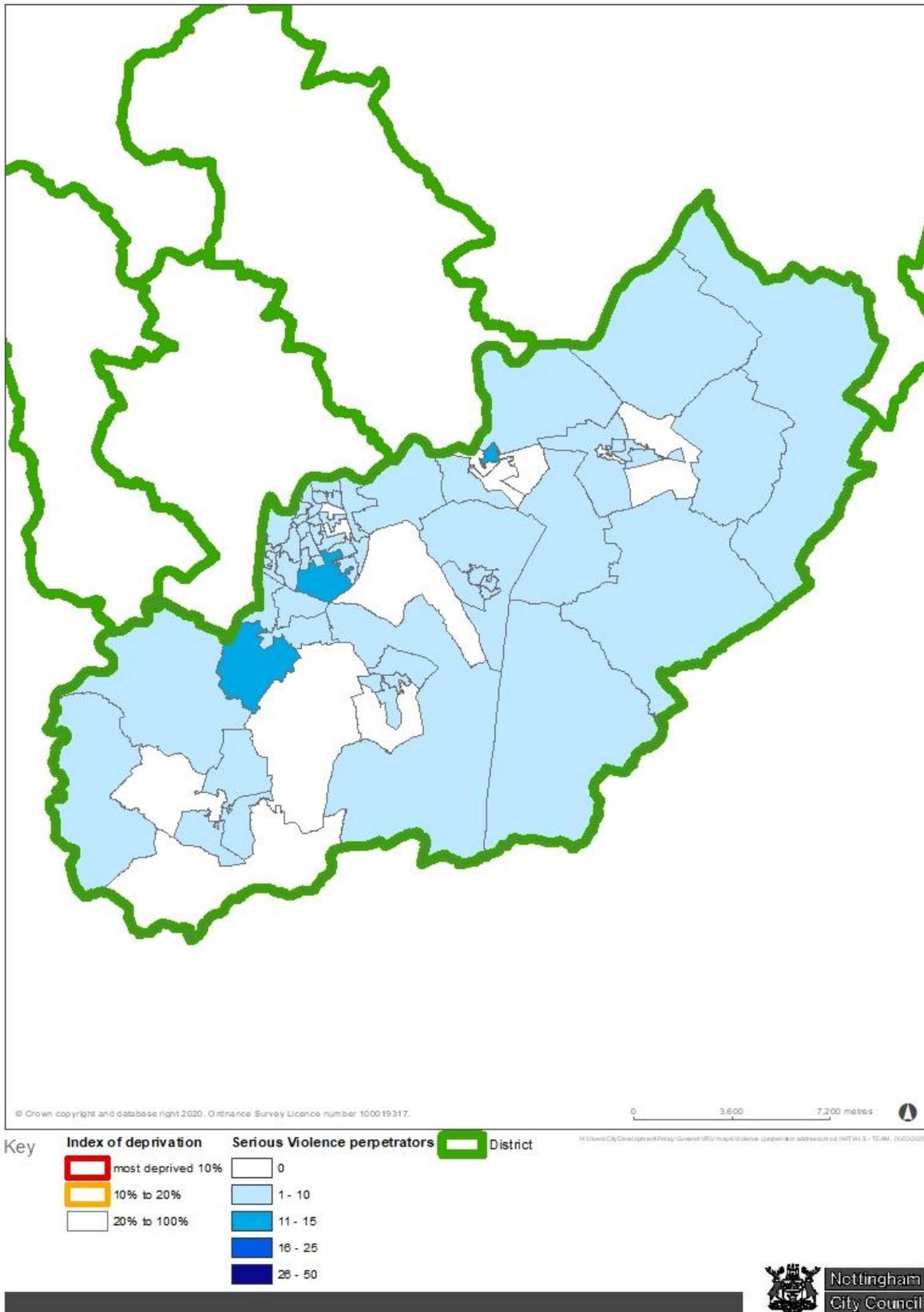
Newark and Sherwood District

Source: Nottinghamshire Police, Management Information; Index of Multiple Deprivation 2019



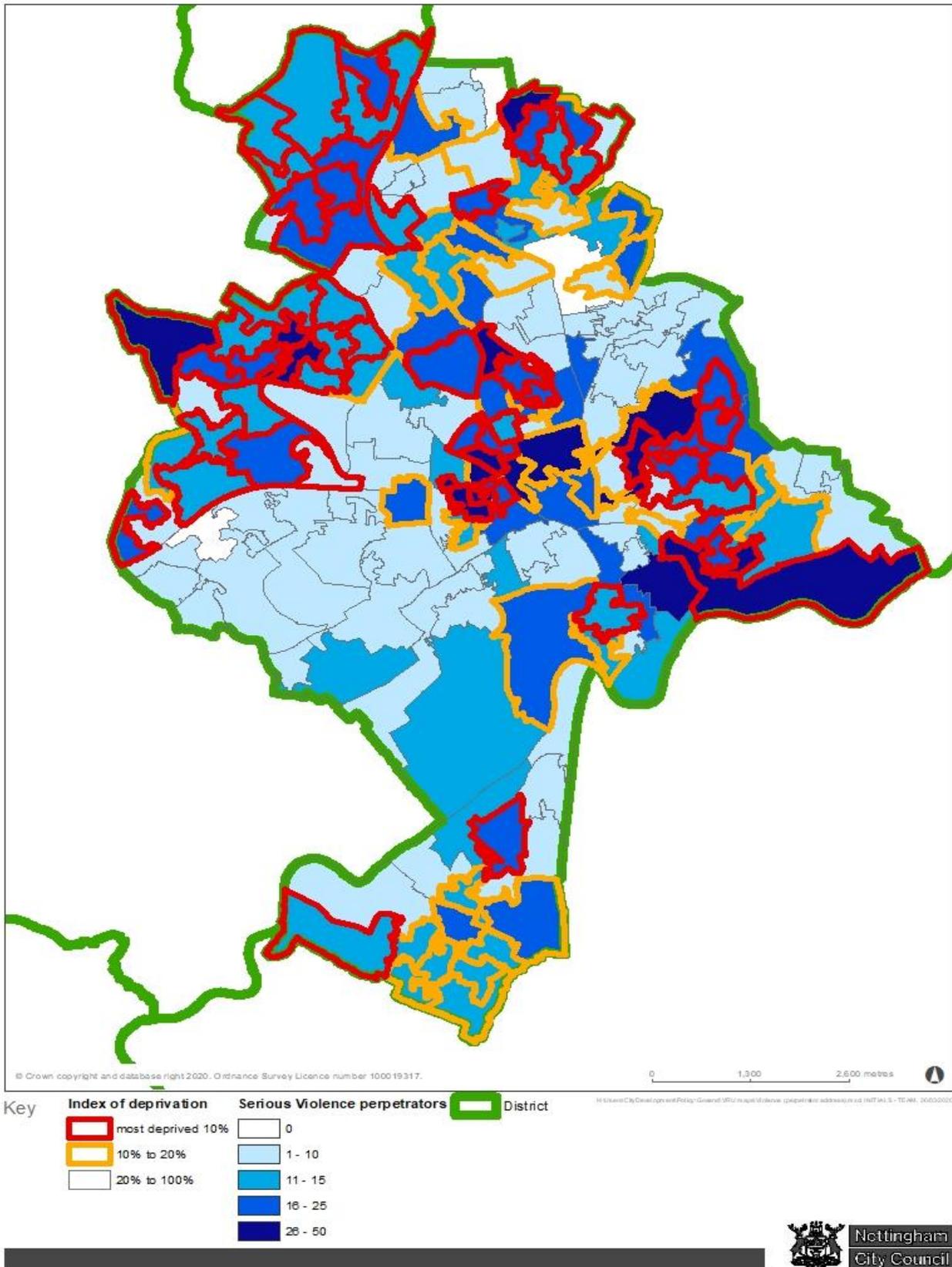
Rushcliffe District

Source: Nottinghamshire Police, Management Information; Index of Multiple Deprivation 2019



Nottingham City

Source: Nottinghamshire Police, Management Information; Index of Multiple Deprivation 2019



ICD 10 Codes

ICD 10 Codes - Alcohol Involvement

| ICD 10 Codes | ICD 10 Description |
|--------------|---|
| Y90 | Alcohol involvement determined by alcohol blood level |
| Y91 | Evidence of alcohol involvement determined by level of intoxication |
| Z72.1 | Alcohol use |
| X45 | Accidental poisoning by exposure to alcohol |
| X65 | Intentional self-poisoning by and exposure to alcohol |
| F10 | Mental and behavioural disorders due to alcohol use |
| R78.0 | Finding of alcohol in blood |

ICD 10 Codes – Substance Use

| ICD 10 Codes | ICD 10 Description |
|--------------|--|
| F11 | Mental and behavioural disorders due to use of opioids |
| F12 | Mental and behavioural disorders due to use of cannabinoids |
| F13 | Mental and behavioural disorders due to use of sedatives and hypnotics |
| F14 | Mental and behavioural disorders due to use of cocaine |
| F15 | Mental and behavioural disorders due to use of other stimulants, including caffeine |
| F16 | Mental and behavioural disorders due to use of hallucinogens |
| F17 | Mental and behavioural disorders due to use of tobacco |
| F18 | Mental and behavioural disorders due to use of volatile solvents |
| F19 | Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances |
| R78.1 | Finding of opiate drug in blood |
| R78.2 | Finding of cocaine in blood |
| R78.3 | Finding of hallucinogen in blood |
| R78.4 | Finding of other drugs of addictive potential in blood |
| R78.5 | Finding of psychotropic drug in blood |
| R78.6 | Finding of steroid agent in blood |
| R78.7 | Finding of abnormal level of heavy metal in blood |
| R78.8 | Finding of other specific substances, not normally found in blood |
| T40 | Poisoning by narcotics and psychodysleptics (hallucinogens) |
| T52 | Toxic effect of organic solvents |
| T59 | Toxic effects of other gases, fumes and vapour |
| T436 | Psychostimulants with abuse potential |
| Y12 | Poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified, undetermined intent |
| Y16 | Poisoning by and exposure to organic solvents and halogenated hydrocarbons and their vapours, undetermined intent |
| Y19 | Poisoning by and exposure to other and unspecified chemicals and noxious substances, undetermined intent |



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