

COMMUNITY VIOLENCE RESEARCH & ANALYSIS



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Executive Summary and Recommendations

The “power-few”

Across four years of data, just over 2000 individuals (10% of all those involved in community violence across the same period) were accountable for nearly all of the harm (88%) attributed to violence. Focusing resources on these individuals could significantly impact violence reduction activities across Greater Essex.

Recommendation 1: Consider implementing focussed deterrence strategies targeted towards the “power-few”. Focussed deterrence strategies have evidenced substantial reductions in crime and violence internationally.

Violence is geographically concentrated, and exhibits strong stability over time

35% of all community violence events took place within 3.7% of all Lower Super Output Areas, and these hotspots often exhibit significantly strong stability over time.

Recommendation 2: Utilise the evidence and local data for concentration of crime at micro-places, evidence based policing strategies such as hotspot policing has consistently been demonstrated to achieve reductions of crime and harm.

Similarly, communities with higher rates of victims of violence are strongly correlated one year to the next. Rates of victimisation in 2018 explained nearly 70% of the variance in victimisation rates in 2019, indicating communities that have experienced high rates of victimisation in previous years are likely to experience them again in the future.

Recommendation 3: Make best use of data to better understand these localities and the issues they are facing, tailor and prioritise resources within these communities.

Youth are disproportionately represented in involvement of community violence as both victims and suspects

Recommendation 4: Ensure tertiary activities are prioritised towards working with this age group

Address risk factors across the ecological scale through primary and secondary prevention

The evidence from within Greater Essex indicates a large proportion of those involved in violence, as both victims and perpetrators, have been exposed to other forms of violence such as domestic abuse, possible neglect as children, are experiencing issues with mental health, and drug misuse, and are coming from communities where deprivation and poverty are at a higher rate.

Recommendation 5: Understanding and addressing these factors at an early age through primary and secondary prevention activities is a crucial step in violence reduction activities.

Recommendation 6: Further analysis of current service provision should be undertaken in order to identify gaps. In addition to this we should be ensuring evaluations of these activities are being undertaken in order to understand what is and is not working.

Aim and Purpose of Report

The aim and purpose of the following report is to better understand serious community violence in Greater Essex, and to present the current evidence base pertaining to community violence reduction strategies, and where possible, what this currently looks like within Greater Essex.

In addition to the following problem profile, the Essex Violence and Vulnerability unit are making best use of the growing evidence base across Greater Essex which includes:

- Two qualitative research projects commissioned by the Violence and Vulnerability unit, in which over 500 young people across Greater Essex have been engaged with in order to understand from the perspective of our young people, the issues of serious youth violence, gangs and exploitation,
- Thurrock's Annual Public Health Report which has focused on Violence and Vulnerability across Thurrock.

For the purpose of the unit and the following report, we have made the following exclusions from our definition of violence:

- Violence pertaining to sexual offences have been excluded on the basis that this type of violent offence would require a different response strategy and presents a different offender typology.
- Domestic and familial abuse have been excluded on the basis there is already a co-ordinated statutory response for this type of violence and abuse.

Background

Crime across England and Wales has fallen rapidly over the last 20 years, however, some types of police recorded serious violence – notably, homicide, knife crime, and gun crime – have shown upward trends since around 2014. In part, these increases can be attributed to improvements in crime recording, however evidence from sources unaffected by changes in recording processes, such as hospital statistics, support the view that rises in offences involving firearms and knives are genuine.

Whilst these crimes continue to account for only a small proportion of the total crime recorded, around 1%, increases have caused significant public concern as they are among the most harmful to society. In addition, there is increasing evidence of the involvement of youth in serious violence offences with a 36% increase in knife related injury admissions to A&E for under 18s between 2013/14 and 2017/28.

In contrast to increasing trends across England and Wales, there have been significant reductions across Scotland in rates of homicide and serious violence, with rates falling below that of England and Wales for the first time since 1976. This contrast in changing levels of violence has highlighted different types of approaches to violence reduction, and most notably, Scotland's commitment to a public health approach which began with the introduction of a Violence Reduction Unit in 2005¹.

Violence Reduction Units

In August 2019 the Government announced that eighteen policing areas across England and Wales had been awarded funding to establish 'Violence Reduction Units' (VRUs).

Violence Reduction Units were tasked with bringing together multiple organisations to tackle serious violence, by identifying what is driving violent crime locally, and co-ordinating a response, using whole systems public health approaches.

¹ Brennan, I (2020) Victims of serious violence in England and Wales, 2011–2017, College of Policing

What is a public health approach?

At its core a public health approach acknowledges that no issue relating to violence has a single aspect or cause and no single agency, service or organisation has all the answers. A public health approach is a shared endeavour.

The application of a public health approach to violence prevention requires four activities that should take place in consecutive order²:

- Step One: Define the problem
- Step Two: Identify risk and protective factors
- Step Three: Develop and test prevention strategies
- Step Four: Assure widespread adoption

Defining the Problem

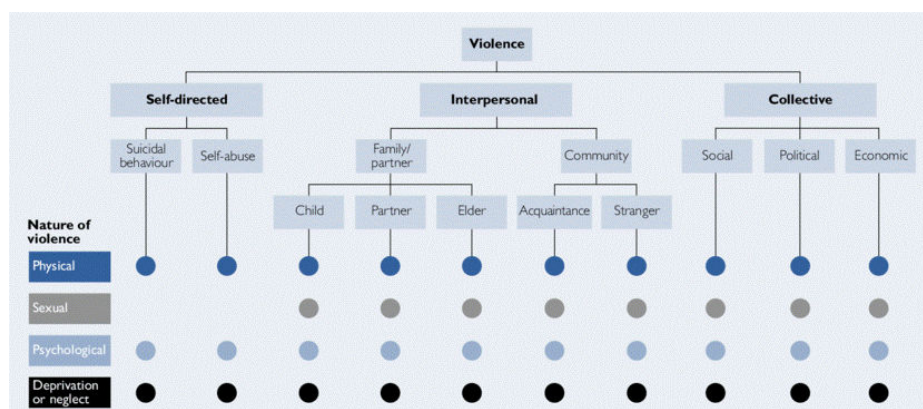
Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation

SOURCE: WORLD HEALTH ORGANISATION

Violence can take many forms, each requiring a different response strategy, thus it is important to define what type of violence is the focus.

The World Health organisation presents a typology of violence that, while not uniformly accepted, can be a useful way to understand the contexts in which violence occurs. This typology distinguishes four ways in which violence may be inflicted: physical; sexual; psychological and deprivation. It further divides the general definition of violence into three sub-types according to the victim-perpetrator relationship.

The following research and analysis will focus on community violence in Greater Essex,



community violence can be defined as exposure to intentional acts of interpersonal violence committed in public areas by individuals who are not intimately related to the victim. It is an intentional attempt to hurt one or more people.

² Centers for Disease Control and Prevention (2019) Timeline of violence as a public health problem

Trends in Violence

Violence across Greater Essex is increasing, between 2016 and 2019 there has been an annual increase of 8%, on average. The number of annual serious wounding offences has increased most significantly over this time period, between 2016 and 2019, there was an annual increase of 80%.

Community violence offences encompass over half of all types of violence offences, and around 70% of all serious wounding offences.

All Types of Violence (Official Totals Submitted to Home Office)

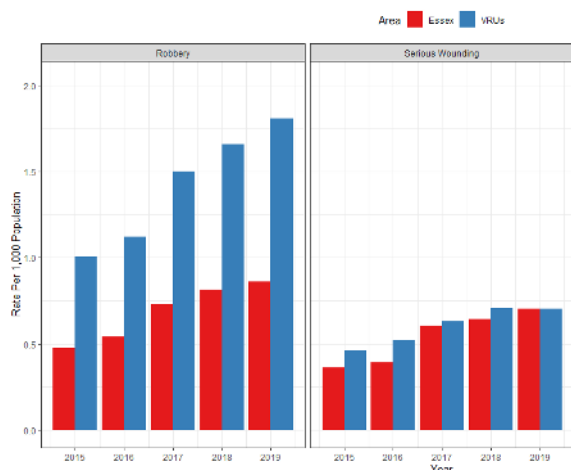
Type	2016	2017	2018	2019	% change
Homicide	13	24	14	21	62%
Serious Wounding	713	1,099	1,170	1,280	80%
Less Serious Wounding	11,642	12,530	13,157	14,157	22%
Robbery	989	1,323	1,483	1,570	59%
Total	13,357	14,976	15,824	17,028	27%

Community Violence

Type	2016	2017	2018	2019	% change
Homicide	9	16	11	15	67%
Serious Wounding	508	796	804	837	65%
Less Serious Wounding	5,909	6,240	6,447	6,446	9%
Robbery	956	1,261	1,463	1,490	56%
Total	7,382	8,313	8,725	8,788	19%

Comparative Trends in Serious Violence

Rates of robbery, serious wounding and sexual assault in Essex and VRUs since 2015



Overall trends in robbery and serious wounding in Essex are in line with designated VRUs in England and Wales (see Figure 3 and Table 1). For robbery, the incidence rate in Essex increased from 0.59 per 1,000 in 2015 to 0.86 by 2019, although remains lower than average for VRUs (1.81 in 2019). Rates of serious wounding in Essex increased from 0.28 in 2015 to 0.70 in 2019. In the last 12-months this equates to 1,570 victims of robbery and 1,280 serious wounding offences.

Impact and incidence

The impact of violence extends beyond the victim and perpetrator as individuals – exposure to violence, either directly or as a witness, can lead to future perpetration of violence. All forms of violence are interconnected, for women, early exposure to child sexual abuse, violent households

and harsh discipline as a child increases vulnerability to violence in later life. Similar early exposure to violence for men is linked to increased likelihood of perpetrating violence³.

Community violence is severe and leads to high rates of death or morbidity most frequently, among young men and boys from disadvantaged backgrounds and communities. It may result from disputes or as a consequence of other forms of street crime, e.g. robberies.

Violence has an ability to perpetuate poverty. The fear, anxiety and stress caused by violence can increase the likelihood of behaviours, such as substance misuse or further violence and aggression, which in turn, can elevate chances of poor educational attainment, limit future economic and employment opportunities, cause ill-health and thus perpetuate further violence.

Socio-economic costs

The costs of violence are vast. The socio-economic costs to public services of community violence alone in Essex between 2016–2019 totalled £1.2bn, this is 35% of the total costs of crime during this period (see Figure 2). These costs are significantly overrepresented when considering that community violence accounted for just 15% of the total volume demand, with further costs when underreporting to police is accounted for. According to the Crime Survey for England and Wales (CSEW) as much as 40% of assault with serious injury, 48% of robbery and 61% of assaults with less serious injuries go unreported to police⁴. Including estimates for underreporting, the true socio-economic cost of community violence to public services in Essex since 2016 is closer to £3bn.

The most significant cost in Essex is the physical and emotional harm suffered from violence, estimated at £930m since 2016. This is followed by costs to the economy through lost economic output (£200m), criminal justice system costs in response to violence (£188m), policing (£129m) and health (£63m). These costs are all as a consequence and as a response to violence.

People, places and behaviours

Crime Analysis of Community Violence

This section focuses on places, people and behaviours of community violence as can be derived from police data.

Places where community violence occurs

The average annual rate of community violence is unevenly distributed throughout Essex and is highly concentrated in urban localities.

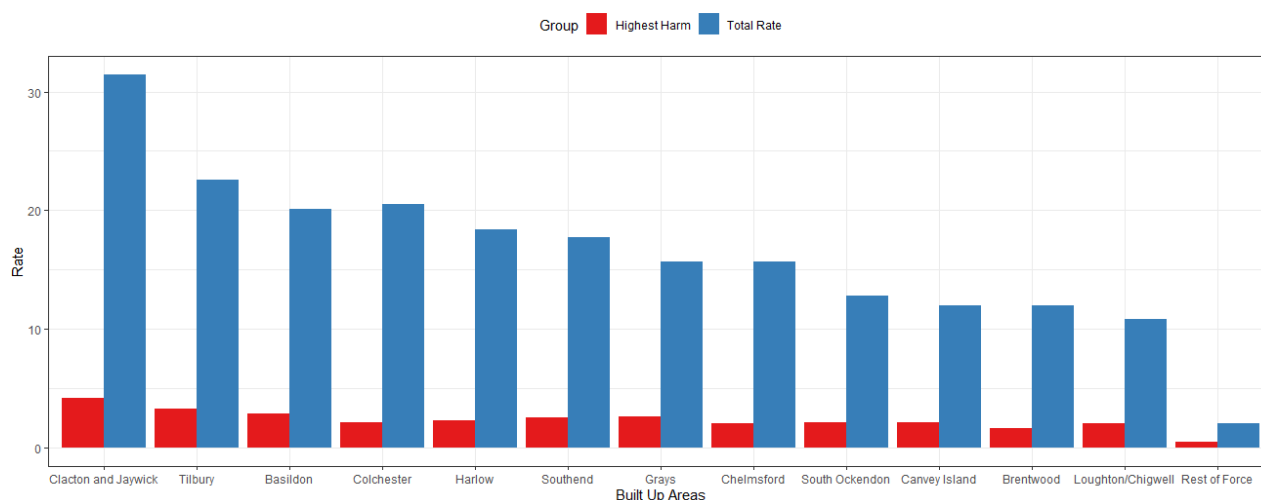
Prevalence rates are more than twice the force average in Clacton & Jaywick, Tilbury, Colchester and Basildon, and almost twice the average in Southend and Harlow. Outside of the selected Built-Up Areas the rate is five times lower than average.

The variation in rates of the most harmful community violence offences are more evenly distributed with most localities within the expected range. Clacton & Jaywick is an outlier for serious harm from community violence.

³ Abramsky et al (2011) What factors are associated with violence? British Medical Council, Public Health 11:109; Patel, D. et al (2013) Contagion of Violence, Institute of Medicine and National Research Council; Abt, T. (2017) Towards a framework for preventing community violence among youth, Psychology, Health and Medicine, 22:266–285

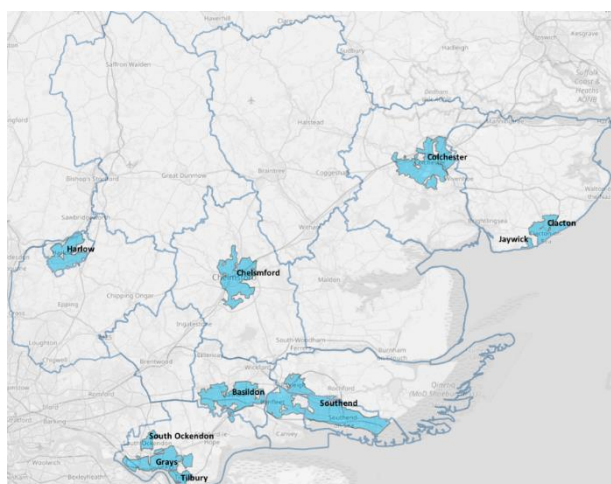
⁴ Ashby, M (2020) 73% of victim-based crime is not reported to police <http://lesscrime.info/post/crime-reporting/> Accessed 18.02.2020.

Rates of Community Violence by Built-Up Areas



The focus of place analysis will be the Built-Up Areas which experience the highest rates of victimisation (Clacton and Jaywick; Thurrock consisting of Grays, South Ockendon and Tilbury; Basildon; Colchester; Harlow; Southend and Chelmsford).

Community violence within these localities is persistent and highly concentrated in 'hotspots'

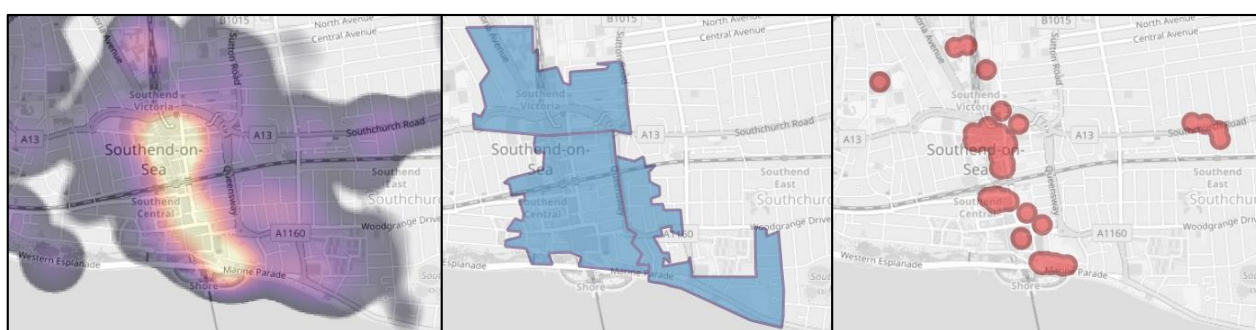


3.7% of all Lower Super Output Areas within these localities contained 35% of all community violence events. Hotspots pertaining to violence often exhibit significantly strong stability over time – for those LSOAs with the highest rates of community violence the persistence of hotspots was 87% over the previous five years.

Micro-hotspots

Whilst larger geographical boundaries evidence persistent high rates of community violence within Greater Essex, micro-level hotspots can exhibit significant variability.

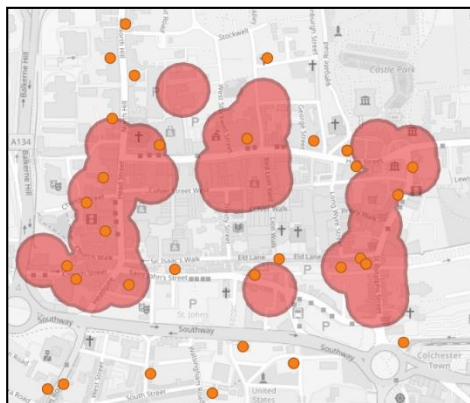
The figure below is an example shows the smoothed hotspots (KDE⁵) of community violence around Southend Central and the three LSOAs which are among the 20 most persistent across Essex. However, using a third method (DSCAN⁶) which clusters community violence events, weighted by cost socio-economic costs of crime, we can suitably identify small enough places where policing and crime prevention responses can be targeted.



⁵ Kernel Density Estimation

⁶ Density-based spatial clustering of applications with noise

Understanding the distribution of community violence at micro-clusters enables us to understand why crime is concentrated at these places. From this we can develop effective prevention strategies. The figure below shows clustered concentrations of community violence in Colchester and points to denote the distribution of licenced premises. An effective strategy to reducing community violence in Colchester Night Time Economy might for example consider situational crime prevention by way of offender access control (i.e. barring schemes); target removal (i.e. triage and safe travel); guardianship (i.e. CCTV, lighting, patrols and surveillance); physical changes (i.e. prevention through design, street redesign) and place management (i.e. use of licensing conditions).



Hotspot policing assigned to community violence clusters can reduce fear of violence as well as producing numerous other benefits including increased informal contacts with members of the community, gather information to feed intelligence led policing (such as identification of risky facilities and crime attractors⁷), development of contacts and informants.

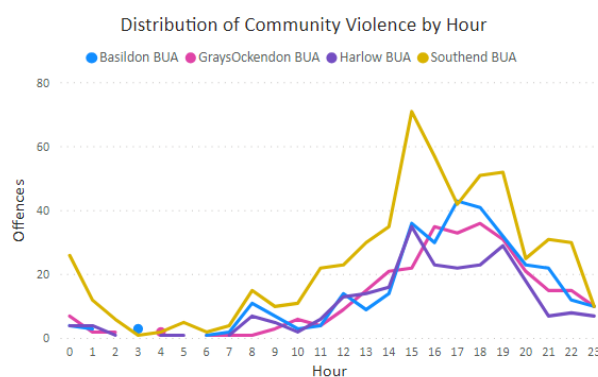
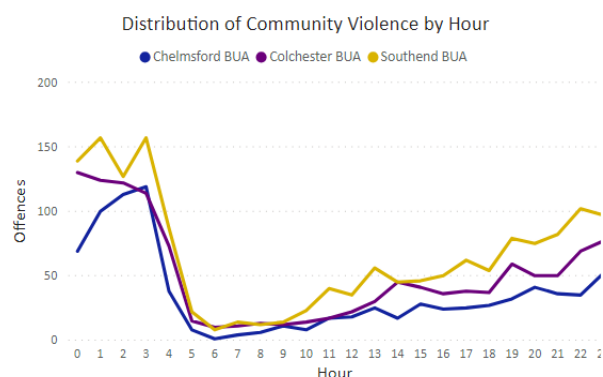
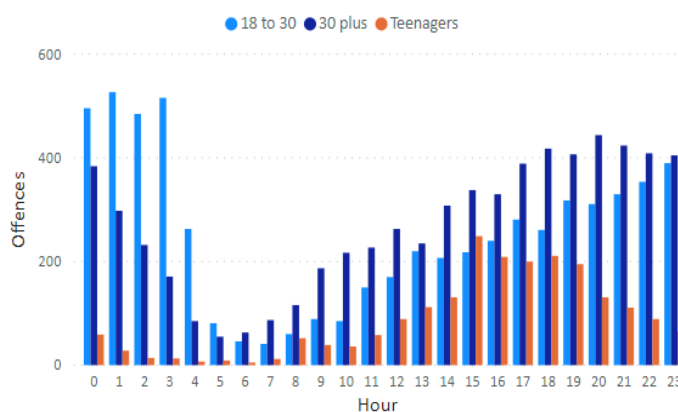
Time

Timing of community violence differs based on a number of variables, notably, age, locality and day of the week.

The most significant time frame for community violence was between midnight and 5am, largely affecting those aged 18–30 and 30 plus.

For teenagers, the period from 3pm and 8pm is when most community violence occurs.

Violence between midnight and 5am is largely concentrated in localities with large night-time economies (Chelmsford, Colchester and Southend) (Figure, below left).



⁷ Clarke, R.V. and Eck, J.E. (2007) Understanding Risk Facilities
<https://pdfs.semanticscholar.org/de9c/cd515ca250bf9adfbaf209d7a32c82f3045b.pdf> Accessed 01.03.2020

Additional community level factors

Within Greater Essex, there is a strong positive correlation between communities with higher rates of individuals receiving unemployment benefits, drug crime and high rates of violence victimisation.

Using a multi-linear regression model, with both unemployment benefits, and drug crime variables, over 62% of the variation in rates of violence victimisation at LSOA can be explained.

Communities with higher rates of victimisation are also highly stable, meaning often, communities that have experienced high rates of victimisation in previous years are likely to experience them in the future.

Variable(s)	Pearson Correlation Coefficient	R ² Value
Rate of Drug Crime	0.52	0.27
Rate of Unemployment Benefits	0.73	0.52
Rates of Drug Crime & Unemployment Benefits		0.62
Previous Rates of Violence Victimization		0.69

People who contribute to community violence

Between 2016 and 2019 over 66,000 individuals were involved in community violence across Greater Essex, as either victims or suspects, and sometimes both. Most people appearing in the dataset were known to Essex Police only as victims (59.7%), whilst almost one in five (18.1%) appeared as both a victim and a suspect.

Harm Concentration⁸

Harm is highly concentrated among victims and offenders of community violence in Essex

Most crime analysis focusses on counts and volume of crimes, however, not all crimes are equivalent to one another. Weighting crime counts according to harm offers an alternative measurement. Focusing police resources on victims, offenders, and places that cause the most harm is a fundamental aspect of evidence-based policing (EBP)⁹.

Within Greater Essex community violence, 88.5% of all harm caused by suspects was attributable to just 10% of all suspects; these results strongly support the conclusion that a very small number of individuals account for most of the harm (often referred to as 'Power Few').

From here on data referring to Power Few focuses on this 10%.

Distribution of Cumulative Harm (CHI – Crime Harm Index) Among Victims and Suspects

Cumulative % of individuals	Number of Victims	Cumulative % of total CHI	Number of Suspects	Cumulative % of total CHI
1	488	15.9	224	22.1
5	2,347	60.5	1,078	57.4

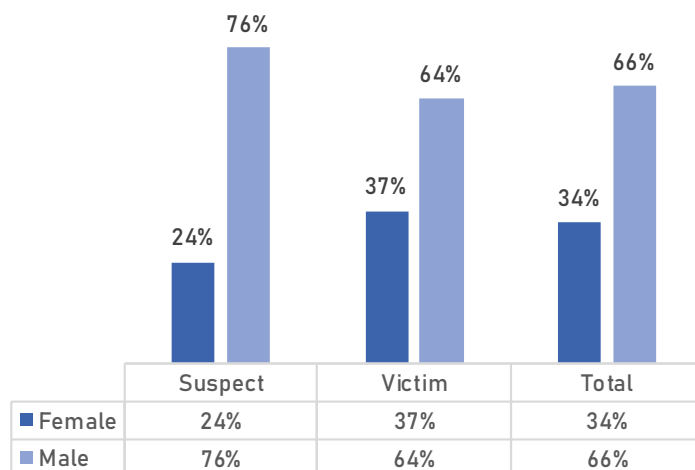
⁸ For the purposes of this report the Cambridge Crime Harm Index (CHI) has been used to determine weighting.

⁹ Sherman L. (2013). The Rise of Evidence-Based Policing: Targeting, Testing and Tracking Crime and Justice 42 : 377 – 343 .

10	4,672	82.2	2,146	88.5
20	9,321	96.9	4,282	97.6
50	23,268	99.2	10,689	99.4
100	46,489	100.0	21,356	100.0

Gender

Males are disproportionately represented within community violence



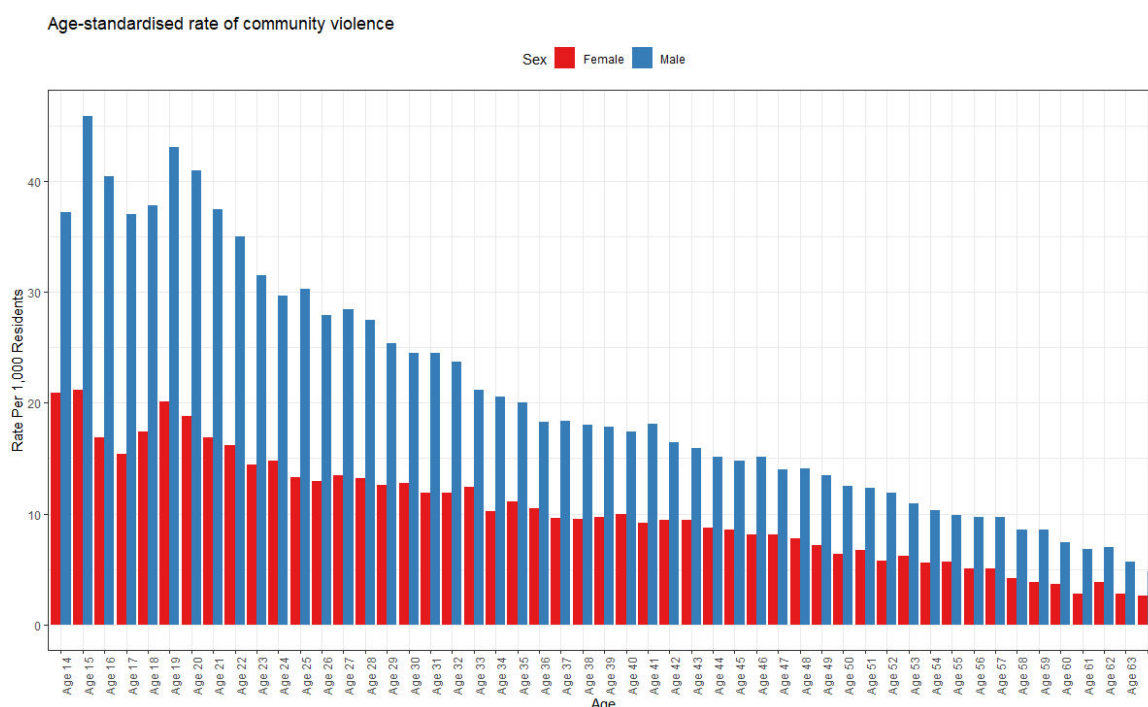
Males are disproportionately represented within community violence, accounting for two-thirds (66.3%) of all people in the dataset, rising to more than three-quarters for those who appeared just as suspects (75.7%).

Disproportionately is even more significant when distinguishing the “power few”; males account for 80.5% of all persons and 92.0% of all suspects.

Age

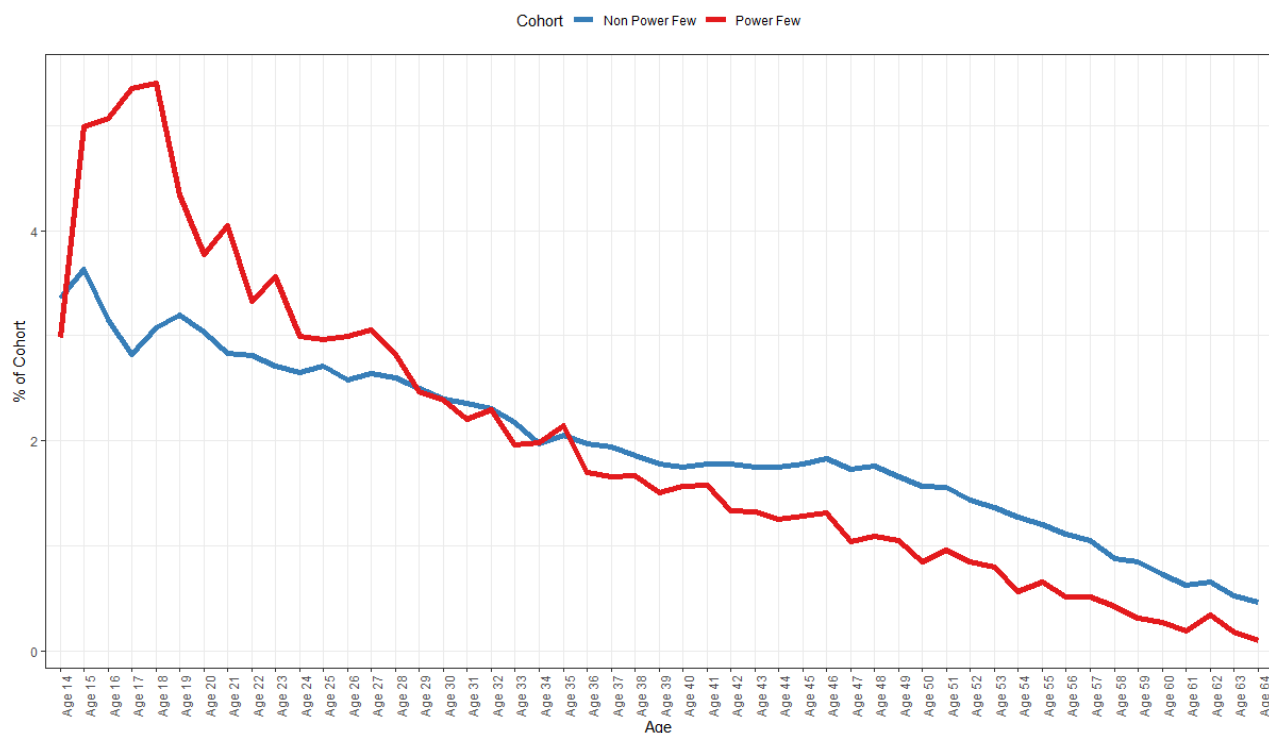
Community violence is disproportionately experienced by youth across Greater Essex.

The average rate of community violence offences between 2016 – 2019, was 14.8 per 1,000 residents, and more than 35.0 per 1,000 residents for males aged 14–22.



When distinguishing the ‘Power Few’ those aged between 16–24 are significantly overrepresented as the most harmful subgroup within community violence.

Age distribution of persons for Power Few and Non-Power Few



Recidivism and Re-victimisation

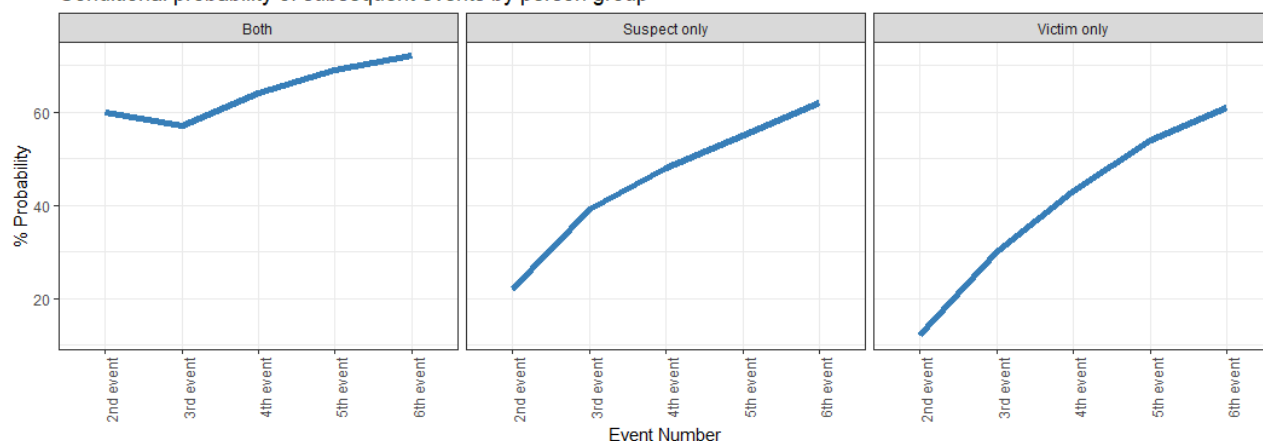
Probability of committing further community violence offences rises with each subsequent event.

The initial probability that a person in the suspect only group would commit a repeat offence is 22%. This probability rises with each subsequent event reported i.e. if a suspect has committed a third community violence offence the probability of reoffending rises to 39%.

Similar progression is noted for persons appearing only as victims in the dataset.

It should be noted that cohort sizes decline rapidly with each subsequent event.

Conditional probability of subsequent events by person group



Previous violence exposure

Almost 1 in 5 (17%) people known for community violence were also known to police for domestic abuse, this was notably high for those who were in the dataset as both victims and perpetrators (52%).

More than 1 in 10 (13%) persons known for community violence were also known for other violence in the home involving family members, rising to 1 in 5 (20%) for those who were in the dataset as both victims and perpetrators.

Almost 1 in 20 (4%) persons known for community violence were also known to police for child abuse, rising to almost 1 in 10 (9%) for those who were in the dataset as both victims and perpetrators.

Previous exposure to different types of violence was associated with higher rates of recidivism, revictimization and higher harm from community violence.

Criminal Exploitation

0.4% of individuals were known for criminal exploitation in the community violence dataset. Within the Power Few cohort, this rose to 3.5%.

Limited research currently exists on the extent and severity of violence among those criminally exploited for county lines. The most recently available study of 40 offenders found that in most cases young people could be exploited through threats of violence (including threats made against families) rather than actual violence, achieved through the reputational capital of those running the lines¹⁰.

Behaviours noted among those contributing to community violence

Group offending, weapons, drugs, mental health and alcohol are all correlated with the most harmful incidents of community violence in Essex.

Group offending

Most community violence offences involve one victim and one suspect (90.2%). However, for the cohort of suspects within the Power Few more than a third (33.9%) of offences involve multiple suspects.

Proportion of offenders completing crimes in groups

	<i>Non-Power Few</i>	<i>Power Few</i>	<i>Total</i>
<i>One Suspect</i>	92.6%	66.1%	90.2%
<i>Two Suspects</i>	5.8%	20.4%	7.1%
<i>Three+ Suspects</i>	1.6%	13.5%	2.7%

Weapons

Within the Power Few cohort almost two-thirds of offenders had used a knife or sharp implement to enable the completion of an offence. However, just one in ten of this same cohort had been arrested for a possession of offensive weapon offence.

Proportion of offenders completing crimes with use of weapons

	<i>Non-Power Few</i>	<i>Power Few</i>	<i>Total</i>
<i>Off. Weap.</i>	2.8%	10.4%	4.2%
<i>Knife/sharp imp.</i>	10.7%	62.2%	20.8%
<i>Other weapon</i>	4.1%	18.1%	6.6%

¹⁰ McLean, R., Robinson, G. and Densley, J. (2020) County Lines: Criminal Networks and Evolving Drug Markets in Britain, Springer

NTE-Alcohol

Reliable data on community violence directly linked to alcohol consumption and/or the night time economy (NTE) is not readily extractable from Essex Police systems. The Crime Survey for England and Wales has consistently reported since 2001-02 that approximately half of all wounding offences were perpetrated by suspects who the victim believed was under the influence of alcohol (not specifically within times and locations of night time economies). In Essex, 27.5% of community violence offences occurred within the hours associated with NTE, whilst 12.3% occurred within those specified hours and within retail centres. This was slightly higher for the most harmful offences with 36.7% in total occurring within NTE hours and 13.2% within NTE hours in retail centres.

Proportion of offenders committing offences in space-time of NTE

	<i>Non-Power Few</i>	<i>Power Few</i>	<i>Total</i>
<i>NTE Hour 9pm-5am</i>	26.2%	36.7%	27.5%
<i>NTE Town Centres.</i>	12.1%	13.2%	12.3%

Drugs

A small proportion (1.8%) of community violence offenders have a drug alcohol diversion marker, inferring that a drug or alcohol referral has been recommended or that they may be known to drug and alcohol treatment services, this is higher among the Power Few (3.4%). A significant proportion of offenders within the Power Few had a drug marker (44.1%), which can be related to misuse and/or supply for any illicit substance. Whilst drug markers were prevalent, being known for possession or supply of class A offences featured less prominently. Between 2016-2019 the proportion of the cohort being known for any of the drug variables declined marginally year-on-year. This may be correlated with higher rate of offences which are not supported by the victim.

Proportion of offenders recorded within drug variables

	<i>Non-Power Few</i>	<i>Power Few</i>	<i>Total</i>
<i>Drug Alcohol Diversion</i>	1.8%	3.4%	2.1%
<i>Drug Marker</i>	18.3%	44.1%	23.2%
<i>Possess. Class A</i>	1.9%	5.5%	2.5%
<i>Supply Class A</i>	1.9%	7.3%	2.9%

Emotional wellbeing ¹¹

Almost 1 in 5 people appearing within the community violence cohort as either suspects or victims have been flagged as having potentially mental health concerns.

This is particularly prevalent within the power few cohorts with almost 1 in 3 offenders having a mental health flag, almost 1 in 4 having self-harmed and almost 1 in 5 having suicidal tendencies.

Proportion of offenders recorded within emotional wellbeing and mental health variables

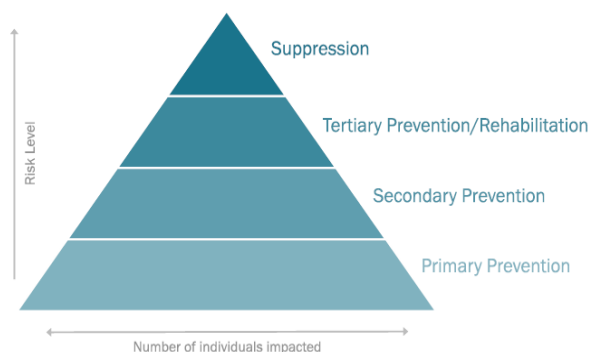
	<i>Non-Power Few</i>	<i>Power Few</i>	<i>Total</i>
<i>Mental Health</i>	15.0%	28.8%	17.6%
<i>Self-Harms</i>	11.6%	24.2%	14.0%
<i>Suicidal</i>	8.7%	18.0%	10.4%

¹¹ It should be noted that mental health reporting in police data is based on the best estimates of professionals taking calls and attending incidents, however, officers are not formally qualified to diagnose mental ill-health. For this reason, caution is advised in assessing the extent to which mental health, self-harm and suicidal tendencies are reported alongside individuals within the community violence cohort.

Responding to and preventing violence

Public health generally organises violence reduction efforts into three sub-strands of prevention; primary, secondary and tertiary. Whilst this model has many advantages, including recognition of the importance of prevention, which has often been overlooked, it also has some disadvantages; a traditional public health model somewhat ignores the role of law enforcement; a crucial partner in violence reduction efforts, and seldom distinguishes the role of tertiary prevention.

Abt (2017) proposes a revised framework for responding to community violence amongst youth, that includes the role of law enforcement (suppression) and makes a distinction between tertiary prevention involving individuals who are currently residing in the community, and rehabilitation, involving offenders who are re-entering the community.



The following sections will summarise evidence pertaining to “what works” in community violence prevention amongst youth across these five areas and will give an overview of some examples of work that is currently ongoing in Essex already.

Primary Prevention

Primary prevention seeks to reduce the overall likelihood of ever becoming a victim or perpetrator of violence, by reducing risk factors for violence in the general population and creating conditions that make violence less likely to occur.

What the evidence tells us

Promoting environments that support healthy development in early childhood is identified as having one of the strongest evidence bases in preventing future violence at a universal level.

Unstable family environments that lack structure, poor parent-child relationships, child neglect, and poor parental supervision are all risk factors for future violence, that can be addressed by early childhood strategies.

Early Childhood programmes

Early childhood programmes are effective in improving parenting behaviours and children’s social and emotional development. Programmes such as the PerryPreschool program and the Nurse Family Partnership have especially strong and well-established effects (Fagan & Catalano, 2013).

Parenting skill and family relationship programmes

Multiple systematic reviews of various parent skill and family relationship approaches have demonstrated beneficial impacts on perpetration of violence as well as risk and protective factors.

Strengthen Youth’s Skills

Strengthening youth’s skills is an important component of any comprehensive approach to preventing violence. The likelihood of violence increases when skills in the areas of communication, problem-solving, conflict resolution and management, empathy, impulse control, and emotional regulation and management are under-developed or ineffective.

Skills-development has an extensive and robust research base, which shows building youth's interpersonal, emotional, and behavioural skills can help reduce both youth violence perpetration and victimization.

Enhancing these skills can also impact risk or protective factors for youth violence, such as substance use and academic success. These life skills can help youth increase their self-awareness, accuracy in understanding social situations, ability to avoid risky situations and behaviours, and capacity to resolve conflict without violence.

Create Protective Community Environments

Creating protective community environments in which young people develop is an important step towards achieving population-level reductions in youth violence.

Reduce exposure to community-level risks

Violence is associated with a number of community-level risks, such as concentrated poverty, residential instability, and access or perceived access to drugs. Reducing exposure to such community-level risks can potentially lead to population-level impacts on violence. Approaches to reduce these risks are vast, but include enforcement, policies to improve financial security, affordable housing, and improving the social and economic sustainability of neighbourhoods.

Street outreach and community norm change approaches

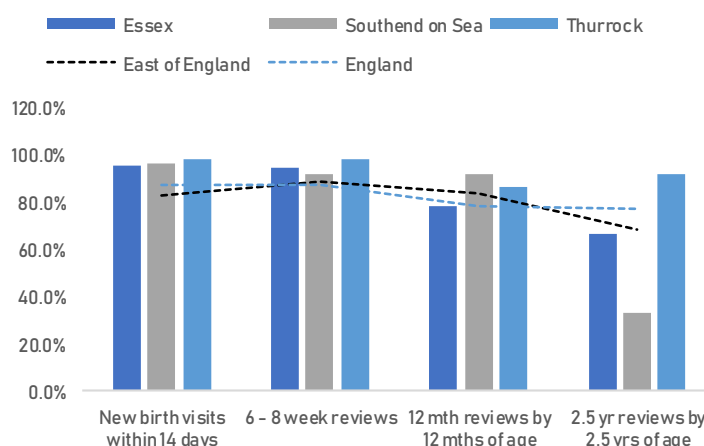
Utilising community and voluntary sectors to enable outreach with residents to promote norms of non-violence, connect youth and vulnerable families to community support in order to reduce risk and promote resilience factors build buffers against violence.

How this looks in Essex

Healthy Child Programme

The Health Visiting Service leads on the delivery of the Healthy Child Programme (HCP), which was set up to improve the health and wellbeing of children aged 0-5 years. This is done through health and development reviews, health promotion, parenting support and screening and immunisation programmes. The Health Visiting Service consists of specialist community public health nurses and teams who provide expert information, assessments and interventions for babies, children and families including first time mothers and fathers with complex needs.

Essex, Southend-on-Sea, and Thurrock all perform well comparative to East of England and England performance.



Essex County Council Place and Public Health Function

Within Essex County Council, a new Place and Public Health function has been established in order to make a long lasting and positive impact on the outcomes of residents, communities and businesses across Essex. The approach set out in their business plan is designed to tackle the root causes of disadvantage and deprivation. It has been set up to deliver the organisations equality objectives by connecting people with services, enhancing our relationships with communities,

developing high-quality homes and environments for people to live in and enhancing access to affordable, low-carbon transport whilst better connecting people to jobs, education and leisure opportunities.

Anxiety and Resilience Programme

Essex County Council has recently finalised commissioning for an anxiety and resilience programme for primary school aged children at transition points (Key Stage 1 – 2 and Key Stage 2 – 3) to address anxiety and promote resilience. Childhood anxiety is known to have a range of adverse outcomes in later life, including major depression, nicotine, alcohol and illicit drug dependence, suicidal behaviour, educational underachievement and early parenthood. The intervention will be community based and delivered, based on a programme developed by the Essex Educational Psychology Service.

This programme is delivered to children and their parents in tandem, to enable holistic support and recovery. The programme has already been shown to be significant in terms of outcome when delivered in a school setting and this pilot, which will be trialled in 5 areas of the County initially, will be evaluated for improvement of outcomes and cost saving to the wider system.

Risk-Avert¹²

Risk-Avert was launched as a pilot project in Essex during the 2012/13 academic year. It is a co-developed project between The Training Effect and Essex County Council. Risk-Avert is an evidence based, independently evaluated school based programme which identifies young people vulnerable to multiple risk-taking behaviours and offers universal and targeted intervention supporting young people in schools to make positive choices that can help them navigate life and avoid situations and behaviours that may be harmful to their health or well-being.

Findings from the evaluation have indicated positive outcomes relating to mental well-being, self-efficacy and resilience.¹³

What works?

	Promising Evidence	Limited Evidence	Mixed Evidence
Places		? Neighbourhood Watch ? Environmental crime prevention	
People	<ul style="list-style-type: none"> Parenting & early childhood development School based social skills development 		
Behaviours		? Juvenile curfews ? Gang prevention	

¹² <https://www.risk-avert.org/programme/>

¹³ <https://www.risk-avert.org/evaluation/evaluation-summary>

Secondary Prevention

Secondary prevention focuses on sub-populations with risk factors for future violence either as victims or perpetrators. Activity is implemented after risk factors for violence have been acquired, therefore screening and early detection of risk factors is important.

What the evidence tells us

Many who engage in violence as teenagers and young adults have histories of childhood conduct problems, aggression, and exposure to violence as children. Known risk factors including substance misuse, problems in school, association with delinquent peers, disrupted home environments are prevalent. Many have experienced traumatic events and show signs of behavioural and mental health problems.

Several approaches have a strong evidence base in preventing the continuation and escalation of violence, and address some of these risk factors.

Therapeutic approaches

Therapeutic approaches have a strong evidence base in reducing violence amongst individuals who have been involved in aggressive or violent behaviour or are at risk of such behaviours.

Programmes involving cognitive behavioural therapies are most effective; programmes that focused only on education, academic skills or at behaviour change through positive role models were not as successful. Other therapeutic approaches such as MST that use cognitive behavioural methods, and include the social environment of the young person, have also shown positive long-term impact.

Mentoring

Mentoring programmes are usually targeted at youth engaged in, or thought to be at risk of, criminal behaviour, school failure, violence or other antisocial behaviour. There is mixed evidence regarding the effectiveness of mentoring, however some mentoring programmes have been shown to have effects on secondary risk factors for youth violence. For example, an evaluation of the Big Brothers, Big Sisters programme in the United States found that it reduced illicit drug initiation by 46% and alcohol initiation by 27%, and increased protective factors such as school attendance, improved relationships with parents, and commitment to engage in school tasks.¹⁴

Hospital – community partnerships

Hospital-community partnerships are intended to bridge the gap between communities and the health sector. These approaches often provide support to youth who have presented at A&E departments with violence-related injuries and involve brief interventions to develop skills and risk awareness, and connection to case-management services.

Redthread are a youth work charity based in a number of emergency departments in London, in partnership with the major trauma network. Initial evaluations of Redthread are positive and have indicated that follow up risk assessments for 62 young people showed:

- 59% had a reduced involvement with violence, either personally or by association, 28% had remained the same and 13% had increased
- 37% had a reduced involvement with crime, either personally or by association, 61% had remained the same and 2% had increased.

¹⁴ De Wit DJ, Lipman E, Manzano-Munguia M, Bisanz J, Graham K, Offord DR et al. Feasibility of a randomized controlled trial for evaluating the effectiveness of the Big Brothers Big Sisters community match program at the national level. *Children and Youth Services Review*. 2007;29(3):383–404

- Re-attendance rates at ED as a result of further assaults have reduced to 1 in 35 compared to 1 in 21, and the rate of re-attendance at ED for reasons other than further violent incidents was 1 in 8, compared to a rate of 1 in 5 in the baseline audit of 2012/13.

How this looks in Essex

Basildon Hospital Project

Since July 2019, Essex County Council youth workers have been working alongside doctors and nurses at Basildon and Thurrock University Hospital to identify and support young people who are presenting with various needs. As a result, more than 150 vulnerable young people have been given access to increased support.

Family Innovation Fund

The Family Innovation Fund (FIF) was launched in Essex in 2015 and was designed to provide Early Help interventions and support for children, young people and parents/carers with low level additional needs, including children and young people on part-time timetables, those at risk of exclusion, and low level behavioural needs. An independent evaluation of this work found the following:

- Over 11,000 individuals entered the FIF programme in 2015-2017.
- Over 90% of service users experienced increased resilience following Early Help, as evidenced by the Outcomes Star.
- The main areas of progress for children and young people were ability to manage their feelings and behaviour; emotional wellbeing; and more positive relationships with family and friends.
- The main areas of progress for parents were feeling less alone, adopting strategies to better cope with their children's behaviour; and improved relationships across the whole family.
- Evidence from the Outcomes Star and qualitative research demonstrates that, at the time of checking, positive changes were sustained 6-12 months after receiving Early Help.

Further funding has been secured for Apr 2020 to March 2022.

You & Me, Mum¹⁵

You & Me, Mum is a Women's Aid course that is designed to support mothers and their children recover from their experience of domestic abuse. It is a ten-week programme delivered to both mother and child in tandem, with some joint sessions. The programme has been delivered successfully in Southend for a number of years, and Essex County Council are exploring supporting the roll out of either this or a similar programme for children and young people across Essex.

¹⁵ https://www.eani.org.uk/sites/default/files/2018-10/cpsss_you_and_me_mum_leaflet.pdf

What works?

	Promising Evidence	Limited Evidence	Mixed Evidence
Places			
People	<ul style="list-style-type: none"> • CBT • Family based therapies • Mentoring 		? Vocational training
Behaviours	<ul style="list-style-type: none"> • Alcohol regulation 		

Tertiary Prevention

Tertiary prevention focussed on intervening with those already engaged in violence and who are currently residing in the community and are not re-entering society or subject to offender management.

What the evidence tells us

There is a strong concentration of crime among a small proportion of the criminal population. Identification and selection of the most appropriate offenders is a prerequisite to applying strategies, such as focussed deterrence, which are designed to prevent and deter crime by targeting known offenders. An equally narrow focus is the range of behaviours exhibited, e.g. habitual knife carrying or collective violence. There are areas of community violence where repeat high harm offending is less likely, namely alcohol related violence within night time economies. Evaluations of focussed deterrence have evidenced substantial reductions in crime and violence where applied internationally. A reward and sanction basis operate in which services are provided to high-risk offenders willing to desist and engage, whilst enforcement and prosecution are carried out against those who refuse to desist.

Other than Glasgow, attempts at focussed deterrence in England and Wales have produced limited or mixed evidence resulting from the lack of resources and partnership commitment to fulfilling the reward offer, or being able to follow-through with threatened sanctions. Consideration should be made regarding breadth of rewards and sanctions, and what resources are required to ensure they are swiftly available. Findings from Operation Shield, focussed deterrence in London, also highlight the importance of community involvement, including families of those affected by community violence, and strong leadership. A year one evaluation of focused deterrence in Northamptonshire Police is currently underway after the force was awarded £627k under the Vulnerability and Violent Crime Programme (due March 2020).

How this looks in Essex

Just over 2000 individuals across a four-year period are responsible for a significant proportion of harm attributed to community violence.

Community violence significantly involves male youths (16-24), particularly when considering incidents which cause the most harm.

Overall, recidivism and re-victimisation rates are low, however, for those who become involved in a second event their probability of subsequent events increases exponentially. Furthermore, for those who are known to police as victim and suspect, their risk of subsequent events is highest.

There is a high rate of exposure to other types of violence among the Power Few, including domestic, familial and child abuse. Group offending, weapons, drugs, mental health and alcohol are all highly prevalent among those who cause the most harm from community violence, and these behaviours are most correlated with the serious injury and fatalities.

What works?

	Promising Evidence	Limited Evidence	Mixed Evidence
Places			<ul style="list-style-type: none"> • Crime Prevention Through Environmental Design
People	<ul style="list-style-type: none"> • Focussed Deterrence 		
Behaviours	<ul style="list-style-type: none"> • Focussed Deterrence 	<ul style="list-style-type: none"> • Stop and Search • Control pricing of alcohol 	<ul style="list-style-type: none"> • Reducing density of alcohol outlets

Suppression

Suppression focusses on preventing violence through deterrence by increasing the perceived risk of arrest and sanctions.

What the evidence tells us

Violence is highly concentrated both geographically and within populations. By capitalising on the evidence for concentration of crime at micro-places, evidence based policing strategies such as hotspot policing has consistently been demonstrated to achieve reductions of crime and harm. Evidence for engaging place managers to control crime is also increasing and can be enabled by understanding the environmental factors that contribute to violence, some of which may be more obvious than others (e.g. the relevance of licenced premises to night time economy violence). More importantly, overwhelming evidence shows that place-based approaches do not necessarily move crime to other locations.

Problem-Oriented Policing (POP), also known as Partnership-Orientated Policing, methods – which span people, places and behaviour responses – have produced reductions in violence. Successful approaches require identification of the causes and patterns of events, and form tailored solutions. There are countless examples of POP being used effectively to reduce harm from serious violence in the United Kingdom¹⁶, the key element is the design of responses through iterative problem-solving analysis (prescriptive analytics). Typically, the responses of POP involve using situational crime prevention techniques to increase the effort, increase the risk, reduce the reward, reduce provocations and remove excuses.

Behaviour based suppression which focuses on aggressive drug enforcement appears to have minimal impacts, and may increase violence by destabilising drug markets, increasing competition and violence among participants.

How this looks in Essex

Community violence is highly concentrated in Essex. The risk of victimisation at larger geographical aggregations identifies seven urban areas which experience rates of violence at a high rate. Within these localities there is further concentration of community violence at micro-places. These can be highly focussed within key temporal periods (i.e. late evening and early hours within town centres).

Effective Enforcement

Annually there has been a decline in the proportion of community violence offences solved by police, including those which cause the greatest harm. Overall solved rates for community violence fell from 23% in 2016 to just 13% in 2019, whilst for the most harmful offences the change was from 26%

¹⁶ See Problem Orientated Policing Award Submissions <https://popcenter.asu.edu/content/goldstein-award-documents-department-agency>

down to 15%. This has correlated with an increase in the proportion of offences where the victim does not support police investigation, rising from 36% in 2016 to 48% in 2019.

Deteriorating social norms can increase susceptibility to violence, particularly whereby those involved are detached from and/or increasingly cynical about the legal system.

What works?

	Promising Evidence	Limited Evidence	Mixed Evidence
Places	<ul style="list-style-type: none"> Hotspots policing Problem-Orientated Partnerships (POP) <ul style="list-style-type: none"> Situational Crime Prevention (SCP) 		<ul style="list-style-type: none"> Community Policing (increases satisfaction) Use of civil orders (i.e. Dispersal Powers)
People	<ul style="list-style-type: none"> POP and SCP 		<ul style="list-style-type: none"> Use of civil orders (i.e. Violent Offender Orders, Criminal Behaviour Orders, Injunctions)
Behaviours	<ul style="list-style-type: none"> POP and SCP 		

Rehabilitation

Rehabilitation focusses on the assistance of former offenders re-entering society.

What the evidence tells us

Custodial sanctions, longer sentences and sentences to harsher conditions have not been shown to empirically have a specific deterrent effect for offenders or recidivism. Prisons can create a criminogenic experience that negatively changes a person's social life, through exposure to criminogenic risk factors (oppositional sub-cultures, associations with other offenders, difficulty re-entering society), which result in further criminal behaviour.

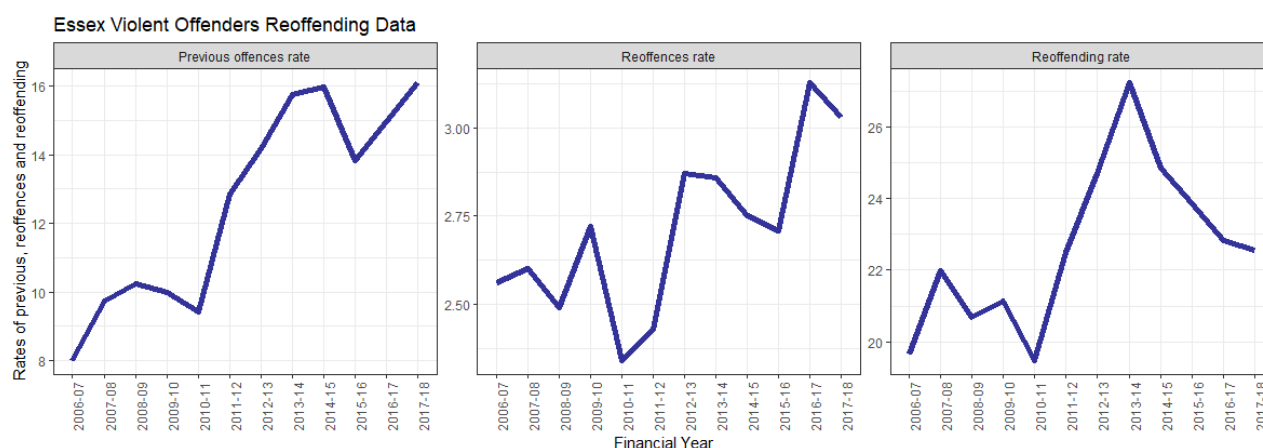
Programmes designed to reintegrate offenders back into the community once released from custody can protect against the risks by easing the transition in providing substance abuse and mental health treatment, life skills, housing, vocational and work skills, and establishment of positive connections within the community. Re-entry can prevent offenders being thrust back into the community without the support and skills to reintegrate.

Rehabilitation can reduce recidivism when programmes abide by the principles of effective intervention – focus on high risk offenders, targeted criminogenic needs for change, utilise behavioural and cognitive-behavioural treatments. Restorative justice programmes may also have modest impacts on offender recidivism when both victim and offender affirmatively consent to participate, and drug treatment can significantly and positively impact on recidivism.

How this looks in Essex

Violent offenders released from custody in Essex commit an average of 550 reoffences each year. The most recent cohort (April 2017 to March 2018) had committed an average of 16 previous violent offences (590 individuals responsible for 13,916 offences). The average reoffending rate for violent offenders in Essex has increased negligibly over the past decade, currently standing at 23%¹⁷.

¹⁷ Proven reoffending statistics <https://www.gov.uk/government/statistics/proven-reoffending-statistics-january-to-march-2018>
Accessed 18.02.2020.

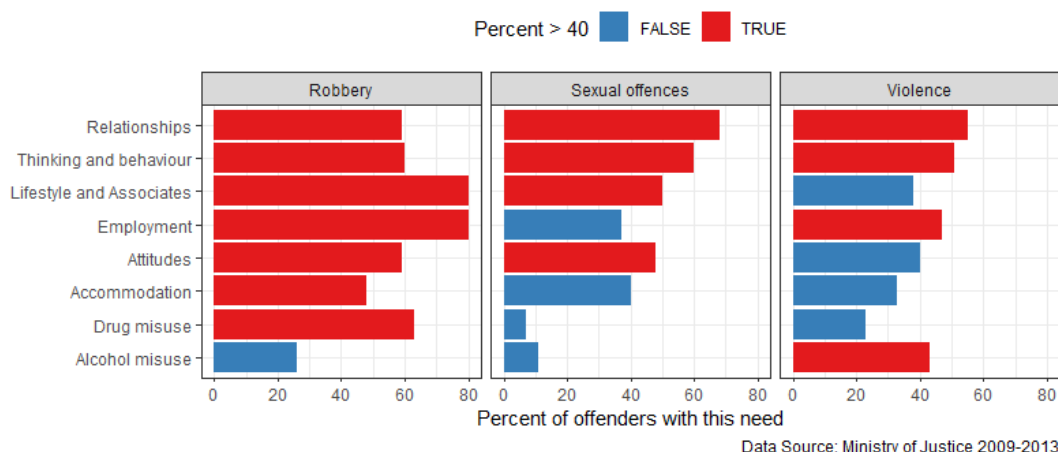


Systems are already in place from which to identify the most suitable offenders for prioritisation. Currently this responsibility is situated within the National Probation Service and is based on the OASys Violence Predictor (OVP), applying to those persons meeting a threshold score 18. Post-custody a small proportion of these individuals may be managed under MAPPA (Multi-Agency Public Protection Arrangements) and Essex Police MOSOVO (Management of Sexual Offenders and Violent Offenders), although it is unknown the extent to which rehabilitative activity is feasible or forms part of the management of these cases. MAPPA Scotland (VRU Plan) extends the responsible authorities beyond criminal justice agencies to include Social Care and the NHS.

To enable Essex to target criminogenic needs requires data on what those are for those involved in community violence. Currently we do not have access to offender assessment information. Nationally available data shows that the people and behaviour needs associated with violent offending are most likely to be relationships (55%), thinking and behaviour skills (51%), employment/finances (47%) and alcohol misuse (43%). The order of influence for robbery offending is more significantly linked to employment/finances (80%), lifestyle and associates (i.e. co-offending – 80%) and drug misuse (63%). Finally, for sexual offences, relationships (63%), thinking and behaviour skills (60%) and lifestyle and associates (50%) are most prevalent¹⁹.

FIGURE 1

Criminogenic needs by offence category



¹⁸ Risk assessment of offenders <https://www.gov.uk/guidance/risk-assessment-of-offenders> Accessed 18.02.2020.

¹⁹ Ministry of Justice (2015) A compendium of research and analysis on the Offender Assessment System (OASys) 2009-2013 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/449357/research-analysis-offender-assessment-system.pdf Accessed 18.02.2020.

What works?

	Promising Evidence	Limited Evidence	Mixed Evidence
Places			
People	Recidivism reduction: <ul style="list-style-type: none"> • Re-entry programmes • Focus on high-risk • Target criminogenic needs • Utilise behavioural and cognitive behavioural treatments 		Restorative justice
Behaviours	Drug and alcohol treatment		

Methodology

Creating a 'Community Violence' places dataset

An initial dataset comprising the following Home Office Crime Classification Codes was created, for the period January 2016 to December 2019:

1, 4.1 (Homicide); 66, 62A (Public Order – Affray and Violent Disorder); 34A, 34B (Robbery Business and Personal); 2, 5D, 5E, 8M, 8P, 8S, 4.7 (Violence with Injury); 36, 104, 106, 105A, 105B (Violence without Injury)

This returned 143,323 offences for Essex Police Force Area.

The following categories were created for removal:

Carer/Medic – offences where elderly victim in care or health setting

Child Victim – all child abuse, cruelty, neglect and offences whereby victim is child and suspect is parent

Domestic Abuse – all offences where a DA keyword or NC/11 linked offence was present

Elder abuse – all other offences perpetrated against those aged 65 plus by relatives or persons known to victim

Familial – all offences occurring in the context of familial disputes/relatives

Modern Slavery – 106 crime classes were removed

Other Non-Community Violence – all offences otherwise occurring in private dwellings, including Chelmsford Prison

Police/Emergency – all offences perpetrated against emergency service staff in hospitals, police stations, also including assaults against prison officers

Non-recent – any offence committed outside the 2016–2019 timeframe was removed

This was an iterative process making use of keywords and features, location information, suspect-victim relationship information, occupations at time closest to offence.

A final dataset of 67,930 records was left (47% of total).

Fields and column headers retained for this dataset are listed below:

Crime Reference Number

Dates/Times: Created Date, Committed From Date, Committed From Time, Committed From Hour

Offence: Home Office Code/Classification, HMIC Tree Level 2/3, Full Offence

Modus Operandi description

How Reported

Outcome

Geographical: District, Premise, Address, Postcode, Location Type, Easting, Northing

Administrative: Output Area 2011, Lower Super Output Area 2011, Built-up Area, Retail Centre Area Typology, Rural Urban Group, Rural Urban Type, Indices of Multiple Deprivation Decile 2019 (LSOA), Consumer Vulnerability Classification (LSOA)

Cost/Harm: Crime Severity Score (based on Home Office Code), Crime Harm Index (based on Home Office Classification), Socio-Economic Cost (based on HMIC 3)

Victim/Suspect: Person 1 ID, Person 1 DOB, Person 1 Age at time of incident, Person 1 Sex, Person 1 Ethnic Appearance, Person 1 Occupation, Person 1 Warning Markers, Person 1 Postcode Home Address, Suspect – Victim Relationship

Keywords: Hate Motivated, Intoxicants, Knife Enabled, Firearm, Other Weapons

Creating a 'Community Violence' people dataset

Using the offence Crime Reference Numbers included in the 'Community Violence' places dataset, a dataset of all persons (classified as victims and suspects in police data) was created.

Fields and column headers retained for this dataset are listed below:

Crime Reference Number

Dates: Person Date of Birth, Created Date, Committed From Date

Roles: Person Link Reason (Victim, Suspect), Person Group (Victim, Suspect or Both in entire dataset)

Person Details: ID, Age at time of incident, Sex, Ethnic Appearance, Sequence (if represented multiple times in dataset)

Offence: Home Office Code/Classification, HMIC Tree Level 2/3, Full Offence

Cost/Harm: Crime Severity Score (based on Home Office Code), Crime Harm Index (based on Home Office Classification), Socio-Economic Cost (based on HMIC 3)

Person Markers: Drug or Alcohol Diversion, Drugs, Mental Health, Criminal Exploitation, Child Sexual Exploitation, Self-Harm, Suicidal

Known for other offences: Possession of Weapons, Drug Supply Offences, Possession Class A Drugs

Victim-Suspect Relationship

Occupation Groups

Person Home Address Postcode

Person Home Address Administrative Geography: Output Area 2011, Lower Super Output Area 2011, District, Indices of Multiple Deprivation 2019 Decile (LSOA), Rural Urban Group (OA), Rural Urban Type (OA), Consumer Vulnerability Classification (LSOA), Built-up Area

Outcome Group (Solved, Not Supported, No Suspect, Other)

Keywords: Hate Motivated, Weapons

Appearance in other forms of violence: Carer/Medic, Child Victim, Domestic Abuse, Elder, Familial, Modern Slavery, Other-NonCV, Police/Emergency

Power Few / Non-Power Few classification (based on Crime Harm Index scores)

This dataset contains 93,517 records with 66,202 unique individuals.