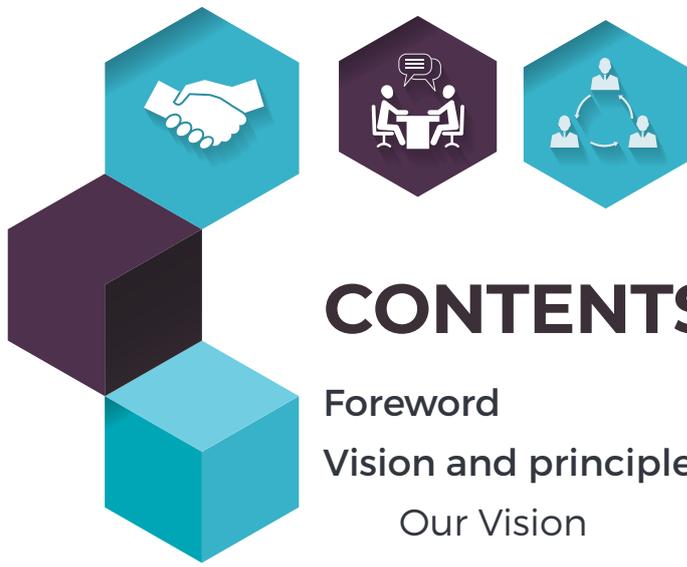




Nottingham City and Nottinghamshire County's vision for violence reduction: A public health approach





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FOREWORD

Reducing the incidents of serious violence across Nottinghamshire County and the City of Nottingham remains a high priority. The Nottinghamshire Knife Crime Strategy launched in October 2018 recognises the complexity of the challenges in reducing knife crime. It outlines clearly our intentions to work together with a range of partners, community stakeholders and local politicians to reduce the number of incidents and the resulting harm caused to individuals, families and local communities.

Over the past year good progress has been made but there is still more to do. The Knife Crime Strategy (2018) described how we would take a public health approach to reducing violence, and this document explains in greater detail how such an approach will be developed and delivered.

In taking a public health approach to reducing violence in Nottingham City and Nottinghamshire County, we seek to understand what causes violence, and the sources of those causes, so we can prevent, intervene and 'treat' these causes. The World Health Organization (WHO) defines a public health approach to reducing violence as one that:

'...seeks to improve the health and safety of all individuals by addressing underlying risk factors that increase the likelihood that an individual will become a victim or perpetrator of violence...' (WHO: Violence Prevention Alliance, 2019)

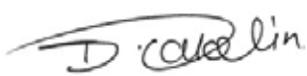
Violence is a complex issue with complex causes and consequently reducing violence cannot be achieved by a single agency or partnership, nor with a single solution. It will take a coordinated whole system approach, which includes not just public bodies but also harnesses the assets and energy within the voluntary sector and communities themselves.

In June 2019, the Home Office asked partners in Nottingham City and Nottinghamshire County to work together to develop a Violence Reduction Unit, with a primary focus on reducing violence in the public realm. Our partners are committed to developing a public health approach to violence prevention. The Violence Reduction Unit will undertake a leadership and co-ordinating role for all the statutory and non-statutory agencies and organisations who have a responsibility and a passion to work together to reduce violence. Whilst Nottinghamshire County and Nottingham City differ in terms of their demographic profiles and prevalence of violent crime we share a commitment to working together to understand the needs of our communities, identifying evidence of what works, commissioning and implementing evidence-based interventions, sharing learning locally and nationally and evaluating impact.

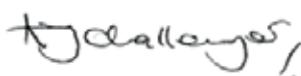
This document outlines our vision for violence prevention, current strategies and approaches and identifies the next steps for us to take in partnership to create a robust public health approach to reduce violence.



Paddy Tipping



Dave Wakelin



Alison Challenger



Jonathan Gribbin





VISION AND PRINCIPLES

Our Vision

VISION

We will work with communities to prevent violence and reduce its harmful impacts through developing a detailed understanding of its causes and investment in evidence based interventions that make a lasting difference.



Our scope

We have worked with stakeholders to identify the scope of the VRU and have committed to a focus on:

- ◆ Weapon enabled violent offences that take place in public spaces and domestic addresses.
- ◆ Assaults, from actual bodily harm (ABH) up to homicide.
- ◆ Weapon enabled robbery.
- ◆ County lines, as it relates to violence and/or gang conflict.
- ◆ Serious night time economy violence such as grievous bodily harm (GBH) offences rather than 'general disorder'.
- ◆ Serious sexual violence, specifically rape offences.
- ◆ Knife possession offences.

Our principles

- ◆ We are committed to working in partnership with our communities to collaborate and co-produce solutions. Our partnership will be based on restorative and asset-based approaches and be underpinned by evidence of what works.
- ◆ We believe that intervening early to prevent issues emerging is the most effective way to ensure children, young people, families and communities in Nottingham City and Nottinghamshire County thrive.

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Our approach

Most of the existing approaches, locally and nationally, target individuals or small groups within our communities who have been involved with, been a victim/perpetrator of, or are at risk of involvement in violence. Whilst we will continue to develop and strengthen these approaches, using robust evidence of what works, we will also develop a 'public health approach'.

What is a public health approach?

Public health is:

"The science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals." (Winslow, 1920).

As figure 1 below shows, a public health approach to violence identifies the problem, causes and successful interventions through an evidence-based approach. In many ways this mimics the public health response to an infectious disease like malaria.

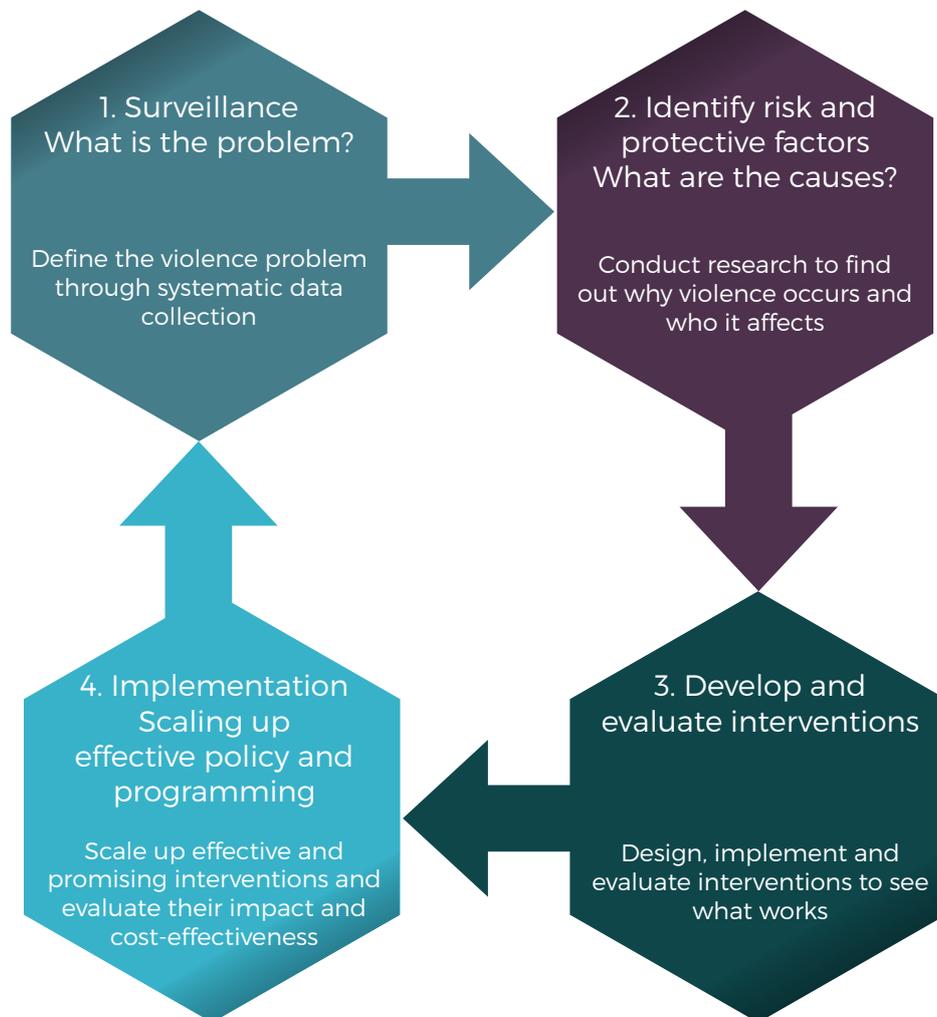
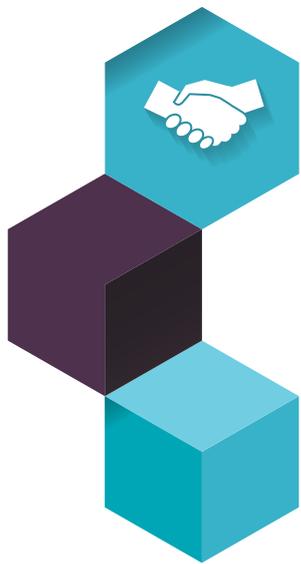


Figure 1: The steps of a public health approach (College of Policing, adapted from WHO 2019)





Public Health England's 5 Cs approach to reducing serious violence, figure 2 below, identifies the important elements of a public health approach. Put simply, this means harnessing the power of partners and local communities to create positive community norms and behaviours and tackle the causes of violent crime.

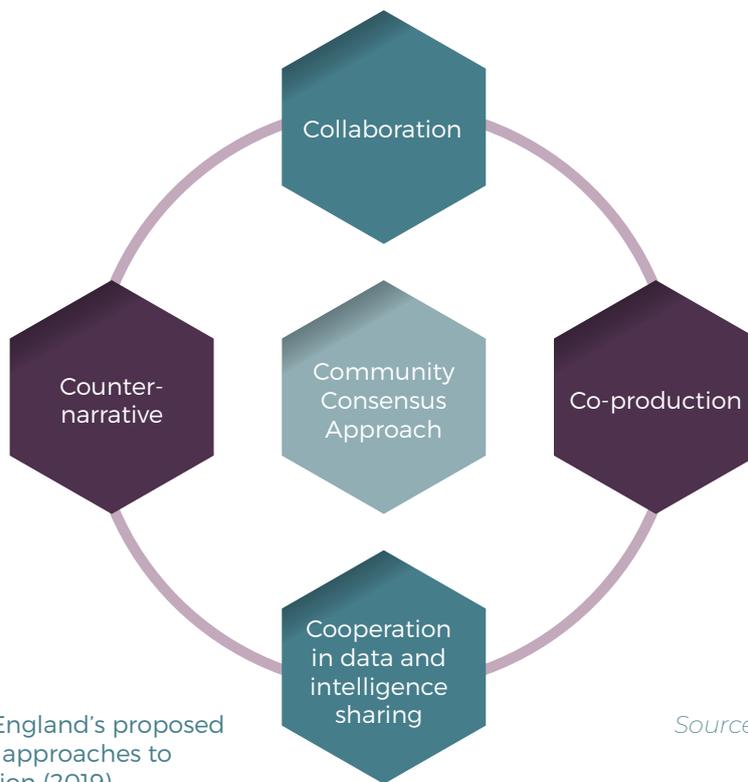


Figure 2: Public Health England's proposed model on public health approaches to serious violence prevention (2019)

Source: Éamonn O'Moore 2019

For us in Nottingham City and Nottinghamshire County this means:

- ◆ We will focus on what will make a difference to whole populations, communities and groups recognising that different communities may have different needs.
- ◆ We will consider the 'sources of the causes' and look beyond the presenting issue to research and evidence that helps us to understand why people behave the way they do, and what contributes to this behaviour. We will contribute to the evidence-base and seek to create an evidence-base where none exists.
- ◆ We believe that 'prevention is better than cure'. Intervening early builds resilience, reduces the impact of adversity and changes community norms through education or policy change, which can prevent issues emerging.
- ◆ We will work as a whole system, and in partnership, rather than as individual agencies, organisations, services and/or professionals.
- ◆ Working with communities, we will seek to interrupt the transmission of violence by analysing where violence may occur and intervening with those at higher risk to change their behaviour.

LOCAL PREVALENCE

What do we already know about violence in Nottingham City and Nottinghamshire County?

A public health approach uses data, intelligence and evidence to help us to understand the prevalence and causes of violence.

RATE OF VIOLENCE AGAINST THE PERSON - EAST MIDLANDS - SEPT 2018

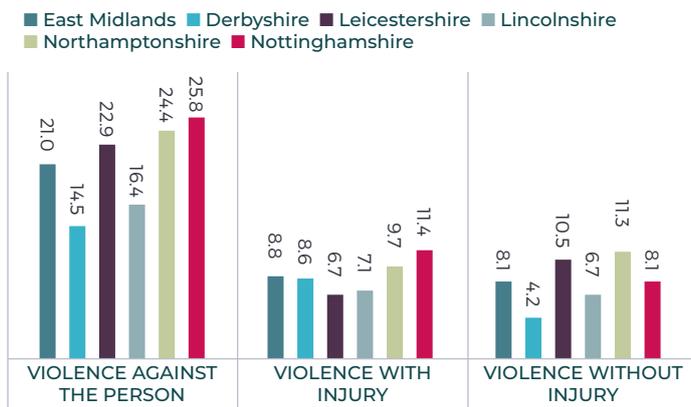


Figure 3: Rate of violence against the person: a regional comparison. Source: East Midlands Force data

A comparison of East Midlands Police Force data for the 'rate of violence against the person' shows that Nottinghamshire Police has recorded a higher rate of than all other police forces in the region. The force has also recorded a higher rate of 'violence with injury' than regional comparators. However, conclusions should be drawn with caution as a higher recorded rate of 'violence against the person' could be due to a higher detection rate rather than higher incidence per se.

VIOLENT CRIME (INCLUDING SEXUAL VIOLENCE) - VIOLENCE OFFENCES PER 1,000 POPULATION FOR NOTTINGHAM



Figure 4: Trend in violent offences per 1,000 population, Nottingham and England. Source: Public Health Outcomes Framework.

The Public Health Outcomes Framework uses Home Office data to enable comparison at local authority level and against statistical neighbours. Nottingham's rate of violent offences per 10,000 population is 33.4, the second highest of statistical neighbours.

VIOLENT CRIME (INCLUDING SEXUAL VIOLENCE) - VIOLENCE OFFENCES PER 1,000 POPULATION FOR NOTTINGHAMSHIRE

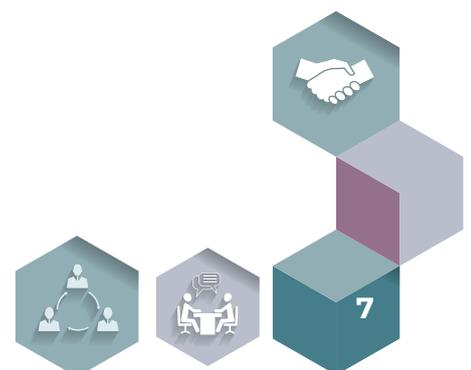


Figure 5: Violent offences per 1,000 population, Nottinghamshire and England. Source: Public Health Outcomes Framework.

In contrast, the Nottinghamshire County rate, 18.7, is lower than the statistical neighbour average. However, there is significant variation at locality level from 29.6 in Mansfield to 12.7 in Rushcliffe.

Nottingham City and Nottinghamshire County both show a statistically significant increase in violent offences.

¹ Statistical neighbours are areas with similar characteristics which are determined nationally.





Knife crime is an important subset of violent crime and has, currently, the highest public profile. As figures 6 and 7 show, in terms of knife crime in Nottingham City and Nottinghamshire County, whilst there is variation from month to month, these variations are not significant. As numbers are small, any conclusions should be drawn with caution.

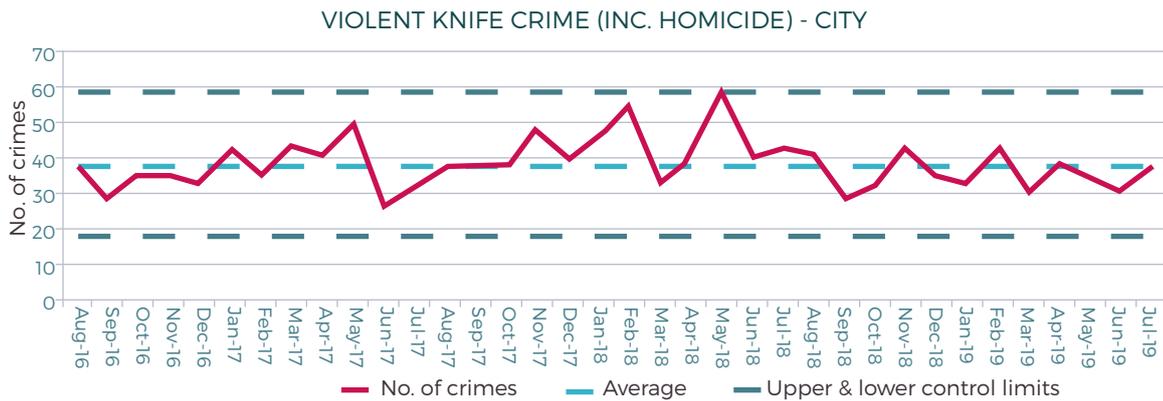


Figure 6: Trend in reported knife crime in Nottingham City, 2016-19.
Source: Nottinghamshire Police Force data

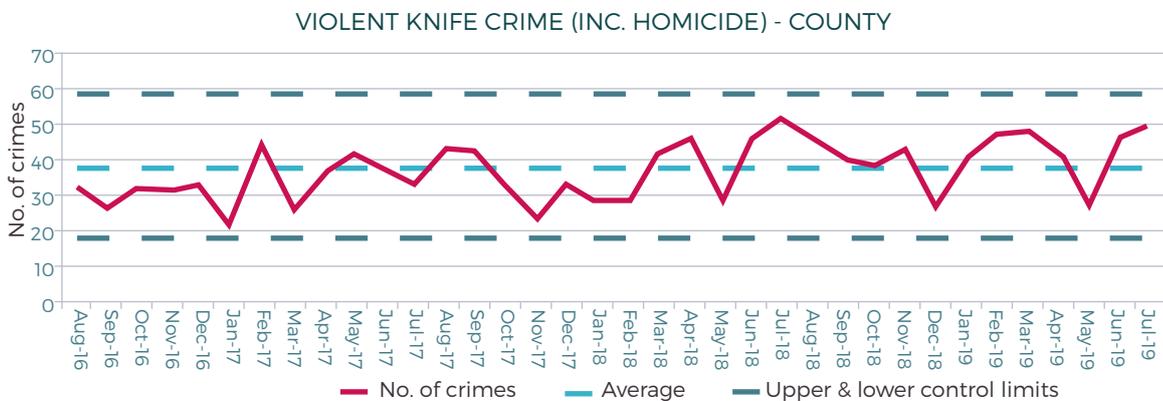


Figure 7: Trend in reported knife crime in Nottinghamshire County, 2016-19.
Source: Nottinghamshire Police Force data

During the period January-March 2019, the area the police define as 'City Central' had the highest number of violent knife-enabled crimes over the timeframe (both including and excluding domestic violence). Ashfield (12.7%) had the second highest number of violent knife-enabled crimes in total; 40% of which are domestic violence (DV) related.

In the same time period, offenders were named in 24% of all violent knife-enabled crimes. Of these, the majority were aged 25 and over (64%), with 22% aged under 18, and 14% aged 18-24. Where age is known, 20% of victims were under 18; 22% were aged 18 to 24; and 57% over 25 years.

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THE EVIDENCE BASE

What causes violence and what works to prevent it?

Exploration into the causes of violence and strategies to reduce violence have received considerable attention, nationally and internationally. There is a small but growing evidence base for public health interventions that can help to reduce violence, including knife crime. For example, the Centre for Social Justice (2018) states that both public health and law enforcement have roles to play in stopping the violence before it begins.

The following characteristics are associated with effective violence, including knife crime, interventions:

Primary Prevention is a universal approach which seeks to prevent problems occurring in the future. In the context of violent crime this refers to:

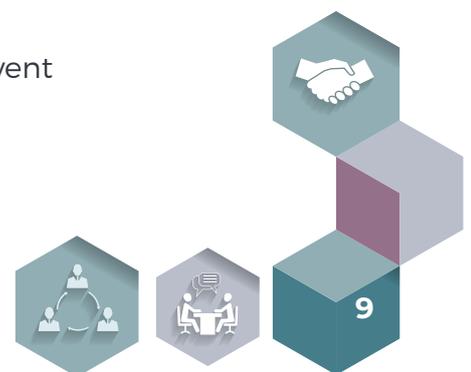
- ◆ Supporting maternal mental health, preschool and parenting programmes
- ◆ Educational interventions focused on addressing fear of crime
- ◆ Educational interventions focused on addressing emotional and social development
- ◆ Training interventions focused on classroom management for teachers
- ◆ Supportive family and youth interventions targeted to at-risk groups
- ◆ Media interventions

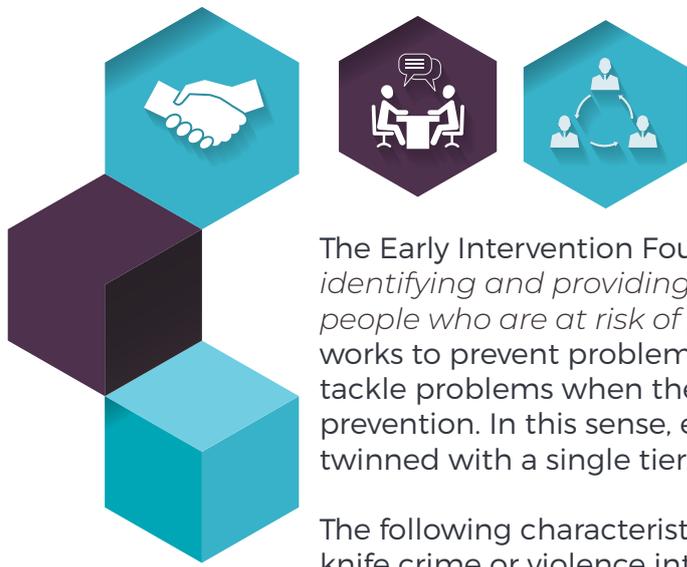
Secondary Prevention is about identifying problems early and intervening to stop them getting worse. In the context of violent crime this refers to:

- ◆ Partnership working including data/information sharing (the Cardiff model); particularly between police forces, schools, hospitals and community safety partnerships
- ◆ A family focused approach
- ◆ Therapeutic interventions including building social skills, self-esteem and positive attachments
- ◆ Diversionary activities including sport and mentoring
- ◆ Meaningful alternatives including academic achievement and job opportunities
- ◆ Intervening at the right time – the ‘teachable moment’
- ◆ Culturally competent practitioners

Tertiary Prevention happens after a problem has occurred. This can help to cure or mitigate the impacts of the problem, prevent reoccurrence or prevent associated problems from developing. In the context of violent crime, this could include:

- ◆ Effective policing systems to apprehend those involved in serious violence
- ◆ Rehabilitation and reconciliation work
- ◆ Mediation and conflict resolution services
- ◆ Integrated Offender Management; work with offenders to prevent reoffending, helping people to leave gangs
- ◆ Physical and mental health services for victims of crime





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.” Effective early intervention works to prevent problems occurring, akin to primary prevention, or to tackle problems 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.

The following characteristics were found to be associated with less effective knife crime or violence interventions:

- ◆ Use of deterrence or discipline – an unbalanced focus on criminal justice responses;
- ◆ Knife amnesties (when used in isolation); and
- ◆ Computer-based programmes (based on limited evidence).

To date, there is limited evidence on ‘what works’ to reduce violence, including knife crime, with little or no rigorous evaluations of programmes and interventions. However, the best available evidence suggests the most effective interventions are likely to involve prevention at the earliest opportunity, multi-agency collaboration and be multi-faceted in approach; from understanding the causes of knife crime through to developing effective solutions.

The following strategies and frameworks identify the factors that increase the risk of violence and recognise that a range of interventions, implemented in a coordinated way, can reduce the ‘transmission’ of violence and provide opportunities to intervene with those most at risk.

World Health Organization – ‘the ecological framework’.

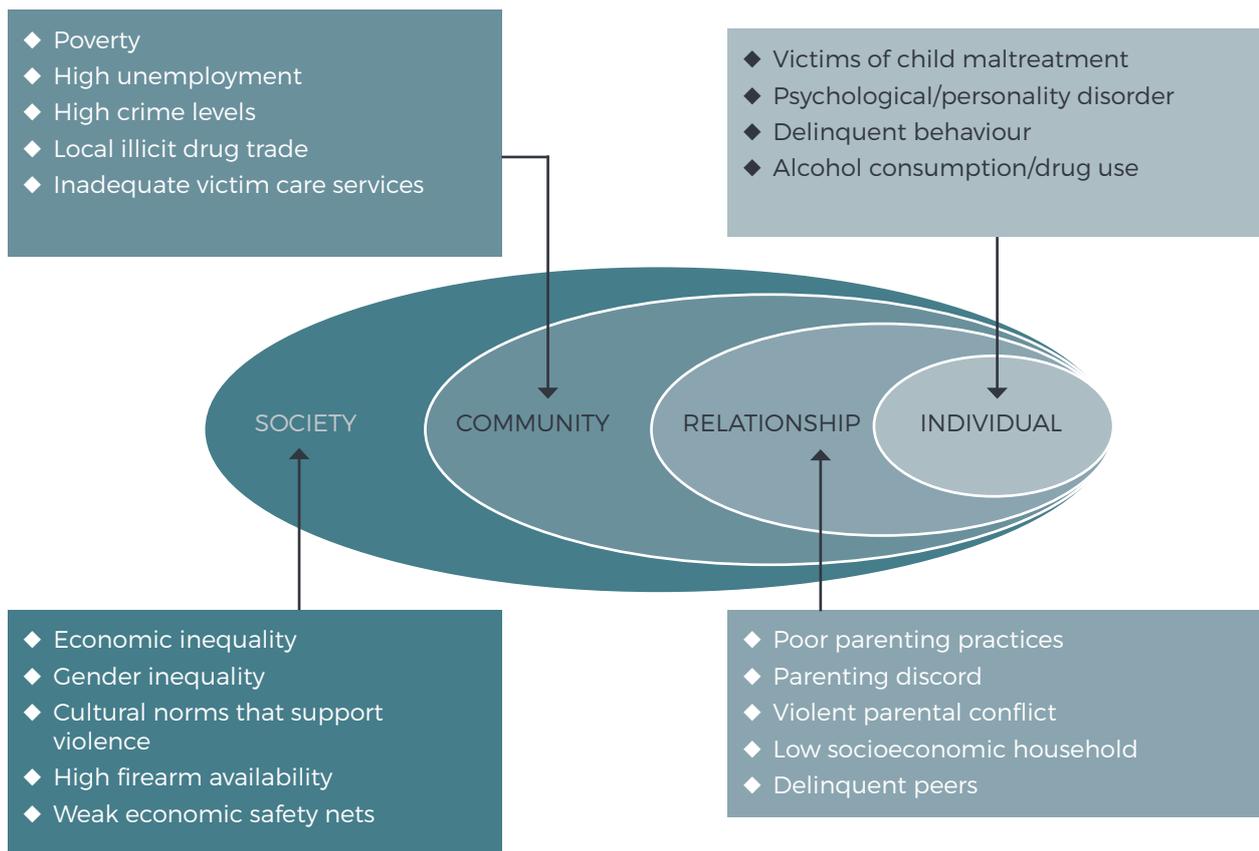
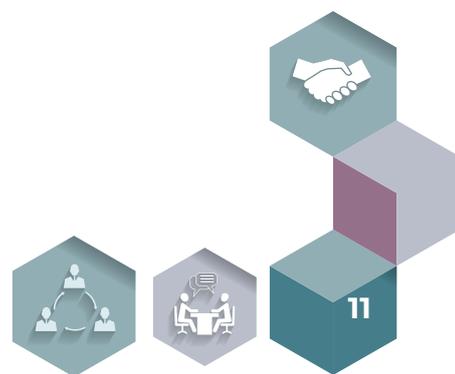


Figure 8: The World Health Organization. The Ecological Framework identifying those at risk of violence.

Adapted from World Health Organization, 2004

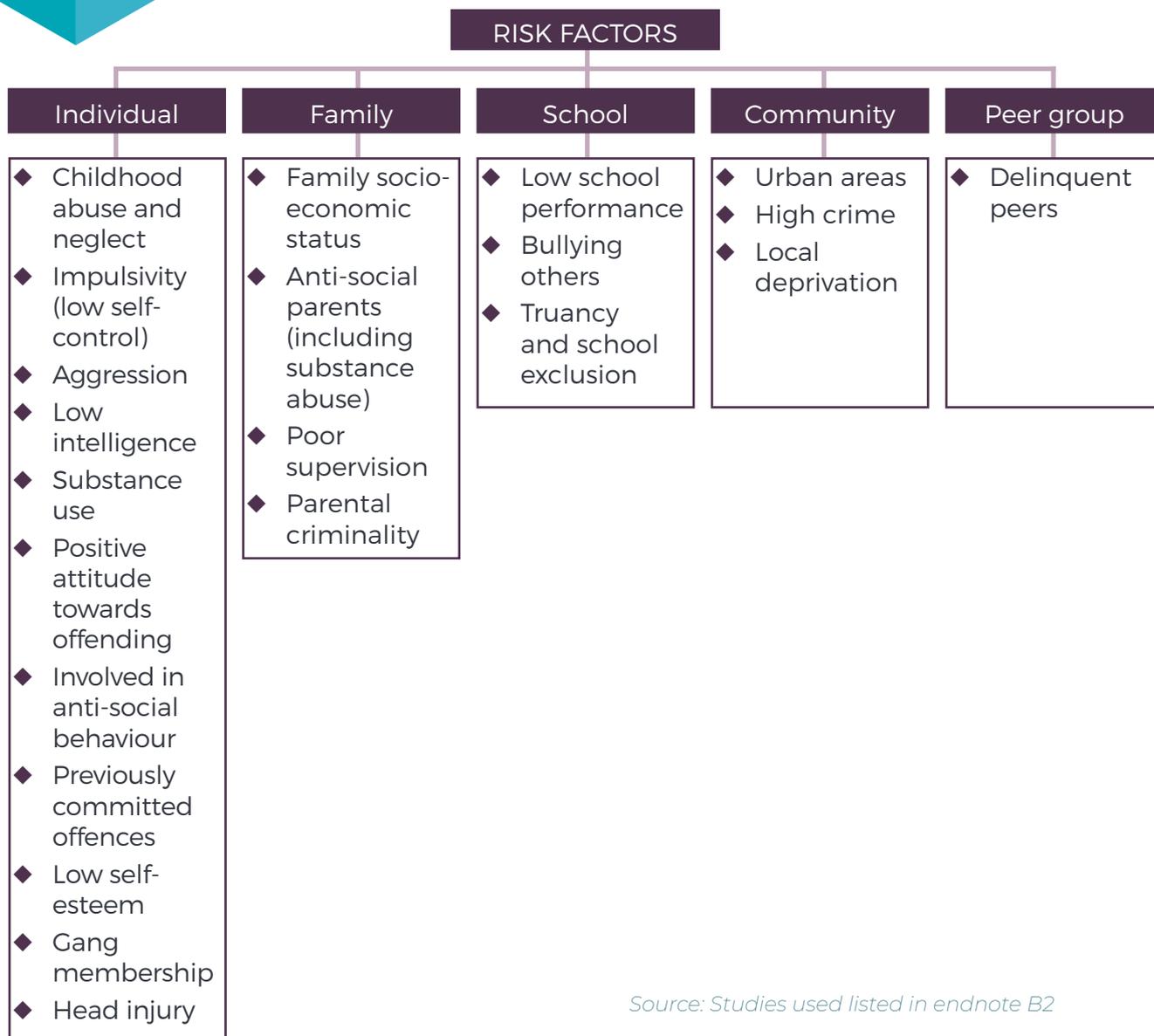
STRATEGIES PROPOSED BY THE WORLD HEALTH ORGANIZATION TO REDUCE VIOLENCE

- ◆ Supporting parents and families
- ◆ Developing life skills in children and young people
- ◆ Working with high risk youth and gangs
- ◆ Reducing the availability and harmful use of alcohol
- ◆ Community interventions
- ◆ Changing social norms that support violence
- ◆ Identification, care and support





Home Office – Serious Violence Strategy (2018)



Source: Studies used listed in endnote B2

Figure 9: Risk factors for serious violence. The Home Office (2018)

STRATEGIES PROPOSED BY THE HOME OFFICE TO REDUCE SERIOUS VIOLENCE

- 1) Tackling county lines and misuse of drugs
- 2) Early intervention and prevention
- 3) Supporting communities and local partnerships
- 4) Effective law enforcement and criminal justice response

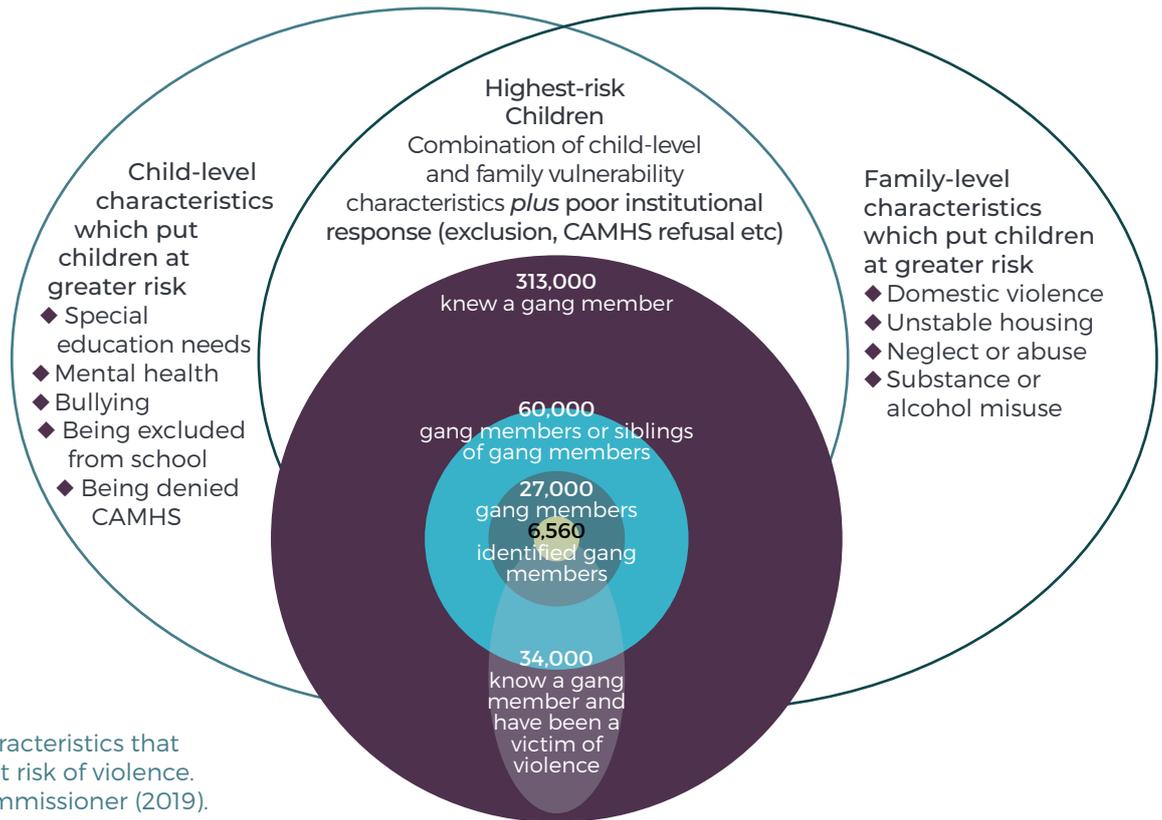


Figure 10: Characteristics that put children at risk of violence. Children's Commissioner (2019).

STRATEGIES PROPOSED BY THE CHILDREN'S COMMISSIONER TO INTERVENE WITH CHILDREN AT RISK

- 1) A life-course approach – looking at interventions that can support from 0-18.
- 2) Making contacts count – identifying where the opportunities exist for all professionals already working with families to reduce risks.
- 3) Local-level identification and co ordination.
- 4) National level response

The Cure Violence model originated in Chicago, below, utilises the assets of the community to identify and interrupt violence by changing cultural norms.



Figure 11: Cure Violence Core Components



WHAT CONTRIBUTES TO VIOLENCE IN NOTTINGHAM CITY AND NOTTINGHAMSHIRE?

Deprivation and Financial Instability

Nottingham City has high levels of deprivation and in the 2019 Index of Multiple Deprivation (IMD) ranked **10th** out of the **317** districts in England.

It has the **4th** highest levels of Income Deprivation Affecting Children (IDACI, 2015). This is the highest of all Core Cities and statistical neighbours.

In 2018, 38.2% of children are living in poverty (Ending Child Poverty, 2018).

Nottingham is a 'Social Mobility Cold Spot' meaning that it ranks very low on the social mobility index (SMI, 2017). Good social mobility is a key indicator of how we can prevent poor children from becoming poor adults.

Nottinghamshire County includes some of the least deprived and most deprived populations in the East Midlands. Rushcliffe ranks 314 out of 317 districts in England whilst Mansfield and Ashfield, ranked 56th and 63th respectively.

The IDACI indices shows a similar picture, with Mansfield and Ashfield ranked among the most deprived 25% districts in England (65th and 61st respectively out of 326) and Rushcliffe among the ten least deprived nationally (318th out of 326).

In 2018, 30% of children in Mansfield and 17.9% in Rushcliffe were living in poverty (Ending Child Poverty, 2018).

Most of the County ranks poorly on social mobility and the life chances of disadvantaged children: five of the districts are Social Mobility Cold Spots, only Rushcliffe is a Social Mobility Hot Spot (SMI, 2017).



Examples of existing strategies and interventions

1. City and County Councils support families to find employment and make progress to work through the national Troubled Families programme. Nearly 1,000 families across the City and County have been supported into continuous employment since 2015.
2. Both local authorities are part of the Building Better Opportunities programme, coordinated through the D2N2 (Derby City, Derbyshire, Nottingham City and Nottinghamshire) Local Enterprise Partnership (LEP). This includes three main projects to support financial inclusion and pathways to employment for vulnerable and complex people.
3. Both City and County have well established partnerships that are already working to impact on related community safety issues. These include the Safer Nottinghamshire Board, Nottingham Crime and Drugs Partnership, Health and Wellbeing Boards, Youth Justice Boards and Safeguarding Children Partnerships.

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Opportunities and Inclusion

In **Nottingham City** 67.6% of children in Nottingham are 'school ready', achieving a good level of development by the end of reception; statistically worse than the England average (2017/18 PHOF).

Exclusion is a significant issue in Nottingham City. In 2018, Nottingham had a significantly higher percentage of pupils permanently excluded (0.13%) and excluded for a fixed term (6.2%) compared to its statistical neighbours and England (Local Authority Interactive Tool: accessed 29.09.19).

In 2018, 5% of Nottingham's 16-17 year olds were not in education, employment or training, significantly higher than the statistical neighbour and England averages (LAIT; accessed 29.09.19).

In 2017/18, 56.8% of 15-64 year olds were in employment, significantly lower than the England average of 75.2% and the lowest of its statistical neighbours.

In **Nottinghamshire County** 69.7% of children in Nottinghamshire are 'school ready', achieving a good level of development by the end of reception; statistically worse than the England average (2017/18 PHOF).

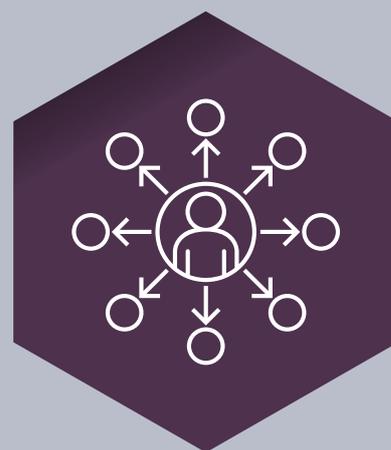
In 2018, Nottinghamshire has less pupils permanently excluded (0.04%) but more pupils excluded for a fixed term (5.43%) than the statistical neighbour and England average (Local Authority Interactive Tool: accessed 29.09.19).

In 2018, 1.5% of Nottinghamshire's 16-17 year olds were not in education, employment or training. This is lower than the England and statistical neighbour average. (LAIT; accessed 29.09.19).

In 2017/18, 77.4% of 15-64 year olds were in employment, above the England average of 75.2%. Across the county this varies from 71% in Ashfield to 81.4% in Rushcliffe.

Inclusion and opportunities for young people with special educational needs and disabilities (SEND) is a particular challenge recognised nationally. Young people with SEND are often over-represented in rates of exclusion, may face barriers in accessing education, employment or training and can be more vulnerable to exploitation and abuse than their peers.

15.2% of Nottingham City's young people have a statutory SEN plan or are receiving SEN support in schools, in comparison to 10.2% in Nottinghamshire County and the England average of 15.2%. (LG Inform; accessed 09.10.19).



Examples of existing strategies and interventions

Both local authorities are proactive in supporting eligible families to access free childcare to support parents back to work, education or training. This also supports children to develop the skills they will need to be ready for school.

Local authorities and schools work closely in partnership to avoid exclusions, support alternative arrangements where school placements break down and provide alternative provision opportunities for young people who can no longer be educated in a mainstream school environment. Both City and County Councils commission Futures Advice and Guidance and to track young people's destinations post-16 and support young people to secure education, employment or training when they leave school.

Youth Justice Services in both local authorities have a SEN Quality Mark, demonstrating that they are delivering inclusive and tailored services to support and engage young people with special educational needs and disabilities.



Parenting and Family Experience

Demand for safeguarding and family support services is high across Nottingham City and Nottinghamshire County, indicating the level of need, risk and vulnerability in families in both the City and County.

Local analysis of known knife crime offenders showed that 40.44% had previously been subject to a 'Child in Need plan', 8.82% had been subject to a child protection plan and 16.91% had been a child in care at some point.

It is commonly accepted that the trilogy of risk (domestic violence, substance misuse and poor mental health) are the key factors that impact on children's early experiences of family life, their development and longer-term outcomes.

In **Nottinghamshire County**, applying estimates from the Crime Survey for England and Wales, approximately 26,710 persons in Nottinghamshire (17,022 females and 9,688 males) experienced domestic abuse in the 12 months to March 2017. An estimated 16% of children live in a household where there is domestic abuse, which equates to 26,480 children in Nottinghamshire. 75% of children who live in a household where domestic abuse occurs are exposed to incidents. These children have an increased risk of long-term physical and emotional problems.

Applying the same estimates indicate that around 15,500 **Nottingham City** residents are likely to experience some form of domestic abuse each year, almost 8,000 (62%) of these women and 5,000 (38%) men (aged 16-59). This equates to 7% of the adult population (aged 16-59), 1 in every 14 adults. However, local analysis based on prevalence of risk factors for domestic violence in Nottingham City has estimated the prevalence to be much higher than those from ONS extrapolations.

Nottingham has a statistically significantly higher prevalence of dependent drinkers (2.2% compared to 1.4% in England) and statistically significantly higher rates of admissions for alcohol-related conditions (1,000 per 100,000 compared to 647 per 100,000 for England).

In Nottinghamshire County it is estimated that 131,011 adults drink at levels that pose a risk to their health with 21,632 dependent on alcohol.

Data in relation to the prevalence of mental health concerns, alcohol and substance misuse, and their links to serious violence, are less well-developed.



Examples of existing strategies and interventions

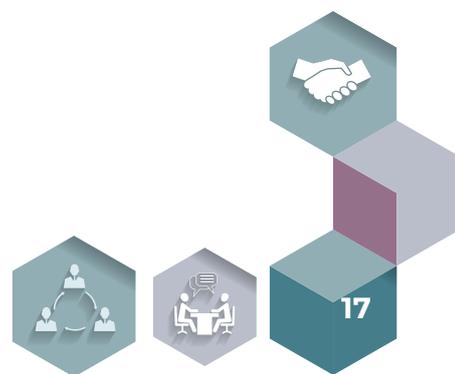
Both local authorities have invested in family and parenting support approaches and are beginning to roll out community-led parenting initiatives.

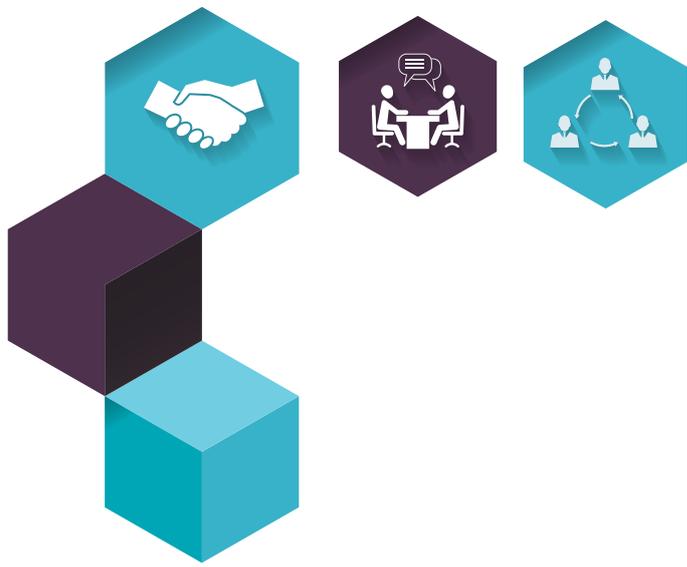
Through the Troubled Families programme, both local partnerships have supported over 11,000 families through a holistic, whole-family approach.

Across Nottinghamshire and Nottingham City, we are working to embed trauma-informed approaches to ensure that the workforce across the partnership are able to recognise the impact of trauma and deliver services in ways that best support people who have experienced trauma.

Both Nottingham City and Nottinghamshire County Council commission the Family Nurse Partnership, an intensive home-visiting programme that supports young, vulnerable first-time mothers from early pregnancy to the child's second birthday.

Local authority and NHS commissioners ensure support and intervention is available to support and provide treatment for people affected by alcohol and substance misuse across the County.





NEXT STEPS

Working in partnership we will develop a:

- ◆ Comprehensive, countywide **problem profile** and **strategic needs assessment** bringing together data and intelligence from different partners which will identify the cohorts of people most affected.
- ◆ **Violence Reduction Response Strategy**, defining the problem and our approach to tackling violence clarifying how actions by the VRU will enhance and complement existing local arrangements to achieve the collective goal of reducing serious violence.
- ◆ **Response Plan** that accompanies the strategy will provide a mechanism to identify and manage what specific interventions will be undertaken, when, where and by whom.
- ◆ **Community and Stakeholder Engagement Plan** will provide a comprehensive approach to ensuring that the voice of the community are at the heart of all VRU activity.
- ◆ **Evaluation and review framework** will enable us to monitor what works and commission accordingly.

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