



Safer Gloucestershire

Violence Prevention Needs Assessment 2019

Executive Summary



Introduction

Violence affects the lives of millions of people globally and often leaves long lasting consequences for both victims and offenders. Despite its impact however, violence is preventable not inevitable¹. As such the public health approach to violence is gaining interest as a way of considering this complex issue; using a systematic approach to understand the issues and develop preventative interventions.

Not only does violence come at a great cost to both those involved and to society as a whole but it also has extreme economic costs, with a large impact on public services. It is estimated that it costs the public sector several billions of pounds each year, with the cost to the NHS alone estimated at £2.9 billion; placing violence at the same level of concern as other major public health issues such as alcohol use and tobacco².

Violence can be defined as³;

'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'

This definition also includes neglect, physical, sexual and psychological violence and can be interpersonal (directed at family members and partners), directed towards strangers and acquaintances, self-directed or committed by larger groups including nation states and terrorist organisations.

Violence presents itself in many different forms, ranging from serious violence that can lead to injury or death, to violence that causes no physical injury. It can be themed as follows⁴:

Weapon related violence (Knife/gun crime)	County Lines	Serious and Organised Crime	Child Criminal & Sexual Exploitation
Criminal Exploitation of Vulnerable Adults	Domestic Abuse (Domestic Homicide)	Sexual Violence	Modern Slavery/human trafficking
Honour Based Violence, Forced Marriage and FGM	Hate Crime	Drug selling and drug misuse	Alcohol misuse
Youth Violence	Night time Economy	Elder abuse	Violent Extremism

Whilst many of the thematic crime types have broader issues and dynamics that define them, violence crime is often a feature within all, demonstrating the broad range in which violence may present itself and its complexity.

Despite this broad range however, violent crime in all its forms has numerous and overlapping factors that contribute to its increased likelihood (risk factors) and those that mitigate against violent victimisation and perpetration (protective factors). Work to mitigate the risk factors and build on protective factors can be preventative across multiple forms of violence, as well as being focused on specific forms.

¹ A whole-System multi-agency approach to serious violence prevention: a resource for local system leaders in England. Public Health England 2019.

² Protecting People, Promoting Health: A public health approach to violence prevention for England. Dept.of health. 2012.

³ WHO, Violence Prevention Alliance

⁴ WHO, Violence Prevention Alliance and Home Office Strategies.

Policy context and strategic approach to violence

Internationally the World Health is leading the way in developing the strategic approach to violence prevention. The WHO violence prevention alliance shares an evidence based public health approach that targets risk factors leading to violence and promotes multi-sectoral cooperation. Participants in the alliance are committed to:

- Creating, implementing and monitoring a national action plan for violence prevention
- Enhancing capacity for collecting data on violence
- Defining priorities for, and support research on, the causes, consequences, costs and prevention of violence
- Promoting primary prevention responses
- Strengthening responses for victims of violence

Nationally, Public Health England (PHE) provide resources that support local areas in adopting the public health approach and sharing evidence based best practice examples. Some of these resources include:

- Protecting people, promoting health: A public health approach to violence prevention for England (2012⁵). This resource outlines the thinking that violence is contagious and preventing it is akin to preventing contagious diseases. It highlights that adopting a public health approach to prevention can ensure violence is prevented, noting that ‘a range of different interventions throughout the life course can reduce individuals’ propensity for violence, lower the chances of those involved in violence being involved again and ensure that those affected by violence get the support they require’. It also supports the notion that preventing violence can be critical in tackling other public health issues such as mental wellbeing, quality of life and improving community cohesion.
- A whole-system multi-agency approach to serious violence prevention: A resource for local system leaders in England (2019⁶). This resource proposes a practical approach that supports partner agencies understand and respond to serious violence in their communities; advocating for a whole system multi-agency approach that is place-based and incorporates public health principles. It sets out the key principles as the 5C’s:
 - Collaboration
 - co-production
 - co-operation in data and intelligence sharing
 - counter-narrative development
 - community consensus, which is central to the approach
- Public health approaches in policing: A discussion paper (2019⁷). This resource has been developed in conjunction with the College of Policing to explore how the public health approach can be utilised in policing. Whilst not specifically focused on violence prevention, the approach to policing naturally supports the violence prevention agenda. The resource outlines that public health approaches in policing support the Policing Vision 2025, which

⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216977/Violence-prevention.pdf

⁶ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/838930/multi-agency_approach_to_serious_violence_prevention.pdf

⁷ <https://www.college.police.uk/What-we-do/Support/uniformed-policing-faculty/Documents/Public%20Health%20Approaches.pdf>

talks about proactive preventative activity, working with partners to problem-solve, vulnerability, cohesive communities, improving data sharing, evidence-based practice and whole system approaches.

Nationally there are also a range of strategies that consider not only how to tackle violence, but incorporate priorities around prevention. The range of current national strategies includes:

- Serious Violence Strategy (2018): focus on homicide, knife and gun crime, with consideration given to county lines and drug selling/misuse. This strategy outlines priorities for early intervention, prevention and supporting communities and local partnerships. It focusses on what it considers to be the main drivers of serious violence; drugs and profit; effectiveness of the criminal justice system; character of individuals; alcohol; and opportunity.
- National Crime Agency (NCA) violence reduction strategy (2019): links to the serious violence strategy, but places greater focus on tackling county lines, misuse of drugs and links to serious and organised crime groups. This strategy has a focus on wanting to protect vulnerable persons.
- Serious and Organised Crime Strategy (SOC) (2018): whilst not specifically linked to violence, this strategy aims to focus on those individuals/groups planning, coordinating and committing serious offences (including violence). This strategy places a focus on pursuing offenders, preparing for when SOC occurs and mitigating its impact, protecting individuals, organisations and systems and preventing people from engaging in SOC.
- Modern Crime Prevention Strategy (2016): this strategy focusses on a similar approach to that of the public health approach, aiming to tackle what it considers to be the 6 key drivers of crime; opportunity; character; effectiveness of the CJS; profit; drugs; and alcohol.
- Strategy to end violence against women and girls (2016-2020): focus specifically on areas of violence and abuse which are more likely to be experienced by women and girls; domestic abuse, sexual violence, forced marriage, FGM, honour based violence, prostitution, modern day slavery/trafficking and CSE. This strategy focusses on preventing violence/abuse, ensuring provision of services, promoting partnership working and pursuing perpetrators.

National strategies demonstrate a clear shift from simply responding to violence through the prosecution and disruption of offending, to a greater focus on preventing violence before it occurs. Addressing violence is not a single agency issue and a clear and robust partnership response is the best approach for tackling this complex crime type.

The Public Health Approach

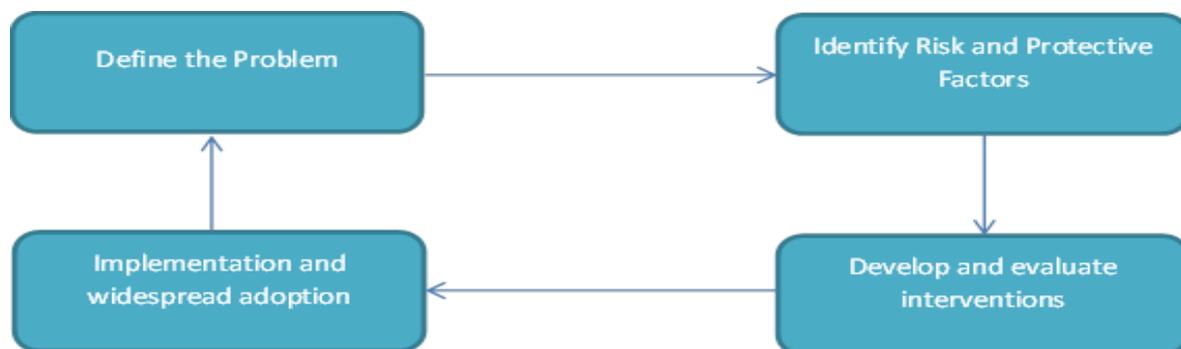
A public health approach to violence prevention is defined by WHO (2017) as an approach that;

‘Seeks to improve the health and safety of all individuals by addressing the underlying risk factors that increase the likelihood that an individual will become a victim or perpetrator of violence’

The focus of public health is on the health, safety and wellbeing of entire populations; it aims to provide the maximum benefit for the largest number of people. The underlying principles of a public health approach are that it is⁸:

- focused on a defined population, often with a health risk in common
- with and for communities
- not constrained by organisational or professional boundaries
- focused on generating long term as well as short term solutions
- based on data and intelligence to identify the burden on the population, including any inequalities
- rooted in evidence of effectiveness to tackle the problem

The Public Health approach is adopted in 4 stages:



1. Define the problem through the systematic collection of information about the magnitude, scope, characteristics and consequences of violence.
2. Identify risk and protective factors to establish why violence occurs, using research to determine the causes and correlates of violence, the factors that increase or decrease the risk for violence, and the factors that could be modified through interventions.
3. Develop and evaluate intervention to find out what works to prevent violence by designing, implementing and evaluating interventions.
4. Implementation and widespread adoption of evidence based interventions.

Scope of Needs Assessment

The overarching aim of this needs assessment is to fulfil stages one and two of the public health approach;

- Define the problem of violence in Gloucestershire; understanding the scale of the issue.
- Identify the risk and protective factors for violence and how these present themselves in Gloucestershire.

The needs assessment will also begin to consider stage three of the public health approach, presenting possible interventions and making recommendations for future activity across the county; considering the evidence base for what we can do locally to prevent violence.

⁸ A whole-system multi-agency approach to serious violence prevention. A resource for local system leaders in England. Public Health England, 2019.

The scope was established following a multi-agency meeting in June 2019 and was agreed to cover:

- The scale of the issue: what do we know about violence crime in Gloucestershire?
- What are the risk and protective factors associated with violent crime?
- Effectiveness: what is the evidence on what works to prevent violent crime?
- Existing provision in Gloucestershire
- Perceptions and stakeholder engagement

Violent Crime in Gloucestershire

This section of the needs assessment aims to explore the prevalence of violent crime across the county. It will then explore in more detail the priority area of Gloucester (as agreed by a multi-agency workshop in June 2019).

Data sources and limitations:

- National Violent Crime Profile year ending March 2018. Crime Survey for England and Wales (CSEW). ONS.
- iQuanta data (Home Office) from 2017/18 and 2018/19 for comparisons to most similar group (policing statistical neighbour).
- Crime data from Gloucestershire Constabulary from 2016/17, 2017/18 and 2018/19.

In the main, the crime data presented will be for crimes classified as 'Violence Against the Person' (VAP) crimes, defined as an offence category that;

'Includes a range of offences from minor offences such as harassment and common assault, to serious offences such as murder, actual bodily harm and grievous bodily harm'⁹.

The data contained in this section has limitations and as such, does not claim to provide a full picture of all violence occurring in Gloucestershire. The data presented is limited to only those violent crimes reported to the police and is not able to account for crimes that go unreported. This section is also limited by the crime recording practices of Gloucestershire Constabulary; something which has recently been criticised by HMICFRS in their recent inspection on 'crime data integrity' in 2019 in which Gloucestershire was graded inadequate. As such, for 2019 onwards, recorded violent crime is likely to increase significantly based on ongoing improvements to crime recording.

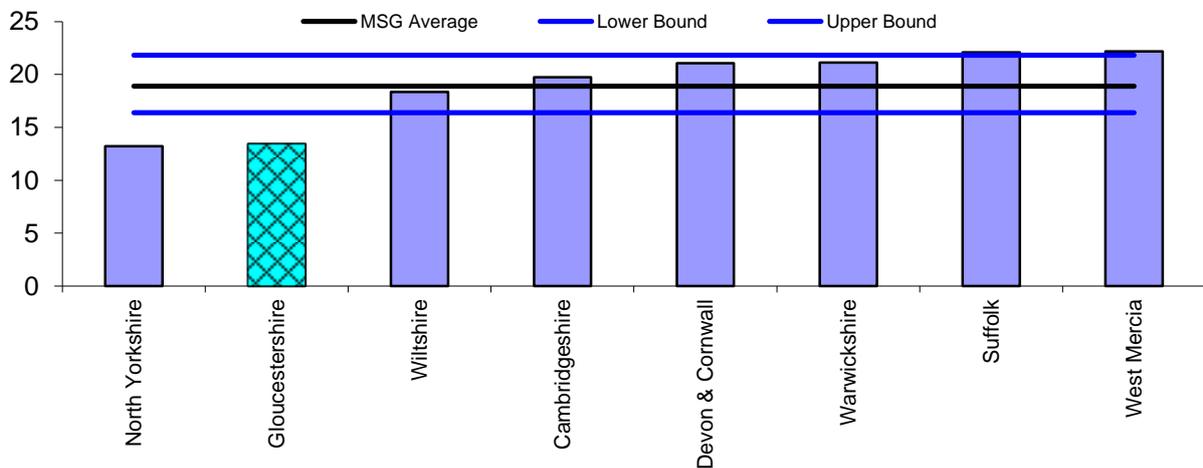
Violence against the person (VAP) crimes Gloucestershire

Violent crime in Gloucestershire is increasing with around 27% of all crime in the county being violent crime (18/19), a 41% increase in violent crime from 2016/17. The rate of violent crime is also increasing, with a rate of 10.9 violent crimes per 1000 of the population recorded for 2016/17 compared with a rate of 15.2 in 2018/19.

⁹ <https://www.met.police.uk/sd/stats-and-data/met/crime-type-definitions/>

When comparing Gloucestershire to its most similar group (policing statistical neighbours), it is clear that despite the increases in violent crime in the county, Gloucestershire records a lower rate of VAP crimes than its most similar areas.

Graph 1: iQuanta data (ONS) for VAP crimes per 1000 residents: Comparisons with most similar group areas. 2017/18.

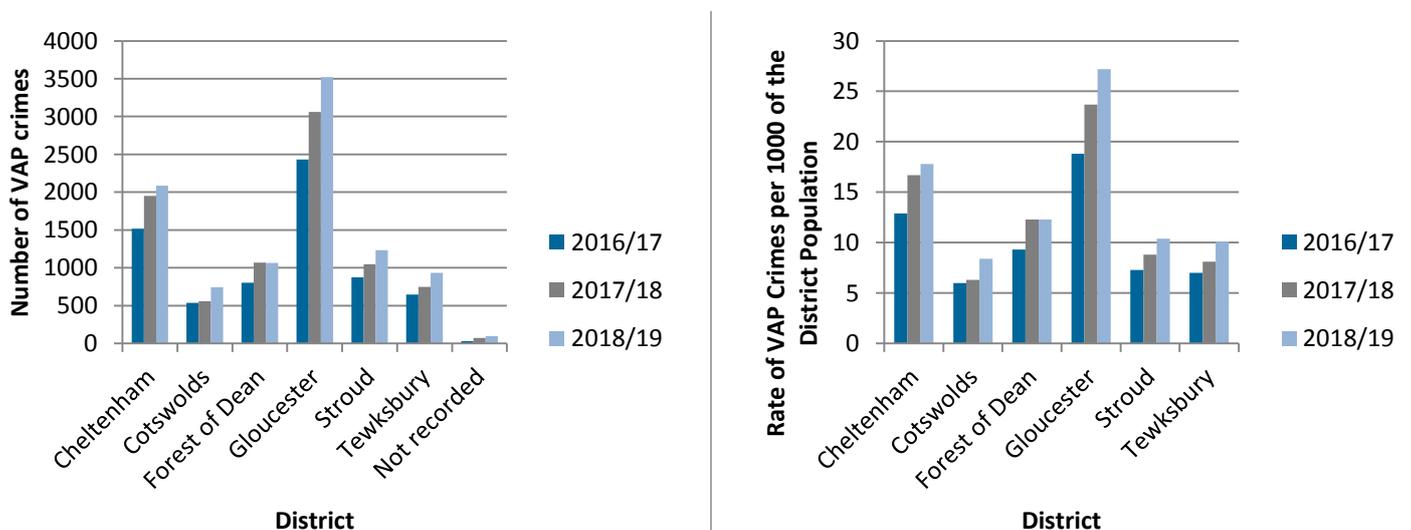


Within Gloucestershire, the largest proportion of violence against the person crimes is recorded within Gloucester. Each district has seen an increase in reported violent crime annually, with the exception of the Forest of Dean.

When considering the rate of VAP crimes per population in each district, Gloucester remains the district with the highest rate of violent crime at 27.2 violent crimes per 1000 of the population (18/19), followed by Cheltenham with a rate of 17.8 (18/19).

The Forest of Dean however, despite having the smallest population in the county, has the third highest rate of violent offences per population at 12.3 offences per 1000 of the population in 2018/19.

Graph 2: Recorded Violence against the Person crimes per district from April 2016 to March 2019 compared with the rate of violent crimes in each District per 1000 of the population.



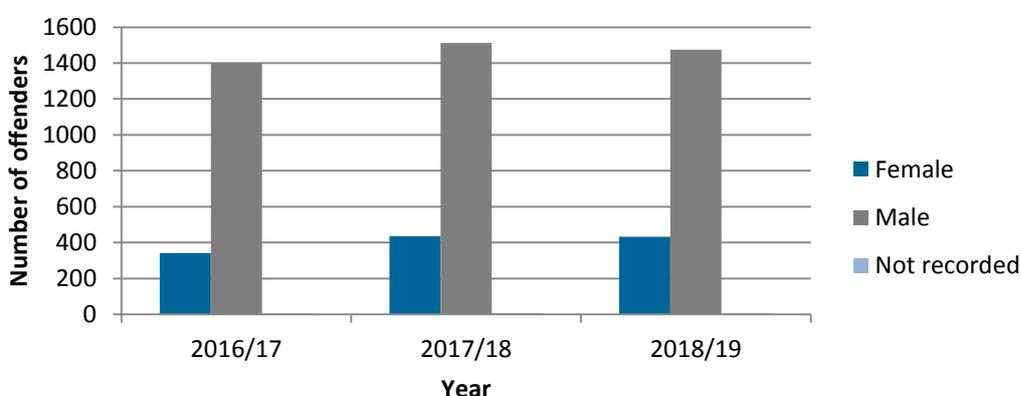
VAP crimes are often given additional themed categorisations; this includes an assessment of the number of VAP crime that are also domestic abuse, hate crime or knife crime related. Within Gloucestershire, the most significant additional categorisation is that of domestic abuse; with 31% of VAP crimes also recorded as DA in 2018/19, increasing to 34% so far for 2019/20.

Within Gloucestershire, the largest proportion of VAP crimes are ‘violence with injury’ accounting for 49% of all VAP crimes in 2018/19. This differs from the national picture reported by the CSEW where ‘violence without injury’ was the most prominent offence; within Gloucestershire ‘violence without injury’ accounts for between 19-21% of all VAP crimes.

Offenders

In line with National findings, offenders of violent crime in Gloucestershire are in the main male.

Graph 3: Gender of offender from April 2016-March 2019



When considering the age of offenders, the majority are aged between 18-30; again, in line with national findings where the majority of violent crime are committed by those aged 25-39.

This age group remains the most prominent when considering the rate of offending per age range. Of note however, is that those aged 14-14 and 16-17 offend at a similar rate to those aged 31-35 and 36-40; so whilst youth offending is not the most significant concern in Gloucestershire, it is something to note as a element that may need to be considered in preventing violence.

Table 1: Age range of offenders for VAP crimes from April 2018-March 2019 with rate per 1000 of the population (pop. for age group)

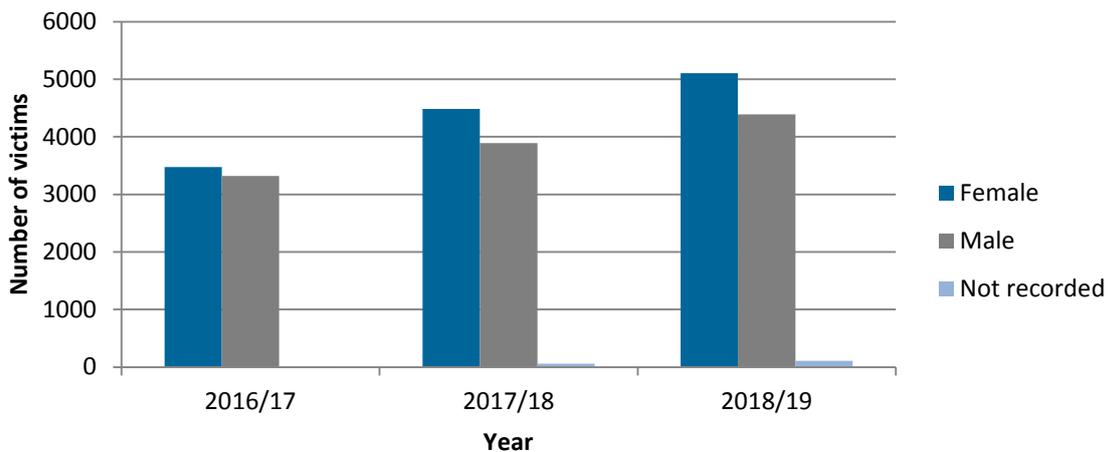
Offender age	Under 10	10-13	14-15	16-17	18-24	25-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66+	Unknown	All Ages
2018/19	0	41	76	96	370	371	248	212	150	142	80	50	29	38	10	1913
Rate per 1000 of pop.	0	1.4	5.5	6.9	7.7	8.7	6.8	5.6	4	3.1	1.7	1.1	0.8	0.3	N/A	3

Across the county, the majority of offenders of violent crime are from white ethnicities, accounting for around 82.5% of offenders (18/19). Despite this however, there is a significant overrepresentation of those from BME ethnicities, accounting for 12.7% of offenders, whilst only accounting for 4.6% of the population.

Victims

Whilst the vast majority of offenders are male across the county, when considering victims, the gender split is much more mixed, with an increase towards female victims; this may in part be linked to the large amount of VAP crimes being domestic abuse related.

Graph 4: Gender of victims of VAP crimes from April 2016-March 2019.



When considering the age of victims, the picture remains similar to that of offenders, with the majority aged between 18-30. The rate of victimisation across all age groups is significantly higher than that of offenders; indicating that an individual is much more likely to be a victim of violent crime in Gloucestershire than being an offender; and may indicate that many offenders commit violence against multiple victims.

Table 2: Age range of victims for VAP crimes from April 2018-March 2019 with rate per 1000 of the population (pop. for age group).

Victim Age	Under 10	10-13	14-15	16-17	18-24	25-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66+	Unknown	All Ages
2018/19	195	305	320	385	1752	1543	1089	963	693	682	537	318	222	278	321	9603
Rate per 1000 of pop.	2.7	10.7	23.1	27.7	36.6	36.1	29.9	25.5	18.3	14.9	11.2	7.3	5.9	2.2	N/A	15.2

As with offenders, there is an overrepresentation of victims from BME ethnicities; this is however much less significant than that seen with offenders, with around 6.5% of victims from BME groups whilst accounting for 4.6% of the population.

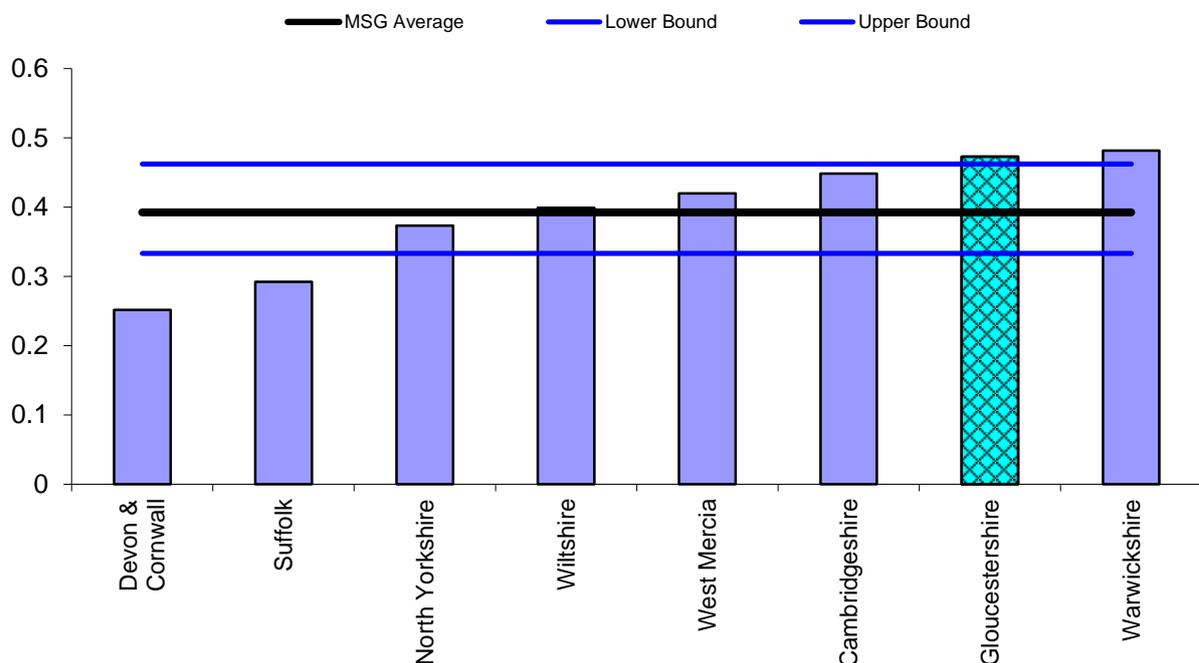
Knife Crime and possession of weapons

Knife crime has been examined in this needs assessment to ensure an awareness of the levels in Gloucestershire given the heightened media attention around this crime type nationally.

Across Gloucestershire, knife crime consistently accounts for less than 1% of all crime and between 2-3% of VAP crimes. When considered as a rate per 1000 of the population, knife crimes account for a rate of 0.5 crimes per 1000 of the population (18/19).

Despite the low level of knife crime in the county, Gloucestershire is above average when compared to its most similar group (policing statistical neighbours).

Graph 5: iQuanta data (ONS) for knife crimes per 1000 residents: Comparisons with most similar group areas. 2018/19.



Whilst the countywide rate of knife crime is above the average, it is important to note that the majority of this crime occurs in Gloucester rather than being a major countywide issue.

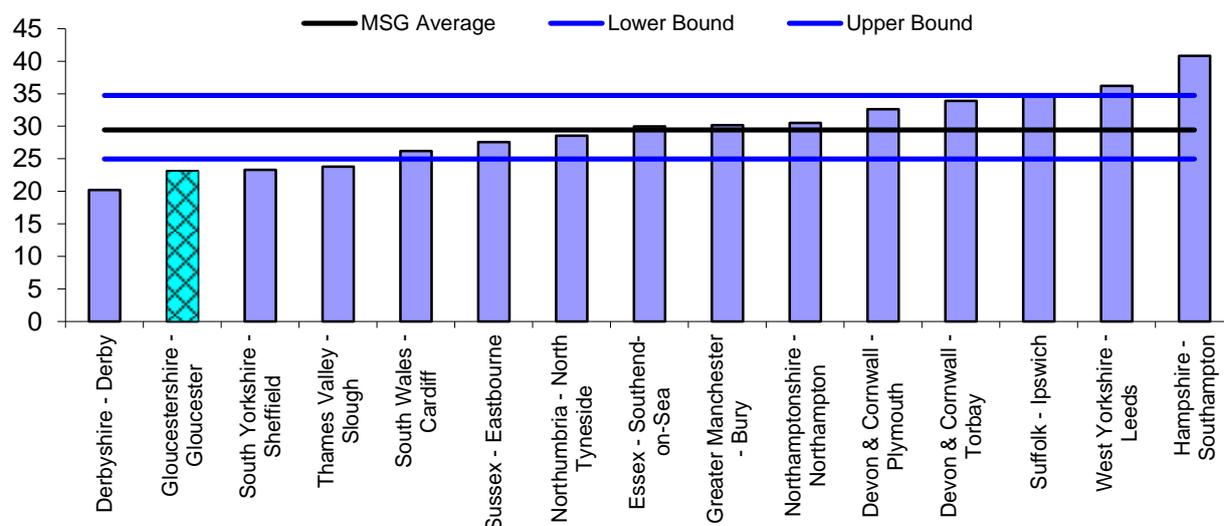
Knife crimes in the county are most often linked to VAP crimes (violence with injury and violence with intent to cause serious harm) and robbery offences. In addition, around 22% of knife crimes are linked to domestic abuse.

As with knife crime, possession of weapons crimes account for less than 1% of all crime in the county, and in the main occur within Gloucester.

Violence against the person crimes: Gloucester Profile

Violent crime in Gloucester occurs at a rate of 27.2 per 1000 of the population; significantly higher than that for the county as a whole (15.2). As with the countywide profile however, the rate of violent crime in Gloucester falls below the average when compared to its most similar group.

Graph 6: iQuanta data (ONS) for VAP crimes per 1000 residents in Gloucester: Comparisons with most similar group areas (CSP)



The majority of violent crimes in Gloucester occur within the city centre, with 22% of all violent crimes in the district occurring in this area in 18/19. This is followed by 15% of violent crimes occurring in Barton and Tredworth and 13% in Quedgeley. It is worth noting that violent offences in Quedgeley will include a large proportion of those that occur within custody, so interventions may not necessarily need to be community focused in that area¹⁰.

Within the city centre, it is also likely that a large proportion of violent crimes occur as part of the night time economy, with 49% of violent offences in the city centre taking place on a Friday, Saturday and Sunday.

Offenders in Gloucester

As with the county wide picture, the majority of offenders in Gloucester are male and aged 25-30.

Of note however for Gloucester, is the significantly higher rate of offenders aged 10-17 when compared to the countywide picture.

Table 3: Age range of offenders for VAP crimes in Gloucester for 2018/19 with rate per 1000 of the population (pop. for age group) compared with the countywide rate.

2018/19	Under 10	10-13	14-15	16-17	18-24	25-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66+	Unknown
Rate Per 1000 of Pop. Gloucester	0	2.2	10.7	13	14.8	16.6	13.2	10	6.8	6.4	2.3	1.8	1.1	0.3	n/a
Rate per 1000 of pop. countywide	0	1.4	5.5	6.9	7.7	8.7	6.8	5.6	4	3.1	1.7	1.1	0.8	0.3	N/A

¹⁰ These figures are based on volume. It has not been possible to consider the rate per population, as police data is based on the way in which police define communities, which is not comparable to the way in which communities are defined when looking at the population.

As with the countywide picture, the majority of violent offenders in Gloucester are from white ethnicities. There is however, a significant overrepresentation of BME offenders in Gloucester when compared to the population. This is much more significant than the countywide picture, with 21.1% of Gloucester offenders being from BME ethnicities whilst accounting for 10.9% of the population.

Victims in Gloucester

As with the countywide picture, Gloucester sees a more mixed picture when considering the gender of victims. The larger proportion of female victims may again be linked in part to domestic abuse, with around 33% of all violent crime in Gloucester being linked to DA.

As with offenders, the rate of victims per age group is significantly higher than that for the county, with those aged 16-35 having the highest rate of victimisation in Gloucester (with the highest rate specifically for those aged 18-24).

Table 4: Age range of victims for VAP crimes in Gloucester for 2018/19 with rate per 1000 of the population (pop. for age group) compared with the countywide rate.

2018/19	Under 10	10-13	14-15	16-17	18-24	25-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66+	Unknown
Number of Victims	72	109	111	142	656	598	435	350	258	253	178	98	45	62	126
Rate Per 1000 of Pop. Gloucester	4.2	17.5	39.5	48.3	59.8	57.5	48.4	40.3	33.1	27.6	19.2	12.1	7	3	N/A
Rate per 1000 of pop. countywide	2.7	10.7	23.1	27.7	36.6	36.1	29.9	25.5	18.3	14.9	11.2	7.3	5.9	2.2	N/A

Knife crime and possession of weapons in Gloucester

Knife crime in Gloucester is higher than that seen across the county as a whole, accounting for a rate of 1.2 knife crimes per 1000 of the population compared with a rate of 0.5 countywide.

As with overall violent crime in Gloucester, the majority of knife crimes occur in the City Centre (22%) followed by Barton and Tredworth (22%) and Kingsholm and Wotton (8%).

As with knife crime, possession of weapons in Gloucester accounts for a higher percentage of total crime than for the county as a whole; with possession offences accounting for a rate of 1 crime per 1000 of the population in Gloucester compared with 0.41 countywide (18/19).

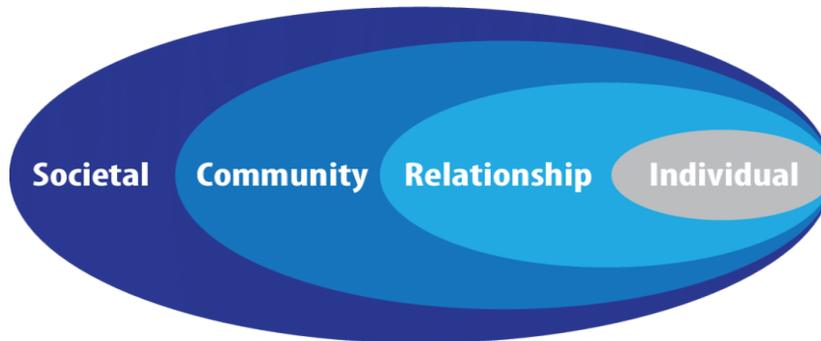
Risk and protective factors associated with violent crime

The second stage of the public health approach is to identify the risk and protective factors for violence. This section will therefore summarise the risk and protective factors that can link to increased risk of becoming both a violent offender and a victim, based on research.

Risk Factors are those which can usefully predict an increased likelihood of violence.

Protective Factors are those which reduce the likelihood of violence.

The ecological framework provides a useful mechanism for considering risk and protective factors at various levels:



Individual Risk Factors

- Genetic/biological factors
- Perinatal trauma
- Early malnutrition
- Gender, age and ethnicity
- Behavioural/learning disability/difficulties
- Language difficulties
- Alcohol/substance misuse and engagement in drugs market
- Traumatic brain injury

Individual Protective Factors

- Resilience building
- Life skills development
- Specialist maternity services
- Parenting support
- Healthy balanced diet
- Healthy lifestyle programmes
- Free school meals
- Food bank schemes

- Medical intervention
- Family therapy
- CBT
- Psychotherapy
- Language acquisition
- Support for language delay
- Substance misuse support
- Education programmes
- Early screening and intervention

Relationship Risk Factors

- Abuse and neglect
- Family violence and offending
- Household alcohol and substance misuse⁴
- Household mental illness
- Family breakdown
- Being in care
- Poor parenting and inconsistent discipline
- Low family income

Relationship Protective Factors

- Stable home environments
- Nurturing and responsive relationships
- High self-esteem
- ACE/trauma informed approaches
- Mentoring programmes
- Robust CP processes

- Specialist treatment
- Peer support programmes
- Group/whole family approaches
- Consistent support/building trust
- Ensure voice of child is heard
- Specialist support services e.g. DA
- Consistent parenting
- Holistic family approaches

School/peer group Risk Factors

- Poor educational attainment
- Poor commitment to school
- School exclusion
- Truancy
- Association with negative peers
- Gang membership/ Other offending behaviour

School/peer group Protective Factors

- Commitment to school
- Positive teacher relationships
- ACE/trauma informed approaches in school
- Positive social interactions and friendship groups

- Bystander intervention programmes
- Restorative practice in schools
- Healthy problem solving/core life skills
- Early intervention

Community and Societal Risk Factors

- Socio-economic deprived communities
- Poor social mobility
- Homelessness / poor housing
- Culture, laws, norms
- High crime rates
- Unsafe or violent areas
- High unemployment
- Low levels of community participation
- Media, social media and the internet

Community and Societal Protective Factors

- Societal equality/equity
- Promotion of non-violent responses to conflict
- Campaigns to challenge social/cultural norms
- Community cohesion and inclusion
- Appropriate and affordable housing
- High quality housing
- Community trust building

- Low crime rates
- Safe community spaces
- Well established jobs market
- Opportunities for hobbies, sports, clubs of shared interest
- Community building
- Strengths based community interventions
- Balanced news reporting
- Appropriate policing of the internet
- Safe online practices

The link between these factors and future experience of violence are clear and evident within research and provide an understanding of the protective factors that need to be increased through preventive work. The next section will explore the prevalence of some of these risk factors in Gloucestershire to help direct any future preventive work.

Risk factors in Gloucestershire

This section of the needs assessment aims to explore the prevalence of some of the key risk factors for violence in Gloucestershire. Whilst data is not available on all risk factors for violence, the data available does provide some helpful insight into those risk factors that may need to be a priority focus for Gloucestershire.

Individual risk factors

- Gender, age and ethnicity: Males account for the majority of violent offences in the county and those aged 18-30 offend at the highest rate. There is a significant overrepresentation of BME groups committing violent crimes in the county; particularly within Gloucester.
- Language and SEN: 13% of pupils in the county are provided with SEN support, with the majority in FoD and Gloucester. Most common SEN are 'moderate LD', 'Autism Spectrum Disorders' and 'language, speech and communication needs'.
- Risky behaviours: Engagement at age 15 in 3 or more risky behaviours in the county is lower than the SW average, but higher than that for England. 7.1% of pupils completing the OPS state they regularly drink alcohol, with 8% stating they have tried an illegal drug. For those regularly drinking alcohol and using illegal drugs, the majority are reported to be in Tewksbury; in conflict with findings on violent offending.

Relationship risk factors

- Family breakdown: the majority of families in Gloucestershire are 2 parent families living together. Around 9% of families in the county are step parent families, while 22% are lone aren't families. The highest proportion of families who have experienced family breakdown are within Gloucester.
- Parental substance misuse: around 22% of all single assessment completed by CSC cite parental substance misuse as a factor, account for 1478 assessment. The highest proportions are within Gloucester and Cheltenham.
- Abuse, Neglect and Children in care: the number of CiC has increased year on year, with 33% of CiC within Gloucester. For single assessments completed, around 29% are as a result of emotional, physical or sexual abuse, while 17% are for neglect.
- Family Violence: this is the most significant factor cited when completing single assessments at 31%. Gloucester reports the highest volume.
- Low family income: 12.3% of children in the county are considered to live in low income families. The high proportion is within Gloucester and the FoD.

School/Peer risk factors

- School exclusion: 2% of all pupils in the county have had 1 or more fixed term exclusion, with 0.14% having been permanently excluded. Nationally around 13% of permanent exclusion and 16% of fixed term exclusion are in relation to 'assault against another pupil'. In addition, 11% of permanent exclusions are for 'assault against an adult'.
- Attainment: Levels of attainment in Gloucestershire are higher than for England. Those pupils eligible for free school meals however, have much lower levels of attainment than those who are not eligible; this is also slightly lower in Gloucestershire than for England.
- NEET: in 2019 around 5.8% of 16-17 year olds in the county were NEET; this is lower than the regional average but slightly higher than the national average. Males are more likely than females to be NEET and there is also a higher rates of those NEET if they are from BME ethnicities. The largest proportion of 16-17 year olds NEET are in Gloucester.

Community/Societal risk factors

- Social mobility and deprivation: Stroud is considered the best in the South West for social mobility. Cotswolds, FoD and Gloucester have some of the worst score for social mobility. Levels of overall deprivation in the county are low, with Gloucester and FoD the most deprived areas in the county
- Unemployment: is lower than the national average and the south west. Gloucester and the FoD have the highest number of people claiming unemployment related benefits.

Understanding local offenders

This section of the needs assessment aims to explore in more detail the lives of known offenders of violent crime; identifying potential factors in their lives that may have contributed to their offending and supporting the identification of factors in Gloucestershire than may require focus for prevention activity.

Cohort 1: 15-24 year old in Gloucester (police data from 2016-2019).

This particular cohort was agreed by a multi-agency planning workshop following consideration from early data findings. This cohort was chosen as it starts at the peak age for when violent offending is likely to begin (particularly weapon carrying) and covers the transition period into adulthood. This cohort also falls below the age range of those who commit the majority of violent offences in the county, so provides insight into the potential cohort where prevention work could be focused.

The data available for this cohort only covers that which is recorded by the police.

Key findings from Cohort 1:

[Redacted content]

Cohort 2: Youth Offending Service Cohort (YOS Data Q4 18/19 and Q1 19/20).

This particular cohort was chosen due to the high levels of violent offending known to the YOS and the ability to collate in depth data on these young people; providing a clear understanding of some of the risk factors present in the lives of these young people that may have contributed to their violent offending and provide insight into those areas where protective measures need to be increased.

Key findings from Cohort 2:

- 32% were accommodated away from home (either voluntarily or through a care order).
- 29% had concerns expressed for them in relation to their parent/carer ability to care/supervise.
- 29% had concerns expressed with regard to family circumstances that impact on safety and wellbeing
- 24% had witnessed domestic abuse (compared with national estimates of 14%)
- 27% were recorded as being susceptible to exploitation and manipulation.
- 31% had Special Educational Needs (SEN) (compared to 13% across the whole of Gloucestershire)
- 47% had some contact with mental health services, with 24%: self harm and 16%: previous suicide attempts.
(Compares with 11% nationally with a MH disorder and 6% with an emotional disorder.)
- 39% were currently using cannabis, with 20% currently using other illegal drugs including cannabis, crack and ecstasy (compared with 8% of all pupils recording having tried an illegal drug and 3% using regularly)
- 51% had been excluded from school (compared with 2% of all pupils countywide)
- Common themes included: inconsistent parenting, negative peer association, offending with peers, a desire to fit in and not recognising the risk to self or consequences of actions.
- 65% had aspirations for the future that supported desistance from offending.

Cohort 3: Operation Mamushi Cohort (Data on those being criminally exploited 2018/19).

This cohort was chosen due to the level of data available following Operation Mamushi; an operation that focused on criminally exploited young people; often with links to violence crime.

Key findings from Cohort 3:

- 91% had recorded offences against them
- 29% were currently in care. The key triggers for being in care amongst this cohort included:
- 50% of cohort had SEN
- 68% had a referral to a pupil referral unit at some point (linked to school exclusion)
- 59% were noted for cannabis use
- 29% were demonstrating sexualised behaviour
- 41% had 5 or more A&E attendances

It is clear from looking at local offenders of violent crime that many often lead lives full of complexity and vulnerability, with clear links to Adverse Childhood Experiences (ACEs). Addressing violence cannot therefore be a single agency issue. Violence is the outcome of a range of complex factors, with no single reason to explain why an individual may offend. Collaboration is therefore key to prevention.

Assessment of local assets

Across the county there are a range of services available that aim to support people and address a large portion of the risk factors for violence. Many of these services therefore provide some form of violence prevention in the county, although many will not have been established with this primarily in mind.

In addition, there are also likely to be gaps in provision for addressing risk factors for violence, which may provide some indication of future violence prevention activity required in the county.

This section therefore provides a summary of the provision locally to address the various categories of risk factors; Individual, Relationship, School/Peer and Community/Societal factors. In order to provide this summary, a mapping exercise was conducted to explore current provision in Gloucestershire.

The below provides a summary of the provision locally to address risk factors and where gaps have been identified. A more detailed summary of the services available can be found in Appendix 2 of the main need assessment document.

Individual Risk Factors

There are a range of services available that cover interventions or support for all individual risk factors for violence, with all but one services being made available countywide.

The majority of risk factors have services in place that offer specific targeted activity and there are multiple service options across all risk factors. The greatest levels of resource are available for risk factors 'behavioural/learning difficulties' and 'alcohol and substance misuse (yp)'.

Across all individual risk factors there are some primary prevention approaches in place, with 'language difficulties' having the best offer in terms of primary prevention.

Overall Assessment:

There are a range of services locally which address individual risk factors for violence, with services in place that look to address all factors in some way.

Potential Gaps:

There are some gaps in provision that provide primary prevention services; with many services offering provision once an issue has already been established.

Currently only some risk factors have multiple service offers and some of these, whilst countywide, may only offer services on a small scale. Whether these services can meet demand may be an area for future exploration.

Relationship Risk Factors

There is a wide range of services available to address family/household related risk factors, with the majority offering provision countywide with some specific interventions provided to be community specific.

The majority of risk factors have multiple services offered to help tackle them, with the exception of 'neglect' which appears to be a significant gap in provision beyond the offer from Children's Social Care.

'Family mental illness' and 'low income families' are the risk factors with the best coverage in terms of primary prevention.

Overall Assessment:

Services that address family/household risk factors provide coverage across the county, with services in place to address most of the risk factors.

Family mental illness, family breakdown and low family income are particularly well covered in terms of service offer and primary prevention.

Potential Gaps:

Primary prevention services need to be increased across all risk factors, particularly for neglect and household offending as currently there are no mapped primary prevention services for these risk factors.

'poor parenting/inconsistent discipline' is another area, alongside neglect that has the most gaps in provision across the county.

School/Peer Risk Factors

There are a range of services available that aim to address school/peer group related risk factors, with the majority provided on a countywide basis.

Overall Assessment:

There are a range of services available, most of which aim to provide educational input to young people across a range of topics, many of which link to violence prevention.

School exclusion as a risk factor is much better covered than the other factors; with a programme of activity aimed at addressing exclusions across the county.

Potential Gaps:

The biggest gaps appear to be around addressing risk factors 'poor commitment to school' and 'association with negative peers', with no services mapped that specifically aim to address these factors.

There is also a gap around targeted activity, with services mapped offered universally rather than aimed specifically at 'at risk' groups.

The majority of mapped services for 'poor educational attainment' are provided to raise awareness of topics and improve the school ethos; there are therefore gaps around services that are targeted at those whose attainment is poor and aims to improve this, such as tutoring services for example.

Community/Societal Risk Factors

There are a range of services that aim to address community/societal risk factors both countywide and at a community level.

The majority of factors have services or projects in place, with a gap in specific projects aimed at improving social mobility.

Overall Assessment:

There are a range of services and projects to address community/societal risk factors, some are countywide, but a large range of services are community/district specific, as would be expected to address these risk factors.

Potential Gaps:

Many of the projects that cover these factors are small scale community projects, with many not funded through traditional routes. There may therefore be a need to ensure projects and services are funded, especially in areas of high need.

There is also a lack of projects/services that specifically aim to address social mobility.

There is also a lack of campaigns and awareness raising focused specifically on violent crime.

Overall assessment across all risk factors:

There are a wide range of services available in the county that cover the risk factors for violence. In the main, these services operate at a countywide level and provide coverage across all risk factors for violence.

When considering gaps however, the majority of services provided are in place to address risk factors once the problem has already arisen, for example, support services for those who have already committed an offence to prevent reoffending. There are therefore gaps in service provision aimed at primary prevention; aiming to prevent violence or the risk factors for violence before it occurs.

Stakeholder views on violence and violence prevention

This section of the report aims to consider the perceptions and views of key stakeholders on what they consider to be the priority actions for preventing violence in Gloucestershire.

The limitations of this need to be acknowledged and these include the number of respondents and short timeframe in which the survey was conducted.

Stakeholder Survey Summary:

- 25 professionals responded to the survey
- 76% either agreed or strongly agreed that violent crime was a significant issue in Gloucestershire.
- The majority noted that their perception of violence had been influenced by the media, personal or professionals experience and evidence from local and national crime data.
- The priority areas of violent crime identified in the survey in order of preference:
 - Weapon related violence
 - Domestic abuse
 - County lines
 - Criminal exploitation of vulnerable adults
- When considering approaches to prevention, the majority of respondents recognised the public health approach, but did not necessarily use the term. Instead they focused on elements such as understanding the causes and addressing them, partnership working and education.
- When prioritising the risk factors that were felt to be most prevalent in the county those considered to be relationship (family) and school/peer group risk factors were highlighted the most including abuse/neglect, household offending, household substance misuse and association with negative peers.
- There was recognition that the response to violence will need to differ based on the district of Gloucestershire, with the urban areas of Gloucester and Cheltenham noted as the priority.
- Improvements needed in prevention locally were noted to be:
 - Early intervention
 - Education for parents
 - Community building
 - Tackling socio-economic factors
 - Police presence
 - Funding for services for young people

Areas of focused based on views from young people and community:

This section considered the views of young people and community from existing sources. Within this the following areas were identified for consideration when looking to address violent crime:

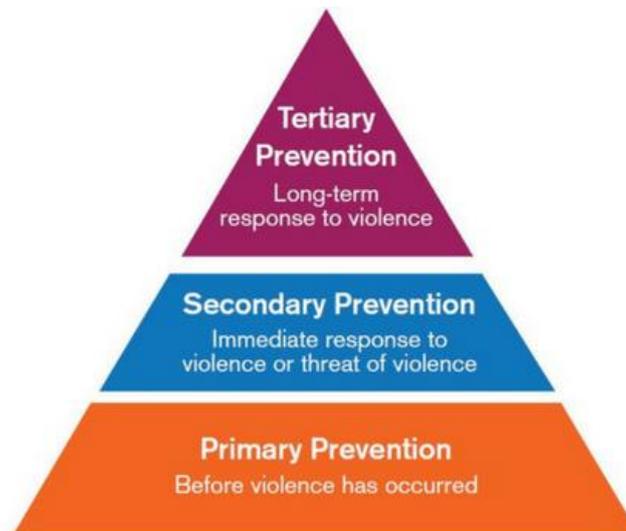
- Fear of knife crime, large groups in public space and crime in parks and the city centre of Gloucester
- Violence linked to retaliation and relationship breakdown
- ACEs and a gang mentality
- A need to build trust in police and services to encourage reporting and reduce fear of consequences
- A need to create safe spaces with increased youth engagement and entertainment facilities

Increase in early intervention and primary prevention work

Best practice in violence prevention

Central to the public health approach is the implementation of interventions that successfully address risk and protective factors that prevent violent crime.

Prevention can be separated into three defined types:



In addition to this, intention can be either **Universal** (aimed at the general population), **Targeted Selected** (aimed at those most at risk) or **Targeted indicated** (aimed at those who use violence).

Interventions to tackle violence need to ensure they are age appropriate and for many of the key risk factors for Gloucestershire there is a need to consider interventions that start from infancy, but also cover the transition period into adulthood; particularly for risk factors such as negative peer association and substance misuse.

This section explores some of the best practice and evidenced based approaches to violence prevention:

Interventions that support parents:

Parenting programmes that range from supporting first time parents to improve inter-parental relationships, to programmes that support disadvantaged parents and those who are concerned about the behaviour of their child. Programmes aim to create stable and supportive families where parents feel equipped to deal with family problems appropriately.

Interventions that develop the skills of children and young people:

Mentors in Violence Prevention (MVP): empowering young people in schools to speak out against all of violence with young people acting as peer mentors.

Medics against violence: NHS professionals volunteering to teach young people skills in avoiding violent situations and staying safe.

Intervention initiative and active bystander communities: Programme for university students to provide skills to students and the confidence to address sexual violence and domestic abuse. Aims to empower students to become prosocial citizens.

St Johns Ambulance cadets and first responders: target young people to provide vocational experiences and skills to support a future career in the health service. Aimed at young people least likely to consider a NHS career. The scheme also provides training to those at risk of knife crime.

Interventions that identify high risk individuals:

Street and Arrow: Scottish programme to create and provide job opportunities as well as mentoring for those with a history of offending or at risk of committing a crime.

Navigators: Hospital navigators to offer support to patients who have been affected by violence to break the cycle of violence and ease pressure from the NHS.

Conclusion

Gloucestershire is in the main a safe county to both live and work. Whilst violent crime rates are comparably low in Gloucestershire, the impact of violent crime can be devastating, having a huge impact on victims, offenders, the community and agencies providing services in the county. Violence is however preventable and should be a priority area for Gloucestershire to ensure the continued safety and wellbeing of its residence.

Violent crime accounts for 27% of all crime in the county, with a rate of 15.2 violent crimes per 1000 of the population, with the highest rate of violent crime seen in Gloucester.

Violent crime is a feature of a range of thematic groups, and whilst this needs assessment has not been able to ascertain how much of the violent crime in this area links to all of the below themes, it has indicated that prevention based on a public health approach would tackle violence across the board; with violence linked to these themes sharing a range of common risk factors.

Weapon related violence (Knife/gun crime)	County Lines	Serious and Organised Crime	Child Criminal & Sexual Exploitation
Criminal Exploitation of Vulnerable Adults	Domestic Abuse (Domestic Homicide)	Sexual Violence	Modern Slavery/human trafficking
Honour Based Violence, Forced Marriage and FGM	Hate Crime	Drug selling and drug misuse	Alcohol misuse
Youth Violence	Night time Economy	Elder abuse	Violent Extremism

Media attention is often focused on the specific theme of knife crime (weapons related violence). In Gloucestershire, this accounts for less than 1% of all crime across the county. It is therefore clear that, whilst we may want to develop some interventions that tackle knife crime, particularly in the

Gloucester area, there is a need to focus prevention activity on broader violence, considering all types; much of which is having a larger impact across the county.

The data also indicates a significant proportion of violent crime in Gloucestershire is linked to domestic abuse. Despite this, there is already in place a coordinated approach to domestic abuse for the county, and this area may therefore not be a specific focus for the violence prevention agenda; whilst acknowledging that any work to tackle or prevent violence is likely to have a positive affect in preventing domestic abuse.

Violence is the outcome of a series of experiences, with those who violently offend often experiencing multiple and complex needs. There is therefore no one single reason to explain why some people or populations are vulnerable to violence.

Addressing risk factors and preventing violent offending will not be solved by one solution with a 'one size fits' all model; instead, any prevention interventions need to be developed with a range of risk factors in mind, recognising the complexity of risk factors and their influence on one another and developing holistic approaches.

There is also a need to acknowledge and recognise the clear link to Adverse Childhood experiences (ACEs); with many of the risk factors for violence also noted as some of the ACEs that impact on a child's development. Therefore, not only do these risk factors increase the likelihood of engaging in violence, but they also increase the risk of poor adult health, risk taking behaviours such as substance misuse into adulthood, and impact on a person's ability to think and interact with others.

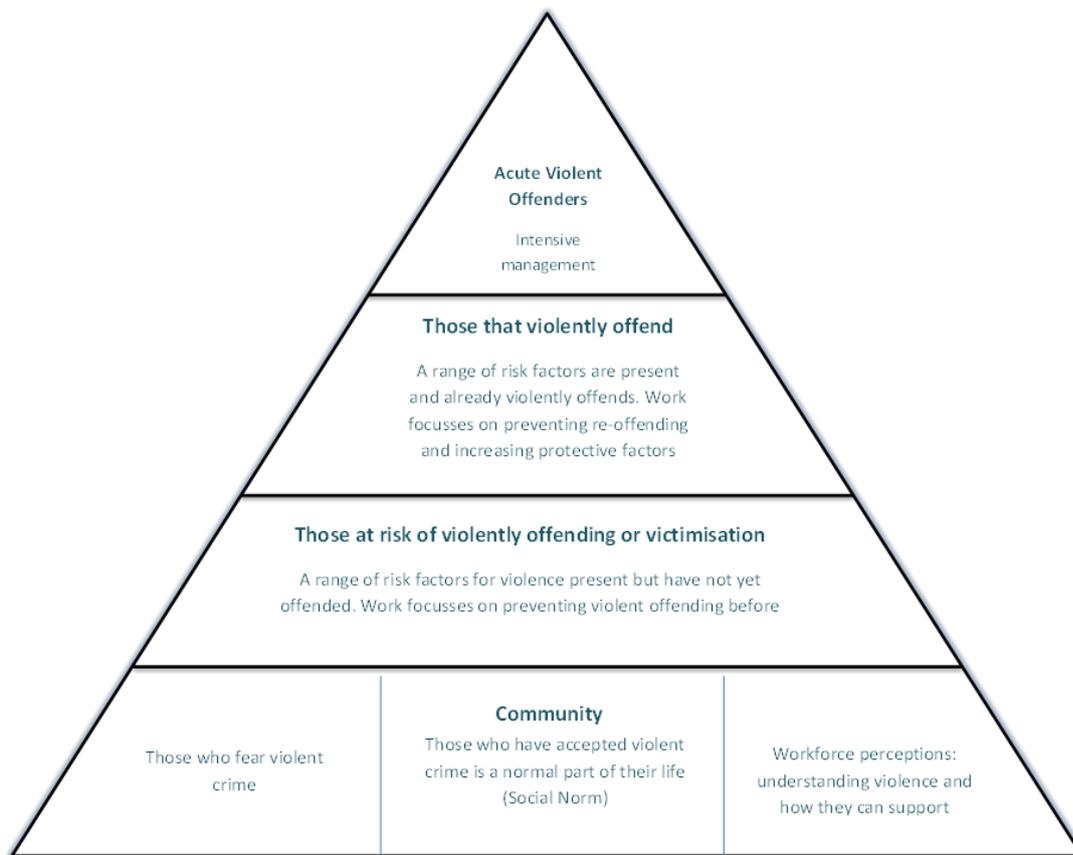
The violence prevention agenda therefore needs to ensure interventions link with the ACEs agenda of building resilience in young people; ensuring that experiences of ACEs and risk factors does not have to determine an individuals destiny and there are things that can be put in place to counteract these negative experiences.

Prevention also cannot be achieved by one single agency. As with the complex mix of risk factors, tackling these requires a mix of agencies who all can offer in part a solution to addressing these factors; with a partnership approach to violence prevention therefore essential to its success. Sitting alongside this is also the role individuals and communities have to play in preventing violence, ensuring Gloucestershire recognises the strengths in these communities and enables and supports them to prevent violence themselves.

What is clear when considering violence prevention is that it will require long term planning, with any investment into prevention interventions needing to be based on the desire for longer term results; with investment unlikely to see an immediate change, but instead make long lasting differences in the prevalence of violent crime and its impact in Gloucestershire.

Focus areas for prevention activity

This needs assessment has enabled different populations to be identified in terms of where prevention efforts may need to be focused:



Key Findings and Recommendations

The recommendations from the needs assessment have been grouped into overarching themes based on the findings.

Theme 1: Data and intelligence

The needs assessment utilised routine police data on reported violent crime along with additional specific cohort data on offenders. Whilst this data provides some assessment of the nature of violent crime in Gloucestershire, it does not provide a full picture of violence locally.

Understanding violent crime that goes unreported to police is paramount to gaining a fuller understanding of violent crime and developing evidence based interventions for prevention.

The Cardiff Model is an established evidence based practice for the collation of data on violent crimes that may go unreported to police. The benefits of adopting this model are:

- Increase awareness of violent crimes not reported to police
- Improved evidence base for violence prevention activity
- Improved partnership working to develop violence prevention initiatives and interventions
- Long term savings for agencies in responding to violent offences
- Increased understanding of violence affecting hospital staff and mechanism for preventing this

- Reducing violence in the community/increase feelings of safety (addressing perceptions of violent crime)

Considerations for theme 1:

- Violent Prevention Coordinator to re-establish the Cardiff Model fully in Gloucestershire in conjunction with Safer Gloucestershire, police, district CSPs and NHS Hospitals trust.
- Safer Gloucestershire to review violent crime figures once the impact of improvements in crime recording have stabilised the figures; ensuring an ongoing response to violence and prevention that is evidence based.
- Gloucestershire Constabulary to consider how data on drugs and violence can be collected in the future to gain a better understanding of the impact in the county.

Theme 2: Violent crime and the night time economy (links to alcohol use)

Within Gloucester City Centre, there is a likely association between violence and the night time economy, with half of all violent crime in that area occurring on a Friday, Saturday and Sunday.

Focus on this area also acknowledges that those committing these offences may not necessarily live in the community in which they are being perpetrated, and the prevention response may therefore need to differ from a community response.

Considerations for theme 2:

Violence Prevention working group to work with district CSPs and licensing team to develop plans for tackling and preventing violent crime in Gloucester City Centre and Cheltenham Town Centre.

Theme 3: Community

Within Gloucester City, there are clearly some higher rate areas of violent crime at a community level. These are identified in the needs assessment. There are already examples of strengths based working with communities, but building on this to address violence could be explored and piloted with a particular community such as Barton and Tredworth.

Considerations for theme 3:

Identify a lead, plan and initiate a strengths based community pilot focusing on violence prevention in one identified community area

Theme 4: Key risk factors for violence in Gloucestershire

One of the key risk factors identified in the county is the experience of witnessing domestic abuse for young violent offenders, with 24% of the cohort having witnessed domestic abuse (compared with national estimates of 14%).

Whilst the county already has a robust response to domestic abuse and services in place that work with both victims and offenders, there are significant gaps in provision that provide specialist support to children witnessing domestic abuse.

This also links to children and young people being exposed to offending in the home through the witnessing of DA, but also with 8% of young violent offenders recorded as having family members who were known to offend.

There are a range of other risk factors highlighted within the needs assessment that may require some specific focus, with a clear synergy with Adverse Childhood Experiences (ACEs).

Within Gloucestershire there is a well established coordinated approach to ACEs through the 'Action on ACEs' collaboration and viral change.

Considerations for theme 4:

- Work to be conducted with commissioners to consider options to strengthen the offer for children and young people growing up in households where they witness domestic abuse and/or live with an offender.
- Work to be conducted with commissioners to consider interventions that empower young people, giving them the skills to promote violence prevention and/or support one another.

Theme 5: Messaging and engagement

There is a disconnect between the perceptions of violent crime and what the data tells us about violent crime in the county (particularly in relation to knife crime).

Weapon related violence is identified as a priority amongst stakeholders and plays a significant role in fear of crime despite accounting for a small proportion of crime across the county.

Ensuring key stakeholders receive accurate information on the reality of violent crime in Gloucestershire and the work being done to tackle it is a priority to take forward from this needs assessment. Gloucestershire is a safe place and this needs to be promoted widely.

Alongside this, given the range of risk factors and the complex nature of violent crime and those who are impacted by it, there is a need to ensure that the range of multi-agency partnerships and processes consider their response to violence and prevention. the range of key partnerships can include:

- District CSPs
- Youth Justice Partnership Board and its subgroups
- Domestic abuse partnerships
- Sexual violence partnership board
- Children and young peoples services inc. education and SEN services
- Child friendly Gloucestershire
- Criminal justice board and reducing reoffending board
- Mental health partnerships
- Action of ACEs

Considerations for theme 5:

- Violence Prevention working group to develop a professional's engagement/training event to raise awareness of the reality of violent crime in Gloucestershire, services available locally

and increase awareness of the role professionals can play in preventing violent crime through addressing risk factors (linking to the work on ACEs).

- Violence Prevention working group to conduct community engagement events to develop and test key messages with the public before embarking on a formal awareness campaign.
- Partnership groups to consider the findings of the needs assessment and where appropriate develop action plans to support the violence prevention agenda.