

Good practice in youth violence prevention: A mapping and horizon scanning review

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1.0 Summary

1.1 Introduction

This report was commissioned by the Violence Prevention Unit (VPU) in South Wales in order to conduct a series of mapping and horizon scanning in relation to examples of good practice in violence prevention. The report adopts the definition of youth violence as ‘community and/or public space violence committed by young people under the age of 25’ (Cordis Bright, 2015; O’Connor and Waddell, 2015). Hence, youth violence involves peer on peer violence and can include fights, threats with and without weapons (such as knives, firearms and corrosive substances), bullying, and gang-related violence. Young people may be involved in youth violence as a victim, perpetrator, or witness (David-Ferdon et al., 2016).

1.2 Method

The review was undertaken from March to May 2020 and aimed to identify evidence of good practice in youth violence prevention. To do this, the review comprised two elements, a systematic mapping exercise and horizon scanning to determine promising examples of good practice.

The search comprised eight databases and thirteen online resources. The mapping review identified 267 records. Following deduplication, 136 were excluded as they did not meet the search parameters. Therefore, 101 sources were included for the review.

1.3 Identifying young people at risk

1.3.1 Adverse Childhood Experiences

- Cymru Well Wales has indicated its intention for all public services in Wales to understand ACEs so that practitioners can respond effectively, mitigate against ACEs and enhance young people’s protective factors.
- While a number of high-risk young people do offend, a far greater number of offenders have no risk factors at all.

1.3.2 Risk and protective factors

- Risk factors are not predictive of future behaviour and where they do exist, their relationship to youth violence is complex. Hence, risk factors may have a cumulative, evolving effect, spanning all ecological levels, or there may be a single indicator such as a history of involvement in violence.

1.3.3 Risk factors at the individual level

- Risk factors are age specific and change over time. Hence support should be tailored to individual need rather than age based with consideration given to transitional safeguarding, where adolescents are identified as a distinct group.
- Individual risk factors include low commitment to school, early involvement with alcohol, drugs and tobacco, unemployment low self-esteem, impulsivity, running away and truancy.

1.3.4 Risk factors at the interpersonal level

- Family factors are more influential during early adolescence. However, caution is needed against adopting a 'dysfunctional family' stereotype. The absence of family supervision and/or boundary setting may not constitute neglect but rather socio-economic factors, such as work commitments or difficulties monitoring children's activities away from the home environment.
- Peer influence is particularly salient at the beginning of adolescence. The most powerful risk factors include poor relationships with peers or having delinquent peers.
- Social media is used to glamorise and incite violence through live streaming and sharing images. This exposure normalises violence which can increase the extent to which young people feel the need to carry a knife for self-protection. Conversely, it can desensitise young people and professionals to violence, decreasing the perceived impact and trauma young people may experience.

1.3.5 Risk factors at the community level

- Poverty serves to marginalise young people with violence used as a way for the young person to retain feelings of self-worth.
- While low deprivation is a protective factor, living in an affluent household may not protect a young person with a high level of other risk factors.
- Age differences emerged in regards community factors. Ten to twelve year olds were more susceptible to the impact of neighbourhood disorganisation, thirteen to fifteen year olds were more susceptible to the impact of housing provision, and thirteen to twenty-five year olds were more susceptible to the perceived availability and exposure to marijuana.

1.3.6 Protective factors

- Maximising a young person's protective factors decreases the likelihood they will engage in violence.
- Protective factors included having good relationships with parents, attending school, having non-delinquent peers, and living in non-deprived non-violent areas. Further, having above average intelligence, low impulsivity, and pro-social attitudes can protect against negative outcomes.

1.4 Interventions at the individual level

- The most effective approaches at the individual level sought to elicit positive change in the life of the young person and their family. Employing fear tactics or military-style programmes as a deterrent were ineffective and sometimes damaging.
- Home visiting programmes and Sure Start Centres promote health child development however there is insufficient evidence regarding their effectiveness for the prevention of youth violence.
- Data suggested that schools have a vital role in tackling youth violence including identifying vulnerable young people, working in partnership with agencies such as the police, children's services, and family support workers, and supporting the provision of universal and targeted interventions.
- There is an association between vulnerable children and disaffection from school. Consideration should be given to the relevance of the school curriculum for marginalised children. This includes adopting realistic ambitions for children who may struggle academically.
- The reduction of truancy was associated with reduced involvement in violence and reducing victimisation, such as bullying, reduced the likelihood they would be a victim of violence.
- There is a link between school exclusion and poverty, mental health problems, additional learning needs, young carers and ACEs. While there is no evidence that school exclusions cause involvement in youth violence, there is a link between school exclusion and safeguarding.

1.4.1 School-based interventions

- The most effective school-based interventions adopted a universal approach aimed at increasing awareness for young people, developing their skills and supporting teachers in how to effectively respond to behaviours and engage parents.
- Of the six interventions identified, two interventions had good evidence of effectiveness: Life Skills Training and Promoting Alternative Thinking Strategies. Three interventions had mixed evidence: Good Behaviour Game, Ability School Engagement Program and Second Step. One intervention had limited evidence: cash incentives for school attendance.

1.4.2 Education-based interventions

- Education-based interventions have the most promise for effectively raising awareness about the dangers and consequences of youth violence.
- Interventions must include awareness of young people's fears regarding victimisation and the manner in which this can be fuelled by the national and local media. Literature findings were mixed regarding the efficacy of national media campaigns.

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- Of the two interventions identified, one intervention emerged as promising: Street Aware. One intervention had limited evidence: Get Away 'N' Get Safe.

1.4.3 Mentoring

- Mentoring programmes can be delivered as a preventative universal intervention or targeted to high risk young people. Hence they can be aimed at specific outcomes such as violence prevention or to enhance protective factors.
- Evidence from systematic reviews regarding the effectiveness of mentoring programmes has been mixed. Of the two interventions identified, one emerged as promising: HeadStart and one had limited evidence: Mentors in Violence Prevention.

1.4.4 Employment and Training programmes

- Youth employment emerged as a protective factor against youth violence. However, the evidence was mixed in relation to the impact of vocational courses on youth violence outcomes.
- Only one intervention was identified: Talent Match. The evidence revealed that Talent Match was a promising intervention.

1.5 Interventions at the interpersonal level

1.5.1 Family programmes

- The research literature highlighted the association between positive parenting and decreased likelihood to engage in violence and offending.
- Four interventions were identified. Incredible Years and Triple P had strong evidence of effectiveness while Empowering Parents, Empowering Communities had good evidence. Stop Now and Plan emerged as promising while Troubled Families emerged as weak.

1.5.2 Therapeutic approaches

- Several studies highlighted the link between youth violence and mental health. Consequently, the literature highlighted the need for all professionals with safeguarding responsibilities, including youth workers, teachers and police officers, to adopt a trauma-informed approach.
- Two interventions had strong evidence of effectiveness: Family Functional Therapy and Multisystemic Therapy and one intervention had mixed evidence: Multidimensional Treatment Foster Care.

1.6 Interventions at the community and society level

- Interventions must be adapted to the local context in order to foster acceptance, engagement and to ensure they are culturally sensitive.
- Interventions should also bring together stakeholders including children, parents, Children's Services, criminal justice professionals, local businesses and services, community members, education representatives, faith-based leaders, health providers and law enforcement.
- Of the four interventions, the Cardiff Model had strong evidence of effectiveness, the Community Initiative to Reduce Violence had good evidence and Cure Violence had mixed evidence of effectiveness. Finally, MAC and DIVERT 18-25 emerged as promising.

1.6.1 Youth work

- Youth workers are paramount to working with young people. Currently, the provision of youth services tends to be targeted at young people who have been hospitalised or who are in police custody as opposed to universal approaches. However, there is a need for specialised, detached youth workers.
- The evidence was limited in relation to community interventions. Of the five interventions, most emerged as promising: Positive Youth Development and the Base, Street Doctors and Step Wise, Youth Violence Intervention Programme, and i-Dove. SafERteens had mixed evidence of effectiveness.

1.6.2 Sport programmes

- Sport programmes represent a universal intervention that promote protective factors such as resilience, setting boundaries and a pro-social identity.
- Sports programmes can also be targeted in order to divert young people away from violence and as a rehabilitative approach to tackling violent behaviours. Moreover, they can be solely sport-focused or used as a hook to offer a developmental programme that includes mentoring, training, volunteering, and work experience.
- Of the two interventions identified, Street Therapy had limited evidence and Street Games had mixed evidence of effectiveness. Indeed, gaps in the evidence render it difficult to determine causal relationships between sports programmes and violence reduction.

1.7 Conclusion

- This systematic mapping and horizon scanning exercise highlighted the wealth of studies, reports, and papers regarding youth violence in the last seven years.
- Findings revealed a need for judicious use of multi-agency collaborations in the delivery of evidence-informed interventions aimed at the identification and prevention of the underlying causes of youth violence.

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- At the individual level, the need for a developmental approach emerged from the literature, reflecting the progression of violence from the first acts around the ages of 10 to 14 to a peak around the ages of 16 to 17 and gradual decline into early adulthood.
 - At the interpersonal level, programmes designed to develop positive parenting skills and trauma-informed approaches were most effective. The review found a need to strengthen the young person's protective factors, including resilience, good relationships with parents, commitment to education and measures that address their socio-economic status.
 - At the community and societal level the main theme from the literature was the need to involve young people, parents, and community members to develop localised approaches. The review found that community programmes looked promising but there was a lack of evaluative research to demonstrate effects.
 - With the increase in serious violence, there is a need for developmental approaches that include a range of interventions. This includes primary prevention, to stop young people from engaging in their first acts of violence, and secondary and tertiary prevention that supports and safely diverts young people away from future violence.
 - Interventions must be tailored to the needs of young people and the local context in which they are situated.

2.0 Introduction

This report was commissioned by the Violence Prevention Unit (VPU) in South Wales in order to conduct a series of mapping and horizon scanning in relation to examples of good practice in violence prevention. The report adopts the definition of youth violence as 'community and/or public space violence committed by young people under the age of 25' (Cordis Bright, 2015; O'Connor and Waddell, 2015). Hence, youth violence involves peer on peer violence and can include fights, threats with and without weapons (such as knives, firearms and corrosive substances), bullying, and gang-related violence. Young people may be involved in youth violence as a victim, perpetrator, or witness (David-Ferdon et al., 2016). To date, there have been numerous research reviews and evidence as to what works in the prevention of youth violence (e.g. McNeish, Scott and Ludvigsen, 2018; David-Ferdon et al., 2016; World Health Organisation, 2015; O'Conner and Waddell, 2015; Fagan and Catalano, 2012). Rather than replicating previous reviews, this report draws on the existing research evidence with each section beginning with findings from the mapping exercise regarding established interventions along with evidence of their effectiveness, where this data is available. The remainder of each section presents findings from horizon scanning in order to outline emerging interventions that look promising but have yet to be evaluated and as such, effectiveness cannot be stated. It should be noted at the outset that the research evidence is not evenly distributed, as more studies have focused on the individual and relationship levels rather than the community and society levels (World Health Organisation, 2015).

While the rates of violent crime have been decreasing since 2014, there has been a rise in youth violence. According to police data, knife and weapon offences have increased across the UK from 32,669 in 2011, to 40,147 in 2018 (ONS, 2019a). However, this increase has not been uniform across all police forces (Grimshaw and Ford, 2018). For example, in Wales there were 1,389 knife and weapon offences across all age groups in the year ending December 2019 (ONS, 2019). Of these, South Wales recorded the highest number of knife and weapon offences (744) followed by North Wales (247), Dyfed-Powys (203) and Gwent (195), which had the lowest rate in Wales and across the UK. Regarding young people, figures from the Youth Justice Board (2019) show that in the year ending March 2019, there were around 4,500 knife or offensive weapon offences committed by ten to seventeen year olds that resulted in a caution or sentence. This represents a 1% fall in the preceding year but an overall increase since 2014 (Youth Justice Board, 2019). While the police data show that youth violence is rising, determining the prevalence of youth violence is complex. Police data only provide figures regarding the number of offences that have been reported to the police and increases may, in part, be due to changes in how police record this data as well as the results of increased focus on youth violence. In order to obtain a more comprehensive picture, police data is supplemented with hospital data that records the number of violence-related injuries that have required hospital treatment (but may not have been reported to the police) and data from the Crime Survey for England and Wales which measures self-reported personal experiences of violence based on interviews with a large representative sample of the population (which may not have required hospital treatment or been reported to the police).

Findings from the National Violence Surveillance Network of Emergency Departments, minor injury units and walk-in centres in England and Wales reveal a different picture (Sivarajasingam et al., 2018). Their analysis found that the number of violence-related injuries has fallen by 47% since 2010, and by 1.7% from 2017 to 2018 (Sivarajasingam et al., 2018). Finally, findings from the Crime Survey for England and Wales (Allen et al., 2019) found that 6.5% of ten to fifteen year olds and 5.7% of sixteen to twenty-nine years olds living in private households reported that they knew

someone who carried a knife. Less than 1% of both age groups stated that they carried a knife (Allen et al., 2019). When these findings are combined, they suggest that while serious violence is increasing, low-level violence-related injuries are decreasing and there are a small group of young people who are carrying knives.

This has led to an increasing focus on the need to tackle youth violence with the UK government proposing a shift away from criminal justice approaches to a public health approach (HM Government, 2011). This approach views youth violence as a disease and as such it is preventable (Dahlberg and Krug, 2002). According to the World Health Organisation (Mercy et al., 2002:25), youth violence,

deeply harms not only its victims, but also their families, friends and communities. Its effects are seen not only in death, illness and disability, but also in terms of the quality of life.

The first acts of violence tend to occur in early adolescence (around the ages of 10 to 14) and peak in late adolescence (around the ages of 16 to 17) before declining into early adulthood (Cox et al., 2016). This is indicative of a developmental progression of youth violence (Cardwell, Mazerolle and Piquero, 2019; Cox et al., 2016; Fagan and Catalano, 2013). Such findings suggest that the prevention of youth violence should be directed at preventing the early onset and transition from early anti-social behaviour to more serious youth violence (DeMarco, 2016; Burke and Loeber, 2014). Hence, the Children's Society (2018) warn that intervening too late may mean that these behaviours have become entrenched, rendering interventions ineffective. However, there have been mixed results regarding the optimum age to intervene. For example, Heller (2013) proposed intervening at a young age when children's brains were more malleable, yet the Serious Violence Strategy (HM Government, 2018) stated that there was insufficient evidence that interventions aimed at the 0 to 5 age range were effective. Although this may be due to difficulties in establishing the effect of pre-school interventions on the prevention of anti-social and violent behaviour in adolescence.

In relation to gender, findings from the National Violence Surveillance Network of Emergency Departments, minor injury units and walk-in centres in England and Wales (Sivarajasingam et al., 2018) show that males were more likely to receive hospital treatment than females. More specifically, those aged from 18 to 30 had the highest injury rates per 1,000 population (males 11.92; females 4.9), followed by those aged from 11 to 17 years (males 5.68; females 2.57). The number of females receiving injury has remained static (Sivarajasingam et al., 2018). That is not to say that youth violence is a gendered issue. Respondents from Michelmore et al.'s (2019) focus groups with fifty young people aged from twelve to twenty-six in London, found that while girls were less likely to be involved in knife-related violence, some do carry knives. While some girls may choose to carry a knife, others are pressured into carrying knives for gang members or boyfriends, as females are less likely to be stopped and searched. Disley and Liddle's (2016) study into the nature of urban street gangs found that females directly involved in gangs and females relatives of gang members were at risk of sexual or physical violence. Most respondents reported sexual or physical violence against women and girls, including the use of sexual violence as a form of initiation into a gang as well as a way of punishing other gangs. Incidents of girls being attacked and assaulted by rival gangs may be uploaded to social media platforms to incite violence (Irwin-Rogers and Pinkney, 2017). Some professionals have also reported that young women who comment on this material may be groomed and pressured into storing weapons and drugs (Irwin-Rogers and Pinkney, 2017).

Regarding ethnicity, the Home Affairs Committee into Serious Youth Violence (2019) reported that between 2013/4 and 2017/8 there was a 43% increase in hospital admissions of knife-related injury for black, Asian and minority ethnic groups as compared to a 17% increase for white victims. McNeish et al.'s (2018) rapid review highlights that while a high number of black men are involved in serious violence in cities, this group is more likely to have multiple risk factors included growing up in poorer areas in single parent households and more likely to be excluded from school. Young people living in deprivation are particularly vulnerable to youth violence and crime (Smith, 2020; HM Government, 2018, 2019; Children's Society, 2018; Grimshaw and Ford, 2018). Young people living in disadvantaged areas may be more exposed to delinquent peers, lured into gangs by the prospect of making money due to their limited employment opportunities or to gain a sense of belonging or protection (Smith, 2020). This is impacted by austerity measures that have served to reduce youth services, police budgets and children's services as well as increases in the number of children being excluded from school, and taken into care (Smith, 2020; Home Affairs Committee, 2019). Young people report two main reasons for carrying a knife; self-presentation to gain status and or self-protection due to fear of violence, which is perpetuated by social, national, and local media (McNeill and Wheller, 2019; HM Government, 2018; Children's Society, 2018; Foster, 2013).

3.0 Method

The review was undertaken from March to May 2020 and aimed to identify evidence of good practice in youth violence prevention. To do this, the review comprised two elements, a systematic mapping exercise and horizon scanning to determine promising examples of good practice.

For the systematic mapping exercise, the following databases were searched: ASSIA, British Education Index, Social Policy and Practice, International Bibliographic of the Social Sciences, JSTOR, NSPCC Library, PyschInfo, and Social Care Online. In order to undertake horizon scanning, a search of the grey literature was undertaken, using key terms, of the following online resources: Barnardo's, Children's Commissioners' offices for the four UK nations, Children's Social Care Innovation Programme, Children's Society, Child Welfare Information Gateway, GOV.UK, Early Intervention Foundation, National Institute for Health and Care Excellence, NSPCC, Research in Practice and Social Science Research Network. The search terms included the following:

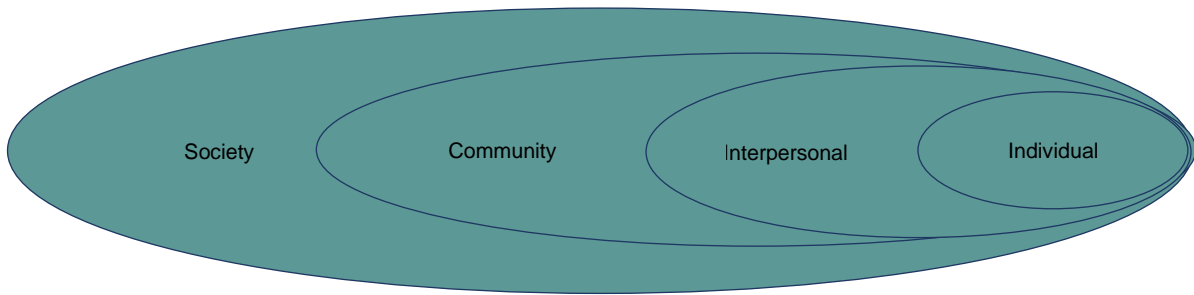
GROUP	preteen* or teen or teens or teenage* or adolesc* or preadolesc* or pre-adolesc* or juvenil* or youth or youths or young adj (person* or persons or people) or early adult* or student or students or schoolchild* or boy* or girl*
AND	crim* or violen* or attack or stab*
AND	Intervention or prevention or support or child welfare or outcomes

Searches were supplemented by hand searching of journals and some sources were identified through the Violence Prevention Unit. Searches were limited by year to post 2013 and to the English language. All records were imported into an Excel Spreadsheet resulting in 267 records (see Appendix B for PRISMA diagram). Of these, there were 30 duplicates and 136 were excluded as they did not meet the search parameters. Therefore, 101 sources were included for the literature review. Appendix A provides a further information.

Authors worked independently to extract data from included papers using NVivo v12 computer software. A coding frame was devised for data extraction, including the problem, demographics, risk and protective factors, education, health, community, and the police. The key policies emerging from the literature are available in Appendix B. It should be noted that this report presents findings where there were at least two references for a programme. Due to time constraints it does not purport to be an exhaustive list of programmes.

In order to understand the multifaceted nature of youth violence, Bronfenbrenner's (1979) ecological theory is used as it includes multiple risk factors which interact across four levels: individual, interpersonal, which includes close relationships with family and friends, community contexts such as the school and neighbourhood and wider society including cultural norms as well as health, education, economic and social policies (Dahlberg and Krug, 2002). Further, public health approaches have three levels of violence prevention: primary, secondary, and tertiary prevention. Primary prevention targets the general population in order to prevent violence from occurring. Secondary prevention provides an immediate response to violent incidents to reduce the prevalence of youth violence.

Figure 1: Ecological model for understanding violence (Dahlberg and Krug, 2002)



Tertiary prevention involves intervening once youth violence has occurred and focuses on long term prevention and care. Within these levels, interventions may be aimed at the general population (universal), targeted at those most at risk (selected) and targeted at those who are using violence (indicated). Although in practice, these levels are not mutually exclusive (Matjasko et al., 2012).

4.0 Identifying young people at risk of youth violence

Most of the literature drew upon the risk factors that heighten a young person's potential involvement in youth violence, with far fewer studies including protective factors that may reduce involvement (e.g. Cordis Bright, 2015).

4.1 Adverse Childhood Experiences

In Wales, attention has been given to the relationship between Adverse Childhood Experiences (ACEs) and health harming behaviours. ACEs are defined as traumatic experiences that occur during childhood which either directly harm a child, such as child abuse, or indirectly through their environment, such as parental separation or parental mental illness or substance misuse. Exposure to traumatic experiences during childhood may affect brain development, altering nervous, hormonal and immunological development which may be linked to adverse physical and mental health leading to more negative outcomes and a heightened risk of adopting health harming behaviours (Bellis et al., 2015). Cymru Well Wales has indicated its intention for all public services in Wales to understand ACEs so they can respond effectively, mitigate against ACEs and enhance young people's protective factors to guard against negative outcomes. In terms of ACE prevalence, findings from a study with over 2000 participants aged between 18 and 69 years (Bellis et al., 2015), found that around half of the sample (53%) had suffered no ACEs. Of the 14% who had experienced four or more ACEs, the data showed they were fifteen times more likely to have perpetrated violence in the preceding twelve months than those with no ACEs, and fifteen times more likely to have been a victim of violence (Bellis et al., 2015). The Serious Violence Strategy (HM Government, 2018) cautions against using risk factors to predict future youth violence noting that while a number of high-risk young people do offend, a far greater number of offenders have no risk factors at all.

4.2 Risk and protective factors

Two main risk and protective frameworks emerged from the research literature review. First, findings from the World Health Organisation's (2015; 2020) consultation with fifty youth violence experts from around the world provides a detailed list of the main risk factors. Second, the Early Intervention Foundation undertook a rapid review (Cordis Bright, 2015) of longitudinal studies in order to identify the risk and protective that could be used as signs of potential risk for youth violence. Drawing on the ecological model, this section provides a brief overview of these two main sources before outlining other emerging themes from the literature relating to what factors increase or reduce a young person's likelihood for engaging in violence. It is important to acknowledge that risk factors are not predictive of future behaviours and where they do exist, their relationship to youth violence may be complex. Risk factors may have a cumulative, evolving effect, spanning all ecological levels or there may be a single indicator such as a history of involvement in violence (Children's Society, 2018; Cordis Bright, 2015). Where risk factors have been used as a basis of preventative strategies, Cardwell, Mazerolle and Piquero (2019) note that many have been aimed at weakening single risk factors as opposed to addressing multiple risk factors.

4.3 Risk factors at the individual level



World Health Organisation (2012, 2015)

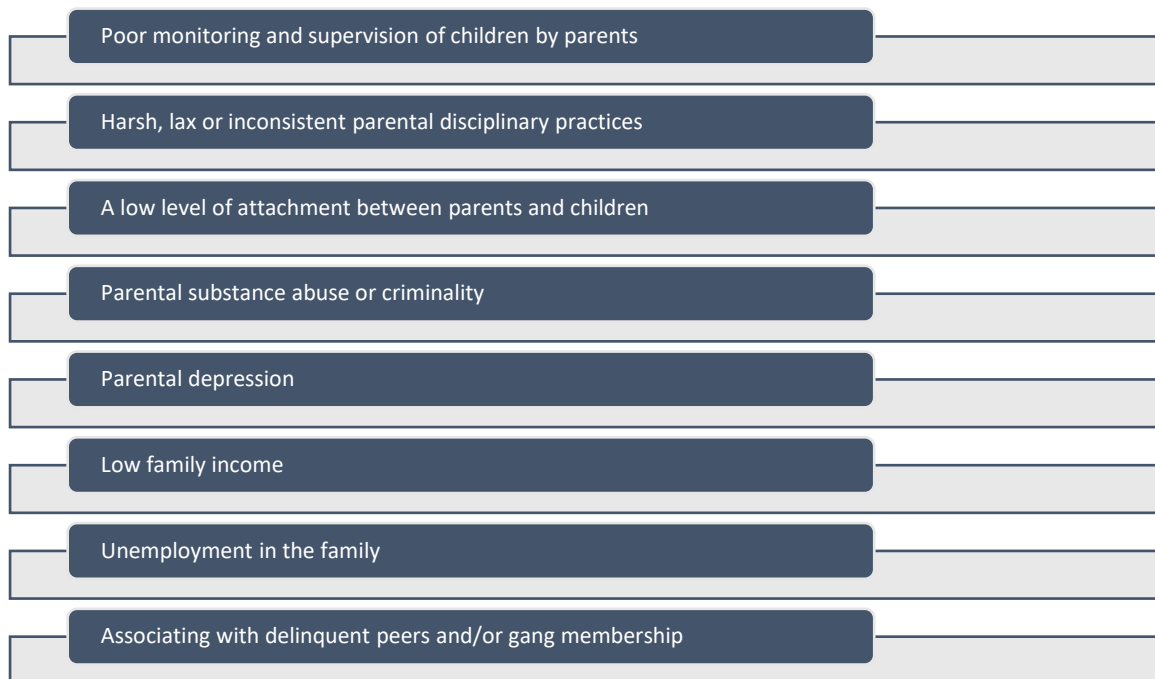
According to the Early Intervention Foundation (Cordis Bright, 2015), individual factors emerged as the most powerful risk indicators across all age groups (7-9, 10-12, 13-15 and 16-25). These included low self-esteem, impulsivity, running away and truancy. Further, their review identified a range of potential risk factors which were found to be age specific and which changed over time. For example, substance misuse was a strong risk factor for youth violence for children aged seven to nine years but this decreased as children got older (Cordis Bright, 2015; Waddell, 2015).

According to McNeish et al.'s, (2018:11), adolescence offers a window of opportunity for intervention and developing the young person's resilience as those who are not resilient,

will be more likely to respond to stress by developing anxiety and depression, which in turn often leads to other disadvantages e.g. young people with mental health problems are more likely to be not in education, employment and training in their early 20s, and are more likely to need additional welfare support

Early adolescence is a critical developmental period where children make the physical, hormonal, intellectual and social transition into adulthood. It is also the period where it has been suggested that adolescents experience a disconnect between novel and sensation seeking behaviours and their self-regulatory competence, which does not fully develop until adulthood (Steinberg, 2004). Hence, Harding recommends the adoption of transitional safeguarding which identifies adolescents as a distinct group that do not mature until early adulthood (Harding, 2019). Under this approach, support is tailored to need rather than age-based service provision (Harding, 2019).

4.4 Risk factors at the interpersonal level



World Health Organisation (2012, 2016)

The Early Intervention Foundation's rapid review (Cordis Bright, 2015) found that young people aged fifteen and under were more vulnerable to the family level risk factors of family disruption and poor supervision. Hence, family factors appear important for early adolescence but this reduces as the young person gets older. Simon Harding (evidence presented to the Home Affairs Committee into Serious Youth Violence, 2019) has cautioned against adopting a 'dysfunctional family' stereotype noting that some children experience reduced parental supervision due to poverty, where some parents must work long hours, sometimes with two or more jobs in, order to earn a sufficient income. While the absence of family support is a risk factor it may not constitute neglect but rather socio-economic factors including work commitments or difficulties in monitoring children who may be out late at night (Waddell and Jones, 2018). Indeed, findings from interviews with 350 young mothers, faith leaders, school students and adult offenders and a survey of 326 from teachers in Greater Manchester (Innovation Unit, 2019) highlighted the presence of stereotypical views regarding young people's background. Yet the study revealed that while some young people had chaotic and violent families, others spoke of parents who were struggling to manage their children's substance misuse, social media use and aggressive behaviour with little support and where,

My 14-year-old is running rings around me and I can't physically lock my son in the house as that is illegal (Parent quoted by Innovation Unit, 2019:27).

For children aged from seven to fifteen, the most powerful risk factors were either having poor relationships with peers or delinquent peers. This is particularly pertinent as the literature showed that young people spend around 85% of their time outside of school (Smith, 2020). Peer influence is particularly salient at the beginning of adolescence (Innovation Unit, 2019). It is during adolescence that young people reflect upon who they are and develop their self-identity in a range

of contexts including their family, peer group and wider community (Finigan-Carr et al., 2016). In this regard, exposure to violence emerged as a theme within the literature (Roberts et al., 2015). Young people are exposed to a range of risks from their environment, such as exposure to child abuse or domestic violence and relationships, such as delinquent peers outside the home (Hughes, Hardcastle and Perkins, 2015; World Health Organisation, 2015). In addition, social media is used to glamorise and incite violence through live streaming and sharing images (Irwin Rogers and Pinkney, 2017; Big Lottery Fund, 2018). A report by Catch-22 (Irwin Rogers and Pinkney, 2017) found that social media is largely hidden from adults and yet it can be used to broadcast and share material with large groups of young people, including serious violence from prisoners and incidents where young people are harmed and humiliated. This report also found that while drill music videos are most often used to share the realities of young people’s lives, a small number are used to show young people with weapons and explicit threats of violence to specific viral groups. Such exposure appears to normalise violence, desensitising both young people and professionals which serves to underestimate the impact and trauma young people may experience (Smith and Hughes, 2019; Children’s Society, 2018). Moreover, the sharing of such content may serve to increase the extent to which young people feel the need to carry a knife to ensure their safety (McNeill and Wheller, 2019; HM Government, 2018; Children’s Society, 2018; Foster, 2013). Harding’s (2019) report on supporting homeless young people affected by youth violence and criminal exploitation recommends the adoption of contextual safeguarding approaches, that bring together schools, colleges and local businesses and services to safeguard young people.

4.5 Risk factors at the community and wider society level



World Health Organisation (2012, 2016)

The Early Intervention Foundation’s rapid review (Cordis Bright, 2015) found a limited number of risk factors at the community level. That is not to say that community factors do not have a role but rather the prospective longitudinal studies included in the review focused on neighbourhood disorganisation, housing provision and exposure to marijuana. While neighbourhood disorganisation had an impact on the ten to twelve age group, housing provision had an impact on teenagers aged between thirteen and fifteen. Perceived availability and exposure to marijuana emerged as a risk factor for thirteen to twenty-five year olds. Findings from an analysis of the Edinburgh Study of Youth Transitions and Crime, a prospective longitudinal study of the pathways

in and out of offending involved 4300 young people, found an interaction between poverty and gender (McAra and McVie, 2016). For boys, both being male and living in a low socio-economic household were independently associated increased likelihood of violence. Whereas girls living in low socio-economic households had a much higher risk of violence than other children in the sample (McAra and McVie, 2016). Poverty serves to marginalise young people with violence used as a way of retaining feelings of self-worth (McAra and McVie, 2016). However, while the Early Intervention Foundation's rapid review (Cordis Bright, 2015) highlighted low deprivation as a protective factor, McAra and McVie (2016) found that living in an affluent household did not protect a young person with a high level of other risk factors.

4.6 Protective factors

It is important to include protective factors as even in high-risk groups, over half will not engage in serious violence (World Health Organisation, 2015). Maximising a young person's protective factors decreases the likelihood they will engage in violence. According to the World Health Organisation (2015) having good relationships with parents, attending school, non-delinquent peers and living in non-deprived non-violent areas. Further, having above average intelligence, low impulsivity, and pro-social attitudes can protect against negative outcomes. The Early Intervention Foundation's rapid review (Cordis Bright, 2015) found less research evidence for protective factors than risk factors with no breakdown presented by age. In regards individual factors, positive attitudes, belief in the moral order and low impulsivity emerged as strong indicators. At the family level, protective factors included good family management, a stable family structure and infrequent parent-child conflict. No protective factors were found in relation to peers. At the community level, low economic deprivation and high academic achievement emerged (Cordis Bright, 2015).

5.0 Interventions at the individual level

According to the research reviews on what works to prevent youth violence, the most effective approaches sought to elicit positive change in the life of the young person and their family (O'Connor and Waddell, 2015; World Health Organisation, 2016). The evidence suggested the need to adopt developmental approaches which take into account the age and stage of the young person as well as the context in which they live (Walsh, 2019; Cordis Bright, 2015; Burke and Loeber, 2015; Fagan and Catalano, 2013). The evidence showed that employing fear tactics or military-style programmes as a deterrent were ineffective and sometimes damaging (O'Connor and Waddell, 2015). For example, prison visits such as the Scared Straight programme where young people meet adult offenders have shown that young people are between 1.1 and 2.6 times more likely to offend (HM Government, 2018; David-Ferdon et al., 2016).

5.1 Early help

The research evidence highlighted the importance of early help interventions such as maternity services which offer support, develop positive parenting skills and improve child development (Children's Commissioner, 2019; World Health Organisation, 2012). While these programmes can be universal, Bellis et al. (2012) note that they are often targeted at children from disadvantaged communities.

5.1.1 Home visiting programmes

Home visiting programmes are delivered by health visitors or nurses to first time parents during pregnancy and for up to four years after birth. As noted, they can be universal preventative programmes or targeted to specific groups such as teenage mothers. In Wales, Flying Start supports families with children under the age of four in disadvantaged areas providing an enhanced health visiting programme and access to parenting programmes. Home visiting programmes are aimed at promoting healthy child development and the prevention of child abuse by teaching parents child health, development and childcare. They tend to be delivered in the home although they are also delivered in clinics or via phone support.

There is insufficient evidence for their effectiveness regarding the prevention of youth violence (World Health Organisation, 2012). El-Banna, Maxwell and Pitt (2019) found mixed results for the prevention of child abuse, although most studies were conducted in the US. An evaluation of the UK version of home visiting, the Family Nurse Partnership, by Cardiff University's Centre for Trials Research found no significant benefit as compared to care as usual (Robling, 2016). The results of a longitudinal study of the impact of the programme between the ages of two and six years is due for publication.

Evidence: Mixed

Sources:

David-Ferdon, C., Vivolo-Kantor, A. M., Dahlberg, L. L., Marshall, K. J., Rainford, N., and Hall, J. E. (2016). *A Comprehensive Technical Package for the Prevention of Youth Violence*.

National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

El-Banna, A., Maxwell, N. and Pitt, C. (2019) *Home visiting programmes for the prevention of child maltreatment*. Technical Report. What Works for Children's Social Care, London.

O'Connor, M. and Waddell, S. (2015) *What works to prevent gang involvement, youth violence and crime: A rapid review of interventions delivered in the UK and abroad*. Early Intervention Foundation.

Robling, Michael, Bekkers, Marie-Jet, Bell, Kerry, Butler, Christopher, Cannings-John ... et al., (2016). Effectiveness of a nurse-led intensive home-visitation program for first-time teenage mothers (building blocks). *Obstetrical and Gynaecological Survey*, 71(5), 263-265.

World Health Organisation (2015) *Preventing youth violence: an overview of the evidence*.

5.2 Preschool programmes

The literature identified universal pre-school programmes that promote school readiness and develop academic and social skills (Children's Commissioner, 2019; McNeill and Wheller, 2019; Bellis et al, 2012; World Health Organisation, 2012). However, the decline in early childhood centres was noted with the Youth Violence Commission (2018) calling for revitalisation of this resource.

5.2.1 Sure Start Centres

In England, evaluation of Sure Start services which provide preschool children and their families with childcare, health, parenting and employment support found positive outcomes for social behaviour and development as compared with children from non-Sure Start areas. Mothers were found to have less risk of negative parenting practices and were providing less chaotic home environments for boys, but this was not significant for girls (McNeish et al., 2018; Bellis et al., 2012). Indeed, at the individual level, skill-based programmes such as anger management, healthy lifestyle choices and the development of social and problem-solving skills were most effective (McNeill and Wheller, 2019; O'Connor and Waddell, 2015; World Health Organisation, 2016).

Evidence: Mixed

Sources:

O'Connor, M. and Waddell, S. (2015) *What works to prevent gang involvement, youth violence and crime: A rapid review of interventions delivered in the UK and abroad*. Early Intervention Foundation.

World Health Organisation (2015) *Preventing youth violence: an overview of the evidence*.

5.3 School

Within the literature, schools were seen as having a vital role in tackling youth violence. It was suggested that schools be used to identify vulnerable young people, work in partnership with agencies such as the police, children's services and family support workers, and support the provision of universal and targeted interventions (Smith, 2019; Hayes, 2018). In England, Ofsted (2019) have recommended that the personal, social, health and economic (PSHE) curriculum be used to deliver teaching around local safeguarding issues, such as knife crime. For example, the PSHE curriculum could include assemblies or case studies about knife crime, the creation and performance of drama productions or linking with regional campaigns against youth violence and/or knife crime (Ofsted, 2019). It was also recommended joint working between safeguarding partnerships and schools to raise awareness of issues with parents. However, it was noted that there was a fine balance between raising awareness and deterring parents from sending their children to specific schools,

In an education market we are balancing the need to have a full school and deliver results. We don't want to be seen as a problem school where parents don't want to send their children ... If you go too hard at it parents will question whether this is a problem school. We can go too far or not enough (Teacher quoted in Ofsted, 2019:26)

The literature also highlighted an association between vulnerable children and disaffection from school. Based on their analysis of the Edinburgh Study of Youth Transitions and Crime, McAra and McVie (2016) recommended that the school curriculum be designed to have relevance for marginalised children in terms of content and that schools have realistic ambitions for children who may struggle academically. Further, reducing truancy was associated with reduced involvement in violence and reducing victimisation, such as bullying, reduced the likelihood they would be a victim of violence (Farrington, 2017; Cardwell et al., 2019; McAra and McVie, 2016). In a systematic review of developmental prevention programmes, Farrington et al. (2017) found that on average anti-bullying programmes prevented bullying by 20-23% and victimisation by 17-80%, particularly for younger children under ten years. The most effective programmes included parent training, school-wide anti-bullying policies and the use of instructional videos (Farrington et al., 2017). Many bullying interventions include teacher training on how to address bullying and manage relationships within the classroom with bullying messages also integrated into the broader curriculum (World Health Organisation, 2012). Regarding truancy, Cardwell et al, (2019) state that the habitual absence from school may encompass multiple risk factors, including poor parental supervision, low commitment to school and increased opportunities to interact with delinquent peers.

5.3.1 School exclusions

In 2017/8 there were 174 permanent exclusions in Wales, which represents a 50% increase since 2015/6. In 2017-8 there were also 806 fixed term exclusions over five days and 17,146 fixed term exclusions of five days or less (Welsh Government, 2019). The most commonly cited reasons were physical assault against a pupil (20.7%) or an adult (20.1%) for permanent exclusions, verbal abuse and/or threatening behaviour against an adult for fixed term exclusions of five days or more and persistent disruptive behaviour for fixed term exclusions of five days or less (Welsh Government, 2019). In addition, there are self-exclusions where the young person may choose not

to attend for example, if they are being bullied, lunchtime exclusions for misbehaviour, voluntary exclusions where schools ask parents to keep their children at home for problem behaviour, unlawful exclusions where young people are sent home as a form of discipline, either for short periods, indefinitely or permanently, and managed moves, where the school is unable to manage the young person and arranges for them to be transferred elsewhere. Participants in the Samaritans Cymru (2019) noted the links between school exclusion and poverty, mental health problems, additional learning needs, young carers and ACEs. While there is no evidence that school exclusions cause involvement in youth violence (Timpson, 2019; Children's Society, 2019), Maxwell et al.'s (2019) review of child criminal exploitation noted the link between school exclusion and safeguarding. School exclusion could serve to increase a young person's exposure to criminal exploitation delinquent peers (Children's Commissioner, 2019; Youth Violence Commission, 2018) and where,

Since they kicked me out I've got time on my hands to do more crime, commit more crime, when I'm out of college there is more time out of college in Croydon with my friends who have also been kicked out who are also doing wrong things, who are also selling drugs, who are also carrying knives (Smith and Hughes, 2019:6)

Findings from England demonstrated inconsistent practices across schools for young people found to be carrying knives in schools where some sought to avoid criminalising young people while others reported all incidents to the police (Ofsted, 2019). Inconsistencies were also found in relation to the early support with some schools adopting a zero-tolerance approach resulting in fixed term or permanent exclusions. At times this could be for seemingly mild behaviour,

I would get excluded more often and sent home more often, for unnecessary reasons, like not wearing a blazer, my socks not coming up to my knees. Just silly things like that. It is encouraging kids to go out and do what they want because you are not giving them an education (young person quoted in Smith, 2019:5)

Whilst other schools placed high expectations on young people's behaviour after-school with some imposing permanent exclusions on knife-related incidents that occurred outside of the school environment or at weekends (Ofsted, 2019).

5.4 School-based interventions

According to the literature reviewed, the most effective school-based interventions adopted a universal approach aimed at increasing awareness for young people, developing their skills and supporting to teachers in how to effectively respond to behaviours and engage parents (McNeish et al, 2018; World Health Organisation, 2015; O'Connor and Waddell, 2015).

5.4.1 The Good Behaviour Game

The Good Behaviour Game is a universal preventative programme for primary school children based on social field theory. It is aimed at encouraging pro-social behaviour and minimising disruptive behaviour. The Good Behaviour Game is delivered by a teacher who divides the class into small teams balanced for gender and temperament. Teams are then awarded with points for

adhering to classroom rules. Short games of between ten and forty-five minutes are played several times a week. The Good Behaviour Game is associated with significantly lower levels of classroom aggression. Long-term follow up studies have associated the intervention with reduced rates for boys for decreased alcohol abuse, smoking and suicidal ideation, anti-social personality disorder, delinquency and violent crime by the age of 19 to 21 years. Similar findings have been reported in the Netherlands. However in the UK, the Education Endowment Foundation's trial with 77 schools from Greater Manchester, Yorkshire, and the Midlands only found tentative evidence that boys at risk of developing conduct disorders demonstrated improvements in behaviour. While fidelity to the intervention ranged, schools with higher fidelity did not report more positive findings. There was some evidence that the Good Behaviour Game is being offered in some Welsh schools.

Evidence: Mixed

Sources:

David-Ferdon, C., Vivolo-Kantor, A. M., Dahlberg, L. L., Marshall, K. J., Rainford, N., and Hall, J. E. (2016). *A Comprehensive Technical Package for the Prevention of Youth Violence*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

O'Connor, M. and Waddell, S. (2015) *What works to prevent gang involvement, youth violence and crime: A rapid review of interventions delivered in the UK and abroad*. Early Intervention Foundation.

Roberts, S., Abudu, L., Ibbotson, S. and Arulrajah, J. (2015) *Approaches to prevent or reduce violence with a focus on youth, knife and gang-related violence: Literature review*. Public Health England, London.

5.4.2 Life Skills Training

The literature revealed that programmes aimed at the prevention of smoking, alcohol, drug use and violence by developing or strengthening life skills were the most effective approaches for the prevention of youth violence (World Health Organisation, 2015). Life skills include communication, problem-solving, conflict resolution, anger management, empathy, impulse control and emotional regulations. Findings from the literature revealed that increasing these skills was associated with reductions in victimisation and perpetration (David-Ferdon et al., 2016).

David-Ferdon et al's (2016) technical package for the prevention of youth violence reported that findings from multiple short and long term randomised controlled trials found improvements in social skills, assertiveness, self-control and reductions in risk behaviours such as smoking, alcohol and drug use.

Evidence: Good

Sources:

David-Ferdon, C., Vivolo-Kantor, A. M., Dahlberg, L. L., Marshall, K. J., Rainford, N., and Hall, J. E. (2016). *A Comprehensive Technical Package for the Prevention of Youth Violence*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

McNeish, D, Scott, S., and Ludvigsen, A. (2018) *Tackling and preventing serious youth violence: a rapid evidence review*. DMSS Research.

O'Connor, M. and Waddell, S. (2015) *What works to prevent gang involvement, youth violence and crime: A rapid review of interventions delivered in the UK and abroad*. Early Intervention Foundation.

World Health Organisation (2015) *Preventing youth violence: an overview of the evidence*. Geneva.

5.4.3 Cash incentives for school attendance

The World Health Organisation (2015) outlines the use of cash incentives for retaining children in school. While there are no evaluations of the use of cash incentives on the prevention of youth violence, evaluations of the effects of cash incentives and education grants found an 8% increase in secondary school enrolment in Mexico and a reduction in school dropout rates in Brazil. While financial incentives for school attendance have been criticised as having the potential to escalate behaviours to ensure eligibility there is some evidence that they enable poorer families to meet the direct costs of attending school, such as free public transport, and the adoption of healthier practices (World Health Organisation, 2015).

Evidence: Limited

Source:

World Health Organisation (2015) *Preventing youth violence: an overview of the evidence*. Geneva.

5.4.4 Ability School Engagement Program

The Ability School Engagement Program (ASEP) is a targeted intervention that has been implemented in Australia (Cardwell et al., 2019). It is aimed at increasing school attendance and reducing crime committed by young people truanting from school by using family group conferences attended by the young person, parents, school representative, a uniformed police representative and a conference facilitator. During the conference, attention was focused on the motivation to truant with an individually tailored action plan developed to ensure the young person would attend school. In their randomised controlled trial of the Ability School Engagement Program (ASEP), Cardwell et al. (2019) found that associating with delinquent peers, low school commitment and neighbourhood disorder were reduced. However, little evidence was found for a reduction in individual and family risk factors. Nevertheless, ASEP is being developed for provision at state-level.

Evidence: Mixed

Source:

Cardwell, S., Mazerolle, L., Piquero, A, R., (2019) Truancy intervention and violent offending: Evidence from a randomized controlled trial. *Aggression and Violent Behavior*, 49, 101308.

5.4.5 Promoting Alternative Thinking Strategies (PATHS)

Promoting Alternative Thinking Strategies (PATHS) is a universal socio-emotional development programme delivered in primary schools. PATHS aims to develop skills in five main areas, self-awareness, managing feelings, motivation, empathy and social skills. PATHS has been subject to multiple US and UK studies, including randomised controlled trials, which have reported significant impact on aggression and violent behaviours, improved emotional regulation and decreased aggressive responses to conflict. At one-year follow-up, participants had fewer conduct problems. PATHS has been implemented in England, Scotland and Northern Ireland. In Wales, Barnardo's delivered it between 2013 and 2017 to 16 schools across Swansea, Bridgend and Rhondda Cynon Taff.

Evidence: Good

Sources:

David-Ferdon, C., Vivolo-Kantor, A. M., Dahlberg, L. L., Marshall, K. J., Rainford, N., and Hall, J. E. (2016). *A Comprehensive Technical Package for the Prevention of Youth Violence*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Hughes, K., Hardcastle, K. and Perkins (2020) *The mental health needs of gang affiliated young people*. Centre for Public Health England, London.

5.4.6 Second Step

Second Step is a universal preventative programme for primary school children aged from six to eleven. It is based on cognitive behavioural therapy consists of academic, social and emotional learning. Second Step is delivered by teachers and includes fifteen lessons lasting between five and forty minutes that focus on empathy, problem solving, and anger management, and using these skills to diffuse situations, avoid peer pressure, and deal with bullying. Second Step has been implemented in Australia, Brazil, Denmark, Finland, Germany, Japan, Norway, Sweden, Turkey, United States, and the United Kingdom.

Evidence: Mixed

Sources:

Farrell, A.D., Mehari, K.R., Kramer-Kuhn, A.M., Mays, S.A. and Sullivan, T.,N. (2015). A qualitative analysis of factors influencing middle school students' use of skills taught by a violence prevention curriculum, *Journal of School Psychology*, 53(3), 179-194.

5.5 Education-based interventions

The research literature revealed that educational interventions had the most promise for effectively raising awareness about the dangers and consequences of youth violence (Foster, 2013). Such interventions had to include awareness of young people's fears regarding victimisation and the manner in which this can be fuelled by the national and local media (McNeish et al., 2018; Foster, 2013). Literature findings were mixed regarding the efficacy of national media campaigns,

although these findings from the US and the Netherlands noted methodological challenges evaluating large-scale campaigns (Cassidy et al., 2016). Thus, this section focuses on programmes that can be delivered within school as well as community-based initiatives in order to include young people who do not attend school (Foster, 2013). Michelmore et al.'s (2019) findings from focus groups with young people revealed that young people felt that teacher-led lessons regarding knife crime were less helpful than those delivered by the police or youth workers or from those with lived experience of carrying a knife. This suggests that teachers are less equipped to deliver interventions without receiving specialised training (Michelmore et al., 2019). Moreover, young people also reported that they felt uncomfortable sharing information with teachers for fear it would become a safeguarding issue.

5.5.1 Street Aware

Street Aware is the name given to a universal education programme for all year six pupils aged ten to eleven in primary school. It is at this transitional period between primary and secondary education that children have been found to be vulnerable to exploitation from older adolescents (Hamilton et al., 2016). The programme consists of three forty-five minute educational talks on knife, gun and gang crime delivered by police community support officers as part of the Personal, Social, Health and Economic (PSHE) curriculum over two to three weeks. The aim is to promote awareness amongst young people to prevent them being drawn into knife crime and gang activity and dispel any irrational or exaggerated fears that children have (Hamilton et al., 2016). While the evaluation results did not find an impact for those most likely to be drawn into violence, Hamilton et al. (2016) note that much of the learning is forgotten by year ten (fourteen to fifteen years). Hence, they concluded that Street Aware is a promising preliminary intervention that should be part of a more comprehensive strategy that is developed in secondary education and the community. Moreover they recommend that the content be aligned with local risk and delivered by those with lived experience of carrying a knife. Hamilton et al. (2016) highlight that police community support officers often patrol the areas around the schools and so are able to establish rapport and long-term relationships with young people.

Evidence: Promising.

Source:

Hamilton, P., Harding, R., McDonald S. and Sanhu J. (2016) *Street Aware Evaluation: Final Report into the Effectiveness of a School-Based Knife, Gun and Gang Crime Educational Intervention*. Evaluation Report: Nottingham Trent University.

5.5.2 Get Away 'N' Get Safe, West Yorkshire

The Get Away 'N' Get Safe, 'GANGS' Prevention Programme from West Yorkshire is an intensive universal intervention which educates young people on the risks associated with a gang lifestyle for themselves, their families and the community (Association of Police and Crime Commissioners, 2019). To date, it has been delivered to over 5000 participants between the ages of nine and sixteen years in a range of settings including pupil referral units, alternative education providers and youth and community centres across England. It includes five, one-hour sessions including joint enterprise, consequences, retaliation, victims, and criminal exploitation. Get Away 'N' Get Safe, 'GANGS' Prevention Programme attracted interest from the Children's Commissioner for

England who visited one of the participating primary schools. It has also been featured on the Inside Out programme.

Evidence: Limited

Sources:

Association of Police and Crime Commissioners. (2019) *PCCs making a difference: serious. Violence in Focus.*

Get Away 'N' Get Safe Gangs Prevention Programme website: <http://getaway-n-getsafe.co.uk/testimonials/>.

5.6 Mentoring

Mentoring programmes can be delivered as a preventative universal intervention or targeted to high risk young people. They can also be delivered in a range of settings such as at home, in school, hospital or other settings. Mentoring involves an adult role model sharing their knowledge and skills with a young person. Developed in the US the most often cited example is Big Brothers, Big Sisters which aims to improve self-confidence, academic achievement and behaviour (O'Connor and Waddell, 2015). Increasingly used in the UK, mentoring programmes can be aimed at specific outcomes such as violence prevention or enhancing protective factors. Hence they can be delivered as standalone interventions or included in wider programmes such as the Youth Violence Intervention Programme and HeadStart. In their review of 350 mentoring programmes in England, LKMco (2018) found that programmes tended to be based in the community rather than the school and were delivered by a mix of both volunteers and paid mentors. Their review concluded that there were modest positive effects, although this varied within and between programmes (LKMco, 2018). Effective mentoring was associated with the duration and quality of relationships, including having shared interests, role-modelling and where young people set the agenda. Further, the support offered to mentors was an important factor. Although Bonell et al. (2016a) notes that while community members may be key to the success of an intervention, volunteers can be unreliable. Regarding effectiveness, the evidence from systematic reviews has been mixed (Edwards et al., 2015; World Health Organisation, 2015).

5.6.1 Mentors in Violence Prevention

The Mentors in Violence Prevention is a peer education programme that has been delivered to a hundred secondary schools in Scotland since 2012. School mentor support teams raise awareness to staff and pupils, train mentors and support delivery. Mentees were aged from 11-14 and mentors were aged from 15-18 years old. Once mentors gained experience they adopted the role as trainers. The programme aims to give young people a safe space to explore and challenge attitudes and norms to violence (McNeish et al., 2018). The Mentors in Violence Prevention sought to empower young people to act and challenge peers engaging in these behaviours, although it should be noted that using peer mentors for conflict resolution has been found to be ineffective (David-Ferdon et al., 2016). However, findings from a qualitative evaluation suggested that peer support was effective in engaging mentees with some expressing positive behaviour change with increased confidence to intervene.

Evidence: Limited

Sources:

David-Ferdon, C., Vivolo-Kantor, A. M., Dahlberg, L. L., Marshall, K. J., Rainford, N., and Hall, J. E. (2016). *A Comprehensive Technical Package for the Prevention of Youth Violence*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

McNeish, D, Scott, S., and Ludvigsen, A. (2018) *Tackling and preventing serious youth violence: a rapid evidence review*. DMSS Research.

O'Connor, M. and Waddell, S. (2015) *What works to prevent gang involvement, youth violence and crime: A rapid review of interventions delivered in the UK and abroad*. Early Intervention Foundation.

World Health Organisation (2015) *Preventing youth violence: an overview of the evidence*. Geneva.

5.6.2 HeadStart

HeadStart is a universal whole system programme that provides young people with an emotionally available adult to enhance their resilience. Funded by the Big Lottery community fund from 2016 to 2021, the HeadStart programme explores and tests ways to promote, protect and preserve the mental wellbeing of ten to sixteen year olds in six local authorities in England using a trauma-informed approach (Blackpool, Cornwall, Hull, Kent, Newham and Wolverhampton). The programme delivers training to schools, statutory agencies, including the police, school nurses and youth workers as well as community organisations, including sports coaches in the identification of ACEs, developmental deficits and the early signs of mental health problems which detract from the child's learning and development (BIG Lottery, 2018). The BIG Lottery report that in Cornwall, training has been delivered to over 250 people in 100 schools. Participants have reported increased skills and confidence to have structured conversations with young people following training. In Wolverhampton there have been calls for further funding to maintain the programme after BIG Lottery funding ends (Madeley, 2019). While there has been no independent evaluation, HeadStart may offer a promising approach.

Evidence: Promising

Sources:

Big Lottery Fund (2018) *Preventing serious youth violence – what works? Insights and examples from the community and voluntary sector*. 2018 Knowledge and Learning Insights.

Madeley, P. (2019) *City Tories in call over HeadStart programme*. Express and Star. <https://www.expressandstar.com/news/local-hubs/wolverhampton/2019/06/14/city-tories-in-call-over-headstart-programme/> (Accessed 27.6.20).

O'Connor, M. and Waddell, S. (2015) *What works to prevent gang involvement, youth violence and crime: A rapid review of interventions delivered in the UK and abroad*. Early Intervention Foundation.

5.7 Employment and Training programmes

According to the World Health Organisation (2015), the evidence is mixed in relation to the impact of vocational courses on youth violence outcomes. However, within the literature, youth employment emerged as a protective factor against youth violence with many programmes aiming to enhance employment or training outcomes. Further, employment serves to keep ‘youth off the street and out of trouble’ (Modestino, 2019:3). There was evidence of small targeted interventions such as in Camden where police send bicycles, under the value of £50 in their possession that have not been claimed, to local businesses. These businesses then train vulnerable young people how to refurbish the bicycle so that it can be sold. In doing so, young people gain work experience and a qualification (Home Office, 2014).

5.7.1 Talent Match

Talent Match is a targeted intervention aimed at young people between the ages of eighteen and twenty-four who face barriers accessing employment. Funded by the Big Lottery community fund from 2014-8 in twenty-one Local Enterprise Partnership areas across England. Talent Match was co-designed and delivered by young people and offered tailored support to young people not in education, employment, or training. This included basic skills, employability skills, therapeutic support and specialised support including job searching. An evaluation study (Damm et al., 2020) found that participants differed from the wider population of young people not in education, employment or training as they were more likely to be male, on benefits and have low life satisfaction. Talent Match supported 25,885 young people with 46 per cent (11,940) obtaining secured some form of employment. Of these, 17 per cent (4,479) secured sustained employment or self-employment.

Evidence: Promising

Sources:

Big Lottery Fund (2018) *Preventing serious youth violence – what works? Insights and examples from the community and voluntary sector*. 2018 Knowledge and Learning Insights.

Damm. C., Green, S., Pearson, S., Sanderson, E., Wells, P. and Wilson, I. (2020). *Talent Match Evaluation: A Final Assessment*. BIG Lottery Community Fund.

6.0 Interventions at the interpersonal level

At the interpersonal level, programmes that developed positive parenting skills were most effective. Effective programmes included counselling, either group-based counselling where a 22% reduction in recidivism was noted, or family counselling, where a 13% reduction in recidivism was noted (O'Connor and Waddell, 2015). However, counselling findings were mixed. Peer programmes where young people take the role of counsellors were found to be least effective as was single session counselling, regardless of who it was delivered by. Computer-based counselling and programmes that had minimal therapist involvement were ineffective.

6.1 Family programmes

The research literature highlighted the association between positive parenting and decreased likelihood to engage in violence and offending (O'Connor and Waddell, 2015; World Health Organisation, 2015). Findings from the Edinburgh Study of Youth Transitions and Crime, a prospective longitudinal study of 4300 young people's pathways in and out of offending revealed that it is the quality of parental care that is significant, regardless of whether children live in single parent homes, foster care or live with non-parent relatives (McAra and McVie, 2016). Positive parenting refers to warm, nurturing parents who are able to set age-appropriate boundaries and supervise their children (McNeish et al., 2018).

6.1.1 Incredible Years

Incredible Years is an evidence-based targeted selected parenting programme for children aged between two and twelve whose parents have concerns about their child's conduct problems or antisocial behaviour. Incredible Years has been disseminated in Wales, under the Welsh Government funded Parenting Action Plan. Based on social learning theory, Incredible Years is delivered by therapists and consists of between 12 and 14 sessions delivered to groups of between 6 and 15 parents, in weekly sessions lasting around 2 to 2.5 hours (Pierce et al., 2020). Incredible Years has been adapted for three main age groups, a toddler version for one to three year olds which includes socio-emotional development and setting routines and boundaries, a preschool version for three to five year olds which includes positive child-parent interactions, discipline and school readiness, and a school version for six to twelve year olds which includes how to monitor children after school, set social media rules and promote academic and socio-emotional development. Incredible Years also includes tailored support in areas that parents request more support. Effectiveness has been supported by eight community-based randomised controlled trials conducted in the UK, including one in Wales (Pierce et al., 2020; O'Connor and Waddell, 2015).

Evidence: Strong

Sources:

O'Connor, M and Waddell, S. (2015) *What works to prevent gang involvement, youth violence and crime: A rapid review of interventions delivered in the UK and abroad*. Early Intervention Foundation.

Pierce, A., El-Banna, A., Daher, S., and Maxwell, N. (2020) *Incredible Years Parenting Programme. What Works for Children's Social Care*, London.

6.1.2 Triple P

The Triple-P Parenting programme is based on social learning theory and can be delivered as a universal intervention or targeted to high-risk groups and/or age groups, for example, Teen Triple-P or standard Triple-P (is aimed at 0 to twelve year olds). Triple-P is a multi-level system of support to prevent and treat social, emotional and behavioural problems in children by enhancing parent knowledge, skills and confidence. Triple-P can also be delivered in five different formats: standard, group, self-directed, self-directed and telephone or online delivery. Standard Triple-P is delivered by a therapist and aimed at parents of children who are at risk of developing behavioral or emotional problems. Parents attend ten hour long weekly sessions or they may attend group sessions where they learn effective parenting and different strategies of discouraging unwanted child behaviour and improving the child's development. Triple-P has an established evidence base from several randomised controlled trials and has been found to have significant short-term medium effects for child social, emotional and behaviour outcomes, parenting practices and parenting satisfaction and efficacy and small-to-medium effects found for parental adjustment and parental relationship (Pierce, Maxwell and Scourfield, 2020). Triple-P is available as an online course via the Welsh Government website.

Evidence: Strong

Sources:

O'Connor, M and Waddell, S. (2015) *What works to prevent gang involvement, youth violence and crime: A rapid review of interventions delivered in the UK and abroad*. Early Intervention Foundation.

Pierce, A., Maxwell, N. and Scourfield, J. (2020) *Triple P Parenting Programme*. Technical Report: What Works for Children's Social Care.

6.1.3 Empowering Parents, Empowering Communities

Empowering Parents, Empowering Communities is an evidence-based targeted indicated parenting programme for families with children aged from two to eleven who have behavioural problems. Sessions are delivered by a pair of trained facilitators with families participating in eight two-hour group sessions involving discussion, role play and demonstrations (Chanon Consulting and Cordis Bright, 2018). Sessions include improving parent-child communication, reducing negative behaviours and increasing parenting skills and confidence. A randomised controlled trial conducted in the UK has demonstrated the effectiveness of the programme (O'Connor and Waddell, 2015). It was unclear from the evidence whether Empowering Parents, Empowering Communities is conducted in Wales.

Evidence: Good

Sources:

Chanon Consulting and Cordis Bright (2018) *Public health approaches to reducing violence*, Local Government Association.

O'Connor, M and Waddell, S. (2015) *What works to prevent gang involvement, youth violence and crime: A rapid review of interventions delivered in the UK and abroad*. Early Intervention Foundation.

6.1.4 Stop Now and Plan

Stop Now and Plan (SNAP) is an evidence-based, cognitive behavioural family-focused, manualised, intervention targeted at high risk young people aged from six to eleven and delivered in the community. Developed over thirty years ago in Canada, SNAP has been delivered in Ayrshire since 2014 with the aim of working with angry and aggressive children in order to reduce the number of children subject to statutory orders and formal protection orders, and reduce the number of alternative day placements for children in mainstream school (Wylie and McMillan, 2019). SNAP is delivered by educational psychologists or other trained staff and consists of thirteen sessions. Parents and children attend weekly group-based sessions separately. Girls groups run separately to boys groups. Children are taught cognitive and behavioural skills through structured practice experiences, using role play, problem solving and peer feedback around topics which include anger management, managing peer pressure, recognising body cues. Parent groups receive education on parenting and participate in group discussion on parenting strategies and managing their own issues and anxieties. Children are then given SNAP components tailored to their individual needs, such as family counselling, academic tutoring, school advocacy and mentoring (Burke and Loeber, 2015). While programme efficacy has been demonstrated in a range of studies there has only been one randomised controlled trial (Burke and Loeber, 2015). Findings from 252 boys showed that SNAP was associated with reduced aggression, conduct problems and externalising behaviours and decreased anxiety and depression than standard treatment (Burke and Loeber, 2015). At one-year follow-up, reductions in aggression, anxiety and depression were sustained. Findings suggest that SNAP may be more beneficial for young people with severe behavioural problems. In an evaluation of fifty-one families in Ayrshire, findings showed reductions in aggression, somatic complaints, thought and attention problems with no children placed on supervision orders post-SNAP. At one-year follow-up, schools reported that some children were continuing to emotionally self-regulate. Further, SNAP is a central component of the Integrated Children's Services Plan.

Evidence: Promising

Sources:

Burke, J. and Loeber, R. (2015). The Effectiveness of the Stop Now and Plan (SNAP) Program for Boys at Risk for Violence and Delinquency. *Prevention Science*, 16(2):242-53.

Wylie, X. and McMillan, C. (2019) *North Ayrshire SNAP: Evaluation of impact and outcomes, one year on*. http://www.northayr-edpsychs.co.uk/research_snap/.

6.1.5 Troubled Families

Troubled Families is a targeted intervention for families living in England who are affected by antisocial behaviour, truancy, and parental unemployment (HM Government, 2018). Each family is assigned a support worker who supports the family to engage a range of local programmes. The first phase of Troubled Families ran between 2012 and 2015 with 120,000 families. Findings from an independent evaluation showed no evidence that the programme met its aims to support families into employment or to resolve their problems (Ministry of Housing, Communities and Local Government, 2019). The amended programme ends in 2020 and has included 400,000 families. Initial findings have suggested a slight decrease in the number of children going into care, a reduction in juvenile convictions and an increase in parental employment. The Children's Commissioner for England (2019) has called for government commitment to fund the programme until 2021 stating that ending the programme threatens the support delivered to families at high risk of gang involvement.

Evidence: Weak

Sources:

Children's Commissioner. (2019). *Keeping kids safe. Improving safeguarding responses to gang violence and criminal exploitation*. February 2019.

Houses of Parliament (2019) *Early interventions to reduce violent crime*. London.

Ministry of Housing, Communities and Local Government (2019) *National evaluation of the Troubled Families Programme 2015-2020: Findings Evaluation overview policy report*.

Ofsted (2019). *Safeguarding children and young people in education from knife crime: Lessons from London*.

6.2 Therapeutic approaches

Several studies highlighted the link between youth violence and mental health (Harding, 2019; Youth Violence Commission, 2018). Indeed, the Youth Violence Commissioner (2018) recommended that all professionals with safeguarding responsibilities, including youth workers, teachers and police officers should adopt a trauma-informed approach with training provided in recognition of ACEs and appropriate support processes. Therapeutic approaches for young people at a higher risk or involved in violence can be delivered at the individual or interpersonal level, with some interventions including the young person's family and friends.

6.2.1 Family Functional Therapy

Family Functional Therapy (undated) is a strengths-based family-focused programme for young people aged between 11 and 18 years. Family Functional Therapy addresses the risk and protective factors occurring within and outside the family by strengthening parent-child communication and focusing on positive interactions, boundary setting and effective supervision (Roberts et al, 2015). It consists of five main elements: engagement, motivation, relational assessment, behaviour change and generalisation. Young people with behavioural or emotional problems are referred from criminal justice, mental health, school or social care. Sessions are

delivered by a therapist and can take place in a range of settings including the young person's home, school, Youth Offending Services or a clinical setting. The young person and their parents typically attend between twelve and twenty sessions over three to five months. Currently, Family Functional Therapy is offered in ten sites in England and Scotland. Findings from existing reviews show that Family Functional Therapy has an established evidence base from randomised controlled trials conducted in the UK and US. Results show that Family Functional Therapy improves family functioning and reduces recidivism rates as compared to young people receiving probation only. Other outcomes include stronger family communication, improved family mental health, reduced court involvement of siblings and lower substance use. Positive effects are associated with programmes that have a high level of fidelity.

Evidence: Strong

Sources:

David-Ferdon, C., Vivolo-Kantor, A. M., Dahlberg, L. L., Marshall, K. J., Rainford, N., and Hall, J. E. (2016). *A Comprehensive Technical Package for the Prevention of Youth Violence*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

O'Connor, M. and Waddell, S. (2015) *What works to prevent gang involvement, youth violence and crime: A rapid review of interventions delivered in the UK and abroad*. Early Intervention Foundation.

Roberts, S., Abudu, L., Ibbotson, S. and Arulrajah, J. (2015) *Approaches to prevent or reduce violence with a focus on youth, knife and gang-related violence: Literature review*. Public Health England, London.

6.2.2 Multisystemic therapy

Multisystemic Therapy is an intensive strength-based preventative programme targeted at 11-17 year olds at risk of custody or being placed in care due to persistent offending or behaviour problems. Drawing on Bronfenbrenner's (1979) socio-ecological model, Multisystemic Therapy is based on the notion that anti-social behaviour is the result of interactions between the young person and the systems which they are in. Hence, Multisystemic Theory focuses on the risk factors of young people and their families in relation to these systems aiming to strengthen protective factors, as opposed to focusing exclusively on the problem behaviour (Roberts et al, 2015). It consists of cognitive behavioural therapeutic approaches with young people and their families aimed at improving the young person's school performance, pro-social involvement with peers and reducing anti-social behaviours and substance misuse. It also aims to strengthen parenting skills. Sessions are delivered by therapists who are available to the family twenty-four hours a day. Sessions tend to take place in the young person's home. The young person and their parents typically attend weekly contacts for three to five months. Findings from existing reviews show that Multisystemic Therapy has been evaluated in numerous trials with chronic and violent offenders. These studies have found long-term reductions in anti-social behaviour and offending rates and need for imprisonment or out-of-home care. Positive outcomes have been found for family functioning, positive parenting, improved mental health, substance misuse and sibling criminal behaviour. Positive effects are associated with programmes that have a high level of fidelity. It has

also been suggested that positive effects are higher with young people aged fifteen and under (Farrington et al., 2017).

Evidence: Strong

Sources:

David-Ferdon, C., Vivolo-Kantor, A. M., Dahlberg, L. L., Marshall, K. J., Rainford, N., and Hall, J. E. (2016). *A Comprehensive Technical Package for the Prevention of Youth Violence*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Farrington, D.P., Gaffney, H., Lösel, F. and Ttofi, M.M. (2017) Systematic reviews of the effectiveness of developmental prevention programs in reducing delinquency, aggression, and bullying, *Aggression and Violent Behavior* 33, 91-106.

HM Government (2018) *Serious Violence Strategy*, April 2018. Great Britain.

Houses of Parliament (2019) *Early interventions to reduce violent crime*. London.

O'Connor, M and Waddell, S. (2015) *What works to prevent gang involvement, youth violence and crime: A rapid review of interventions delivered in the UK and abroad*. Early Intervention Foundation.

6.2.3 Multidimensional Treatment Foster Care

Multidimensional Treatment Foster Care (MTFC) is an evidence-based approach that provides psychotherapeutic treatment for young people with chronic behaviour problems. Developmentally specific versions of MTFC have been created for: preschool children aged from three to five, school aged children from six to twelve, and adolescents aged from twelve to eighteen. Young people in youth justice programmes are placed with specialist foster carers from nine to twelve months as an alternative to residential care. Within this caring environment, young people receive tailored support and are given positive reinforcement for appropriate behaviour and negative reinforcement for inappropriate behaviour. Depending on age, young people engage in therapeutic play or have a skills coach to develop problem solving and social skills. They are also supported in behaviour management. Birth parents can access counselling, family therapy and parent training. Multidimensional treatment foster care is delivered in fifteen sites in the UK. Findings from US studies have reported reductions in antisocial behaviour and crime for both boys and girls but it is unclear how generalisable these findings are to other populations. For example, these findings have not been replicated in the UK.

Evidence: Mixed

Sources:

David-Ferdon, C., Vivolo-Kantor, A. M., Dahlberg, L. L., Marshall, K. J., Rainford, N., and Hall, J. E. (2016). *A Comprehensive Technical Package for the Prevention of Youth Violence*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

O'Connor, M and Waddell, S. (2015) *What works to prevent gang involvement, youth violence and crime: A rapid review of interventions delivered in the UK and abroad*. Early Intervention Foundation.

Roberts, S., Abudu, L., Ibbotson, S. and Arulrajah, J. (2015) *Approaches to prevent or reduce violence with a focus on youth, knife and gang-related violence: Literature review*. Public Health England, London.

7.0 Interventions at the community and society level

The literature appeared to distinguish between the development of community relations to foster trust, support victims and gather intelligence (Home Office, 2019 – summit report), and those aimed at community engagement. Community engagement is an umbrella term for a continuum of approaches that seek to improve community safety by engaging communities with shared interests in a place or activity (Home Office, 2014). A main theme from the literature was that while interventions must be evidence-based, they must also be adapted to the local context to ensure that they are acceptable, culturally sensitive and appeal to young people (Abt, 2017; Bonell, et al., 2016a). These approaches should also bring together stakeholders including children and parents, Children’s Services, criminal justice professionals, local businesses and services, community members, education representatives, faith-based leaders, health providers and law enforcement (Abt, 2017).

7.1 Community programmes

7.1.1 Community Initiative to Reduce Violence, Glasgow

Known as the murder capital of Europe, Glasgow introduced the Community Initiative to Reduce Violence (CIRV) in 2005. This intervention combined a public health approach with a focused deterrence strategy based the Cincinnati Community Initiative to Reduce Violence model. Hence, CIRV aimed to create a hostile environment for gangs and provide bespoke support to divert gang members away from gang involvement (Hughes, Hardcastle and Perkins, 2020). In doing so, young people involved with gangs aged twenty-five and under, were given the choice between service engagement or robust enforcement. Those who selected service engagement were provided with a range of support including education, skills training, careers advice and support with housing. Conversely, those who did not commit to changing their behaviours or engage with services were subject to disruptive policing strategies, including the introduction of new sentencing powers, increased use of stop and search with metal detectors used to find weapons (Grimshaw and Ford, 2018). Although it should be noted that the evidence in relation to stop and search as a preventative tool for youth violence is mixed, especially as it can create tension on community relations (Allen and Brown, 2020; Grimshaw and Ford, 2018; Foster, 2013).

Disruptive policing approaches are known as ‘pulling levers’ where police pull every available lever to deter against future violence, including informing high-risk individuals or groups that they are under increased scrutiny through offender notification meetings or call-ins (Braga, Weisburd and Turchan, 2018). Indeed, if an individual breached the no weapon CIRV rule, all gang members were excluded from the intervention. Other examples of pulling levers interventions include Boston’s Operation Ceasefire which included offers of support for high-risk individuals, increased police enforcement and involving community members in call-ins and on the street so they could invalidate the reasons given for engaging in crime (Braga et al., 2018).

Glasgow’s CIRV evaluation results have been positive with 176 gang-involved people diverted to employment-based programmes in the first two years. Further, there was a 46% reduction of violent offending and an 85% reduction in weapon carrying offences along with increased use of

mentoring interventions for high risk young people (Hughes et al., 2020). However, the evaluation authors have warned about the transferability of this approach to other contexts (Grimshaw and Ford, 2018). This appears related to difficulties in establishing the effectiveness of a city-wide initiative, the influence of increased stop and search and there have been concerns as to how the intervention was evaluated (Grimshaw and Ford, 2018). Braga et al.'s, (2018) systematic review of focused deterrence strategies, including Cincinnati's Initiative to Reduce Violence and Boston's Operation Ceasefire, found a moderate effect on crime reduction. Further, they describe programme evaluations as black boxes that fail to demonstrate which elements of these programmes are most effective in reducing crime. Nevertheless, CIRV has been implemented by Northamptonshire Police across its force. Their evaluation results are expected in August 2020.

Evidence: Good

Sources:

Braga, A.A., Weisburd, D., Turchan, B. (2018). Focused deterrence strategies and crime control an updated systematic review and meta-analysis of the empirical evidence. *Criminology & Public Policy*, 17(1), 205-250.

Grimshaw R and Ford M. (2018) *Young people, violence and knives - revisiting the evidence and policy discussions*. Centre for Crime and Justice Studies, The Hadley Trust.

Hughes, K., Hardcastle, K. and Perkins (2020) *The mental health needs of gang affiliated young people*. Centre for Public Health England, London.

O'Connor, M and Waddell, S. (2015) *What works to prevent gang involvement, youth violence and crime: A rapid review of interventions delivered in the UK and abroad*. Early Intervention Foundation.

7.1.2 Cure Violence

Previously known as Ceasefire, Cure Violence began in Chicago and was aimed at the prevention of gang-related shootings. It consisted of five main elements: community mobilisation, youth outreach including support with employment and substance misuse, involvement of faith leaders, education including anger management, and criminal justice (Grimshaw and Ford, 2018). Further, Cure Violence used street youth workers as 'violence interrupters' to build relationships and mediate conflict (Petrosino et al., 2015). While Cure Violence has been rolled out to other areas in the US, evaluation findings have been mixed. Grimshaw and Ford (2018) conclude that Cure Violence demonstrates that purposeful, direct work with high risk individuals and their communities creates a pathway towards future intervention.

Evidence: Mixed

Sources:

Grimshaw R and Ford M. (2018) *Young people, violence and knives - revisiting the evidence and policy discussions*. Centre for Crime and Justice Studies, The Hadley Trust.

Neville, F. G., Goodall, C. A. , Gavine, A. J., Williams, D. J. and Donnelly, P. D. (2015) Public health, youth violence and perpetrator well-being. Peace and Conflict. *Journal of Peace Psychology*, 21(3), 322-333.

Petrosino, A., Campie, P., Pace, J., Fronius, T., Guckenburg, S., Wiatrowski, M. and Rivera, L. et al. (2015) Cross-sector, multi-agency interventions to address urban youth firearms violence: A Rapid Evidence Assessment *Aggression and Violent Behavior*, 22, 87-96.

7.1.3 The Cardiff Model

The Cardiff Model is an evidence-based, multi-component, place-based intervention. Beginning in 1999, the Cardiff Model combined anonymised data on violence-related injuries that have received hospital treatment with police intelligence in order to track violence incidents, identify trends such as hot spots, types of weapons used and particular times when violence is increased (Florence et al., 2011). This data is shared with local government, police, licensing regulators, licensed businesses, ambulance services and mental health support services who meet regularly to determine which strategies to adopt. This may include targeting policing to specific hot spots. The wider literature has shown that hot spot policing has a modest to moderate impact on violence (Abt, 2017). Other strategies used in the Cardiff Model include targeting premises where violence occurs and informing alcohol and licensing applications. An evaluation of the Cardiff Model using comparative time series analysis was undertaken between 2000 and 2007 (Florence et al., 2011). Rates of violence in Cardiff were compared to other cities with similar sociodemographic features such as Birmingham, Bristol, Leeds, Leicester, and Sheffield. The evaluation also controlled for rates of unemployment, national changes in crime reporting and strength of police force. Findings showed a 21% reduction in total assault rates, a 32% reduction in wounding assault rate and there was a 38% increase in minor assault. The authors suggest this increase may be due to more efficient police responses. The model has been adopted across the UK and in the US.

Evidence: Strong

Sources:

Boyle, A., Snelling, K., White, L., Ariel, B. and Ashelford, L. (2013). External validation of the Cardiff model of information sharing to reduce community violence : natural experiment. *Emergency Medicine Journal*, 1020-1023.

Chanon Consulting and Cordis Bright (2018) *Public health approaches to reducing violence*, Local Government Association.

Florence, C., Shepherd, J., Brennan, I. and Simon, T. (2011). Effectiveness of anonymised information sharing and use in health service, police, and local government partnership for preventing violence related injury: experimental study and time series analysis. *British Medical Journal*, d3313.

Ford, K., Wood, S., Hughes K. and Quigg Z. (2014) *Accident and Emergency department data sharing to support violence prevention in Preston*. Centre for Public Health Liverpool John Moore's University.

Levas, M. N., Hernandez-Meier, J. L., Kohlbeck, S., Piotrowski, N. and Hargarten, S. (2018). Integrating population health data on violence into the emergency department: a feasibility and implementation study. *Journal of Trauma Nursing*, 25(3), 149-158.

7.1.4 MAC and DIVERT 18-25

MAC and DIVERT is a targeted police custody programme in South Wales that is aimed at diverting eighteen to twenty-five year olds away from offending into education, training or employment. MAC and DIVERT 18-25 comprise restorative practice which brings together the perpetrator and the victim in a face to face meeting to discuss the consequence of the crime and how to repair the harm caused. In order to participate, young people must meet the intervention criteria in a screening interview, accept responsibility and agree to receive an Adult Community Resolution rather than a caution or court disposal (Towler, 2017). The intervention comprises support, workshops which explore the consequences of crime and the restorative element which includes writing a letter of apology, meeting the victim in a restorative conference and exploring how the victim has been impacted by the crime with agreement garnered as to what work or activity the young person can do to repair the damage caused. While both MAC 18-25 and DIVERT 18-25 comprise these three elements there was a slight variation, with young people on MAC volunteering to participate and where the custody sergeant records that bail was answered and the Adult Community Resolution has been met, whereas for DIVERT, the young person is bailed until the Adult Community Resolution has been completed. Towler's (2017) qualitative review found positive results for both variations, establishing that the intervention had an impact on young people. A similar intervention has been adopted in London with positive results (HM Government, 2018). In addition, there is good evidence from two systematic reviews for restorative justice approaches in youth violence prevention (O'Connor and Waddell, 2015).

Evidence: Promising

Sources:

O'Connor, M. and Waddell, S. (2015) *What works to prevent gang involvement, youth violence and crime: A rapid review of interventions delivered in the UK and abroad*. Early Intervention Foundation.

Towler, K. (2017) *Prompt Positive Action Interventions with offenders aged 18-25 in South Wales*. Keith Towler Consultancy.

7.2 Youth work

The literature noted that the provision of youth services tends to be targeted at young people who have been hospitalised or who are in police custody rather than universal approaches aimed to the prevention of youth violence. The importance of youth workers has been highlighted in relation to contextual safeguarding approaches, with youth workers deemed to be at the centre of this approach in order to address the risks posited from the young person's environment (Smith, 2020; Harding, 2019). Participants in the All-Party Parliamentary inquiry into the role of youth services in tackling knife crime (Smith, 2020) reported that youth workers offer flexibility and the ability to support young people at times and in places where other professionals do not go. Further, they are able to establish different relationships with young people as one youth worker described,

One of our current projects which is street based involves a team of us going out in our community and just young people signposting them to activities... we see a change in a lot of young people in their reception of us the more they see

us the more they need, they see you as part of this community, we know what is going on [and they are] more likely they to respond to us.

However, in her evidence to the Home Affairs Committee into Serious Youth Violence (2019), Carlene Firmin stated that there has been a loss of youth services over the last decade which has resulted in young people congregating in public spaces, such as parks, with no support from community guardians such as youth workers. Indeed, when asked what would make them feel safe, findings from the Youth Violence Commission (2018) survey with over 2,200 young people revealed that the most popular provision was youth centre, sports clubs and other youth activities. The literature highlighted a need for consistent, continual funding for youth work in the provision of a safe space with access to trusted adults, especially in the 3 o'clock to 6 o'clock window when schools have closed and young people may be at risk of being groomed into violence (Smith, 2020; Harding, 2019; Innovation Unit, 2019; Ofsted, 2019). This was summarised by a parent in the Greater Manchester Innovation Unit study (2019:53),

if there were youth clubs and workers that's where they'd be, instead they go to the drug dealers den and for a tenner they can stay over – that is the only thing they can do.

In light of the violence exposure yielded by social media, it was suggested that consideration needs to be given to detached youth workers and social media platforms. By definition, detached youth workers go where young people are, so interventions are needed where youth workers can support young people on the online space (Hayes, 2018).

In terms of physical space, the Chancellor of the Exchequer (Smith, 2020) announced a £500 million investment into a Youth Investment Fund in September 2019. This was aimed at refurbishing 360 existing youth facilities, building sixty new youth centres, and providing over 100 mobile facilities. Such mobility appears significant as the Children's Society (2018) has noted a concentration of youth services in specific locations. For example, they note that in Manchester super youth centres have emerged where 50% of the population are unable to access these facilities due to gang rivalries. Such development may necessitate an increase in youth workers, although it was unclear from the literature whether local authorities will receive funding for youth provision. The All-Party Parliamentary Group (Smith, 2020) has urged the UK government to clarify the definition of effective youth services by setting a minimum and protected level of youth services. The literature also highlighted the need for specialised youth workers who are able to engage and support vulnerable young people with calls for the introduction of professional standards for youth work (Harding, 2019; Youth Violence Commission, 2018).

7.2.1 Positive Youth Development

Positive Youth Development (PYD) addresses multiple risk factors through voluntary educational activities that aim to enhance development such by gaining positive 'assets' as such as skills, attitudes, relationships, and identities rather than focusing on problem behaviours (Bonell et al., 2016a). In a systematic review conducted by a research team from Cardiff, Bristol and London, Bonell et al. (2016b) found that where PYD was used to deter substance use and violence, asset development was more effective when young people were able to use assets across a range of activities. The relationship with workers was an important factor in engagement. Hence, providers needed to create family-like atmospheres and relationships with workers needed to be enduring and emotionally engaged.

Following participation, young people began to engage in intentional self-regulation where they reflected on their behaviours. This led to environment regulation where young people were able to identify positive goals and apply their resources to the achievement of these goals (Bonell et al., 2016a). Intentional self-regulation was rewarded when applied to pro-social activities such as sports or arts, supporting the development and application of assets and helping young people to better identify and select positive opportunities from the wider environment and buffering against environmental risk factors or compensating where adverse consequence are reduced when young people engage in risk behaviours (Bonell et al., 2016a). While findings from a systematic review (Bonell et al., 2016b) found no significant effects in the reduction of the violence, the authors state that the review should not be taken as evidence that PYD is not effective. Rather, there are tensions between empowering young people to choose which activities they undertake and ensuring they participate in sufficient activities to develop multiple assets. While appropriately trained staff can mitigate against this, many agencies lack the resources to employ trained staff and/or on a full-time basis.

Evidence: Promising

Sources:

Bonell, C., Hinds, K., Dickson, K., Thomas, J., Fletcher, A., Murphy, A., Murphy, S., Melendez-Torres, G.J., Bonell, C. and Campbell, R. (2016a). What is positive youth development and how might it reduce substance use and violence? A systematic review and synthesis of theoretical literature. *BMC Public Health*, 16, 135.

Bonell, C., Dickson, K., Hinds, K., Melendez-Torres, G.J., Stansfield, C., Fletcher, A., Thomas, J., Lester, K., Oliver, E., Murphy, S., and Campbell, R. (2016b) The effects of Positive Youth Development interventions on substance use, violence and inequalities: systematic review of theories of change, processes and outcomes. *Public Health Research*, 4 (5). pp. 1-218.

7.2.2 The Base

The Base is a holistic youth service delivered by Barnardo's in Newcastle for young people aged from eleven to twenty-five. The Base offers individual and group programmes based on the needs and interests of young people. The Base engages young people through a variety of activities including participation in a local youth council, attending meetings with the local council, presenting work from the youth club in school assemblies and running a float at the local council.

Evidence base: Promising

Source:

Smith, N. (2020) *Securing a brighter future: The role of youth services in tackling knife crime*. All-Party Parliamentary Group on Knife Crime & Violence Reduction.

7.2.3 Street Doctors and Step Wise

Street Doctors is a targeted intervention for young people involved or at high risk of involvement in violence. Street Doctors is aimed at young people from eleven to twenty-five and aims to transform their lives by teaching them about the medical consequences of violence and lifesaving skills with demonstrations and practical activities of administering first aid and calling an ambulance. Street Doctors is delivered in two sessions, what to do if someone is bleeding and what to do if someone is unconscious. Each session lasts approximately one hour. Sessions are practical, using medical props and young people are actively encouraged to practice skills. All teaching is provided by medical students or qualified doctors who work with youth clubs, Youth Offending Services, Pupil Referral Units and charities. According to their own evaluation, 94% of participants reported that they understood the consequences of violence and 85% said they would be willing to act if first aid was necessary. Street Doctors is being offered in Cardiff.

StepWise is Street Doctors peer education programme where young people teach emergency lifesaving to other young people. Young people involved with the programme receive first aid accreditation. In 2019, three cycles of StepWise were undertaken with fifty-seven young people. Thirty-six obtained their Emergency First Aid at Work accreditation who then taught emergency life saving to 114 young people. StreetWise has received funding from MOPAC's Violence Reduction Unit in London for 2020. No evaluation has been undertaken of StepWise.

Evidence: Promising

Source:

Street Doctors (2019) *Impact report*. <https://streetdoctors.org/our-impact/>.

Street Doctors (2020) *Expansion report*. <https://streetdoctors.org/wp-content/uploads/2020/03/StreetDoctors-Expansion-Report-March-2020.pdf>.

7.2.4 Youth Violence Intervention Programme

The Youth Violence Intervention Programme is a targeted intervention delivered by Redthread. The Youth Violence Intervention Programme embeds youth workers in hospital emergency departments across London and the Midlands. It is aimed at young people who have been victims of violence and who may, as a result of their injury, be amenable to change (BIG Lottery, 2018). It is at this 'teachable moment' where young people are away from their peers in an unfamiliar environment that youth workers from the charity Redthread aim to engage them in behaviour and lifestyle change. Youth workers work with the young person while they are in hospital and after discharge the young person receives support in the community with safety planning, education, training, and housing. An evaluation of the Youth Violence Intervention Project found a reduction in violence involvement, crime, violent attitudes and their risks associated with home, school and their neighbourhood six to twelve months following engagement. However, these findings should be treated with caution due to selection bias as only 50% of young people engaged with programme and only 18% were followed-up (Roberts et al., 2019). The UK Government's Serious Violence Strategy (HM Government, 2018) pledged its support for the Youth Violence Intervention Programme indicating the programme would be further developed and rolled out across England. The Oasis Youth Support, a similar programme, has also reported positive outcomes (Ilan-Clarke et al., 2016).

Evidence: Promising

Sources:

Big Lottery Fund (2018) Preventing serious youth violence – what works? Insights and examples from the community and voluntary sector. 2018 Knowledge and Learning Insights.

DeMarco, J., Ilan-Clarke, Y., Bunn, A., Isaac, T., Criddle, J. et al. (2016) Improving mental health and lifestyle outcomes in a hospital emergency department based youth violence intervention. *Journal of Public Mental Health*, 15(3), 119-133.

Ilan-Clarke, Kagan, L., DeMarco, J., and Bifulco, A. (2016) *Evaluation of Oasis Youth Support violence intervention at St. Thomas' hospital in London, UK*. Centre for Abuse and Trauma Studies, Middlesex University.

Roberts, S., Abudu, L., Ibbotson, S. and Arulrajah, J. (2015) *Approaches to prevent or reduce violence with a focus on youth, knife and gang-related violence: Literature review*. Public Health England, London.

Smith, N. (2020) *Securing a brighter future: The role of youth services in tackling knife crime*. All-Party Parliamentary Group on Knife Crime & Violence Reduction.

7.2.5 SafERteens

SafERteens is a hospital-based directed intervention in the US. It is aimed at teenagers aged from fourteen to eighteen presenting with violence or alcohol problems, including those with illness or injury and who may not be attending school or who are often absent. This intervention can either be delivered by a therapist or computer and lasts for thirty-five minutes. The intervention uses motivational interviewing in order to problem recognition and to develop skills such as anger management and alcohol refusal (David-Ferdon et al., 2016). In doing so, it includes goal setting, role-play, decision-based exercises, and feedback.

Evaluation results have demonstrated significant reductions in perpetration and victimisation of violence as compared to a control group at one-year follow-up. There was no reduction in alcohol use. An adapted version of SafERTeens for young people regardless of violence or alcohol use has shown a reduction in violence perpetration and increased self-efficacy in avoiding physical violence as compared to a control group.

Evidence: Mixed

Source:

David-Ferdon, C., Vivolo-Kantor, A. M., Dahlberg, L. L., Marshall, K. J., Rainford, N. and Hall, J. E. (2016). *A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

7.2.6 i-Dove

i-Dove is a technology-augmented risk targeted intervention for high-risk young people aged between thirteen and seventeen presenting at hospital with violence and depression (Ranney et al., 2018). i-Dove combines cognitive behavioural therapy with motivational interviewing. It consists of a brief fifteen to twenty-minute computer-guided intervention delivered by a research assistant in the hospital. This session included a short introduction to cognitive behavioural therapy (CBT) and how the concepts relate to violence and depression. The intervention then involves eight weeks of bi-directional, automated text messages. Text messages comprised daily mood queries, daily CBT messages tailored to mood such as cognitive restructuring or emotional regulation and on demand supportive messages, which were triggered by keywords such as stressed, sad, or angry. Text messages were sent at the desired time for each participant. Findings from a randomised controlled trial in the US reported promising findings with high levels of acceptability among young people and good rates of retention at eight and sixteen week follow-up. Improved depressive symptoms and physical peer violence were found in young people with the highest risk.

Evidence: Promising

Source:

Ranney, M.L. Pittman, S.K., Dunsiger, S., Guthrie, K. M., Spirito, A. and Boyer, E.W. (2018) Emergency department text messaging for adolescent violence and depression prevention: A pilot randomized controlled trial, *Psychological Service*, 15(4), 419.

7.3 Sport programmes

The literature demonstrated the use of sport programmes as a universal intervention to promote protective factors such as resilience, setting boundaries and a pro-social identity (Walpole, Mason and Case, 2020; Foster, 2013). They can also be targeted in order to divert young people away from violence and as a rehabilitative approach to tackling violent behaviours (Walpole, Mason and Case, 2020; BIG Lottery Fund, 2018; Spruit et al., 2018; Foster, 2013; McMahon and Belur, 2013; Laureaus and Ecorys, 2012). This is reflected in the UK Government's work with Sport England (HM Government, 2018) and the Premier League to scale up programmes such as Premier League Kicks in violence hotspots (HM Government, 2019). It has been suggested that sports team membership can foster similar feelings of belonging as gang membership (Walpole, Mason and Case, 2020; Foster, 2013; Laureaus and Ecorys, 2012). The BIG Lottery Fund (2018) reported that the appeal of these activities can bring young people together and,

provide meaningful activities for those young people who are alone after school due to their parent(s) working full time – and who are at risk of getting involved in crime. They can also provide the right environment and influences to promote positive values, including taking on responsibility and learning how to resolve conflicts constructively.

In doing so, sport programmes may be solely sport-focused or they can be used as a hook to offer a developmental programme that includes mentoring, training, volunteering and work experience (McMahon and Blur, 2013; Laureaus and Ecorys, 2012). They provide an environment conducive to promoting positive values as long as they are of sufficient duration for trusting relationships to be developed with trained workers and coaches and targeted in terms of the young people and

location. This acknowledges that some young people may never leave their neighbourhood or area and this must be borne in mind when locating programmes and activities (BIG Lottery Fund, 2018; Laureaus and Ecorys, 2012). In Wales, there was some evidence of work being undertaken by Sported (2018), a charity that supports local community organisations to improve the lives of young people. For example, Yellow Wales in Bridgend developed a ‘Learn Through Support’ programme which combined sport with personal and skills development for one hundred disadvantaged young people.

While the literature reviewed included a range of sports programmes, there were few independent evaluations. Laureaus and Ecorys (2012) evaluated four sport for good projects in the UK, Germany and Italy. They found that on average, sport provided a return of 5.02 Euros for every 1 Euro invested in relation to reductions in crime, truancy, and ill-health. This suggests that sports programmes offer a promising universal and targeted preventative approach. McMahon and Belur (2013) evaluated eleven sports-based programmes in London. They found that programmes can work for all participants, although there may be more negative results for those who have been referred by the police, youth offending services or school. The context in which the programme operates is important. It can provide opportunities to interact with organisations such as the police and schools in order to foster social capital and trust. However context can also negatively impact on relationship building if, for example there are territorial tensions between rival gangs. McMahon and Belur (2013) note that gaps in the evidence render it difficult to determine causal relationships between sports programmes and violence reduction. However, there is a correlation between sports-based interventions and positive outcomes on youth violence (McMahon and Belur, 2013; Laureaus and Ecorys, 2012)

7.3.1 Street Games

Street Games, a national partner of Sport England, offers ten community-based programmes in Cardiff including Us Girls Wales which was named the Sporting Experience of the Year for 2017 and Doorstep Sport. The programme is directed towards the most deprived communities and aims to develop engaging sports-based opportunities for young people. In 2015, Street Games were invited to partner an application led by Derbyshire Police and Crime Commissioner and including six other areas, to the Home Office Innovation Fund to explore sports-based programmes and the reduction of youth antisocial behaviour. This included Denbighshire in North Wales who offered a boxing session at a youth centre once a week and Gwent who offered football and skateboard sessions at local leisure centre and supermarket carpark. The evaluation by Loughborough University (Mason et al., 2017) found that while each of the seven areas offered bespoke programmes based on the local context there were ten critical success factors including sustained delivery with the right staff, adopting a clear ethos and attractive offer with rewarding activities, personal development opportunities and positive pathways. In addition, programmes were needs-based and appeared more effective when they included multi-agency partnerships such as with Police Community Support Officers. While there were inconsistencies with police data regarding antisocial behaviour, the data from five areas revealed mixed results regarding the impact of the programme on antisocial behaviour. Specifically, there was a statistically significant decline in two areas, a statistically insignificant decline in one area, no change in one area and a small increase in one area.

Evidence: Mixed

Sources:

Mason, C., Downard, P., Walpole, C., Cleland, J. and Aldridge, J. (2017). *Youth Crime Reduction and Sport Pilot Project Evaluation Report*. Loughborough University.

Street Games <https://network.streetgames.org/about-us/about-streetgames>.

7.3.2 Street Therapy

Street Therapy is a community-based targeted intervention aimed at providing mental health support to excluded young people involved in gangs and violence (BIG Lottery, 2018). It is aimed at **alleviating distress and bridging the path into services (O'Connor and Waddell, 2015). It is delivered in London by** psychologists, youth workers and social workers from an organisation called Mac-UK. Workers adopt a psychologically-informed approach based on attachment theory, motivational interviewing and lifespan development theory to support young people in the community in places where young people feel comfortable such as streets, cafes and public transport. Therapeutic support is tailored to the young person, delivered at their own pace and wrapped around sports, arts and cookery activities. Street Therapy aims to engage young people for two to four years in activities alongside support with training and employment and access to services. Findings from an ethnographic evaluation (BIG Lottery, 2018) have shown positive psychological changes.

Evidence: Limited

Sources:

Big Lottery Fund (2018) Preventing serious youth violence – what works? Insights and examples from the community and voluntary sector. 2018 Knowledge and Learning Insights.

O'Connor, M. and Waddell, S. (2015) *What works to prevent gang involvement, youth violence and crime: A rapid review of interventions delivered in the UK and abroad*. Early Intervention Foundation

8.0 Conclusion

This systematic mapping and horizon scanning exercise highlighted the wealth of studies, reports, and papers regarding youth violence in the last seven years. This reflects growing interest in the shift away from criminal justice strategies to public health approaches based on multi-agency collective, co-operative action (Dahlberg and Krug, 2002). Findings revealed a range of programmes focused on the identification and prevention of the underlying causes of youth violence and that fostered links between law enforcement, safeguarding, health, education, youth workers and communities to tackle youth violence. In doing so, the need for multi-agency collaboration to be used judiciously was highlighted with efforts focused on programmes and interventions that are supported by evidence (Abt, 2017). This report has sought to identify a range of established and emerging interventions at the individual, interpersonal, community and society levels.

At the individual level, programmes that focused on eliciting positive change, building skills and creating non-violent norms emerged as most effective (HM Government, 2018; O'Connor and Waddell, 2015; World Health Organisation, 2016). The need for a developmental approach emerged from the literature, reflecting the progression of violence from the first acts around the ages of 10 to 14 to a peak around the ages of 16 to 17 and gradual decline into early adulthood, (Cox et al., 2016; Fagan and Catalano, 2013). The literature revealed a concentration of programmes for school-aged children including programmes deemed effective and those with emerging evidence bases. Education was described as vital for youth violence prevention as it improves cognitive and socio-emotional development thus enhancing opportunities to escape poverty and develop life skills that protect against negative outcomes (McNeish et al., 2018; World Health Organisation, 2015). The apparent lack of pre-school programmes may be due to the difficulties inherent in establishing their effectiveness on preventing later youth violence, although the effects of austerity on early childhood centre provision was also noted (Youth Violence Commission, 2018). The evidence noted that primary school programmes can introduce safeguarding concepts in an age appropriate manner which can then be developed at secondary school with content aligned to local safeguarding risk and at a level suitable for adolescents (Hamilton et al., 2016). It was also highlighted that safeguarding messages are more powerful when delivered by local policing teams and youth workers as opposed to teachers (Michelmore et al., 2019).

Schools are ideally placed to deliver universal interventions integrated into the curriculum (Ofsted, 2019). However, they are more limited when it comes to delivering targeted programmes alongside the demands of the school curriculum (Hayes, 2018). This is particularly pertinent in light of the planned introduction of the new curriculum in Welsh schools in September 2022 and more recently, the effects of 'lockdown' on education due to Covid-19. The literature also highlighted that in order to benefit from these interventions children must attend school. The evidence suggested that children at risk of youth violence often have low commitment to school so may have a record of habitual absence or be subject to school exclusions (Cardwell et al., 2019; World Health Organisation, 2012; 2020; McAra and McVie, 2016). This would suggest the need for a range of programmes at the individual, interpersonal, community and societal levels as well as universal and targeted (selected and indicated) programmes.

At the interpersonal level, the literature found that programmes designed to develop positive parenting skills were most effective in the prevention of youth violence (O'Connor and Waddell,

2015). The large evidence base was broadly divided between parenting and therapeutic programmes. Regarding parenting interventions, the literature highlighted the association between positive parenting and decreased likelihood to engage in violence and offending (O'Connor and Waddell, 2015; World Health Organisation, 2015). Although Harding (Home Affairs Committee, 2019) has warned against adopting the dangers of adopting simple notions of the dysfunctional family. Rather, consideration must be given to the wider contexts in which young people live, with the effects of poverty and negative peer influences emerging as key risk factors for young people. Hence, parents may be absent from home due to work commitments or they may be present but struggling to set boundaries and/or monitoring who their children associate with outside the home environment. This replicates findings from a mapping synthesis into child criminal exploitation (Maxwell et al, 2019) which found that parents can be both a risk and a resource and where parent calls for help can go unheeded by service providers. Hence, transitional safeguarding and contextual safeguarding are promising approaches that address these factors (Harding, 2019; Home Affairs Committee, 2019). Regarding mental health, the need for trauma-informed approaches emerged as a central theme throughout the literature. This included trauma-informed interventions and the need for staff adequately to be trained across education, criminal justice, health, law enforcement, safeguarding, and youth workers. In addition, provision should seek to strengthen the young person's protective factors which include resilience, good relationships with parents, commitment to education and measures that address their socio-economic status (World Health Organisation, 2015; Cordis Bright, 2015).

At the community and societal level the main theme from the literature was the need to involve young people, parents, and community members to develop localised approaches. The review found that community programmes looked promising but there was a lack of evaluative research to demonstrate effects (O'Connor and Waddell, 2015). Programmes at this level were broadly divided between police-led initiatives and those led by youth workers and/or volunteers. Broadly speaking, police-led interventions were more likely to have been evaluated, although the evidence base was mixed. Programmes such as the Community Initiative to Reduce Violence (CIRV) and the Cardiff Model lend themselves to evaluation as there are measurable outcomes. For example, CIRV reduced the rates of conviction and weapon carrying (Hughes et al., 2020). Conversely, a number of community-based initiatives were targeted at young people exhibiting multiple risk factors and who were violence-involved. Consequently, these programmes often involve bespoke help and support rendering it difficult to evidence outcomes. Finally the evidence highlighted the importance of youth services with detached youth workers trained in trauma-informed approaches and able to support young people in online environments (Hayes, 2018). Promising evidence emerged for targeted provision for young people who have been hospitalised or who are in police custody in diverting young people away from future incidents of violence.

With the increase in serious violence, there is a need for a developmental approach that includes primary prevention to stop young people from engaging in their first acts of violence and secondary and tertiary prevention that supports and safely diverts young people away from future violence. In doing so, a range of interventions are needed at the universal, and targeted levels and that are tailored to the needs of young people and the local context in which they are situated.

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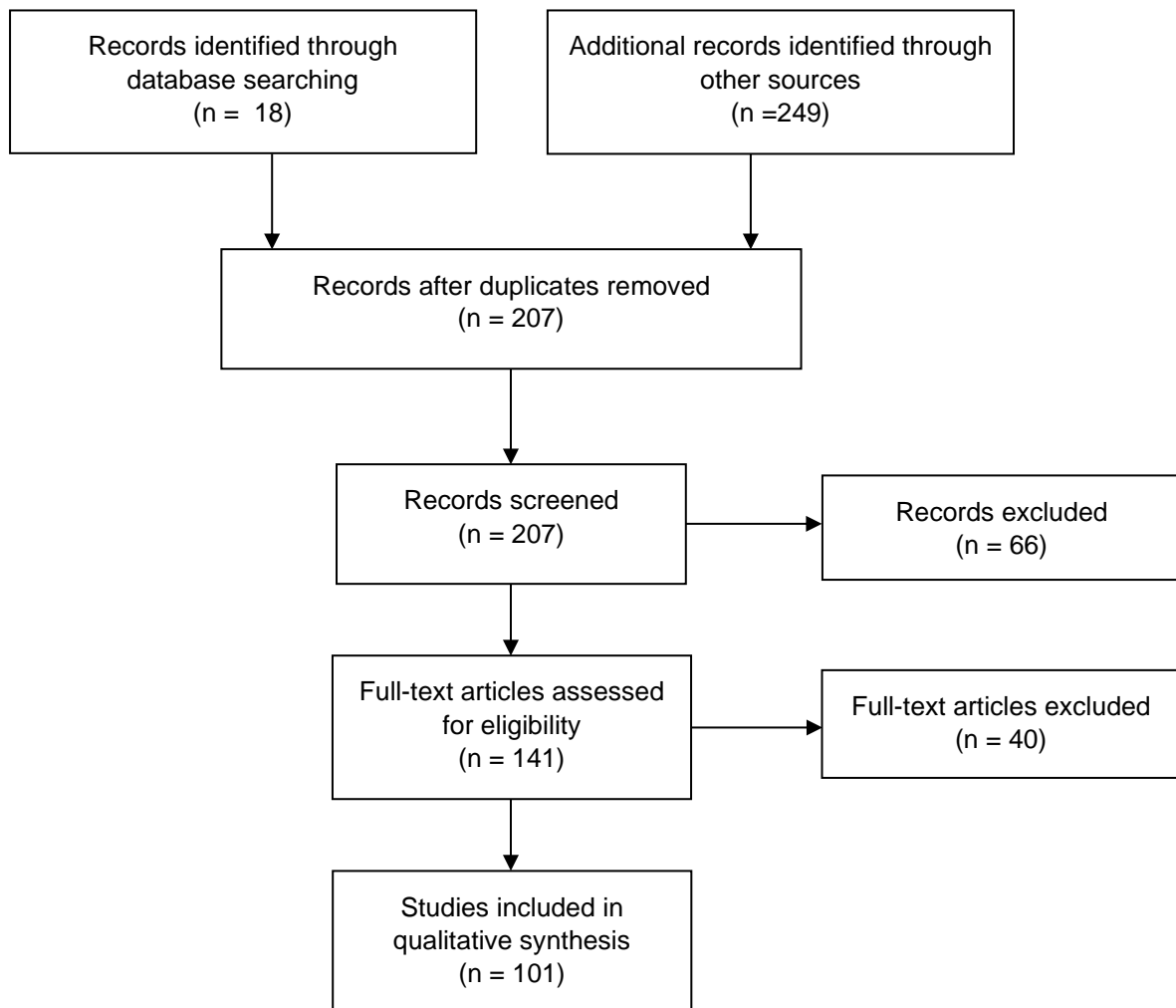
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Appendix A: PRISMA diagram



Appendix B: Summary of policy

Year	Name	Geographical area served	Description
1998	Crime and Disorder Reduction Act	England, Wales, Scotland	Addresses youth anti-social behaviour through the usage of local initiatives (DeMarco et al., 2016)
2004	All Wales Youth Offending Strategy	Wales	The aim is to protect young people by recognising that they are “children first and offenders second” WAG and YJB, p. 3, 2004) [From Haines et al., 2013]
2009	Policing and Crime Act 2009	United Kingdom	The act addressed areas including but not limited to police reform and gang violence.
2012	Health and Care Social Act 2012	England, Wales, Scotland; some areas also include N. Ireland	To improve health and wellbeing (Grimshaw and Ford, 2018) by improving outcomes and quality of care.
2012	Troubled Families Programme	England	This program was designed to support families who have been affected by crime, unemployment and antisocial behaviour, although not limited to these areas. The program involves the entire family in the intervention (Public Health England, 2015).
2014	The Anti-social Behaviour, Crime and Policing Act 2014	England and Wales	The aim is to tackle anti-social behaviour while also ensuring that certain vulnerable populations (i.e. rough sleepers) are not targeted unfairly.
2015	Serious Crime Act 2015	United Kingdom	The act added to already existing legislation to ensure that all law enforcement agencies could continue to operate effectively.
2015	Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015	Wales	The act requires local authorities and health boards to address all forms of violence and domestic abuse
2016	Ending Gang Violence and Exploitation	England	Addresses gang behaviour at the local level and works to build resistance against violence and exploitation (HM Government, 2018).
2016	Modern Crime Prevention Strategy	United Kingdom	The strategy addresses knife crime through working with retailers and banned zombie knives (HM Government, 2018). The strategy also provides evidence on the six drivers of crime.
2017	Policing and Crime Act 2017	United Kingdom	The act made it more difficult for legal weapons to be sold illegally by addressing firearm legislation. It also

			established the National Firearms Threats Centre in 2017 HM Government, 2018).
2017	Homelessness Reduction Act	England	The act changed the way that local authorities addressed homelessness. It aimed to address the root cause of homelessness while working to help those eligible to secure housing. It also promoted multi-agency cooperation in addressing homelessness.
2017	London Knife Crime Strategy	London	The strategy delineated how to tackle knife crime in London through targeting offenders and providing protection and education to young people (Community Fund, 2019).
2018	Serious Violence Strategy	England Wales	A multi-agency approach to address serious violence using an early intervention and preventative approach (Association of Police and Crime Commissioners, 2019).
2019	Offensive Weapons Act 2019	United Kingdom	The act prohibited the public sale of acid and other corrosive substances and also banned the purchase of acid by those under the age of 18. Provisions were also made to strengthen the ways in which knives and other 'bladed' weapons were sold online and banned other forms of weapons and firearms (House of Commons, 2019).



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