

DUDLEY HEALTH AND WELLBEING BOARD

REPORT SUMMARY SHEET

Agenda Item No. 7

DATE	25th September, 2019
TITLE OF REPORT	Developing a Strategy for Violence Prevention – A Public Health Approach
Organisation and Author	Karen Jackson- DMBC Head of Healthy Communities and Place Sue Haywood – DMBC Head of Community Safety
Purpose of the report	The purpose of the report is to outline the approach that is being taken to apply a public health approach to violence prevention in Dudley and to producing an overarching Violence Prevention Strategy for the Borough.
Key points to note	<p>The Public Health approach to violence reduction is not a new approach, but awareness of its benefits are being increasingly discussed nationally, regionally and locally following a number of Government announcements.</p> <p>Addressing violence is not a single agency issue, as it is the culmination of many different issues. A strategic, coordinated approach involving a range of stakeholders is required to effectively address violence prevention and reduction.</p> <p>A range of different interventions throughout the life course can reduce an individuals' propensity for violence, lower the chances of those involved in violence being involved again and ensure that those affected by violence get the support they require.</p> <p>In developing a Violence Prevention Strategy for Dudley we are:-</p> <ul style="list-style-type: none"> • Seeking to understand what is going on in a defined population - the distribution- scale and scope, impact, the drivers of violence, assets and protective factors, inequalities in risk, and public experience and perception; • Seeking to understand how to reduce the drivers of violence, evidence what works and prioritise interventions that may bring about violence reduction; • Taking a population approach, not just a focus on high risk individuals Shifting to prevention - less focus on downstream consequences and more focus on the upstream risk factors, causes and wider determinants of health; • Taking a system wide multi-agency approach - recognising that no one agency or service can tackle the issue on its own e.g. police enforcement measures can only be part of the solution; • Recognising the complexity of the issue, and seeking to build an evidence base that reflects that; • Taking co-productive, asset based approaches

	<p>A number of opportunities have been taken to consult with a cross section of Dudley's Communities and populations, either through events or an on-line survey. This work is currently on-going.</p> <p>A Stakeholder Event is also being planned for partners.</p> <p>The aim is to have a high level plan on a page by the end of October 2019 in respect of preventing and reducing violence and a full Violence Prevention Strategy in place to be launched in April 2020.</p>
Recommendations for the Board	<p>It is recommended that consideration is given to:-</p> <ol style="list-style-type: none"> 1) If there are any existing events or forums that could run listening café events as part of their work programme (We can provide plans and resources, but would prefer if staff in "situ" could run them) 2) Agreeing to contribute any data that might be required to help inform the development of the strategy 3) Completion of the mapping activity that is on-going to identify services or programmes that contribute to preventing and reducing violence.
Item type	Discussion and Strategy Development
H&WB strategy priority area	Lifestyles, neighbourhoods, health inequalities and community engagement

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DUDLEY HEALTH AND WELLBEING BOARD

DATE 19th September, 2019

REPORT OF:- K Jackson - Head of Healthy Communities and Place
and S Haywood - Head of Community Safety

DEVELOPING A STRATEGY FOR VIOLENCE PREVENTION – A PUBLIC HEALTH APPROACH

PURPOSE OF REPORT

1. This report outlines the approach being taken to apply a public health approach to violence prevention in Dudley and to producing an overarching Violence Prevention Strategy for the Borough.

BACKGROUND

2. The Public Health approach to violence reduction is not a new approach, but awareness of its benefits are being increasingly discussed nationally, regionally and locally following a number of Government announcements. These include the Government announcing that it will take a public health approach to tackling youth violence and the Mayor of London announcing the establishment of a violence reduction unit (VRU) based on the Scottish VRU, bringing together a range of specialists to work together to reduce violence by taking a public health approach. More recently funding has been secured for a West Midlands Violence Reduction Unit.
3. Addressing violence is not a single agency issue, as it is the culmination of many different issues. A strategic, coordinated approach involving a range of stakeholders is required to effectively address violence prevention and reduction.
4. A range of different interventions throughout the life course can reduce an individuals' propensity for violence, lower the chances of those involved in violence being involved again and ensure that those affected by violence get the support they require. In broad terms, a traditional Public Health approach to violence reduction includes:-
 - Seeking to understand what is going on in a defined population - the distribution- scale and scope, impact, the drivers of violence, assets and protective factors, inequalities in risk, and public experience and perception;
 - Seeking to understand how to reduce the drivers of violence, evidence what works and prioritise interventions that may bring about violence reduction;
 - Taking a population approach, not just a focus on high risk individuals;
 - Shifting to prevention - less focus on downstream consequences and more focus on the upstream risk factors, causes and wider determinants of health;

- Taking a system wide multi-agency approach - recognising that no one agency or service can tackle the issue on its own e.g. police enforcement measures can only be part of the solution;
- Making brave decisions that require a long term commitment;
- Recognising the complexity of the issue, and seeks to build an evidence base that reflects that;
- Taking co-productive, asset based approaches;
- incorporating reduction and prevention at all levels:



5. Recent media coverage has added a further dimension to this by describing a Public Health approach that treats violence like a public health epidemic. In other words violent behaviour spreads from person to person like an epidemic. To reduce violence it must be contained which involves;
 - Mapping where it is occurring - using a combination of data to understand and map out exactly where the issue is occurring to help contain the spread - mapping violence to see where it clusters.
 - Getting people to change their behaviour so that a rapid effect can be seen even when wider structural factors can't be tackled. Violence clustering is seen as due to patterns of behaviour and group norms. The emphasis is on getting people to change their behaviour and shifting group norms using credible messengers – peers - with a local connection to identify and work with those at risk of, or using violence. This might include intervening in the aftermath of violence to calm things down before a dispute escalates, mentoring work with gang members or bringing in a coordinated holistic response involving mentoring, psychotherapy support mental health services, schools, housing, social services, police and drawing on local community assets.
6. This model recognises that many people involved in serious violence have a history of trauma. For example, one of the primary indicators that someone will carry out an act of violence is being a victim of one beforehand. The idea that violence spreads in this way explains why some areas become hotspots and others don't, even with similar underlying social problems.

KEY POINTS

7. The Dudley Violence Reduction Group, now chaired by the Chief Officer for Health and Wellbeing (Dudley Council) is overseeing development of the strategy. The group reports to the Safe and Sound (Dudley's Community Safety Partnership) Strategic Board.
8. National, regional and local data is being analysed to understand the scale and nature of violent crime in Dudley – some early points are detailed in appendix 1.
9. We are reviewing the evidence base in respect of “what works” supported by evidence reviews from the West Midlands Combined Authority.
10. We are mapping provision that is already in place in respect of preventing and addressing violent crime and identifying gaps in provision to inform commissioning and “bidding opportunities.
11. We are linking in with regional opportunities e.g. the development of the West Midlands Violent Reduction Unit and regionally commissioned work in respect of Adverse Childhood Experiences (ACES) and Mentors in Violence Prevention Programme.
12. During August and September we are engaging with members of the public and stakeholders to inform the development of the Strategy through a series of world cafés around the Borough, drop-in events and by attending existing community groups and forums. Events have been advertised through internal and external networks, including voluntary agencies through the innovation fund network and black and minority ethnic community organisations, Dudley Council for Voluntary Services (DCVS) and word of mouth. Advertisements have been placed in the local news media and on-line and social media and there have been leaflet drops in the local areas.
13. A summary of views to date will be shared at the Board meeting. This will include feedback from:-
 - Play Week – “pop up” sessions in Huntingtree and Silver Jubilee Park
 - The Black Country Wellbeing Hub
 - A group of college students studying for Public Services qualification
 - A Lesbian, Gay, Bisexual and Transgender (LGBT) Group at the WHAT Centre.
 - World Café Events
 - Carers Group at the Dudley Hub
14. Further conversations are planned to take place at a drop in event at Mary Stevens Park, Stourbridge, a further Carers Group, the Over 50s Forum, and Dudley Clinical Commissioning Group's (CCGs) Health Care Forum.
15. Engagement has taken an asset based approach, starting from the basis that Dudley Borough is the safest Borough in the Black Country in relation to violent crime and looking at how we can work together to keep it that way.

16. A 'feet on the street' engagement is also running during September in Brierley Hill, Gornal, Sedgley, Coseley and Dudley with a focus on conversations with people across the life-course and from different back-grounds. This will be used to produce a short video on key feedback.
17. An on-line survey and social media campaign is also running during August and September. The survey has currently been completed by 77 people.
18. A stakeholder event will take place in late October which will seek further views from victims of violence and from those involved in dealing with the impact of violence such as doctors, police, and criminal justice partners. It will also consolidate the data, evidence and public experiences and views, with an aim to identify the high level priorities. Further engagement with communities on the identified priorities will follow this event.
19. Engagement approaches have been chosen in order to include a broad demographic and also specific communities who may be or feel more at risk of violence including young people, older people, LGBTQ, Black and Minority Ethnic (BME) communities, people with disabilities, women.
20. Our aim is to have a Plan on a Page by the end of October 2019 and a full Violence Prevention Strategy by 1st April 2020.

FINANCE

21. There are no immediate financial implications arising out of this report. Resource to develop the strategy is being funded from existing Public Health, Community Safety and other budgets

LAW

22. The Violence Prevention Strategy will assist the Local Authority and partners in meeting obligations in respect of:
 - Crime and Disorder Act 1998 and its subsequent amendments
 - Violence Crime Reduction Act 2006

EQUALITY IMPACT

23. A preliminary EIA for the listening campaign highlighted the need to ensure that targeted listening activity covers those who may feel or be more at risk of experiencing violence including BAME, LGBTQ, older people, young people, disabled communities and those already involved in the criminal justice system. This has been incorporated into the listening campaign
24. The development of a Violence Prevention Strategy for the Borough will have positive outcomes for children and young people. These will include resilience building and overall community safety outcomes. Children and young people are being consulted in the development of the Violence Prevention Strategy.

RECOMMENDATIONS

25. It is recommended that the Board considers:-

- i. If there are any existing events or forums that could run listening café events as part of their work programme (We can provide plans and resources, but would prefer if staff in “situ” could run them).
- ii. Agree to contribute any data that might be required to help inform the development of the strategy
- iii. Complete the mapping activity that is on-going to identify services or programmes that contribute to preventing and reducing violence.

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Appendix 1: What the Data is Telling Us - The Headlines:

Key insights from national and regional data¹

- Violent crime rates are low - most people are not victims of violent crime -1.7% of adults
- There have been long-term reductions in violent crime rates but this trend has flattened out over the last five years. This is different to police recorded crime data which has shown big increases in the last five years. These increases are driven by increases in the recording of stalking and harassment.
- Just over half of violent incidents for adults are 'violence without injury'. Where injury occurs 3% are most serious in nature. Most injuries - 33% are minor.
- Children and young people are more commonly victims of 'violence with injury'- but most is lower level violence – about 3% are most serious in nature.
- Firearm crime is low - it accounts for 0.2% of all police recorded crime, however it has risen by 3% in the last year after a long downward trend. Offences are concentrated in urban areas.
- There has been rises of 7% in knife crime after a downward trend, driven by possession/use for assaults and robberies. Offences are concentrated in urban areas.
- Most people know the offender. Offenders are more likely to be men and more likely to be aged 25-39.
- 16-24 year olds are more likely to be victims of violence; older people and the very young are the least likely.
- Men are more likely than women to be victims of violent crime (65% of violent crime victims are men). However police data identifies higher levels for females (53%). This is due to the higher reporting of domestic violence.
- Men are more likely to be victims of violence with injury and homicide and are 2X more men likely than women are admitted to hospital.
- People who are living in rented accommodation, single, single living with children, or living in more deprived areas or urban areas are more likely to be victims.
- Repeat victims account for just over half of all incidents. 74% are victimised once, 18% twice, 7% three times or more.
- Alcohol is a factor in 39% and drugs a factor in 21% of incidents

The Dudley Picture

- Dudley has the lowest rate of violent crime in the Black Country and 2nd lowest in the West Midlands. Rates are lower than the England average. As with England and the Region, violent crime has increased in Dudley in recent years, however the rate of increase is slower than for England. Levels are higher in more deprived and urban areas.
- We have higher rates of hospital admissions for violent crime especially compared to our lower violent crime rate. Men (76%) make up the majority of hospital admissions.

¹ The annual crime survey for England and Wales (CSEW) provides the best measure for trends in crime, especially for high volume, common and less harmful crimes. It is not affected by changes in recording practices. Police recorded crime data provides the best measure for low volume, higher harm crime including gun and knife crime.

- Local analysis has looked at the 'violence with injury' category and has found that most victims are aged 16-24 years, and the least likely victims are the very young and older ages. Women are more likely to be victims except at ages 10-15.
- Most victims are white/north European as expected in relation to the population size.
- 59% of victims had an occupation completed of which 46% were unemployed and 12% were students.