Lancashire Violence Reduction Unit

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LANCASHIRE
VIOLENCE REDUCTION
NETWORK

Executive Summary

Aims

This needs assessment and problem profile seeks to provide a baseline understanding to the Violence Reduction Network (VRN), partners and public about the reality of violence in Lancashire, and the prevalence of the underlying risk factors of violence. This assessment will be utilised to develop the Lancashire VRN Strategy, and subsequently inform the actions within the implementation plan for the VRN, including actions across the prevention spectrum.

A public health approach to violence prevention and reduction underpins this needs assessment, taking into consideration best practice and evidence for population-based prevention approaches.

A public health[1] approach to serious violence

A growing body of evidence tells us that violence is preventable. Since the publication of the World Health Organization's World report on violence and health in 2002[2], experience, research and intelligence has generated an understanding of the risk factors that contribute to violence, and the many things that can be done to prevent it. Further, we have a growing body of knowledge regarding the impact of violence and those most at risk of being either a perpetrator or victim. Knowing all of this allows us to frame a public health approach to violence prevention around evidence-based frameworks.

The preventable nature of violence naturally lends itself to a public health approach. Further, violence reflects many of the other common facets of important public health issues. There are wide inequalities in the prevalence of violence, with the greatest impacts being felt by the most deprived communities[3]. Further, there is a cyclic nature of violence, meaning that "much like many infections, violence is contagious." For example, there is a solid understanding that exposure to violence in childhood (amongst other adverse childhood experiences), increases the likelihood for an individual to be involved in violence in later life. Finally, there are masses of routine data sources from across a range of partners, which support the implementation of life-course prevention strategies from those at a universal through to a targeted level.

[1] Public health is commonly defined as "the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society" (Acheson, 1988; WHO)

[2] Krug, E.G., Dahlberg, L.L., Mercy, J.A., et al. (2002) World report on violence and health. Geneva: World Health Organization

[3] Bellis, M.A., Hughes, K., Perkins, C. & Bennett, A. (2012) Protecting people Promoting health. A public health approach to violence prevention for England. London: Department of Health
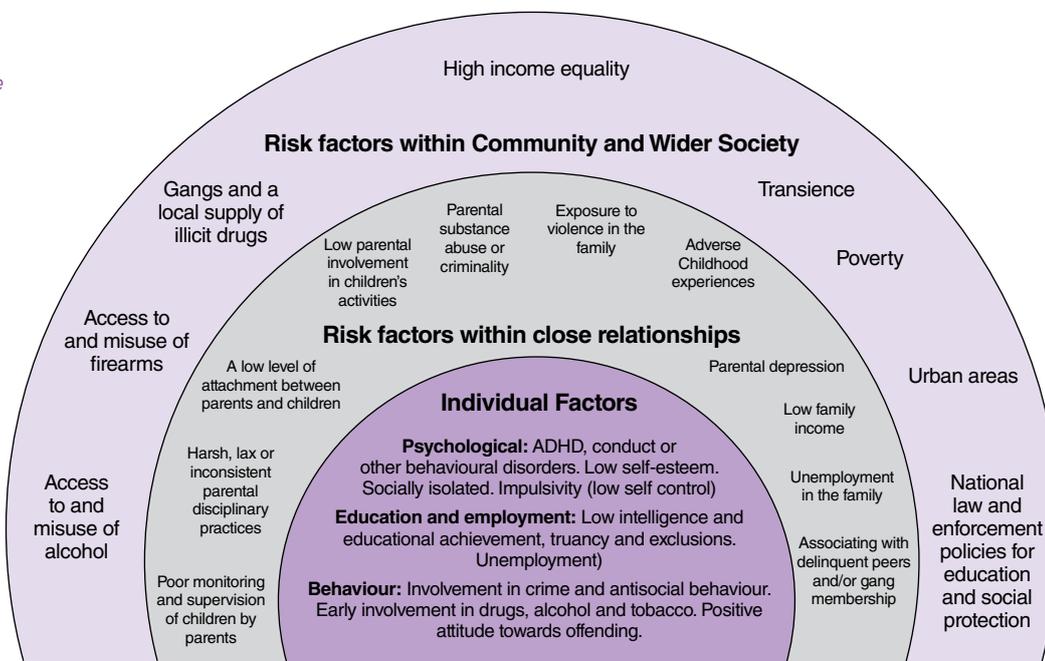
Approach

The needs assessment includes the following areas of information:

- A demographic overview of Lancashire
- Epidemiology[4] of risk and protective factors for violence in Lancashire
- Violent crime problem profile for Lancashire
- Local perceptions of serious violence
- Interventions and evidence to prevent serious violence

Risk factors for serious violence

The World Health Organization describe the risk factors for youth violence across three broad levels: individual factors, factors within close relationships and those within community and wider society. Multiple reviews of risk factors for serious violence have been undertaken; this needs assessment will consider the best evidence from all of these[5,6].

Risk factors for serious violence

Risk factors for serious violence

Risk factors within Community and Wider Society

High income equality

Gangs and a local supply of illicit drugs

Transience

Poverty

Access to and misuse of firearms

Urban areas

Access to and misuse of alcohol

National law and enforcement policies for education and social protection

Risk factors within close relationships

Low parental involvement in children's activities

Parental substance abuse or criminality

Exposure to violence in the family

Adverse Childhood experiences

A low level of attachment between parents and children

Parental depression

Harsh, lax or inconsistent parental disciplinary practices

Low family income

Poor monitoring and supervision of children by parents

Unemployment in the family

Associating with delinquent peers and/or gang membership

Individual Factors

Psychological: ADHD, conduct or other behavioural disorders. Low self-esteem. Socially isolated. Impulsivity (low self control)

Education and employment: Low intelligence and educational achievement, truancy and exclusions. Unemployment)

Behaviour: Involvement in crime and antisocial behaviour. Early involvement in drugs, alcohol and tobacco. Positive attitude towards offending.

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[4] Epidemiology is a quantitative public health discipline which looks at the frequency and patterns of events in a group of people and what the risk and protective factors are.

[5] Roberts, S. (2019) Approaches to prevent or reduce violence with a focus on youth, knife and gang-related violence. Literature Review. London: Public Health England

[6] Home Office (2019) An analysis of indicators of serious violence. Findings from the Millennium Cohort Study and the Environmental Risk (E-Risk) Longitudinal Twin Study. London: HM Government

Key findings and recommendations

		Key Findings		Recommendations
1. Causes of the causes: risk factors for serious violence	1.1	Education, employment and training Poor school attendance and attainment across Lancashire including fixed period exclusions, persistent absenteeism and GCSE attainment. High levels of poor emotional and mental health need in school age children High levels of young people NEET	1.1.1	Undertake a more detailed assessment to further understand the reasons for and distribution of exclusions and absenteeism across Lancashire at district level
			1.1.2	Consider the role of trauma informed schools to reduce fixed period exclusions
			1.1.3	Consider and further understand the interdependencies between the VRN and the Pan-Lancashire Child and Adolescent Mental Health Transformation Programme
			1.1.4	Assess and gain a better understanding of the current programmes of work which aims to address school attendance and exclusions
			1.1.5	Consider evidence informed interventions to improve school attendance incentives for adolescents to attend school
			1.1.6	Consider the opportunities for impact on those not in education, employment and training of the DIVERT programme
			1.1.7	Undertake a detailed assessment to understand the education picture for Lancashire young people within the Youth Offending Service and 18-25 year olds in the criminal justice system, to inform secondary prevention measures
			1.1.8	Investigate and where appropriate take learning from, the reasons for better than national average levels of young people not in education, employment and training in Blackburn with Darwen

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[7] https://www.newerafoundation.uk/divert

		Key Findings		Recommendations
1. Causes of the causes: risk factors for serious violence	1.2	High levels of hospital admissions for substance misuse (15-24 years) compared to England	1.2.1	Evaluate the impact of the Blackpool HACCA (Heroin and Crack Cocaine Addiction) programme for non-fatal overdose and drug related death, to explore secondary prevention opportunities and roll out across Lancashire
			1.2.2	Lancashire VRN to link with and support the Lancashire Serious Organised Crime Strategy including addressing the root causes of child sexual exploitation and child criminal exploitation (including county lines)
			1.2.3	Address the intelligence gap relating to children of known Organised Crime Group members as a key risk factor for violence. To improve data quality relating to child criminal exploitation (CCE)
		High levels of hospital admissions for alcohol-specific conditions (under 18s) compared to England average	1.3.1	Consider the evidence for bystander skills-based education programmes in schools
			1.3.2	Work with licensing authorities in Lancashire to ensure that a violence lens is applied when making representations on alcohol licensing and with Licensing Authority decision makers to identify the significance of these representations in preventing violence.
		Parenting, families and communities Variance across Lancashire for child development at age 2-2 ½ years old. Gaps in data for this indicator for Lancashire County Council. Lower than England average levels of good development at age 5 across the county	1.4.1	Support the further roll out of universal parenting programmes with an evidence-based impact on violence reduction, which support attachment and school readiness
			1.4.2	Support the co-production of trauma informed communities
			1.4.3	Consider potential evidence-based programmes to reduce reoffending through prisoner programmes which support rehabilitation back to family life
			1.4.4	Ensure that all VRN strategy and activity is trauma informed to break the cycle of adversity for individuals and within families and communities
			1.4.5	Consider opportunities to develop improved information sharing regarding individual ACE incidence for all children and young people in Lancashire to target trauma informed early help and secondary prevention strategies
			1.4.6	Ensure that all VRN strategy and activity takes a lifecourse approach to violence, maximising key opportunities through a child's development and during adulthood to reduce the risk factors for serious violence

		Key Findings		Recommendations
2. Crime Type	2.1	Homicides are showing an increasing trend in Lancashire	2.1.1	Consider expanding the domestic homicide review procedure to all homicides in Lancashire to better understand the local picture and draw upon the learning.
	2.2	Knife crime features less commonly in homicides in Lancashire, with a significantly higher prevalence of 'punching to body or head'	2.2.1	Consider the evidence for conflict resolution interventions to build self-confidence, social cohesion and to provide young people with skills to manage conflict
	2.3	There is a statistically significant upward trend for rape in Lancashire	2.3.1	Consider the evidence for bystander skills-based education programmes in schools
			2.3.2	Consider expanding the scope of the Accident and Emergency navigator work stream to include more scrutiny in the data about repeat rape victims and their wider vulnerability indicators
	2.4	Knife crimes only account for 1% of all serious violence in Lancashire	2.4.1	Develop better data capture and extraction for all crime types which used a knife or sharp instrument
			2.4.2	Ensure that any media or campaigns on the subject of knife crime reflect the local prevalence and appropriate messaging
3. Location	3.1	Serious violence is prevalent across all districts of Lancashire, districts with highest levels of serious violence relative to population are Blackpool, Burnley, Preston and Blackburn with Darwen	3.1.1	Prioritise VRN programmes of work to target interventions for those areas with bespoke need and adopt universal approaches for the others.
			3.1.2	Work collaboratively with Community Safety Partnerships to develop ongoing and further understanding of relevant serious crime types of concern in their area including prioritisation of needs and assets. Promote and develop a universal offer where appropriate.
			3.1.3	Undertake further analysis to identify the areas where greatest harm occurs
4. Victims of Serious Violence	4.1	Victims of CCE, CSE, rape and gun crime in Lancashire are most commonly aged 10-17 years old.	4.1.1	See recommendation 1.4.2 See recommendation 1.4.4 See recommendation 1.4.6 See recommendation 2.3.1
	4.2	Victims of aggravated burglary, knife crime and assaults are most commonly aged 25-31 years old	4.2.1	Understand evidence informed methods of reducing weapon carrying in Lancashire
	4.3	Rape victims in Lancashire are most commonly aged 10-17 years old and white female. Domestic abuse victims in Lancashire are most commonly 25-31-year-old white females	4.3.1	See recommendation 2.3.1
	4.4	Victims of homicide in Lancashire are most commonly aged 39-45 years old	4.4.1	See recommendation 2.1.1
	4.5	No ethnic group is statistically significantly over represented as victims of violent crime in Lancashire	4.5.1	Ensure that the VRN strategy and activity takes a public health approach including whole population approach and proportionate universalism

		Key Findings		Recommendations
5. Offenders	5.1	Offenders of violence resulting in injury in Lancashire are most commonly aged 25-31 years old and white males	5.1.1	Undertake further analysis to identify the demography and behaviours of those who inflict most harm
	5.2	The most common group of offenders of knife crime and rape in Lancashire are aged 18-24 years old	5.2.1	See recommendation 2.3.1 See recommendation 6.3.1 See recommendation 6.5.1
	5.3	No ethnic group is statistically significantly over represented as victims of violent crime in Lancashire	5.3.1	See recommendation 4.5.1
6. Public perceptions	6.1	44% of young people surveyed described a lack of after school activities for young people	6.1.1	Consider adolescent pathways, activities and diversion programmes to develop strong positive role models and alternative positive routes to crime and violence
	6.2	The main concern of young people surveyed within their community is drug use (48%) and exposure to drugs (42%)	6.2.1	Lancashire VRN to link with and support the Lancashire Serious Organised Crime Strategy including addressing child sexual exploitation and child criminal exploitation (including county lines)
			6.2.2	See recommendations 1.2.1 and 1.2.3
	6.3	Whilst 44% of young people surveyed were worried about knives, only 2% of disclose having carried a knife	6.3.1	Co-produce with young people an appropriate communication strategy and campaign for knife crime taking cognisance of wider media portrayal and messages and our local knife crime prevalence
	6.4	38% of young people surveyed in Lancashire don't feel safe out at night	6.4.1	Links to recommendation 2.2.1 self-defence
			6.4.2	Develop and adopt a consistent approach to embedding 'crime prevention through environmental design' (CPTED) requirements in the Local Plans of each of the 14 Lancashire Planning Authorities
			6.4.3	Review identified neighbourhood level violent crime hotspots to identify and address environmental risk factors
			6.4.4	Consider opportunities to maximise the role of Responsible Authorities in Licensing in addressing violent crime hotspots
			6.4.5	Consider safety campaigns relating positive messages for younger people to reduce the exaggerated perception of crime
			6.4.6	Utilising a young person's reference group devise media campaigns which focus on personal aspirations and opportunities
	6.5	When asked about solutions to knife crime in Lancashire, young people that were surveyed expressed solutions that they can influence and described solutions which lie within communities and not enforcement	6.5.1	Ensure that co-production, building community resilience, asset-based approaches and community empowerment underpin all VRN activities and strategy
	6.6	When asked about solutions to knife crime in Lancashire, adults that were surveyed expressed solutions outside of their community and responsibility with a greater focus on enforcement and harsher sentencing	6.6.1	Further develop trauma informed communities to continue to ensure positive relationships between violence reduction partners and the public, building trust and reassurance through appropriate evidence-based enforcement and regulatory activity
			6.6.2	Produce a set of communication messages for communities to develop their understanding about the impact trauma has on individual behaviour and the underlying causes of that behaviour

Contents

1.0 Introduction

1.1 Aims

This needs assessment and problem profile seeks to provide a baseline understanding to the Violence Reduction Network (VRN), partners and public about the reality of violence in Lancashire, and the prevalence of the underlying risk factors of violence. This assessment will be utilised to develop the Lancashire VRN Strategy, and subsequently inform the actions within the implementation plan for the VRN, including actions across the prevention spectrum.

A public health approach to violence prevention and reduction underpins this needs assessment, taking into consideration best practice and evidence for population based prevention approaches.

1.2 Background and definitions

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

World Health Organisation (WHO) definition of violence

In April 2018, the UK Government produced a Serious Violence Strategy[8] to address increases in serious violence since late 2014, especially those which involve knives and firearms. The Government's strategy is framed on four key themes:

• Tackling county lines and misuse of drugs

• Early intervention and prevention

• Supporting communities and partnerships

• Effective law enforcement and criminal justice response

The National Serious Violence Strategy places emphasis on partnership working across a number of sectors including but not limited to law enforcement, education, health, social services, housing, youth services, and victim services. Focus is drawn to the role of communities in prevention of violent crime and their involvement in supporting those at risk to engage in positive activities.

The National Serious Violence Strategy8 refers to a number of other complimentary programmes including the Early Intervention Youth Fund and National County Lines Co-ordination Centre. It is within the context of these wider programmes that this needs assessment has been conducted.

There is no official definition of "serious violence". In April 2018, the United Kingdom Government[9] published a Serious Violence Strategy, which acknowledges that serious violence extends to a wide variety of forms. The scope of the Government's strategy is particularly concerned with:

*'specific types of crime such as **homicide, knife crime**, and gun crime and areas of criminality where serious violence or its threat are inherent, such as in gangs and **county lines drug dealing.** It also includes emerging crime threats faced in some areas of the country such as the use of corrosive substances as weapons' (p.14).*

This needs assessment takes a broad view of the prevalence of risk factors for serious violence across Lancashire, and the current problem profile of serious violence. Bringing this information together for the Pan-Lancashire footprint will support the VRN in the development of strategy and implementation plans which are underpinned by public health principles.

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[9] HM Government (2018) Serious Violence Strategy - https://www.gov.uk/government/publications/serious-violence-strategy

[10] Government (2019, p.8) - Consultation on a new legal duty to support a multi-agency approach to preventing and tackling serious violence https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/816885/Government_Response_-_Serious_Violence_Consultation_Final.pdf

[11] Home Office (2019) - Violence Reduction Units Application Guidance

Lancashire definition of serious violence

The Government's[10] (2019, p.8) response to the consultation on a new legal duty to support a multi-agency approach to preventing and tackling serious violence states that 'it will be open to the local area to set its own reasonable definition of serious violence for the purpose of defining the scope of its activities'. The consultation report guidance proposes that the definition 'should encompass serious violence as defined for the purposes of the Government's Serious Violence Strategy and include a focus on issues such

as public space violent crime at its core' (p.8). At the same time the Home Office[11] Violence Reduction Units Application Guidance stipulates that local definitions 'must include a focus on youth violence in public spaces' (p.6).

At the inaugural meeting of the Lancashire Violence Reduction Unit leadership board, data was presented to contextualise the local picture and the definition of Lancashire Serious Violence was agreed to contain the following crime types and crime descriptors:

Homicide	**Knife Crime**	**Gun Crime**
Assault resulting in injury	**Rape**	**Robbery**
Aggravated Burglary	**Domestic Abuse and Violence (DAV)**	**Child Exploitation (Sexual and Criminal)**

Using this definition there are some crimes which will appear in multiple groups as independent crime classifications were not used uniquely. For example, an assault resulting in serious injury between two domestically related persons using a knife will be considered in three categories: knife crime, assault with injury and domestic abuse.

Where this needs assessment refers to 'Lancashire', this denotes the Pan-Lancashire 14 Authority area covered by Lancashire Constabulary, including Upper Tier Authorities Lancashire County Council, Blackpool Council and Blackburn with Darwen Borough Council.

1.3 A public health approach to violence

A growing body of evidence tells us that violence is preventable. Since the publication of the World Health Organization's World report on violence and health in 2002[12], experience, research and intelligence has generated an understanding of the risk factors that contribute to violence, and the many things that can be done to prevent it. Further, we have a growing body of knowledge regarding the impact of violence and those most at risk of being either a perpetrator or victim. Knowing all of this allows us to frame a public health approach to violence prevention around evidence based frameworks.

The preventable nature of violence naturally lends itself to a public health approach. Further, violence reflects many of the other common facets of important public health issues. There are wide inequalities in the prevalence of violence, with the greatest impacts being felt by the most deprived communities[13]. Further, there is a cyclic nature of violence, meaning that "much like many infections, violence is contagious"[3]. For example, there is a solid understanding that exposure to violence in childhood (amongst other adverse childhood experiences), increases the likelihood for an individual
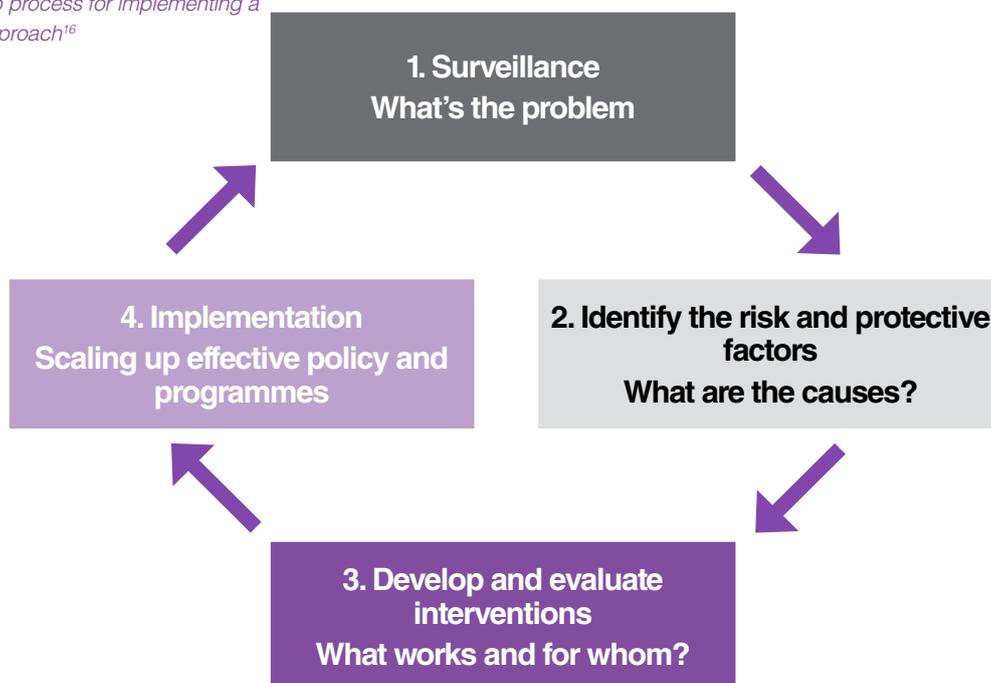
to be involved in violence in later life. Finally, there are masses of routine data sources from across a range of partners, which support the implementation of life-course prevention strategies from those at a universal through to a targeted level.

A number of key public health principles[14] underpin this needs assessment in order to maximise opportunities for violence prevention and reduction through partnership delivery of the VRN in Lancashire:

1. prevention

2. social determinants of health[15], the 'causes of the causes': risk and protective factors

3. epidemiology, data, evidence base and outcomes

4. population approaches in local implementation

The World Health Organization and Public Health England both provide frameworks for a public health approach to violence prevention. This needs assessment has been structured to support the Lancashire VRN to implement to WHO public health process[16], particularly for steps 1-3.

The WHO 4-step process for implementing a public health approach[16]

1. Surveillance
What's the problem

2. Identify the risk and protective factors
What are the causes?

3. Develop and evaluate interventions
What works and for whom?

4. Implementation
Scaling up effective policy and programmes

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[12] Krug, E.G., Dahlberg, L.L., Mercy, J.A., et al. (2002) World report on violence and health. Geneva: World Health Organization
[14] Christmas, H. & Srivastava, J. (2019) Public health approaches in policing. A discussion paper. London: College of Policing & Public Health England
[15] Dahlgren, G. & Whitehead, M. (1991) Policies and Strategies to Promote Social Equity in Health. Stockholm, Sweden: Institute for Futures Studies
[16] Krug, E.G., Dahlberg, L.L., Mercy, J.A., et al. (2002) World report on violence and health. Geneva: World Health Organization

The Public Health England place-based public health approach to serious violence prevention for England identifies the "5 C's approach": collaboration, co-production, cooperation in data and intelligence sharing, counter-narrative, and community consensus approach[17]. This model will be taken into consideration in the development of the Lancashire VRN needs assessment, strategy and delivery plan.

Figure 2. The 5Cs: a place-based public health approach to serious violence prevention[17]

[17] Public Health England (2019) A whole-system multi-agency approach to serious violence prevention. A resource for local system leaders in England. London: PHE

1.4 Costs of serious violence in Lancashire 2017/18

We are able to estimate the cost of violent crime across Lancashire by taking the unit cost of crime from the Home Office economic and social cost estimates, and multiplying these by the number of recorded crimes in Lancashire. Further exploration of cost (£) per resident takes into account our local population structures.
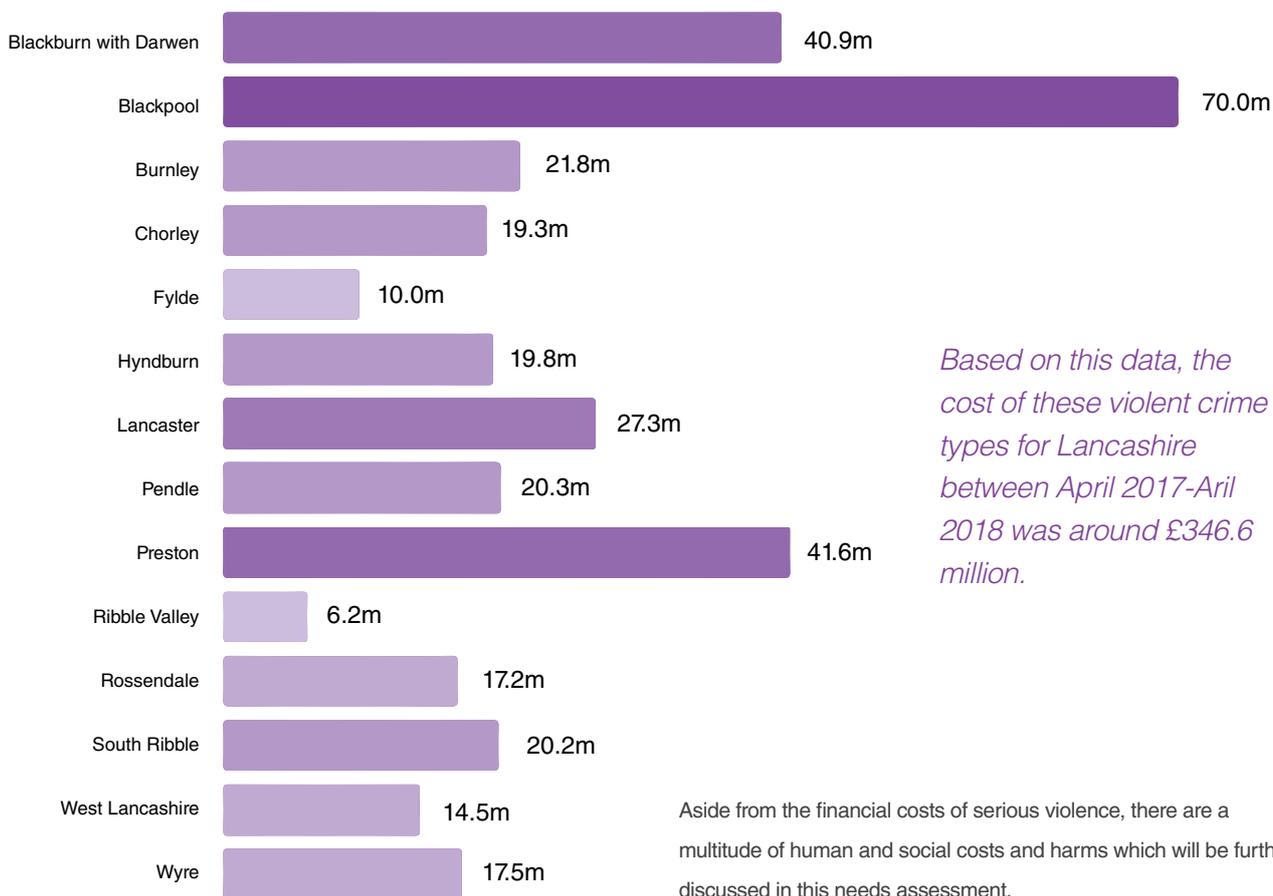
Cost of crime estimate components[18]

Crime Group	Crime	Unit Cost of Crime	Defensive Expenditure	Insurance Administration	Value of Property Stolen/ Damaged	Physical and emotional harm	Lost Output	Health Services	Victim Services	Police Cots	Other CJS Costs
Commercial	Commercial Burglary	15460	7170	860	3600	510	380	160	0	530	2240
Commercial	Commercial robbery	15000	2060	240	980	4170	2250	600	20	1010	3670
Individual	Criminal Damage - arson	8420	110	220	1600	980	340	180	10	1080	3900
Individual	Criminal Damage - other	1350	20	40	330	270	80	90	0	150	350
Individual	Domestic/ Residential burglary	5930	320	390	1400	1190	440	380	0	530	1270
Individual	Homicide	3217740	61060	10	0	2082430	254710	1110	40	6360	580
Individual	Other sexual offenses	6520	150	10	0	3700	1120	390	10	570	580
Individual	Rape	39360	970	10	0	24390	5900	1110	40	6360	580
Individual	Robbery	11320	190	140	1030	3590	920	760	10	1010	3670
Individual	Theft from person	1380	20	0	180	410	120	210	0	40	390
Individual	Theft from vehicle	870	110	0	350	140	60	40	0	80	100
Individual	Theft of vehicle	10290	1010	720	4140	270	150	100	0	2030	1870
Individual	Violence with injury	14050	330	10	0	8240	2060	920	0	1130	1370
Individual	Violence without injury	5930	110	10	0	2810	670	270	10	810	1250

[18] Heeks, M., Reed, S., Tafsiri, M. & Prince, S. (2018) The economic and social costs of crime (2nd Ed.). London: Home Office

This estimate is useful to understand the financial impact of violence across the system and economy, but there are some limitations to the estimation. The data provided below covers crimes recorded as; commercial robbery, homicide, rape, robbery and violence with injury. It is also important to remember that this data only includes recorded crimes and is therefore unlikely to be representative of the whole picture of violence in Lancashire. Critically, for the purpose and scope of this needs assessment, the costings do not include domestic violence, child sexual or criminal exploitation. Knife and gun crimes is not a defined crime type and therefore will be categorised within other crime type in this estimation and therefore the cost to society of these incidents is not explicitly costed.

Cost of Crime (commercial robbery, homicide, rape, robbery and violence with injury). Lancashire. 2017-2018 [19]

Area	Cost
Blackburn with Darwen	40.9m
Blackpool	70.0m
Burnley	21.8m
Chorley	19.3m
Fylde	10.0m
Hyndburn	19.8m
Lancaster	27.3m
Pendle	20.3m
Preston	41.6m
Ribble Valley	6.2m
Rossendale	17.2m
South Ribble	20.2m
West Lancashire	14.5m
Wyre	17.5m

Based on this data, the cost of these violent crime types for Lancashire between April 2017-Aril 2018 was around £346.6 million.

Aside from the financial costs of serious violence, there are a multitude of human and social costs and harms which will be further discussed in this needs assessment.

[19] Lancashire Multi Agency Data Exchange (MADE)

2.0 Approach

This needs assessment and problem profile seeks to provide a baseline understanding to the Violence Reduction Unit and partners about the reality of violence in Lancashire, and the prevalence of the underlying risk factors of violence.

2.1 Data sources

Data included in this needs assessment has been taken from two main sources, Public Health England (PHE) fingertips database, and crime statistics. Public Health England fingertips provides a rich data source of data across health and wellbeing indicators, including from Hospital Episode Statistics, Local Authority Datasets and Department of Work and Pensions. Data is available at different levels depending on the data source, with some indicators available at District Council level and others at Upper Tier Authority level. There are some limitations to this due to the diversity in Lancashire, which can potentially mask the inequalities prevalent across the area. Further, there is often a time lag on the data available within this dataset due to the need to quality assure and clean the data. This time lag can sometimes mean that indicators may be somewhat out of date and may not reflect the contemporaneous picture. Further information and definitions for data can be found on the PHE Fingertips website[20].

Crime statistics have been drawn from Office of National Statistics (ONS) datasets, Lancashire Police Crime and Intelligence systems and the Lancashire Multi Agency Database Exchange (MADE) which includes a myriad of data from a range of partners[21]. MADE also includes Accident and Emergency data provided to local partners via the local Trauma and Injury Intelligence Group (TIIG) process. All crime data included in this needs assessment is the total figures over a three year period from 1st April 2016 to 31st March 2019.

There are a number of other local datasets available which will be used in further deep dive needs assessments for specific programmes of work. This data has not been included in this overview assessment due to challenges in quality assurance, data cleansing and the challenges around different locality areas across the wider Pan-Lancashire footprint.

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[20] https://fingertips.phe.org.uk/

[21] MADE is a multi-agency Database Exchange developed by Lancashire County Council to share partners' data under the Crime and Disorder Act 1998. Data is collated from Lancashire Fire and Rescue Service, Lancashire Constabulary, Lancashire Clinical Commissioning Groups, Drug and Alcohol Services, North West Ambulance Service, Victim Services, Social Care services from Lancashire , Blackburn with Darwen and Blackpool, Lancashire youth Offending Teams, Lancashire Probation, and other associated service providers. The data is used to monitor and deliver appropriate services and priorities to keep people and places of Lancashire safe.

2.2 Format of this needs assessment

The assessment starts with a picture of the 'causes of causes'[14] (social determinants) of violence in Lancashire, moving onto data around specific types of violence including what we know about victims, perpetrators and locations of violence. Next, voices of local people are reflected and the document concludes with best practice evidence.

The needs assessment includes the following areas of information:

- A demographic overview of Lancashire
- Epidemiology[22] of risk and protective factors for violence in Lancashire
- Violent Crime Problem Profile for Lancashire
- Local perceptions of serious violence
- Interventions and evidence to prevent serious violence

3.0 A Demographic Overview of Lancashire

This section aims to set the scene for the overall demography of Lancashire as set out in the Lancashire Joint Strategic Needs Assessment (JSNA) Annual Commentary 2017/18[23].

Lancashire is a county in the North West of England and consists of two unitary authorities Blackpool and Blackburn with Darwen, the remainder is consists or upper tier Lancashire County Council and 12 District authorities: Burnley, Chorley, Fylde, Hyndburn, Lancaster, Pendle, Preston, Ribble Valley, Rossendale, South Ribble, West Lancashire, and Wyre.

Lancashire is home to four universities: Lancaster University, the University of Central Lancashire, Edge Hill University and the Lancaster campus of the University of Cumbria. Seven colleges offer higher education courses.

Lancashire has a mostly comprehensive system of secondary education with four state grammar schools. Not including sixth form colleges, there are 77 state schools (not including Burnley's new schools) and 24 independent schools.

There are eight NHS Clinical Commissioning Groups and seven NHS Trusts of which five are Acute Hospitals and two Mental Health Hospitals.

There are five prisons in Lancashire two category B adult males HMP Preston and HMP Garth, two category C adult males HMP Wymott and HMP Lancaster Farms; and HMP Kirkham a category D men's prison. The nearest female prison to Lancashire is HMP Styal in Cheshire, this is a closed category prison for female adults and young offenders.

Lancashire hosts eight National League Football clubs all of these support a Community Trust.

Blackpool is the largest seaside resort in the North West of England and Morecambe is also a seaside resort but on a smaller scale.

3.1 Population estimates and projections

The mid 2018 mid-year population estimate for the Lancashire-14 area, was 1,498,300 people, this is 0.5% (7,803 persons) higher than 12 months earlier. For the Lancashire-14 area, 21.3% were aged 0-17 years, 58.9% were aged 18 to 64 years, and 19.9% were aged 65 and over. These estimates indicate that the Lancashire-14 area had a greater percentage in the 65 and older age group, a lower proportion in the 20 to 64 age group but a marginally higher percentage for those aged 0-19 years.

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[22] Epidemiology is a quantitative public health discipline which looks at the frequency and patterns of events in a group of people and what the risk and protective factors are.

[23] Jones, G. (2017) Lancashire JSNA annual commentary 2017/18. A compendium of key issues for health, wellbeing, social care and the wider determinants of health. Preston: Lancashire County Council

3.2 Age structures

Over the next decade the number of children aged 0 to 15 in the county is predicted to rise and then thereafter decline. The working-age population is predicted to start to decline within five years and the older population will continue to increase, with more people falling into the over-85 bracket each year as life expectancy increases over the period.

Population of Lancashire by age group (2018 mid year population estimates)

Females ■ Males
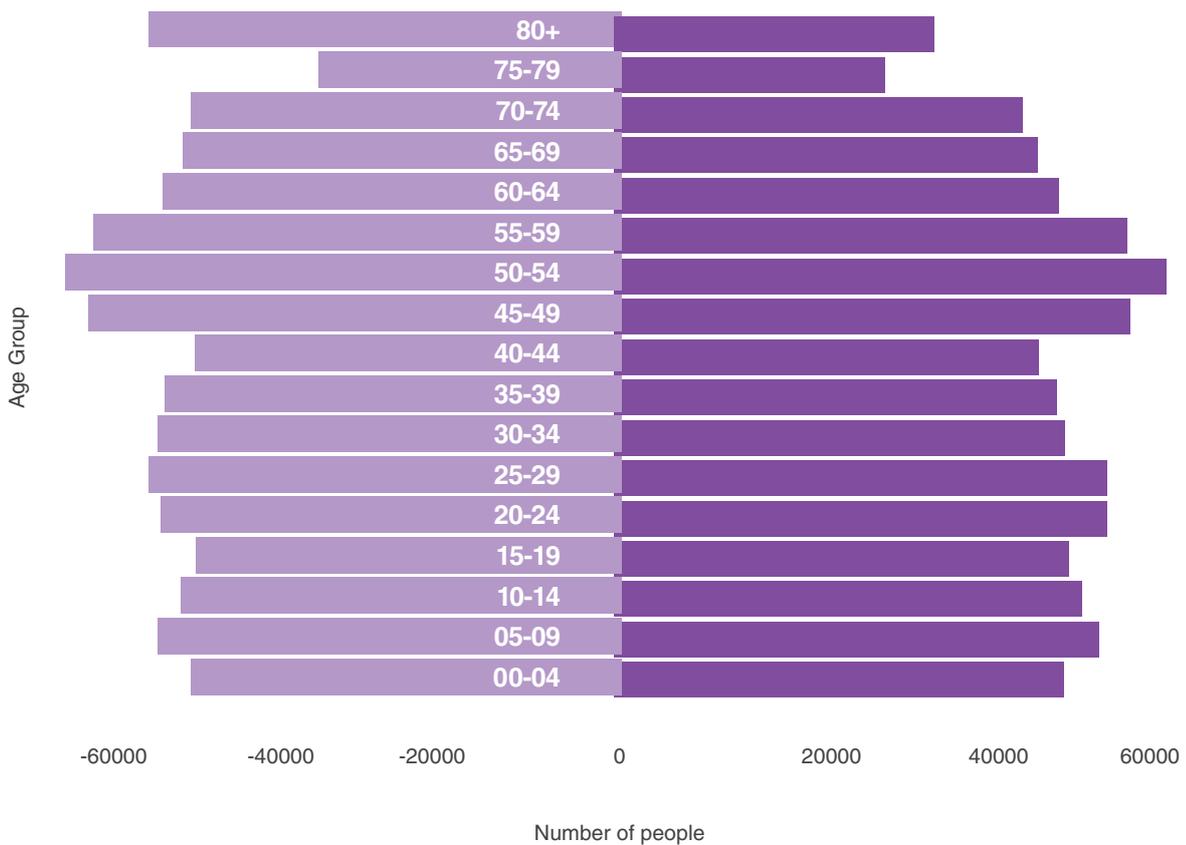
3.3 Ethnicity

The majority of the population of Lancashire is White (90%). The other ten per cent of the population (around 141,000 people) are from Black, Asian and minority ethnic (BAME) groups. The largest BAME populations are found in Blackburn with Darwen (31%), Pendle (20%), Preston (20%), Burnley (12%) and Hyndburn (12%).

The ethnic breakdown of Lancashire consists of White 90.4%, Asian 7.9%, Mixed race 1.1%, Black 0.4% and other ethnic groups make up 0.3% of the population.

3.4 Migration

There were 8,710 national insurance number registrations in Lancashire-14 in 2015/16, an increase of 310 from the previous year. Polish immigration remains the major source of registrations with 23.8% of the total. Increases in registrations from Pakistan, Bulgaria and Spain are slowing down while the rate of increase from Romanian nationals is rising.

3.5 Deprivation

Levels of socio-economic deprivation vary across the Lancashire area with great inequalities relating to these. The map below shows the Index of Multiple Deprivation 2019 across the Lancashire area. Districts with the highest level of deprivation in Lancashire include Blackpool, Burnley and Blackburn with Darwen. Less deprived districts in Lancashire include Ribble Valley, South Ribble and Fylde. It must be noted, however, within all districts, there is a wide variation of deprivation at ward level.
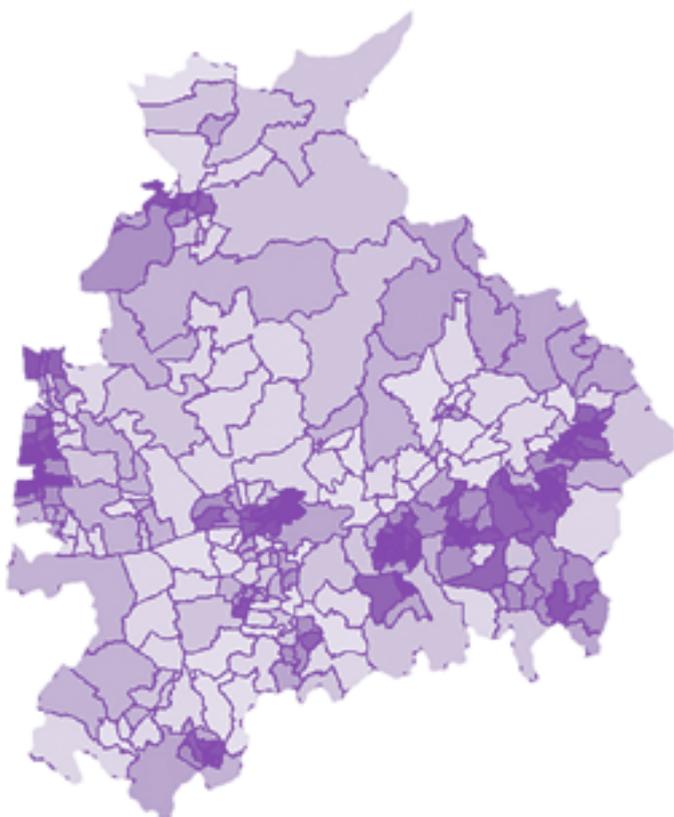
Districts containing wards where deprivation is high, where the indices of Multiple Deprivation Score is less than 250

Districts of Lancashire	% of wards where the Indices of Multiple Deprivation score is in the bottoms decile (i.e. score of less than 250)
Blackburn with Darwen	24%
Blackpool	48%
Burnley	20%
Chorley	0%
Fylde	0%
Hyndburn	25%
Lancaster	7%
Pendle	15%
Preston	13%
Ribble Valley	0%
Ribble Valley	0%
South Ribble	0%
West Lancashire	4%
Wyre	4%

4.0 Risk and Protective Factors for Violence and their Prevalence in Lancashire

4.1 Risk factors

The World Health Organization describe the risk factors for youth violence across three broad levels: individual factors, factors within close relationships and those within community and wider society. Multiple reviews of risk factors for serious violence have been undertaken; this needs assessment will consider the best evidence from all of these [8,24,25]

Risk factors for serious violence

High income equality

Risk factors within Community and Wider Society

Gangs and a local supply of illicit drugs

Transience

Low parental involvement in children's activities

Parental substance abuse or criminality

Exposure to violence in the family

Adverse Childhood experiences

Poverty

Access to and misuse of firearms

Risk factors within close relationships

A low level of attachment between parents and children

Parental depression

Urban areas

Individual Factors

Low family income

Access to and misuse of alcohol

Harsh, lax or inconsistent parental disciplinary practices

Psychological: ADHD, conduct or other behavioural disorders. Low self-esteem. Socially isolated. Impulsivity (low self control)

Education and employment: Low intelligence and educational achievement, truancy and exclusions. Unemployment)

Behaviour: Involvement in crime and antisocial behaviour. Early involvement in drugs, alcohol and tobacco. Positive attitude towards offending.

Unemployment in the family

Associating with delinquent peers and/or gang membership

National law and enforcement policies for education and social protection

Poor monitoring and supervision of children by parents

[24] Roberts, S. (2019) Approaches to prevent or reduce violence with a focus on youth, knife and gang-related violence. Literature Review. London: Public Health England

[25] Home Office (2019) An analysis of indicators of serious violence. Findings from the Millennium Cohort Study and the Environmental Risk (E-Risk) Longitudinal Twin Study. London: HM Government

4.2 Risk factors for serious violence in Lancashire

Data considered in this section has been taken from the Public Health England Fingertips resource[26] which draws from a range of data sources including NHS, social care, education and national survey. Data included is quality assured by Public Health England.

The majority of data available for these indicators is collated at upper tier authority level and is therefore presented for Lancashire, Blackburn with Darwen and Blackpool. This poses some challenges for specific targeting of interventions due to the widely differing demographics within upper tier authorities, particularly across Lancashire. This needs assessment provides a snapshot overview for the purposes of informing the VRN Strategy. Further deep dive will be undertaken to inform specific pieces of work within the VRN work plan

4.2.1 Individual factors

Mental health: young people

Estimating prevalence of mental health, autism and learning difficulties within the population is difficult because of the high levels of undiagnosed need.

For conditions such as Attention Deficit Hyperactivity Disorder (ADHD), prevalence estimates are based upon national survey and do not take account local factors or wider determinants of health, so are of limited help in local service planning.

Areas for improvement highlighted across mental health of young people generally include:

• Secondary age emotional and mental health needs in Blackpool

• Primary age emotional and mental health needs in Blackburn with Darwen and Blackpool

Indicator	Period	◄►	England	Pan-Lancashire	Lancashire	Blackburn with Darwen	Blackpool
Children with Autism known to schools (Persons, School age)	2018	◄►	13.7	11.9*	12.8	7.4	10.8
Children with learning difficulties (Persons, School age)	2018	◄►	33.9	34.9*	32.5	39.2	50.4
Percentage who had bullied others in the past couple of months at age 15 (Persons, 15 yrs)	2014/15	◄►	10.1	-	8.4	9.8	11.5
Percentage who were bullied in the past couple of months at age 15 (Persons, 15 yrs)	2014/15		55.0	-	57.9	53.4	56.5
Estimated prevalence of mental health disorders in children and young people: % population aged 5-16 (Persons 5-16 yrs)	2015	◄►	9.2*	9.5*	9.3*	10.2*	10.3*
School pupils with social, emotional and mental health needs: % of schools with social emotional and mental health needs (Persons, Secondary school age)	2018	◄►	2.31	1.61*	1.37	2.06	3.26
School pupils with social, emotional and mental health needs: % of schools with social emotional and mental health needs (Persons, Primary school age)	2018	◄►	2.19	1.94*	1.70	2.79	2.91
School pupils with social, emotional and mental health needs: % of schools with social emotional and mental health needs (Persons, School age)	2018	◄►	2.39	1.98*	1.77	2.56	3.08

*Compared with benchmark

Better	Similar	Worse	Lower	Similar	Higher

26   Public Health England (2019) Fingertips: Public Health Profiles [online] https://fingertips.phe.org.uk/

Educational achievement and youth employment

Educational attainment, measured by GCSE achievement shows statistically significantly lower achievement in Blackpool than the England average.

Overall, young people within Lancashire County Council achieve statistically similar GCSE attainment to the rest of England. There are a number of areas within Lancashire with statistically significantly worse educational attainment than the England average: Burnley (50.6%), Hyndburn (50.4%) and Pendle (47.1%).

Indicator	Period	◀▶	England	Pan-Lancashire	Lancashire	Blackburn with Darwen	Blackpool
Educational attainment (5 or more GCSEs): % of all children (Persons, 15-16 yrs)	2015/16	◀▶	57.8	57.2*	58.4	59.0	45.5
GCSE Achievement (5A*-C including English & Maths): (Persons, 15-16 yrs)	2103/14	◀▶	56.6	55.6*	56.9	54.8	46.0
GCSE Achieved (5A*-C including English & Maths with free school meal status): (Persons, 15-16 yrs)	2014/15	◀▶	33.3	30.6*	30.8	37.8	22.7
16-17 year olds not in education, employment or training (NEET) or whose activity is not known (Persons 16-17 years)	2017		6.0	-	8.3	4.8	18.0*

*Compared with benchmark | Better | Similar | Worse |

For young people with lower socio-economic status in Lancashire (in receipt of free schools meals), achievement is worse than the England average (30.8%).

Educational attainment (5 or more GCSEs): % of all children 2015/16

Area ▲▼	Recent Trend	Count ▲▼		Value ▲▼	95% Lower CI	95% Upper CI
England	-	309,517	57.8		57.6	57.9
Lancs 14	-	8,771	57.2		-	
Ribble Valley	-	466	70.2		66.6	73.5
South Ribble	-	724	64.4		61.5	67.1
Chorley	-	705	64.2		61.3	67.0
West Lancashire	-	714	61.6		58.8	64.4
Wyre	-	651	61.0		58.1	63.9
Preston	-	814	59.6		57.0	62.2
Blackburn with Darwen	-	1,078	59.0		56.8	61.3
Lancaster	-	801	58.5		55.0	61.1
Fylde	-	342	56.6		52.6	60.5
Rossendale	-	426	54.8		51.2	58.2
Burnley	-	444	50.6		47.3	53.9
Hyndburn	-	480	50.4		47.2	53.5
Pendle	-	460	47.1		44.0	50.2
Blackpool	-	666	45.5		43.0	48.1

Source: Data downloaded from the department for Education website

Blackburn with Darwen perform significantly better than the England average for the percentage of young people not in employment, education or training (4.8%). Lancashire (8.3%) and Blackpool (18%, with a known data quality issue highlighted within the national dataset) are significantly worse than England for this indicator.

Truancy and exclusions

Lancashire as a whole has fewer fixed period exclusions and school absentees than the England average.

Blackburn with Darwen generally fairs well compared to the England average for these indicators, with the exception of primary school persistent absentees (defined as missing 10% or more of possible sessions).

Blackpool shows a significantly higher rate of fixed rate exclusions (19.2% of secondary school pupils) than the England average including those for persistent disruptive behaviour (2.2%). Further, persistent absenteeism for secondary school young people is worse than the England average in Blackpool (18%).

Crime and antisocial behaviour

On the whole, the Pan-Lancashire picture for youth offending is generally in line with the England average, or better.

In Blackpool, we see higher than England average rate of young people within the youth justice service (9.7 per 1000 population 10-18 years).

It is important to remember that this statistic does not represent the full picture for youth crime in an area, rather an indication of service demand and convictions within the population. Further, a number of these indicators use relatively old data (2015/16) and may not accurately reflect improvement programmes in place since the time of data collection.

Indicator	Period	◀▶	England	Pan-Lancashire	Lancashire	Blackburn with Darwen	Blackpool
Secondary school fixed period exclusions: rate per 100 pupils (Persons, Secondary school age)	2018	◀▶	13.7	11.9*	12.8	7.4	10.8
Fixed period exclusions due to persistent disruptive behaviour: rate per 100 pupils (Persons, Secondary school age)	2018	◀▶	33.9	34.9*	32.5	39.2	50.4
Primary school fixed period exclusions: rate per 100 pupils (Persons, Secondary school age)	2014/15	◀▶	10.1	-	8.4	9.8	11.5
Persistent absentees - Primary school (Persons, Secondary school age) New Data	2014/15		55.0	-	57.9	53.4	56.5
Persistent absentees - Secondary school (Persons, Secondary school age) New Data	2015	◀▶	9.2*	9.5*	9.3*	10.2*	10.3*

*Compared with benchmark

Better	Similar	Worse	Lower	Similar	Higher

Drugs and alcohol

Admissions to hospital for substance misuse and alcohol specific conditions in under 18s across Pan-Lancashire fall either in line with or worse than the England average.

Worse than England average levels of admissions for substance misuse in 15-24 year olds are seen in residents from:

• Fylde and Wyre CCG: 141.1 per 100,000 population

• Blackpool CCG: 286.3 per 100,000 population

• Morecambe Bay CCG: 237.6 per 100,000 population

• East Lancashire CCG: 131.7 per 100,000 population

• Blackburn with Darwen CCG: 132.2 per 100,000 population

Opiate and or crack cocaine use in the North West in 2016/17 was estimated at 10.8 per thousand population, higher than the national average (8.9 per 1000 population)[27]. In the North West the age breakdown is 8% 15-24 years, 17% 25-34 years and the majority (73%) are 35 -64 years old. The number of drug deaths nationally is the highest in 2018 since records began. The England average is 4.3 per 1,000 population. However, across Lancashire this is higher at 6.0 in Lancashire County Council (12), 6.2 in Blackburn with Darwen. The rate in Blackpool is three times higher at 18.5 per 1,000 population.

Admission episodes for alcohol specific causes in under 18s are worse than the England average in residents from:

• Fylde and Wyre CCG: 54.9 per 100,000 population

• Blackpool CCG: 73.6 per 100,000 population

• Morecambe Bay CCG: 195.9 per 100,000 population

Alcohol is prevalent in 21% of Domestic Abuse related crimes. Where data is available, in Lancashire, 51% of people who presented at Accident and Emergency with assault injury had consumed alcohol in the previous three hours. With regards to location of a last drink, 37% had consumed their last drink in a pub/club or bar, 21% had their last drink at home and 42% had consumed alcohol elsewhere. The most common time to present at Accident and Emergency with an assault injury is 2am on Sunday.

There are 6,104 premises in Lancashire with licenses to sell alcohol on or off the premises. The districts where the greatest numbers are Blackpool (22%), Preston (11%) and Lancaster (10%).

Indicator	Period		England	Pan-Lancashire	NHS West Lancashire CCG	NHS Chorley and South Ribble CCG	NHS Greater Preston CCG	NHS Fylde and Wyre CCG	NHS Blackpool CCG	NHS Morecambe Bay CCG	NHS East Lancashire CCG	NHS Blackburn with Darwen CCG
Hospital admissions due to substance misuse (15-24 years) (Persons, 15-24 yrs)	2015/16 - 17/18	◄►	85.2	-	91.3	83.7	94.1	141.1	286.3	237.6	131.7	132.2
Admission episodes for alcohol specific conditions - Under 18s (Persons, <18 yrs)	2015/16 - 17/18	◄►	32.8	54.9*	41.4	32.2	23.6	54.9	73.6	195.9	37.5	36.2

*Compared with benchmark | Better | Similar | Worse |

[27] Estimates of the Prevalence of Opiate Use and/or Crack Cocaine Use, 2016/17: Sweep 13 report; Gordon Hay, Anderson Rael dos Santos, Howard Reed, Vivian Hope 16/17

4.2.2 Risk factors within close relationships

Adverse childhood experiences[28] (ACEs)

In 2012, Blackburn with Darwen published the first ACEs study in the UK[29]. The study found that almost half (47%) of adults across the borough have suffered at least one ACE, with 12% of adults in Blackburn with Darwen having suffered four or more ACEs. The study showed that the more ACEs individuals experience in childhood, the greater their risk of a wide range of health-harming behaviours and diseases as an adult.

Adverse childhood experiences have been linked to increased risk of future victimisation or perpetration of violence by those who experience them. Evidence shows an intergenerational cycle of ACEs, so prevention and early support is imperative to positively impact upon this.

Whilst we do not routinely monitor or count ACEs in Lancashire, there are some data available, which outline statutory involvement of Children's Social Care, and are indicative of the spread of childhood adversity within the county.

Indicator	Period		England	Pan-Lancashire	Lancashire	Blackburn with Darwen	Blackpool
Children in need due to family stress or dysfunction or absent parenting: rate per 10,000 children aged under 18 (Persons, <18 yrs)	2017	◄►	93.8	100.2*	97.6	125.6	89.1*
Children in need due to socially unacceptable behaviour: rate per 10,000 children aged under 18 (Persons, <18 yrs)	2018	◄►	6.9	1.8*	1.7	2.1	2.1
New child protection cases: Rate of children who became the subject of a child protection plan during the year, per 10,000 aged <18 (Persons, <18 yrs)	2014/15	◄►	53.7	60.3*	47.6	68.0	157.9
Repeat child protection cases: % of children who became subject of a child protection plan for a second or subsequent time (Persons, <18 yrs)	2018		20.2	21.5*	22.2	16.7	22.5
Children on child protection plans, rate per 10,000 aged <18 (Persons, <18 yrs)	2014/15	◄►	42.9	47.4*	38.2	48.9	123.9
Children subject to a child protection plan with initial category of abuse, rate per 10,000 aged <18 (Persons, <18 yrs)	2018	◄►	21.2	29.3*	27.6	41.1	28.9
Children subject to a child with initial category of neglect, rate per 10,000 aged <18 (Persons, <18 yrs)	2018	◄►	21.8	20.0*	17.2	31.3	29.6
Children who started to be looked after due to abuse or neglect, rate per 10,000 aged <18 (Persons, <18 yrs)	2018	◄►	16.4	25.8*	20.6	31.8	60.5
Children who started to be looked after due to family stress or dysfunction or absent parenting, rate per 10,000 aged <18 (Persons, <18 yrs)	2017	◄►	9.3	9.4*	8.9	9.1*	13.6

*Compared with benchmark

| Better | Similar | Worse |

[28] Adverse Childhood Experiences (ACEs) are stressful events occurring in childhood including: domestic violence, parental abandonment through separation or divorce, a parent with a mental health condition, being the victim of abuse (physical, sexual and/or emotional), being the victim of neglect (physical and emotional), a member of the household being in prison, growing up in a household in which there are adults experiencing alcohol and drug use problems.

[29] Bellis, M.A., Lowey, H., Leckenby, N., Hughes, K. & Harrison, D. (2014) Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population. Journal of Public Health, vol. 36, issue 1, pp.81–91

Across Lancashire as a whole, the main areas where levels are higher than the England average are for child protection plans with an initial category of abuse (29.3 children per 10,000 whole population of under 18s), and the rate of children who started to be looked after due to abuse or neglect (25.8 per 10,000 whole population of under 18s).

However, the rate of children in need due to family stress, dysfunction or absent parenting is worse than the England average in Blackburn with Darwen (125.6 children per 10,000 whole population of under 18s), as are both categories of abuse (41.1 children per 10,000) and neglect (31.3 children per 10,000) for Child Protection Plans and children becoming looked after (31.8 children per 10,000).

The rate of children on child protection plans or becoming looked after for either abuse, neglect, family stress, dysfunction or absent parenting are all significantly higher in Blackpool than the England average.

There are a number of different explanations for changes in the rate of repeat child protection cases, both nationally and at a local level. Because of this, it is possible to interpret changes to this indicator in both positive and negative lights. On the one hand, repeat child protection cases rate across Pan-Lancashire is in line with the England average, could be indicative of

good child protection and wider partnership services once children are identified as at risk of significant harm. It is also important to remember that these figures show service demand and delivery, and whilst it is possible to utilise these as a proxy indicator for levels of child protection concern within an area, excellent awareness, early identification, threshold for concern and partnership working may also lead to a higher or lower than national rate for these indicators.

Attachment, parenting, school readiness

Child development at age 2-2.5 years old is in line with or better than the England average in Blackpool. Whilst in Blackburn with Darwen, development at this age is generally worse than the England average. Data is not available for Lancashire for this indicator as no data was submitted for 2018/19 for these indicators.

Child development at age five years is significantly worse than the England average across all three Council areas of Lancashire (70% Lancashire, 67% Blackburn with Darwen and 68% Blackpool achieving a good level of development).

However, development of children at 5 who receive a free school meal is in line with the England average in Blackburn with Darwen and Blackpool, although still lower than for the whole cohort of this age group at 52% and 55%

Indicator	Period	◄▶	England	Pan–Lancashire	Lancashire	Blackburn with Darwen	Blackpool
Child development percentage of children achieving a good level of development at 2-2.5 years (Persons, 2-2.5 years)	2018/19	◄▶	84.1*	-	*	71.6	90.4
Child development percentage of children achieving an expected level of development at 2-2.5 years (Persons, 2-2.5 years)	2018/19	◄▶	90.0*	-	*	93.2	90.4
Child development percentage of children achieving an expected level in fine motor skills at 2-2.5 years (Persons, 2-2.5 years)	2018/19	◄▶	94.0*	86.2*	*	79.1	96.5
Child development percentage of children achieving an expected level in gross motor skills at 2-2.5 years (Persons, 2-2.5 years)	2018/19		93.5*	85.9*	22.2	79.1	95.8
Child development percentage of children achieving an expected level in personal social at 2-2.5 years (Persons, 2-2.5 years)	2018/19	◄▶	92.9*	-	*	78.7	97.9
Child development percentage of children achieving an expected level in problem solving skills at 2-2.5 years (Persons, 2-2.5 years)	2018/19	◄▶	94.3*	86.7*	*	78.7	98.3
School readiness: percentage of children achieving a good level of development at the end of Reception (Persons, 5 yrs)	2017/18	◄▶	71.5	-	69.5	67.4	67.9
School readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception (Persons, 5 yrs)	2017/18	◄▶	84.1*	-	53.6	52.2	54.7

*Compared with benchmark   Better   Similar   Worse

Poverty and housing

All three areas of Lancashire fair significantly better than the England average for youth homelessness and family homelessness.

Significantly worse than England average levels of children in low-income families are seen in:

- Blackburn with Darwen: 21.4%
- Blackpool: 25.8%
- Burnley: 21.7%
- Hyndburn: 20.2%
- Preston: 17.9%

Whilst better than England average levels of children in low income families are seen in Wyre, there is a significant upward trend in this area which may be worth consideration.

Indicator	Period	◀▶	England	Pan-Lancashire	Lancashire	Blackburn with Darwen	Blackpool
Homeless young people aged 16-24 (Persons, 16-24 yrs)	2017/18	◀▶	0.52	0.18*	0.16*	0.28	0.30
Family homelessness (Persons,)	2017/18	◀▶	1.7	-	0.4	0.6	0.3
Children in low income families (under 16s)(Persons, <16 yrs)	2016	◀▶	17.0	-	15.1	20.7	26.2
Children in low income families (all dependent children under 20) (Persons, 0-19 years)	2016		17.0	-	15.1	21.4	25.8
Fuel Poverty New Data	2017	◀▶	10.9	-	12.6	16.5	97.9

*Compared with benchmark   Better   Similar   Worse

Children in low income families (all dependent children under 20)

Area	Recent Trend	Count		Value		95% Lower CI	95% Upper CI
England	⬇	1,974,035	17.0			17.	17.0
Lancs 14	-	-				-	
Blackpool	⬇	7,885	25.8			25.3	26.3
Burnley	⬇	4,610	21.7			21.1	22.3
Blackburn with Darwen	⬇	8,725	21.4			21.0	21.8
Hyndburn	⬇	3,995	20.2			19.6	20.7
Preston	⬇	5,735	17.9			17.5	18.3
Pendle	⬇	3,910	17.1			16.6	17.6
Rossendale	⬇	2,435	15.9			15.3	16.5
Wyre	⬆	2,938	15.4			14.9	15.9
Lancaster	⬇	3,910	14.7			14.4	15.1
West Lancashire	⬇	3,010	13.5			13.1	14.0
Fylde	➡	1,495	11.5			19.9	12.0
Chorley	⬇	2,500	11.1			10.6	11.5
South Ribble	⬇	2,300	10.2			9.8	10.6
Ribble Valley	➡	595	5.7			5.2	6.1

Source: Data downloaded from the department for Education website

Serious organised crime

The threat from serious and organized crime (SOC) is often hidden and / or unreported. The most direct harm from SOC are through the distribution and supply of Class A drugs and whilst the threat from SOC is changing, the adverse impact of drugs and the vulnerabilities associated with this crime type remains one of the most significant threats from SOC in Lancashire.

The secondary impact factors of drugs supply is the use of violence and threats including the use of weapons and firearms by Organised Crime Groups (OCG's) as they seek to enforce territories and establish new drugs markets. The continued emergence and more sophisticated understanding of 'County Lines' is a strategic threat to the Force with OCG's from neighbouring areas infiltrating towns and cities, and exploiting children and vulnerable adults.

The capability of OCG members in Lancashire demonstrate that communities are in fear of violence from the OCG. Organised crime groups within Lancashire control through the threat or use of violence/intimidation and routinely carry weapons as part of their day to day criminal activities.

There are organised crime groups currently known to be impacting on Lancashire. By far the most common criminal activity is drug related. Some organised groups "front" their illegal activity via other business activity. Where known, the most common business types are restaurants, shops, garages/workshops and property maintenance.

The majority of organised crime group members in Lancashire are male (93%) and the most common age group is 25-31 years. Only 2% of members recorded are aged 17 years, this low number may be due to records concentrating on priority "players", and younger members of groups considered as being exploited rather than a proactive member. Members are drawn from 35 different nationalities, 65% of members are British. In terms of ethnicity the majority are White (53%) 22% are Asian and 6% Black.

Organised Gangs in Lancashire by criminality type
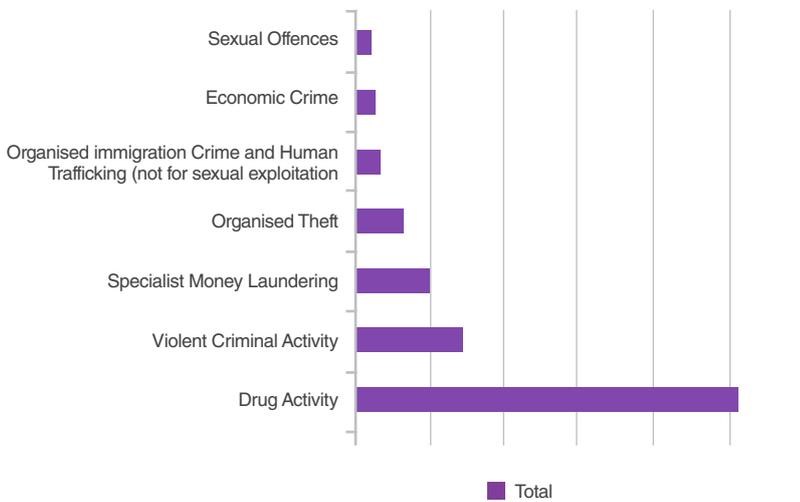
Age and Gender of known Organised Crime Group Members
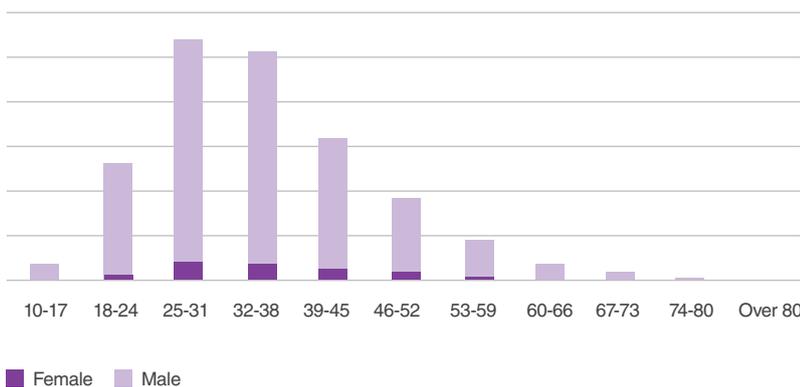
Parental and adult unemployment

Long term unemployment is significantly worse than the England average in Blackburn with Darwen (4.3 per 1,000 working age population), Blackpool (6.6 per 1,000 working age population) and Burnley (5 per 1,000 working age population). However, employment as defined by benefits claimants is significantly higher across more than half of Lancashire districts.

Data is not available for families out of work at a District level, but both Blackburn with Darwen and Blackpool are significantly higher than the England average with 6.3% and 5.6% respectively. However, this measure is taken from data collected in the 2011 census and may not be reflective of the impact of austerity in the time period since

Indicator	Period	◀▶	England	Lancs 14 District and UA	Blackburn with Darwen	Blackpool	Burnley	Hyndburn	Pendle	Ribble Valley	South Ribble	Lancaster	Preston	West Lancashire	Fylde	Wyre	Rossendale	Chorley
Homeless young people aged 16-24 (Persons, 16-24 yrs)	2017/18	◀▶	3.6*	3.2*	4.3*	6.6*	6.0*	2.8*	3.7*	0.7*	1.6*	2.3*	3.3*	1.8*	1.9*	2.2*	3.4*	2.3*
Family homelessness (Persons,)	2017/18	◀▶	1.9*	2.4"	2.9*	4.5*	4.0*	2.8*	2.1*	0.8*	1.5*	2.7*	2.3*	1.8*	1.5*	1.7*	2.1*	1.6*

*Compared with benchmark | Better | Similar | Worse |

Families out of work: % of households with dependent children where no adult is in employment

Area ▲▼	Recent Trend ▲▼	Count	Value ▲▼		95% Lower CI	95% Upper CI
England	-	922,192	4.2		4.2	4.2
Pan Lancashire	-	25,433	4.1*		-	-
Blackburn with Darwen	-	3,625	6.3		6.1	6.5
Blackpool	-	3,596	5.6		5.4	5.8
Lancashire	-	18,212	3.7		3.6	3.7

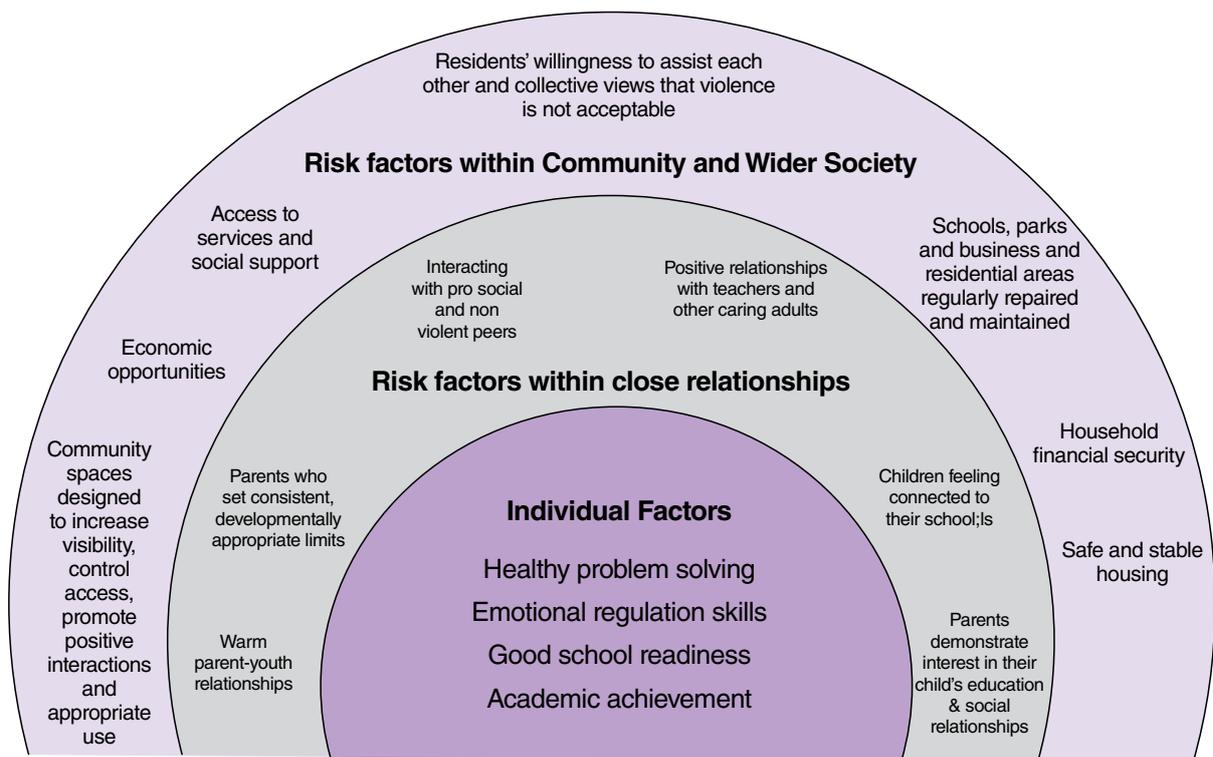*Compared with benchmark | Better | Similar | Worse | Worse |

4.3 Protective factors

Protective factors for serious violence largely reflect the positive converse of the risk factors detailed in the previous section, and explain the impact of similar risk factors on different individuals. Protective factors can act as a buffer to risk factors, with a positive cumulative effect. A range of sources and evidence have been used to inform the Lancashire understanding of protective factors[30]. Protective factors are integral to a strength or assets based approach to violence reduction, in line with the underpinning principles of the Lancashire VRN Strategy. Protective factors provide an opportunity to build resilience against serious violence through the work of the VRN, and across the system more widely.

Protective factors for serious violence

Residents' willingness to assist each other and collective views that violence is not acceptable

Risk factors within Community and Wider Society

Access to services and social support

Economic opportunities

Community spaces designed to increase visibility, control access, promote positive interactions and appropriate use

Interacting with pro social and non violent peers

Positive relationships with teachers and other caring adults

Schools, parks and business and residential areas regularly repaired and maintained

Risk factors within close relationships

Parents who set consistent, developmentally appropriate limits

Warm parent-youth relationships

Individual Factors

Healthy problem solving
Emotional regulation skills
Good school readiness
Academic achievement

Children feeling connected to their school;ls

Parents demonstrate interest in their child's education & social relationships

Household financial security

Safe and stable housing

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[30] Public Health England (2019) Collaborative approaches to preventing offending and re-offending in children (CAPRICORN). A resource for local health & justice system leaders to support collaborative working for children and young people with complex needs. London: PHE

5.0 Violent Crime Problem Profile: the extent and nature of serious violence in Lancashire

5.1 The Lancashire overview

The data provided throughout this section takes into account the total figures over a three year period from 1st April 2016 to 31st March 2019.

Since 2002/03 the rate of crime per 1,000 population has followed a similar pattern to that of England and Wales. Having decreased until 2013/14 and showing a slight increase afterwards.

Crime severity[31]

Compared to the England and Wales the severity of crime was less in Lancashire until 2012/13. Severity of crime per 1,000 population has increased in Lancashire to reach the England and Wales rate since year 2012/13.

5.2 Knife crime

Knife crime is defined by the Annual Data Requirement to the Home Office (ADR160). Any instrument used as

a weapon that is sharp and capable of piercing the skin should be included; offences classifications are limited to attempted murder, threats to kill, assault with injury, robbery, rape and sexual assaults.

In this context, knife crime does not include carrying or possession of a knife.

Nationally there was an 8% increase in police recorded offences involving a knife or sharp instrument (to 43,516 offences)[32].

Lancashire suicide data has found only one case where a bladed instrument was used as a method of suicide.

Knife crimes are rare and account for 1% (1,866) of all crimes in Lancashire. The most common crime group in Lancashire is violence with injury (65%), robbery accounted for 22% of the knife crimes followed by violence without injury (8%) and rape 2%.

Offence rate of Lancashire compared with England and Wales
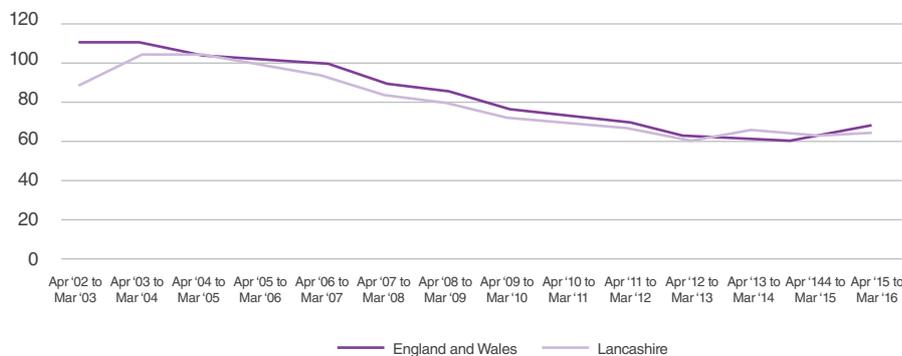
ONS Crime Severity of Lancashire compared with England and Wales
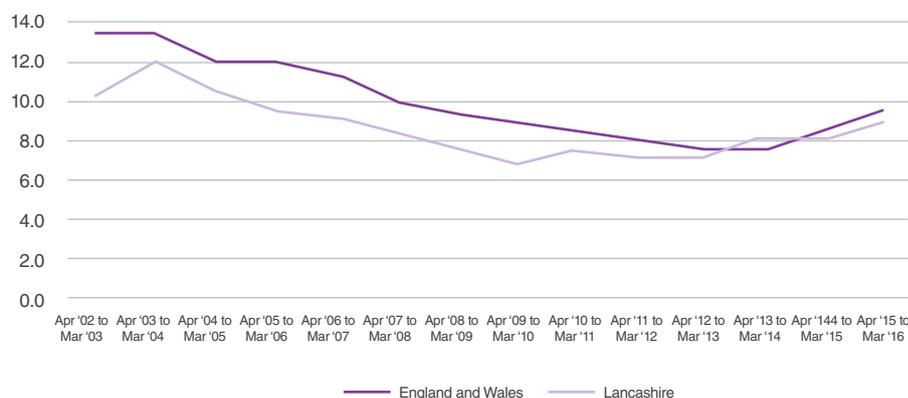
[31] Crime Severity Score measures 'relative harm' of crimes. A new way of measuring crime in England and Wales has been devised that ranks offences according to their seriousness. The Crime Severity Score is designed to reflect the relative harm of offending, rather than how many crimes there are.

[32] This figure excludes Greater Manchester Police (GMP) who did not submit due to technical reasons.

Locations

Top Wards

City Centre Ward	Preston District	82
Claremont Ward	Blackpool	79
Blackburn Central Ward	Blackburn with Darwen	72
Bloomfield Ward	Blackpool	69
Talbot Ward	Blackpool	67
St. Matthew's Ward	Preston District	53
Plungington Ward	Preston District	47
Lostock Ward	Chorley District	35
Waterloo Ward	Blackpool	34
Brunswick Ward	Blackpool	33

Victims

The most common victim group of knife crimes is 25-31 year old males, however 30% of knife crime victims are female their most common age group is also 25-31 years. Overall 32% of victims are aged under 25 years, of which 28% are female. The ethnicity of victims is similarly representative of the population.
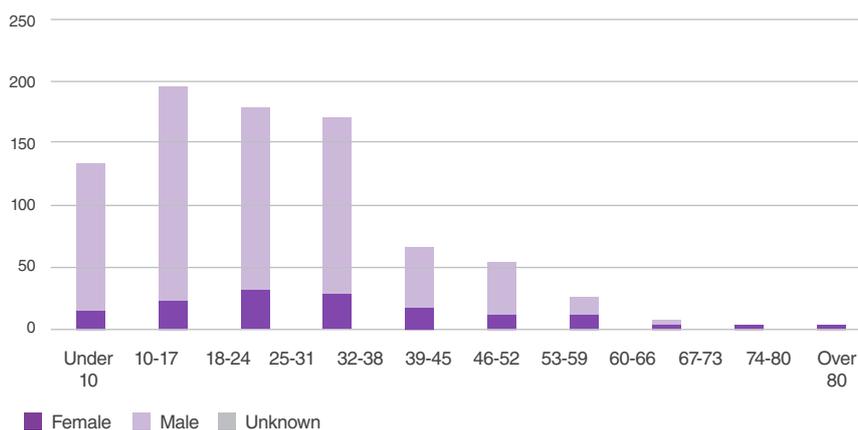
Number of victims by age and gender
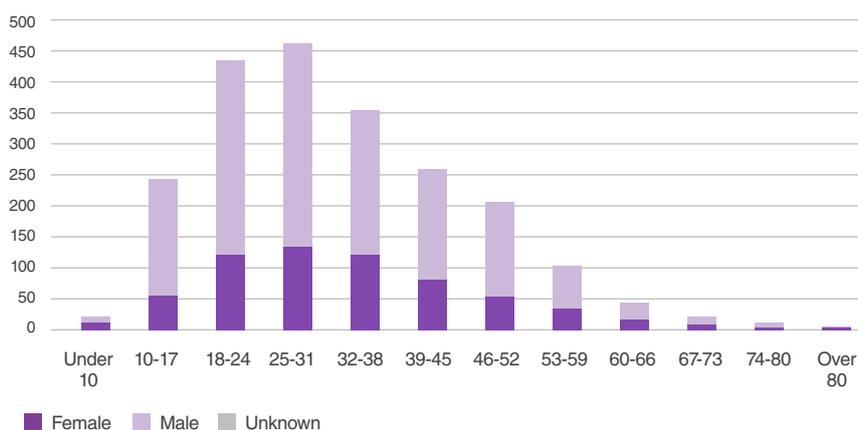
Offenders[33]

928 suspects were identified. Suspects are predominantly White (92%) males (84%), the most common age group is 18-24 years.

Number of suspects by age and gender

[33] Data relates to police custody data based on suspects arrested who are charged or bailed to a police station for period 01/07/2016 to 31/03/2019.

5.3 Gun crime

Gun crime is defined by the Annual Data Requirement by the Home Office (ADR 131). Gun crime is crime (violence against the person, robbery, burglary and sexual offences) in which guns are taken to be involved in an offence. A gun is taken to be involved in an offence if it is fired, used as a blunt instrument, or used as a threat. Where the victim is convinced of the presence of a firearm, even if it is concealed, and there is evidence of the suspect's intention to create this impression, then the incident counts. Both real, and fake firearms, and air weapons are counted within this category. This is any notifiable offence recorded by the police in which a weapon covered by the firearms act was used.

Nationally there was 3% increase in police recorded offences involving firearms (to 6,684 offences), driven by rises in offences involving weapons such as stun guns, CS gas and pepper spray, partly reflecting improvements in identifying these cases[34].

In Lancashire, there were 424 gun related crimes in the three year period, 4% resulted in serious injury 41% in slight injury and 38% of victims a gun was used as a threat. The remainder of crimes (16%) were for possession or resulted in no injury.

The most common gun type is a ball bearing or air gun accounting for 54% of gun crimes, 25% of gun crimes involved a shotgun, hand gun or rifle, 10% involved a spray, gas or stun gun, and 5% were imitation weapons, whilst the remainder gun types were unknown.

Talbot Ward	Blackpool	82
Blackburn Central Ward	Blackburn with Darwen	79
Claremont Ward	Blackpool	72
Skelmersdale North Ward	West Lancashire Districts	69
Bloomfield Ward	Blackpool	67
Warbeck Ward	Blackpool	53
Poulton Ward	Lancashire Districts	47
Bank Hall Ward	Burnley District	35
Brunswick Ward	Blackpool	34

Victims

The most common victim age group was 10-17 years (26%) the majority suffered from an offence using a ball bearing or air gun. The majority of victims (68%) were male.

Victim by age and gender

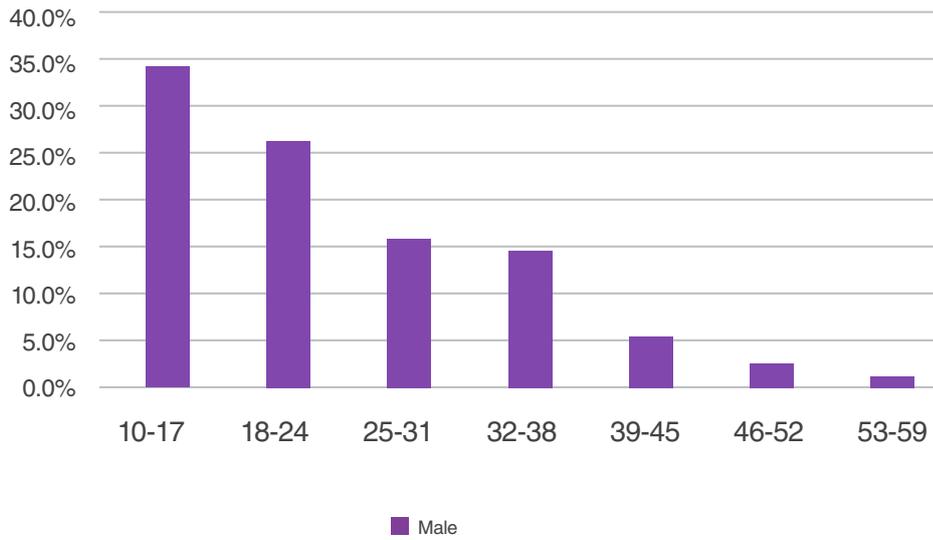Female   Male   Not Applicable
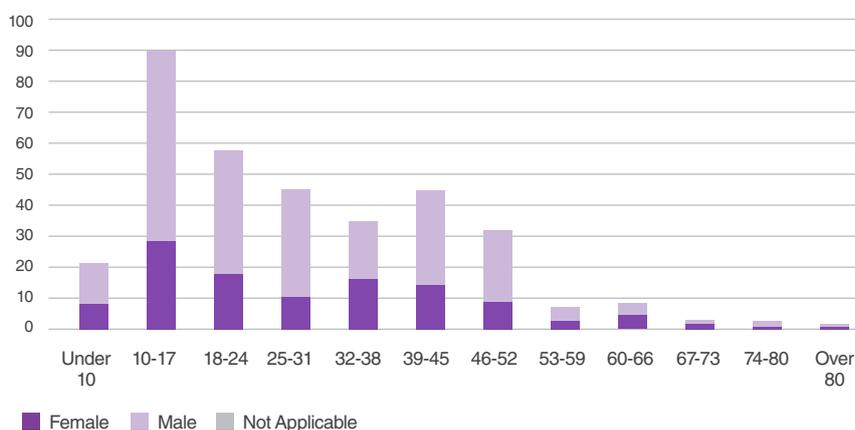
[34] Office for National Statistics; Statistical bulletin, Crime in England and Wales: year ending March 2019; Release July 2019

Offenders

76 suspects were identified. Suspects are predominantly White (99%) all were males, the most common age group is 10-17 years.

This group were more likely to be involved in using a ball bearing or air gun resulting in slight injury, only one resulted in serious injury and five were involved in a crime using a shotgun/ hand gun or rifle.

Number of suspects by age and gender

Male

Weapon type and injury

Ball Bearing/Air gun   Imitation   Shot Gun/Hand Gun/Rifle   Spray/Gas/Stun Gun   Unknown
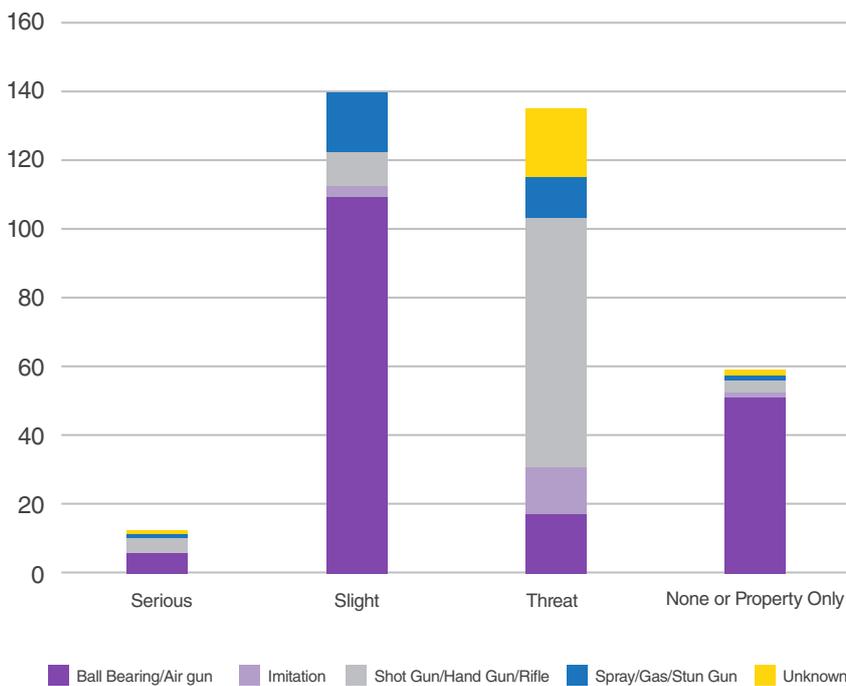
5.4 Homicides

The term 'homicide' covers offences of murder, manslaughter and infanticide.

The Lancashire homicide rate in 2018/19 was 1.6 per 100,000 population, which is higher than the national rate of 1.2 per 100,000 population. Nationally there was a 4% decrease in police recorded homicide offences (728 to 701).

Lancashire follows a similar pattern to the national picture for motive for murder as

- Resulting from a quarrel, revenge attack or loss of temper (50%)

- Furtherance of theft or gain (6%)

- Irrational act – offender suffering substantial mental illness (3%)

During the years 2013 to 2015 the average number of homicides per annum was 12.7, this has now risen to 19.7 per annum average over the past 3 years (2017 to date) the trend is upward but not significant.

In Lancashire, 15% of cases were domestic abuse related, these victims were all female.

Recent Analysis[35] found the mental health concerns in 40% of suspects and 20% of offenders; 12% of cases there were mental health concerns for both suspect and offender. In 36% of cases the suspect and victim showed signs of using either alcohol or drugs. Over all 36% of victims and 52% of suspects showed signs of taking alcohol or drugs.

Nationally the most common method of killing, for both male and female victims, was by a knife or other sharp instrument. Over the last decade, the proportion of offences committed by a sharp instrument has fluctuated between 35% and 40%. The second most common method of killing was 'kicking or hitting' – 15%.

In Lancashire in 2019 the most common method of killing was punching to the body or head (40%), stabbing accounted for 12%, and fires accounted for 8%, a further 8% involved the victim being struck by a blunt instrument.

Trend over 3 years

y=0.331x+1.60
$R^2 = 0.038$[8]

Total   Linear (Total)
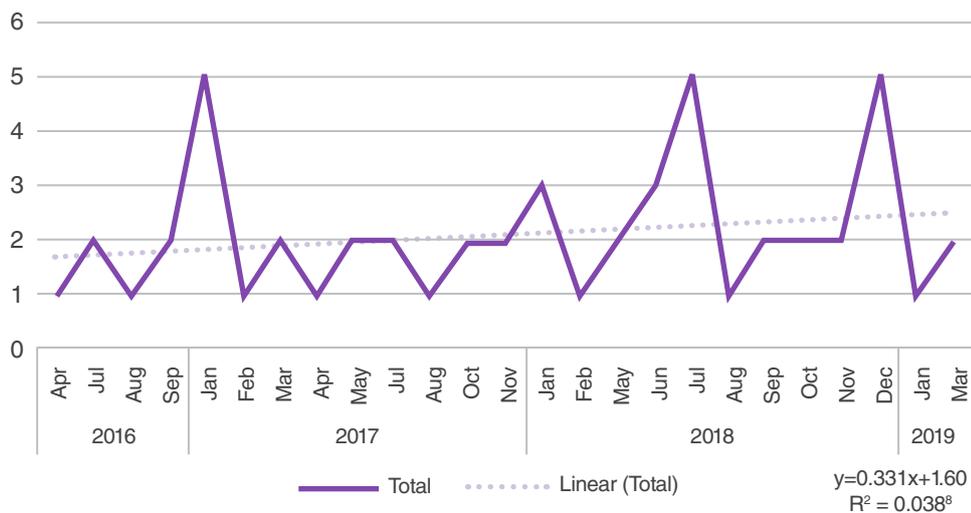
[35] L Barnes-Whittaker, Homicide in Lancashire during 2019; October 2019

Locations

Top Wards

Plungington Ward	Preston District	82
Claremont Ward Victoria Ward	Blackpool	79
City Centre Ward	Preston District	72
Barnfield Ward	Hyndburn District	69
Mill Hill & Moorgate Ward	Blackburn with Darwen	67
Bastwell & Daisyfield Ward	Blackburn with Darwen	53
Bradley Ward	Preston District	47
Roe Lee Ward	Blackburn with Darwen	35

Victims

The most common victim group are aged 39-45 years (21%), 62% of victims were male, and 60% were White. The national-al picture shows the most common age group for victims is 16-24 years (152 victims). This was closely followed by 25- to 34-year-olds (140 victims), and 35- to 44-year-olds (119 victims) and 45- to 54-year-olds (108 victims).

Number of homicide victims by age and gender

Female   Male
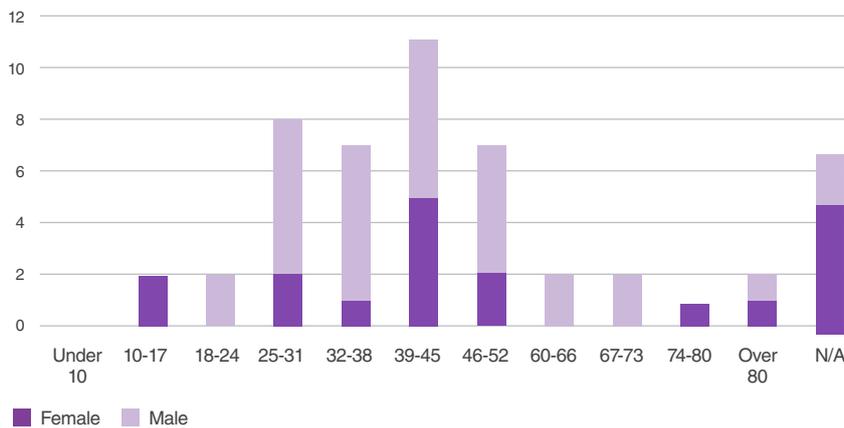
32% of ethnicity was either not recorded or unknown, 60% of victims were White 6% were Asian and 2% mixed race. Bearing in mind the low numbers and the amount of records not complete this is comparable to the demographics of Lancashire with an ethnic distribution of 90% White, 8% Asian and 1% mixed.

Offenders

51 suspects were identified. Suspects are predominantly White (63%) males (76%), the most common age group is 32-38 years. Recent analysis[36] shows it was much more likely for the suspect to be younger than the victim than older and the average age difference between suspect and victim was 20 years.

Number of suspects by age and gender

Female   Male   Unknown
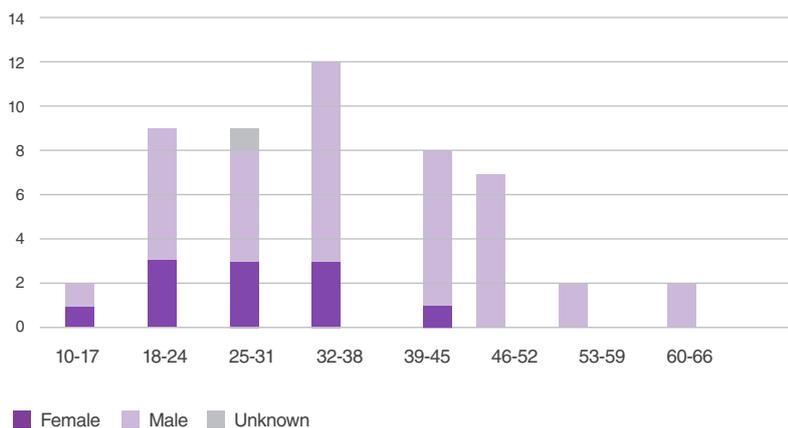
[36] L Barnes-Whittaker, Homicide in Lancashire during 2019; October 2019

5.5 Violence with injury

This category includes assaults resulting in injury, and considers those resulting in slight injury and serious injury. Previous research found that 30% of violent crimes across Lancashire were alcohol related and there is a strong correlation between the number of alcohol related violent crimes and the number of licensed premises within Lancashire Wards[37].

The trend for assault with injury is upward, the increase in more serious assaults is significant.

The number of assaults resulting in serious injury accounts for 7% (1,842) of all assaults.

Trend over 3 years

$R^2 = 0.0294$

$R^2 = 0.3745$

Assault with injury

Wounding

Linear (Assault with injury) Linear (Wounding)
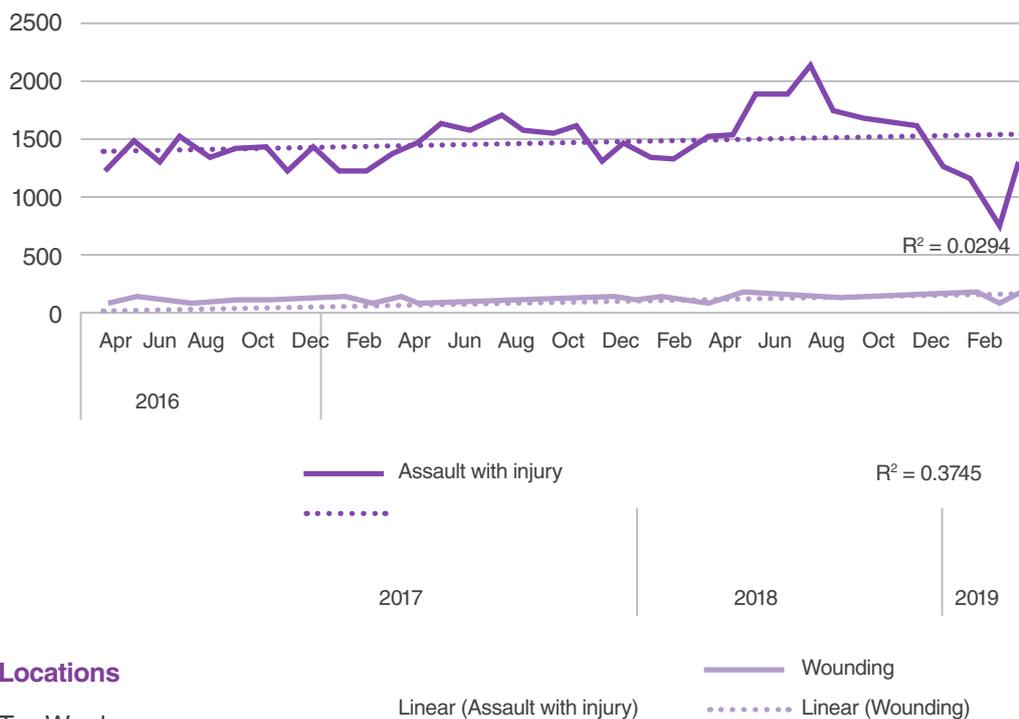
Locations

Top Wards

Claremont Ward	Blackpool	1801
City Centre Ward	Preston District 1	603
Talbot Ward	Blackpool	1407
Blackburn Central Ward	Blackburn with Darwen	1126
Bloomfield Ward	Blackpool	1034
Daneshouse with Stoneyholme Ward	Burnley District	689
St. Matthew's Ward	Preston District	636
Poulton Ward	Lancaster District	585
Castle Ward	Lancaster District	536
Darwen East Ward	Blackburn with Darwen	495

37 S Irvine, R Eckersley Alcohol related violent crime; 2014

Victims

The gender split between male and females is half and half for victims of assaults with injury. The most common age group is 25-31 years for both males and females however 54% this group are female. 92% of victims were White, and 6% were Asian. A quarter of victims of assaults resulting in serious injury were female, the most common age group is also 25-31 years.

Number of victims by age and gender
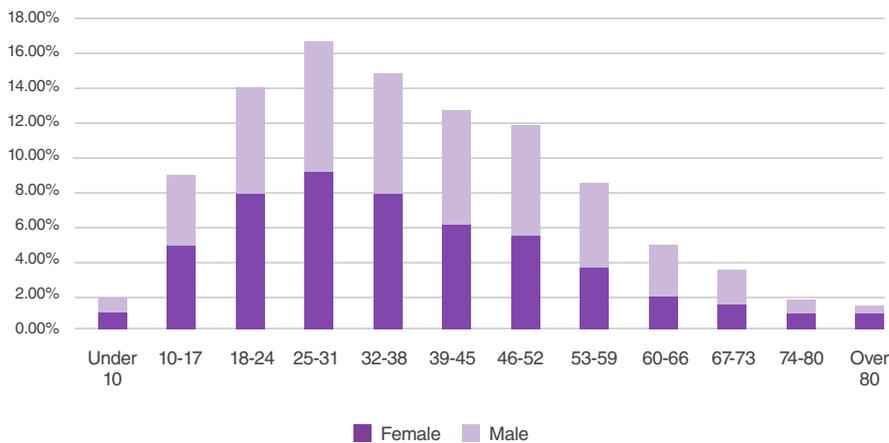
Offenders

58,467 were identified in Lancashire over the three year period. The age range of suspects is greater in this category than others. The most common group were White (88%), Male (81%) aged 25-31 years (21%).
Where offences resulted serious injury there was a slight increase in the proportion of males (86%) but this is not significant.

Number of suspects by age and gender
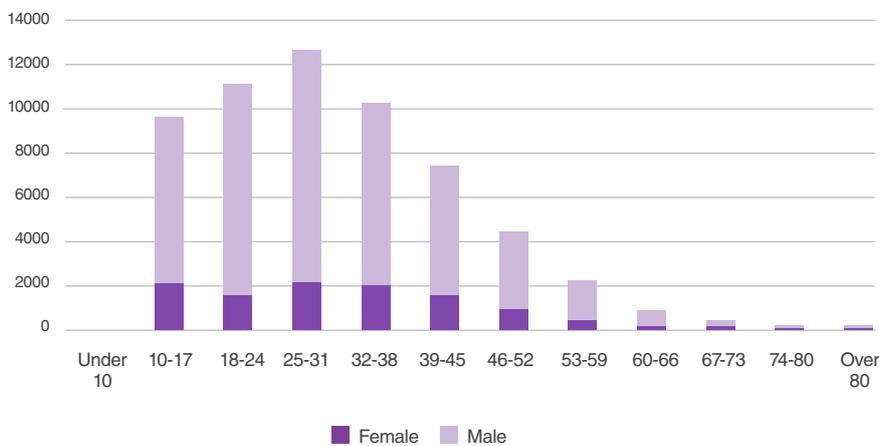
5.6 Rape

In Lancashire there were 3,919 rapes recorded in the three year period. There was a 55% increase in rapes from 2016/17 to 2018/19; ie 2.6 per 1,000 population.

19% of rapes are domestic abuse related, this figure is low compared to other sources[38] who quote as high as 31%.

Trend over 3 years

$R^2 = 0.5251$

Legend: Total — Linear Total
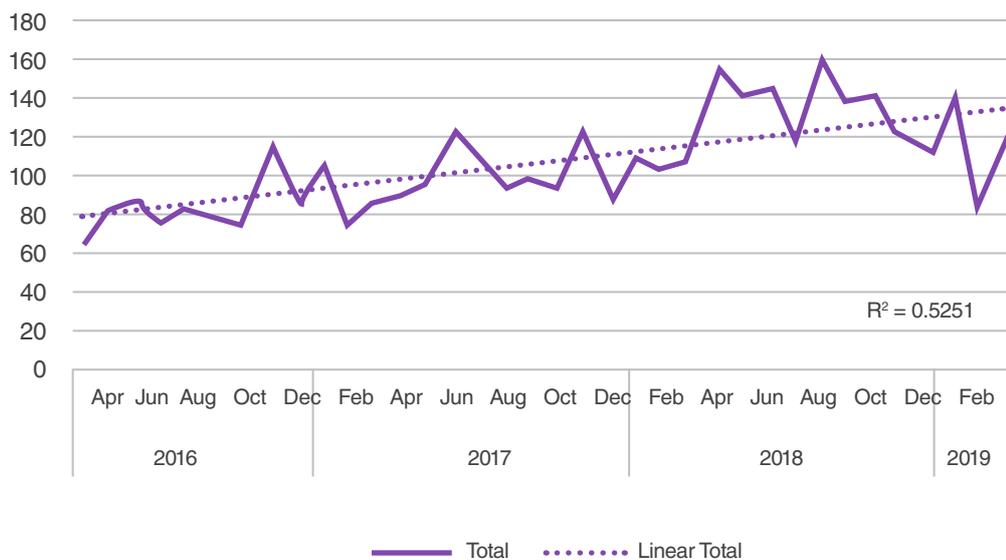
Locations

Top 10 Wards

Talbot Ward	Blackpool	91
Claremont Ward	Blackpool	91
Bloomfield Ward	Blackpool	70
City Centre Ward	Preston District	67
St. Matthew's Ward	Preston District	58
Plungington Ward	Preston District	42
Blackburn Central Ward	Blackburn with Darwen	41
Queensgate Ward	Burnley District	39
Blackburn South East Ward	Blackburn with Darwen	35
Ribbleton Ward Preston	District	33

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[38] https://lancashirevictimservices.org/sexual-violence-campaign-launches-lancashire/

Victims

The most common age group recorded as victim of rape is 10-17 years accounting for 31% of victims. Females are by far the majority gender group accounting for 85% of rape victims. Ethnicity of rape victim is recorded in 70% of cases. In Lancashire, 90% of the population is white, but 94% of rape victims are white, an over representation of 4%. In contrast, the Asian population of Lancashire is 8%, however rape victims of Asian ethnicity only account for 4% of rapes, an underrepresentation by 4%.

Number of victims by age and gender
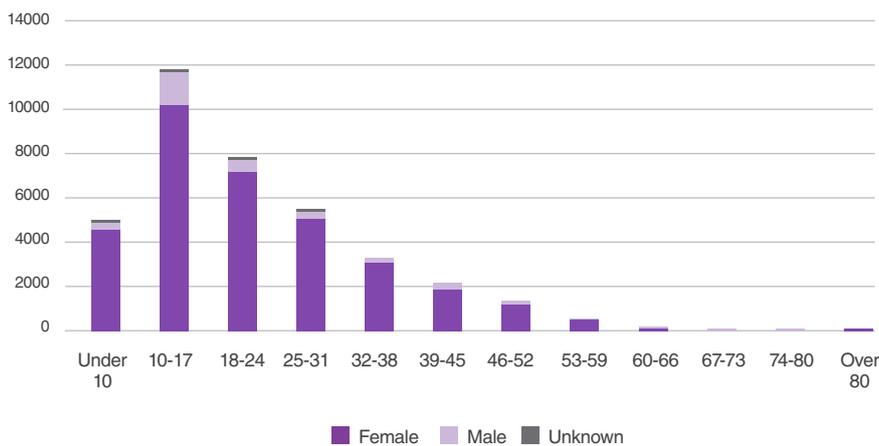
Offenders

By definition all offenders are male (with the exception of two listed under secondary classification). The most common age group is 18-24 years accounting for 25% of offenders.

Number of offenders by age
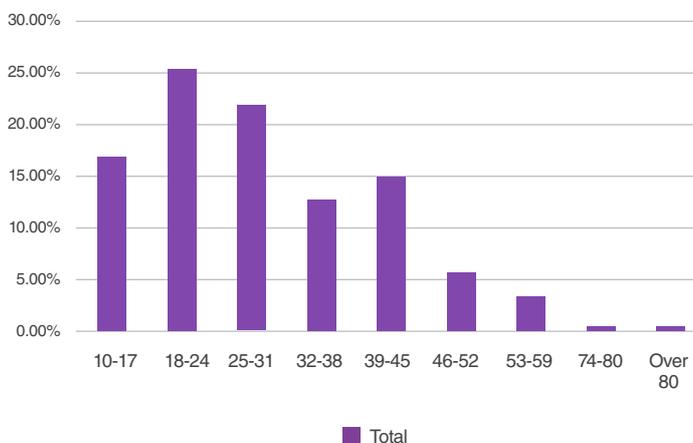
White offenders accounted for the majority (92%) of offenders which is slightly over represented (by 2%), figures for the other ethnicities are too small to determine their representation.

5.7 Robbery

Nationally there was a 11% increase in police recorded robbery offences (85,736 offences).

In Lancashire 2,699 robberies in the three year period, robbery has increased during the three year period, robbery of personal property has increased at a greater rate of 44% compared to business robbery which had a 13% increase.

In Lancashire over this period, 22% of robbery involved the use of a knife to threaten or harm, whilst 2% involved the use of a gun.

Trend over 3 years

$R^2 = 0.332$

Legend: Total — Linear Total
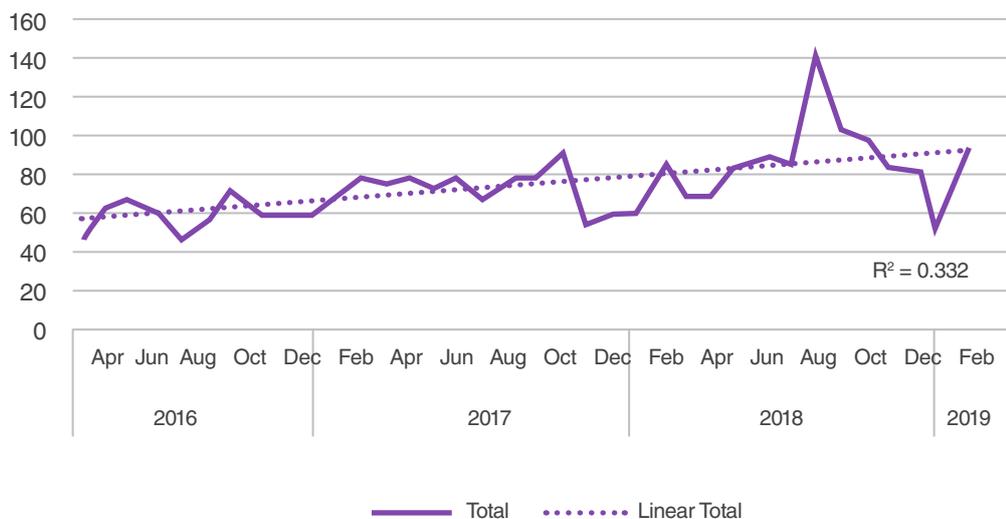
Locations

Top 10 Wards

City Centre Ward	Preston District	175
Talbot Ward	Blackpool	120
Claremont Ward	Blackpool 1	109
Blackburn Central Ward	Blackburn with Darwen	101
Bloomfield Ward	Blackpool	78
St. Matthew's Ward	Preston District	62
Plungington Ward	Preston District	44
Daneshouse with Stoneyholme Ward	Burnley District	43
Ribbleton Ward	Preston District	33
Waterloo Ward	Blackpool	32

Victims

The most common group of victims of robbery are aged 18-24 years accounting for 21%, the majority of victims (78%) are male. Victims are predominantly White 89% and a further 9% are Asian, this group (127) is slightly overrepresented by 1%. Likewise Blacks were slightly overrepresented by 0.5% although number are very low (13).

Number of victims by age and gender
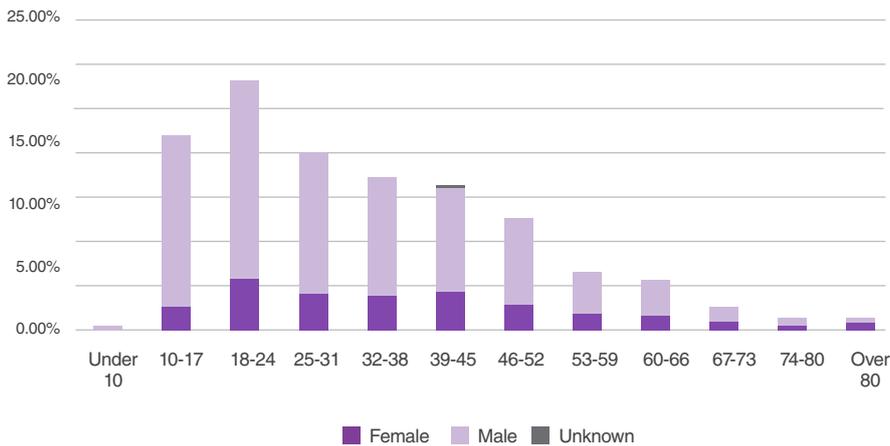
Offenders

The most common group of offenders were aged 18-24 years and 25-31 years, female offenders accounted for 9% (60) of offenders. White and Black offenders were overrepresented by 4% and 0.5% respectively.

Number of victims by age and gender
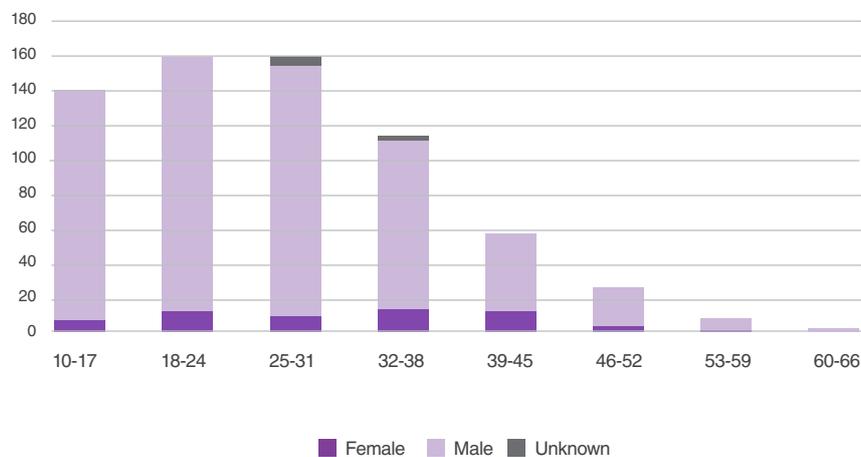
5.8 Aggravated burglary

Aggravated burglary has increased over the 3 year period. During the three year period there were 258 aggravated burglaries in dwellings, businesses and communities.

Trend over 3 years

$R^2 = 0.332$

Total .... Linear Total
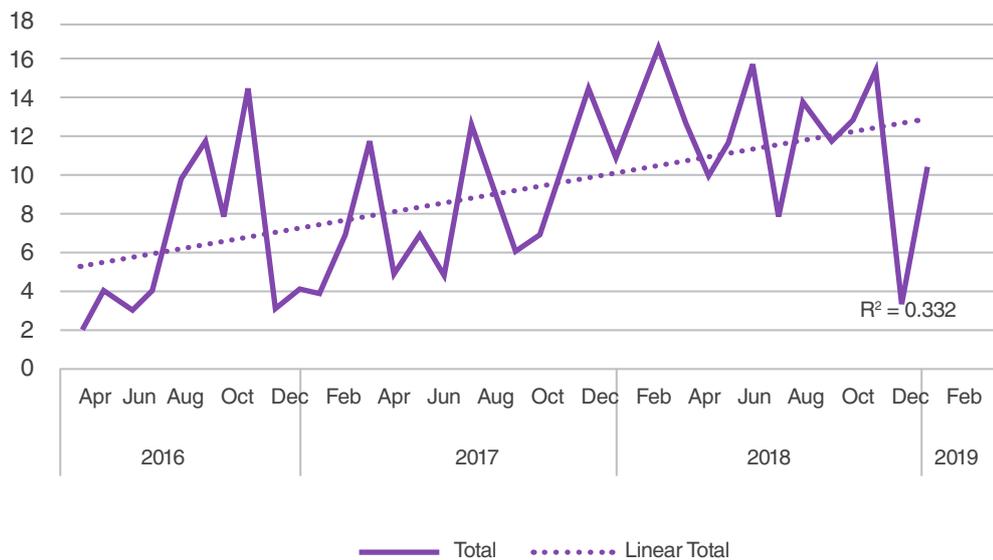
Locations

Top Wards

City Centre Ward	Preston District	8
St. Matthew's Ward	Preston District	8
Harbour Ward	Lancaster District	6
Bloomfield Ward	Blackpool	6
Plungington Ward	Preston District	5
Blackburn South East Ward	Blackburn with Darwen	5
Waterside Ward	Pendle District	5
Castle Ward	Lancaster District	5
Worsley Ward	Rossendale District	5
Blackburn Central Ward	Blackburn with Darwen	5
Claremont Ward	Blackpool	5
Skerton East Ward	Lancaster District	5

Victims

The most common group of victims of aggravated burglary is 25-31 years accounting for 19%. The majority of victims are male accounting for 72%. Ethnicity of victims of aggravated burglary were proportionate with the ethnic distribution of the total population of Lancashire.

Number of victims by age and gender
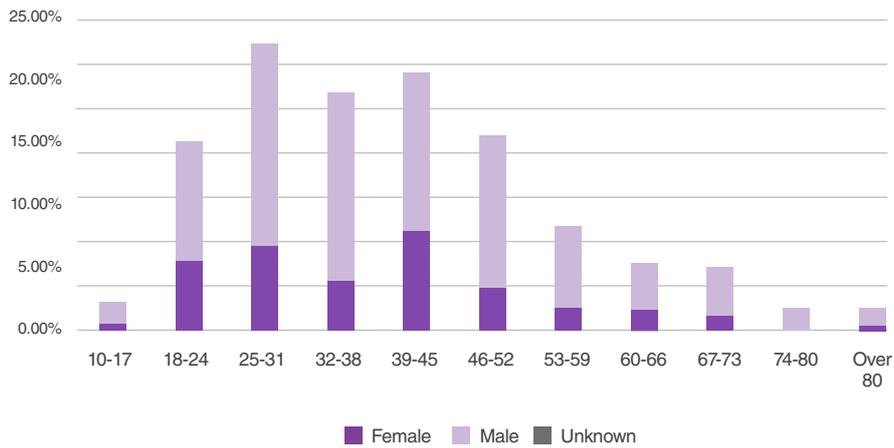
Offenders

The most common group are 25-31 year old males. This crime type is male dominant with 94% of suspects being male. White offenders are overrepresented by 6% compared to the Lancashire population.

Number of suspects by age and gender
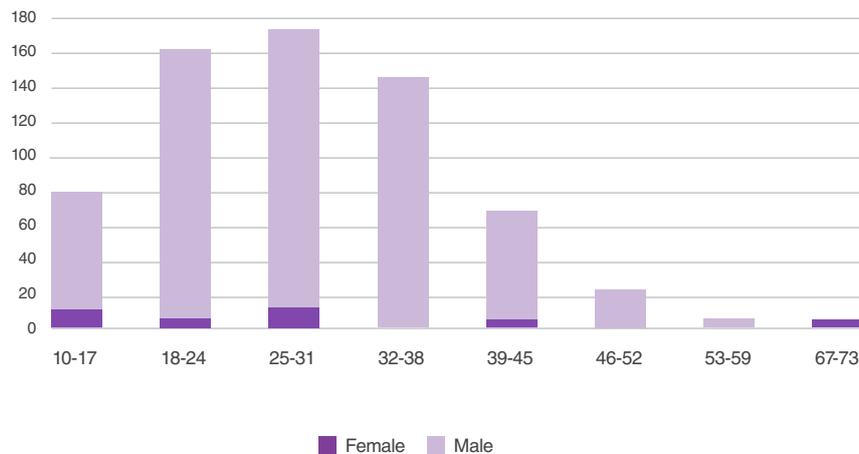
5.9 Domestic abuse

According to the Crime Survey of England and Wales, there was no change in the proportion of adult victims of domestic abuse in the year ending March 2019 (6.3%).

The rate of domestic abuse related crimes in Lancashire is 53 per 1,000 population. It is most prevalent in Blackpool District. Over the three year period in Lancashire the trend has increased.

Trend over 3 years

$R^2 = 0.6182$

Total ——— Linear Total ·······
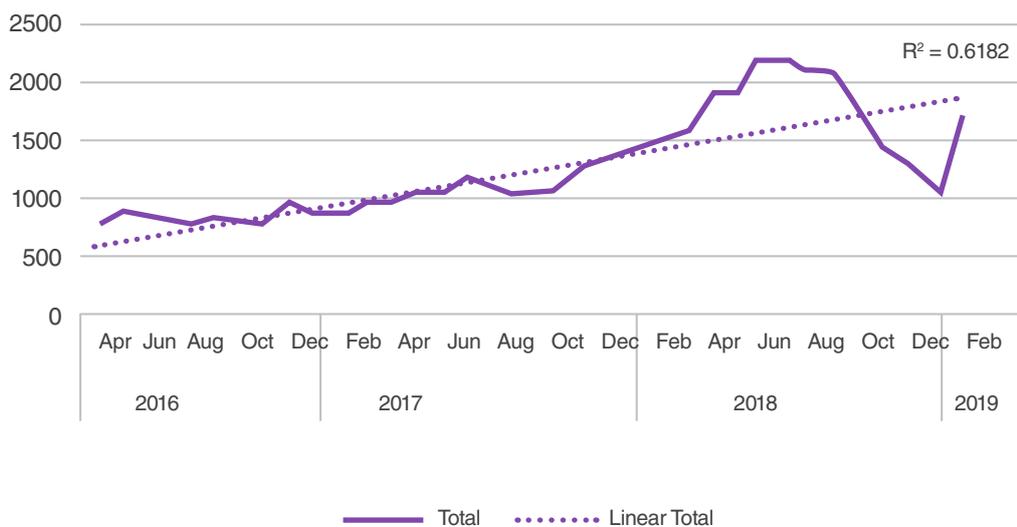
Locations

Top Wards

Claremont Ward	Blackpool	904
Bloomfield Ward	Blackpool	799
Talbot Ward	Blackpool	766
St. Matthew's Ward	Preston District	698
Blackburn Central Ward	Blackburn with Darwen	567
City Centre Ward	Preston District	562
Plungington Ward	Preston District	507
Blackburn South East Ward	Blackburn with Darwen	475
Ewood Ward	Blackburn with Darwen	474
Brunswick Ward	Blackpool	462

Victims

Victims of domestic abuse are more likely to experience repeat victimisation than victims of other crime types. Repeat victimisation accounted for three quarters of all domestic violence measured in the 2010/2011 British Crime Survey. It also states that domestic violence is often committed by spouses, and these behaviours are deeply engrained in the lifestyle of both the victim and offender.

In Lancashire the most common group who are victims of domestic abuse are 25-31 year old females (24%). 24% of reported victims were recorded as male their most common age group was 25-31 years. White victims are over represented by 4%, whilst there is a 3% under representation of Asian victims compared with the overall population.

Number of victims by age and gender
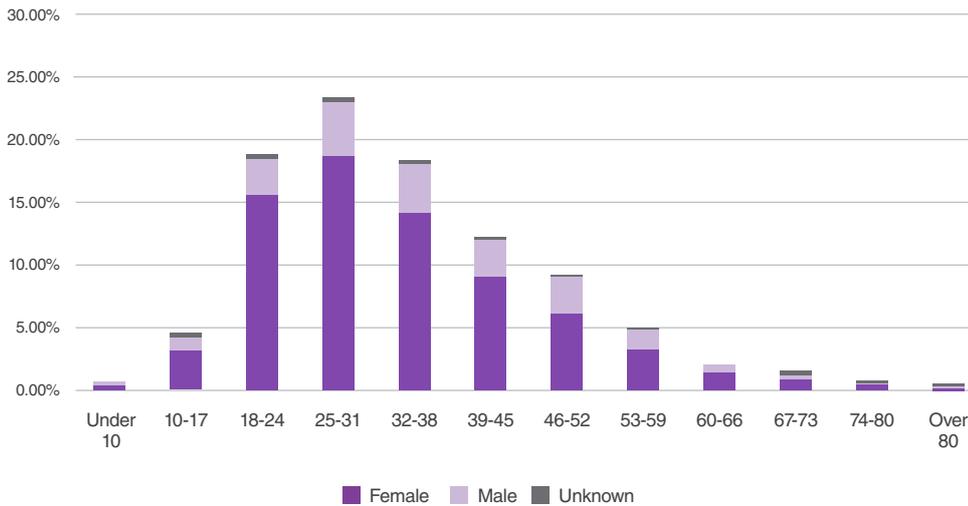
Of all offences reported to the police 15% were recorded as domestic abuse related. This number has decreased from 18% in the previous three years this could be due to changes in police recording systems.

The most prevalent domestic abuse offence was violence without injury (53%) followed by violence with injury (29%). Recent research[39] in Lancashire found that, of the individuals who were repeat victims of domestic abuse, 37.7% were aged between 20 and 29 years.

Repeat victims were predominantly female 72% and 18% were male (the victim gender was not recorded in 600 records).

Offenders

The most common offender group is 25-31 year old males. 11% of offenders were female the most common age range was from 18 – 31 years accounting for 41% of females.

Number of suspects by age and gender
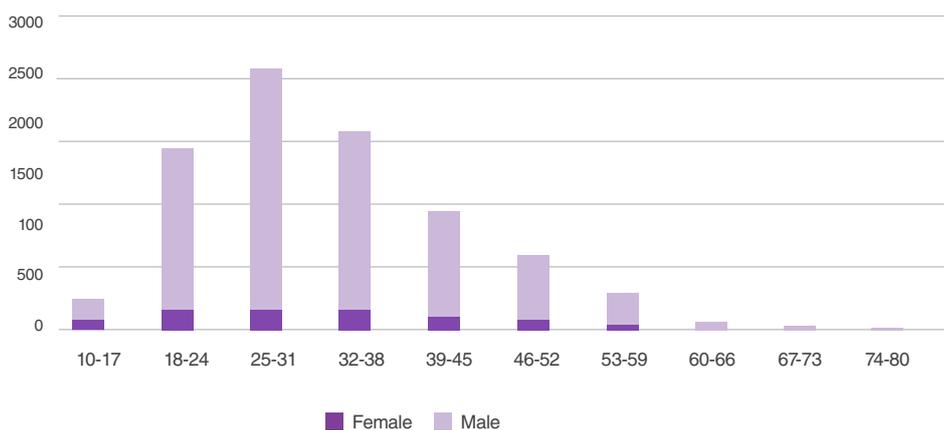
[39] Cartmell H; Repeat victimisation in Lancashire, 2018

Offenders

The most common offender group is 25-31 year old males. 11% of offenders were female the most common age range was from 18 – 31 years accounting for 41% of females.

5.10 Child sexual exploitation (CSE) and Child criminal exploitation (CCE)

Child sexual exploitation

There were 126 crimes related to child sexual exploitation. The crime types related to CSE are rape (11%) and other sexual offences (67%). Assault with injury accounts for 2% and without injury is 13%.

Crime Type

Total
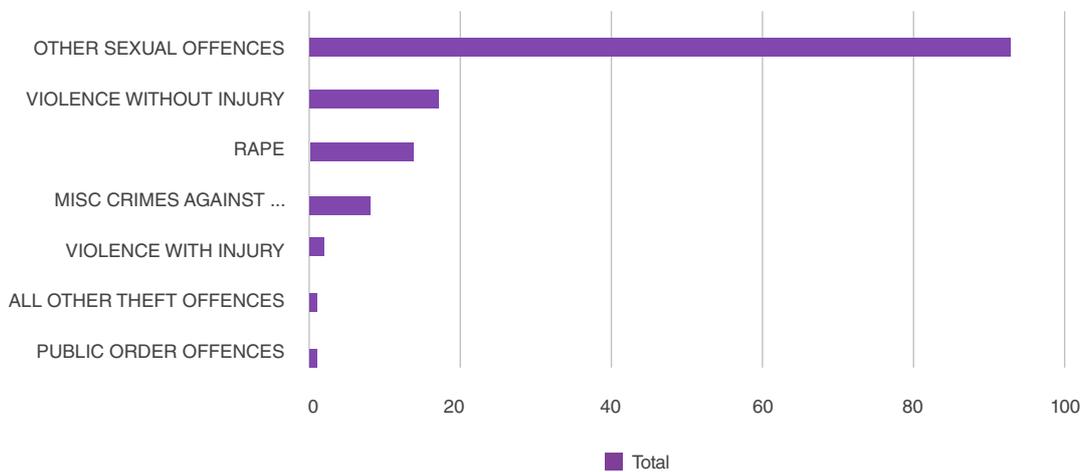
Victims

The most common victim group is aged 10-17 years (89%) and female (71%). Where recorded, the majority of victims were White (95%). Some of these crimes may relate to historic offences where the age has been recorded as the age at the time of report.

Number of victims by age and gender

Female   Male
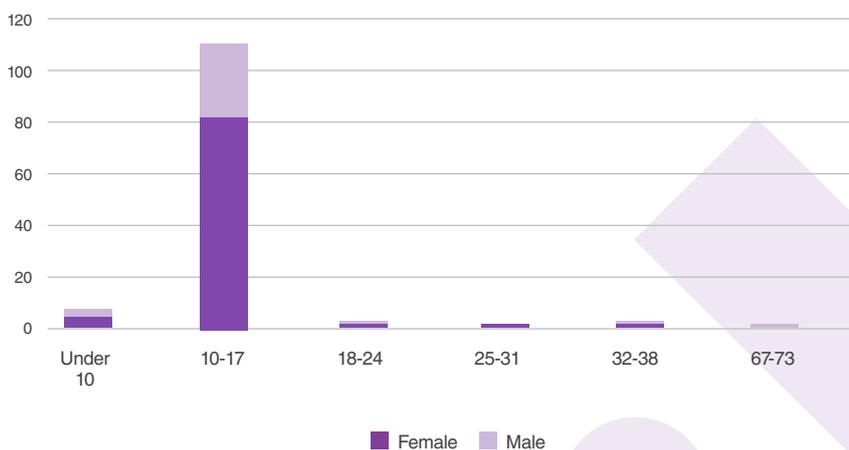
Offenders

Only 5 suspects were recorded these were all male and ages ranged from 18 – 59 years, all were White with the exception of one Asian male

Child criminal exploitation

There were 23 crimes recorded as Child Criminal Exploitation (CCE), this crime type has only recently (2018) been recognised as part of recorded crime processes for the police. Crime types were mainly violence without injury and other sexual offences

Crime Type

Total
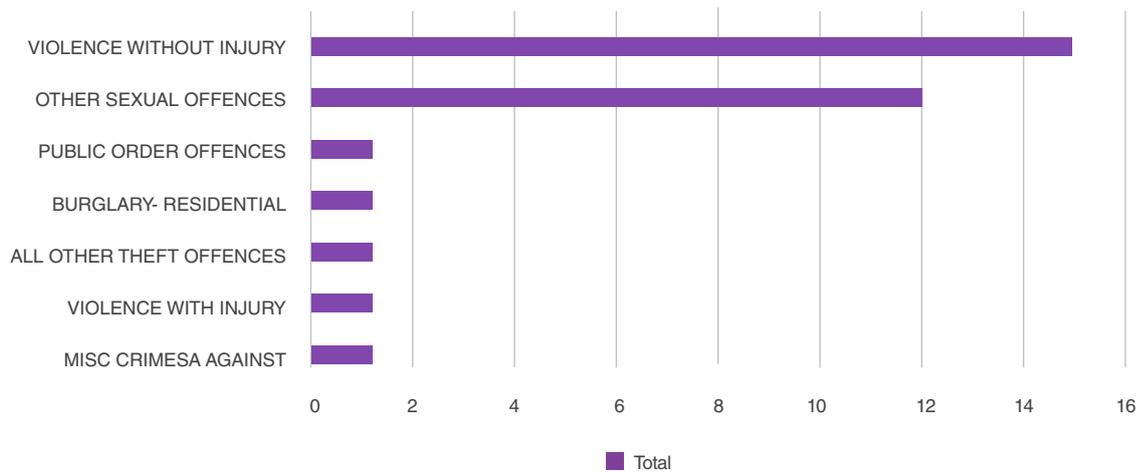
Victims

The ethnicity of victims is mainly White (87%) with 4% being Black and 9% of mixed race. In Lancashire, 68% of victims were female and the most common age group was 10-17 years (87%).

Female   Male
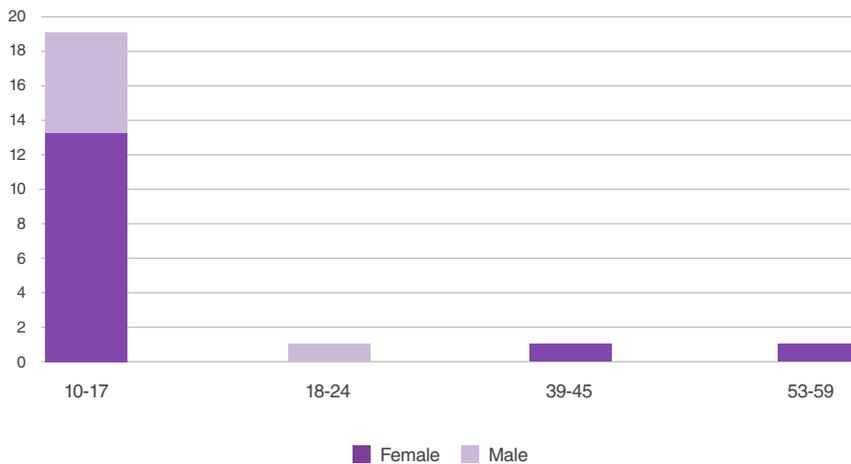
Offenders

Only 4 suspects were recorded for CCE related offences. These were male aged between 18-66 years and three suspects were White and one Asian

6.0 Local Perceptions of Serious Violence

In 2019, Lancashire Constabulary commissioned Planning Express[40] to undertake insight work to understand local perceptions of violence and knife crime in order to inform communications and marketing approaches. This programme of work includes: rapid desktop review of interventions and campaigns, 6 expert scoping interviews and interviews with 6 response officers from Lancashire Constabulary. Survey of 564 adult Lancashire residents this is a very small representation (0.05%) of the adult population, however, whilst not scientifically sound, it does provide some random sample views specific to Lancashire. Similarly, a survey of 714 Lancashire children representing 0.6% of the 11-18 years population provides some limited insight from the children of Lancashire, together with in-depth qualitative interviews with young people and parents in Lancashire. The data below provides a snapshot of some of the pertinent findings from the survey work

6.1 Young person survey sampling

Young people from 16 secondary schools and 6 colleges were surveyed. Of these, 11 settings were in areas of high deprivation (decile 1-3 IMD), 6 settings were in areas of medium deprivation (decile 4-7 IMD), and 5 settings were in areas of low deprivation (decile 8-10 IMD).

The survey gained a good representation of students from all secondary school years from Year 7 – Year 13 (age 11-17).

Male	51%
Female	48%
Other	1%

Year 7-9	37%
Year 9-11	38%
Year 12-13	25%

White	83%
Other	17%

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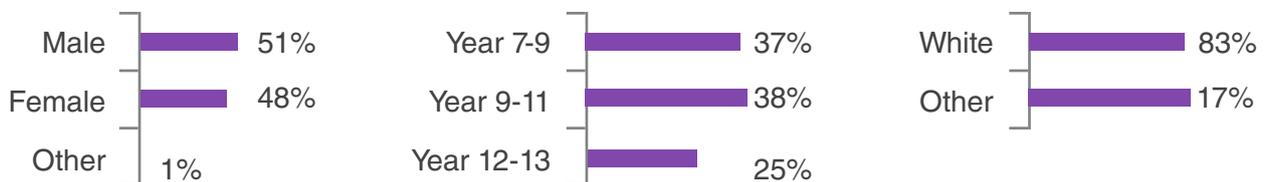
40 Planning Express are a strategic brand and communications planning consultancy commissioned for this insight work by Lancashire Constabulary http://www.planningexpress.com/

6.2 Adult survey sampling

In 2019, Lancashire Constabulary commissioned Planning Express to undertake insight work to understand local perceptions of violence and knife crime in order to inform communications and marketing approaches. This programme of work includes: rapid desktop review of interventions and campaigns, 6 expert scoping interviews and interviews with 6 response officers from Lancashire Constabulary. Survey of 564 adult Lancashire residents this is a very small representation (0.05%) of the adult population, however, whilst not scientifically sound, it does provide some random sample views specific to Lancashire. Similarly, a survey of 714 Lancashire children representing 0.6% of the 11-18 years population provides some limited insight from the children of Lancashire, together with in-depth qualitative interviews with young people and parents in Lancashire. The data below provides a snapshot of some of the pertinent findings from the survey work.

Gender

Male	49%
Female	51%
Prefer to self declare (as non-binary)	0%
Prefer not to say	0%

Age

18-24	9%
25-19	10%
30-39	22%
40-49	22%
50-59	14%
60-69	16%
70 or older	7%
I prefer not to say	0%

Average age = 45 years old

Presence of Children

No children under 19 years	60%
Have children under 19 years in home	40%

Ethnic Background

White	90%
Asian/Asian British	7%
Mixed/ Multiple ethnic groups	1%
Black African Caribbean/Black British	1%
Other	1%
I prefer not to say	0%

Household income

Under £15,000	90%
£15,000-£34,999	40%
£35,000-£49,999	22%
£50,000-£74,999	8%
£75,000 or more	4%
I prefer not to say	6%

Where you live

Preston	15%
Blackpool	15%
Blackburn with Darwen	11%
Lancaster	10%
West Lancashire	7%
Fylde	6%
Hyndburn	6%
Burnley	6%
Chorley	6%
Wyre	4%
South Ribble	3%
Rossendale	3%
Pendle	3%
Morecambe	3%
Ribble Valley	2%

6.3 Perceptions of education

The majority of children are **positive** about their experience at school. Although 1 in 6 **don't like** school.

How do you feel about school?

30%	50%	16%	4%

- I like it
- I think school is ok
- I don't like it
- I don't know

A **disliking of school does not appear to vary by demographics,** although year 12-13s naturally like it the most, as do those in the South.

Not surprisingly perhaps, the **knife carriers, those who don't feel safe and don't do their homework are the least engaged.** As are those who **don't like the police.**

The **vast majority of children say they usually or always** do their homework. And it gets higher as the children get older.

Only 7% say they hardly ever or never do it. This compares to a **third of knife carriers.**

There were no other obvious variations by groups.

How often do you do your homework?

Always	50%
Often	34%
Not very often	8%
Hardly ever	4%
Never	3%
I don't know	2%
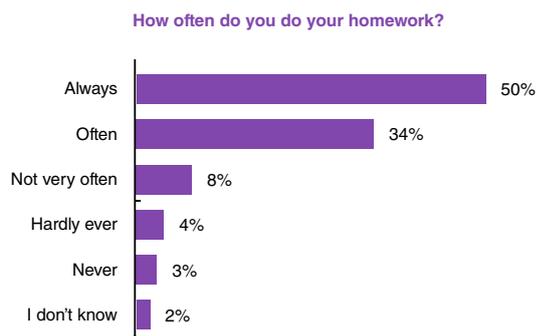
A quarter of children have skipped class or school at some point and the same amount have been involved in a **fight** at school.

Skipping school and fighting is significantly higher among children **involved with knives and those knowing people who carry knives, as well as those who don't feel safe and have a lack of parenting.**

Also **boys** and **younger** kids fight most.

Have you ever skipped classes/ days of school?

Yes	25%
No	69%
Prefer not to answer	6%

Have you ever been in a fight at school?

Yes	24%
No	73%
Prefer not to answer	4%
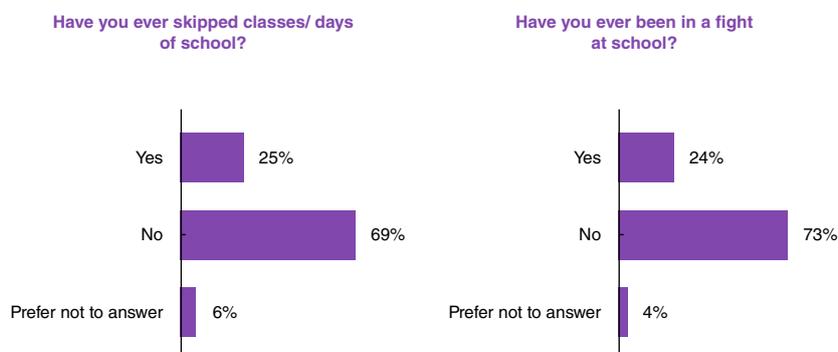
6.4 Out of school activities and home life

Previous studies have highlighted that children who habitually get home very late from school are most vulnerable.
Encouragingly almost all our region's children say they are usually home by 6pm.

Although a small sample size, **knife carriers seem to be significantly more likely to regularly be home after 10pm** or say they don't know (4% home after 10pm and 11% don't know).

Between 3pm and 4pm	63%
Between 4pm and 6pm	33%
Between 6pm and 9pm	1%
After 9pm	1%
I don't know	2%
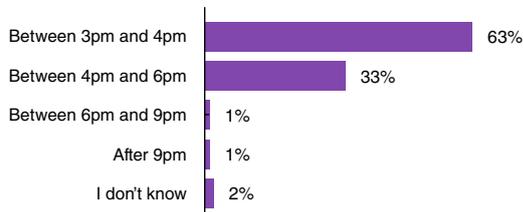
Do you do any of the following when you are not at school?

Nearly half don't do any out -of school activities.

The most popular are sports and after school clubs.

Participation in activities after school **falls as children get older, it is lowest in the East,** and perhaps not surprisingly is lowest among **knife carriers** and those who feel l**east safe, don't do their homework** and have the **least hands-on parenting.**

After school clubs	23%
Local clubs - sports	35%
Local clubs - non-sport	9%
Use the local community centre	5%
Go to the library	11%
I don't go to any of these	44%
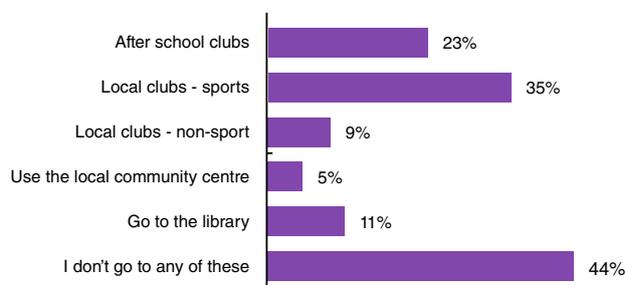
Most children have **seemingly good communication with hands-on parents** in terms of letting them know where they are, who they're with etc.

There are however some who do not have this:
12% don't call their parents if they're going to be late
11% don't need to tell them when they will be back
8% say parents don't ask where they are or who they're with

And some may not be eating well:
28% go without breakfast before school
8% often/always go without an evening meal

How often do the following happen in your home...

	Often or always	Sometimes	Hardly ever/never	Don't know
Parents know where you are?	80%	17%	3%	0%
You call your parents if you will be late?	65%	22%	12%	2%
Parents ask where you were/with whom?	64%	27%	8%	1%
Your parents tell you when to be back	61%	27%	11%	1%
You go without breakfast before school?	28%	25%	46%	1%
Parents check your homework?	26%	29%	41%	3%
You go without an evening meal?	8%	14%	76%	3%
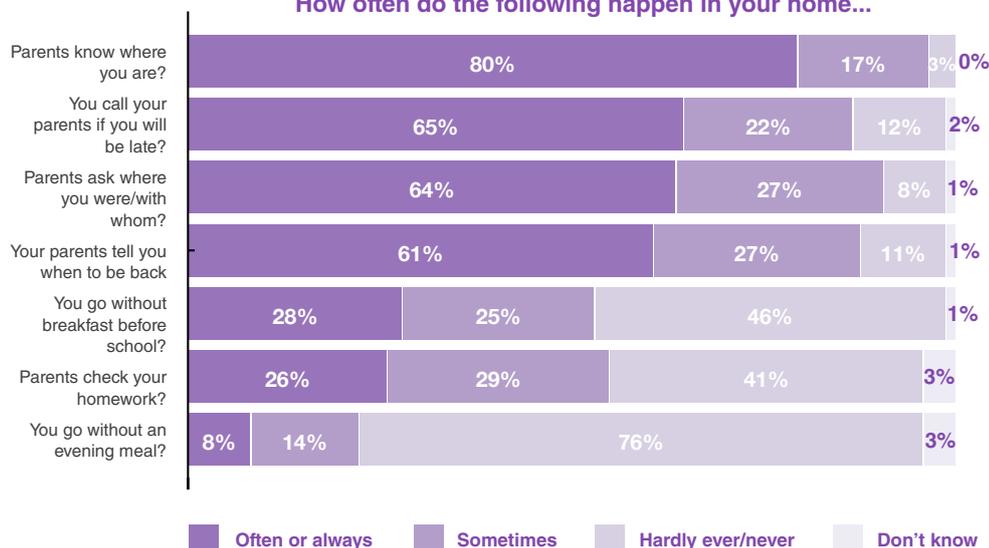
Unsurprisingly, 16-17 year olds are least likely to have to tell parents when they will be back or get their homework checked.

But those **involved in knives, feel unsafe and don't like the police** have mush less parental involvement.

There are no notable eating differences.

52

6.5 Feelings of safety

Children **largely feel safe in their own home,** and less so out and about especially at night. By comparison, adults feel safer out in their neighbourhood that their children.

How safe feel at home

Feel very safe	85%
Feel quite safe	13%
Don't feel very safe	1%
Don't feel safe at all	0%
Don't know	0%

98% of Children feel safe at home

94% of Adults feel safe at home

How safe feel in my local area/ neighbourhood during the day

Feel very safe	40%
Feel quite safe	45%
Don't feel very safe	10%
Don't feel safe at all	3%
Don't know	2%

85% of Children feel safe walking out during the day

90% of Adults feel safe walking out during the day

How safe feel in my local area/ neighbourhood at night

Feel very safe	21%
Feel quite safe	39%
Don't feel very safe	23%
Don't feel safe at all	15%
Don't know	3%

60% of Children feel safe out at night

72% of Adults feel safe out at night

Interestingly, **more children feel safe walking to and from school than they do actually being in school.**
Children involved in knives, who are worried about knives, and don't have hands-on parents are the least likely to feel safe anywhere and at any time.

How safe feel at school

Feel very safe	40%
Feel quite safe	48%
Don't feel very safe	7%
Don't feel safe at all	2%
Don't know	2%

88% of Children feel safe at school

How safe feel walking to school

Feel very safe	57%
Feel quite safe	38%
Don't feel very safe	2%
Don't feel safe at all	2%
Don't know	1%

95% of Children feel safe walking to school

How safe feel walking home from school

Feel very safe	50%
Feel quite safe	42%
Don't feel very safe	5%
Don't feel safe at all	2%
Don't know	1%

92% of Children feel safe walking home from school

6.6 Young people's perception of neighbourhood challenges

The biggest problems highlighted by children are **drug related; usage & dealing,** followed by **violence**. Although **knives** are mentioned by **nearly a third.**

Not surprisingly those who experienced **knife crime have or are involved with knives or people with knives, consider knives more of a problem.**

In fact, they have a heightened worry about virtually **all** of these problems.

Which of the following do you think might be a problem in your local area/neighbourhood?

Drug use	48%
Drug dealing	43%
Violence/fighting	43%
Bullying	37%
Graffiti and people damaging things	37%
Stealing	36%
Gangs	34%
People carrying knives	31%
Hate crime	21%
Sexual harassment	16%
I don't think any of these are a problem in my area	19%
Don't know	11%
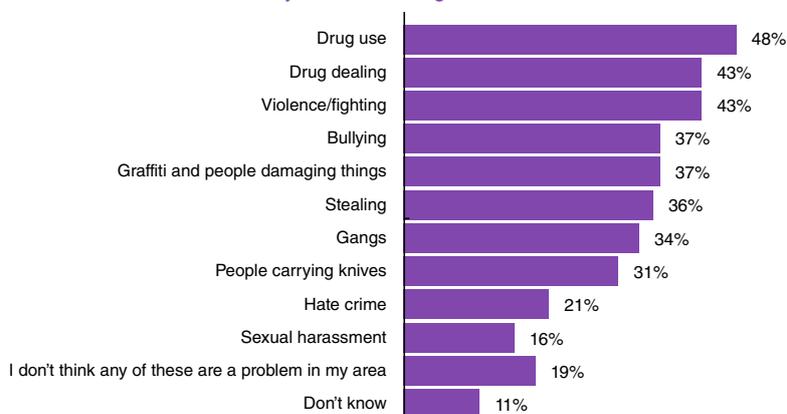
Nearly half of children say they are worried about knives, and over 1 in 10 are **very worried.**

Are you worried about knives?

13%	31%	37%	17%	2%

- Yes a lot
- Yes a bit
- Not really
- Not at all
- Don't know
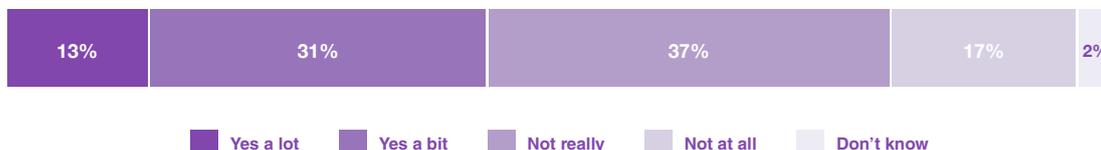
Worrying about knives is not especially linked to having had experienced an incident or knowing someone with a knife.

The only variance is predictably **those who do not feel safe and those who consider knives a problem in their area are the most worried.**

Almost half of children say they know somebody who **takes drugs.**
14% of respondents say they know somebody who is **in a gang.**

Those involved with **knives and people who have knives are more likely to know both.**

Older children are also more likely to know someone who takes drugs, while those who **think knives are a problem in their neighbourhood and feel unsafe** are more likely to **know a gang member.**

Do you know anyone who takes drugs?

Yes	42%
No	46%
Prefer not to say	7%
Don't know	5%
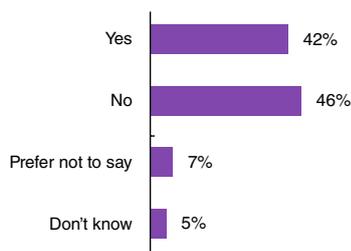
Do you know anyone who is in a gang?

Yes	14%
No	72%
Prefer not to say	4%
Don't know	10%
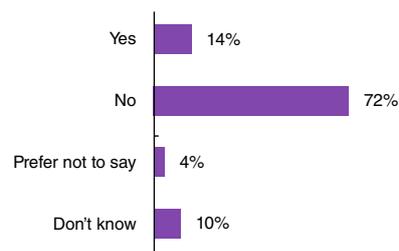
6.7 Young people: perception of knives

15% of children claim they know somebody who carries a knife (now) and 8% say they know somebody who carries a different type of weapon.

Weapons seem to attract weapons.

Children who carry knives and know others who do are also **much more likely to know carriers of other weapons.**

(Although a small sample size) Nearly half of knife carriers know someone who carries another type of weapon.

Do you know anyone who carries a knife?

Yes	15%
No	70%
Prefer not to say	4%
Don't know	11%

Do you know anyone who carries another weapon?

Yes	8%
No	77%
Prefer not to say	5%
Don't know	9%
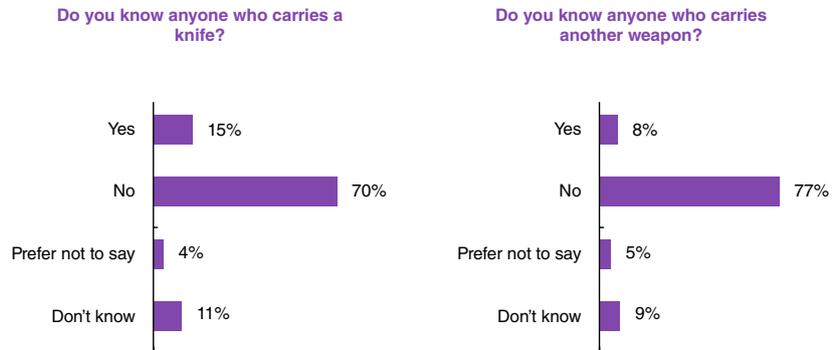
1 in 5 children have seen something happen which has involved a knife, but only 6% of them have been hurt as a result of somebody carrying a knife or pulling one out on them.

Compatible with many other findings, **those who carry knives, know others who do, dislike the police, feel unsafe and lack hands-on parenting are most likely** to have seen a knife related incident, or been hurt.

But additionally **non white children are also more likely** to have seen an incident.

Have you ever seen something happen where a knife was involved?

Yes	18%
No	73%
Prefer not to say	4%
Don't know	5%

Have you ever been hurt by someone with a knife or someone pulled a knife on you?

Yes	6%
No	89%
Prefer not to say	4%
Don't know	0%
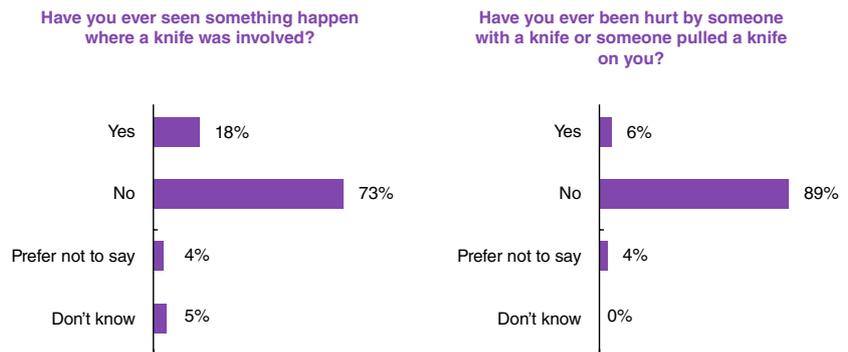
Of those who know someone who has carried a knife, over a quarter know more than 2 people and 1 in 10 know 10 or more.

Yet again **knife carriers, kids who have experienced a knife crime, don't like the police, feel unsafe, and think knives are a problem locally** know the most knife carriers .

How many people you know carry a knife?

1 or 2	50%
3 or 4	15%
5 or 9	4%
10 or more	10%
Prefer not to say	2%
Don't know	20%
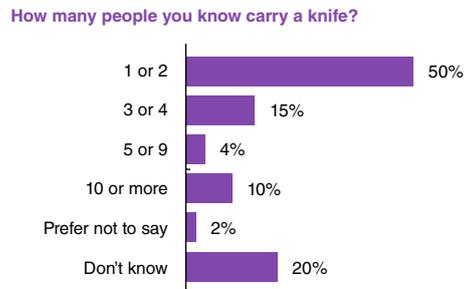
Almost a third of children claim to know (of) someone who has ever carried a knife. But only 2% claim to have done so themselves.

As seen previously, **knowing others who have ever carried** is highest among those who **carry, have experienced a knife crime, think knives are a problem in their area and lack hands on parenting.**

Carrying themselves is such a low base that no reliable correlations can be noted.

Do you know of anyone that has ever carried a knife?

Yes - friend(s) at school have done this	7%
Yes - other people at school have done this	12%
Yes - someone else I know has done this	16%
Yes - I have done this	2%
No - don't know anyone that has done this	56%
Prefer not to say	5%
Don't know	9%

Of everyone who has never carried a knife, 7% have considered it.

The cohort of kids who know carriers, seen an incident, **feel unsafe, see it as a problem in their area, lack parenting and dislike the police** are by far the most likely to consider this.

For example 20% of those who have **seen an incident** and 20% of those who **don't do their homework** would consider.

Have you ever considered carrying a knife?

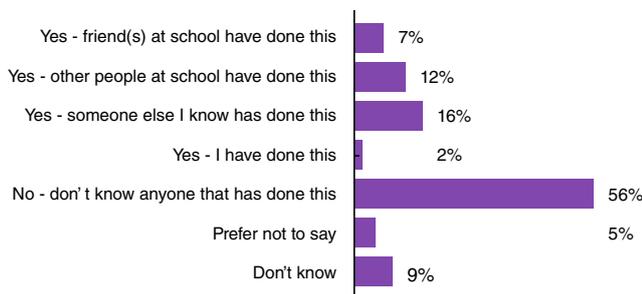|	
Yes	7%
No	86%
Prefer not to say	4%
Don't know	4%
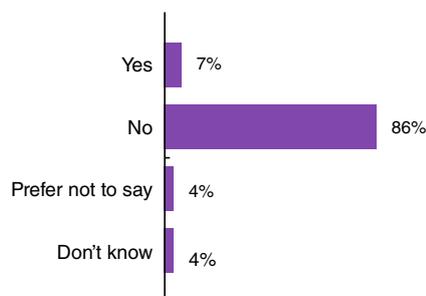
Reasons to carry a knife

The main reasons why they believe other young people would carry a knife are:
1. **To feel safer**
2. **As self-defence** (scared others have knives or have been threatened before)
3. **Peer pressure** (other people they hang around with do so it's the norm)

Year 12-13s are significantly more likely to see **peer pressure** as a reason.

Those in the **South** and in **low deprivation areas** far more likely to cite **fear, it is the norm, and 'not wanting to be messed with'.**

The kids most knowledgeable are arguably those who **know people who carry.** They are more likely to cite:
• Feeling unsafe (62%)
• Having been threatened (57%)
• Because other s do (57%)
• Don't want to be messed with (53%)
• Encouraged by friends (51%)

Why do you think people of your age might carry knives?

They don't feel safe where they live without a knife	49%
They have been threatened before and are scared	47%
Because other people around them do	45%
They don't want people to mess with them	43%
They are encouraged to by their friends	42%
They are bullies	30%
They are smaller than other kids so think they need a...	22%
They are encouraged by their families	10%
Other reason	9%
None of the above	3%
Don't know	13%

6.8 Adults: perception of knives

1 in 10 have personally witnessed a knife incident or been a victim, while **twice as many know someone else** who has.

Ever witnessed an incident involving knives

Yes	12%
No	88%

Ever been a victim of knife crime

Yes	8%
No	92%

Someone else you know has been a victim of knife crime

Yes	8%
No	92%
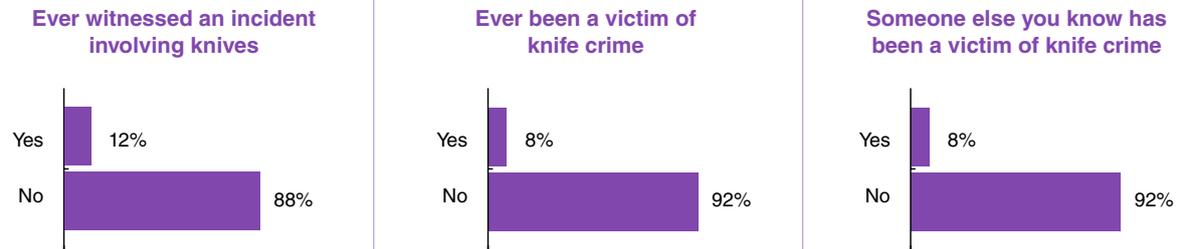
And **1 in 10** know people who **carry a knife.**

None	85%
1 or 2	5%
3 or more	3%
Too many to count	2%
Don't know	5%
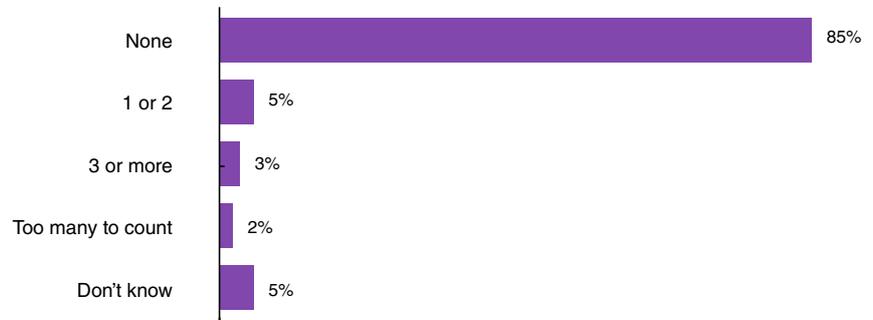
Most people think **carrying a knife is fairly uncommon** in their neighbourhood, and if they do, it is 'certain types'.

I don't know	29%
No one in my neighbourhood carries knives	26%
Very few people carry knives in my neighbourhood	26%
Some people of certain types carry knives in my neighbourhood	16%
Most people carry knives in my neighbourhood	1%
Everyone carries knives in my neighbourhood	1%
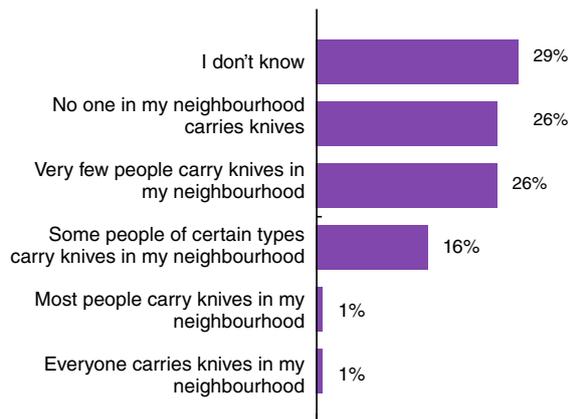
Among those who told us they had been a victim of knife crime, over half had experienced it **over a year ago.** Only **half reported** the incident . The **majority say they didn't receive any support**, but nearly half admitted **it has affected their life.**

When knife crime incident happened

- In last month — 7%
- 2-6 months ago — 20%
- 7-12 months ago — 13%
- Longer ago — 58%
- Can't remember — 2%

Was it reported

- Yes — 51%
- No — 49%

Did you receive support

- Yes — 24%
- No — 76%

Affected your life

- Yes — 45%
- No — 51%
- I don't know — 4%

Very few have carried a knife and similarly **few have considered** carrying one. Of those who have carried a knife, the majority haven't been carrying a knife for more than 12 months. **Only half** of those carrying a knife **have been caught.**

Ever carried a Knife

- Yes — 4%
- No — 96%

Sample size: 564 Lancashire residents 18+

For how long carried a Knife

- In last month — 24%
- 2-6 months ago — 24%
- 7-12 months ago — 20%
- Longer ago — 4%
- Can't remember — 28%

Sample size: 25 ever carried a knife

Considered carrying a Knife

- Yes — 5%
- No — 93%
- I don't know — 2%

Sample size: 564 Lancashire residents 18+

Ever been caught

- Yes — 52%
- No — 48%

Sample size: 25 ever carried a knife
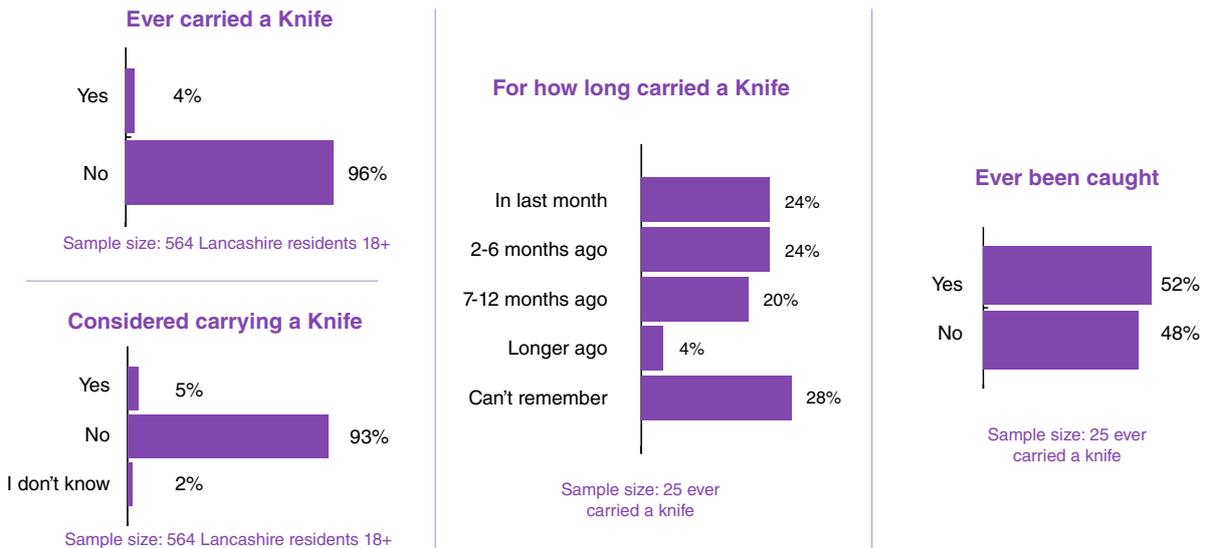
Adults: perceptions of what is already being done

Respondents were asked for their own unprompted views on what they think is already being done to prevent knife crime.

A quarter think **nothing** is being done to prevent knife crime.
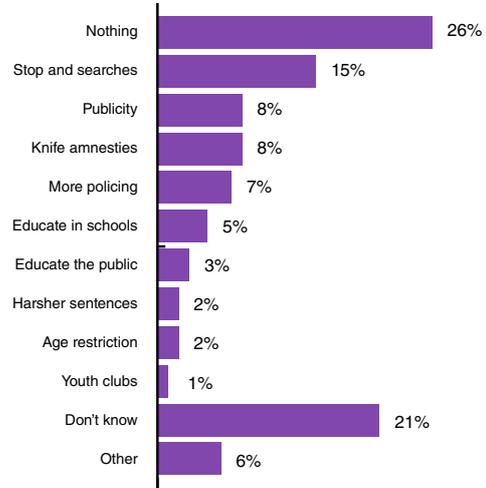
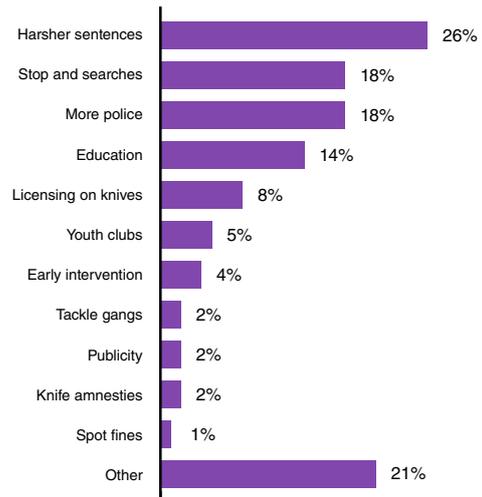**Stop & Searches** are what most respondents are aware of.

Other initiatives revolve around **education, awareness & policing.**

Nothing	26%
Stop and searches	15%
Publicity	8%
Knife amnesties	8%
More policing	7%
Educate in schools	5%
Educate the public	3%
Harsher sentences	2%
Age restriction	2%
Youth clubs	1%
Don't know	21%
Other	6%

Adults: perceptions of what should be done

When asked for their own ideas, **harsher punishments, more stop & searches** and **more police** are the main things respondents stated they would like to see.

Education is also something they think we should be doing more of.

Harsher sentences	26%
Stop and searches	18%
More police	18%
Education	14%
Licensing on knives	8%
Youth clubs	5%
Early intervention	4%
Tackle gangs	2%
Publicity	2%
Knife amnesties	2%
Spot fines	1%
Other	21%

Adults: perceptions of <u>who</u> should be involved in the solution

Half think this is the **responsibility of the police.**

Although nearly one third of respondents think it is an issue that needs to be dealt with multiple groups of by people.

Police	49%
Everyone	30%
Parents	23%
Government	23%
Schools	14%
Community	5%
Youth services	3%
Victims	1%
Shops	1%
Mental health organisations	1%
Other	10%
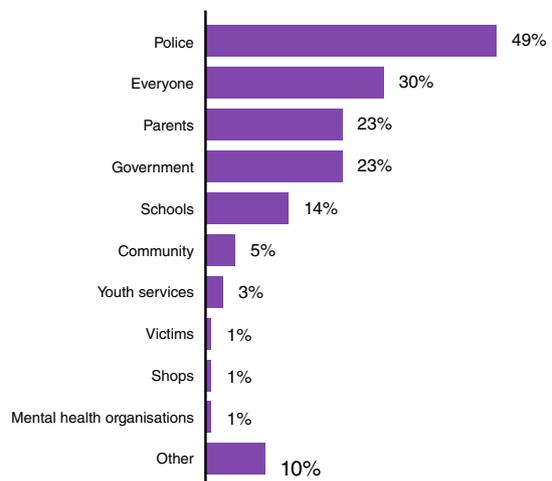
Who to turn to: Young People

There may be a lack of trust in talking to anyone about their concerns on this subject. While parents/ carers are the most trusted, only 15% feel they can talk to them.

While **non-white kids are more likely to turn to a sibling or a youth worker**, there is clearly an anti-authority /anti adult cohort.
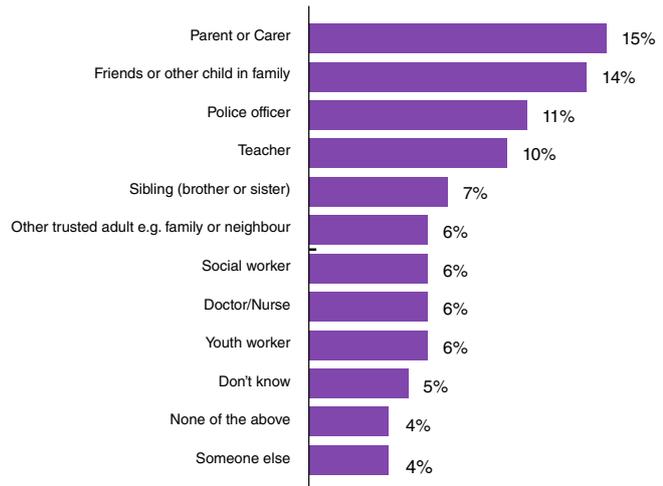
Those how dislike the police and don't do their homework are much less likely to turn to virtually any of the adults and authority figures (parents, adult family friend, officer or teacher).

Category	%
Parent or Carer	15%
Friends or other child in family	14%
Police officer	11%
Teacher	10%
Sibling (brother or sister)	7%
Other trusted adult e.g. family or neighbour	6%
Social worker	6%
Doctor/Nurse	6%
Youth worker	6%
Don't know	5%
None of the above	4%
Someone else	4%

Young People: thoughts on how to tackle knife crime

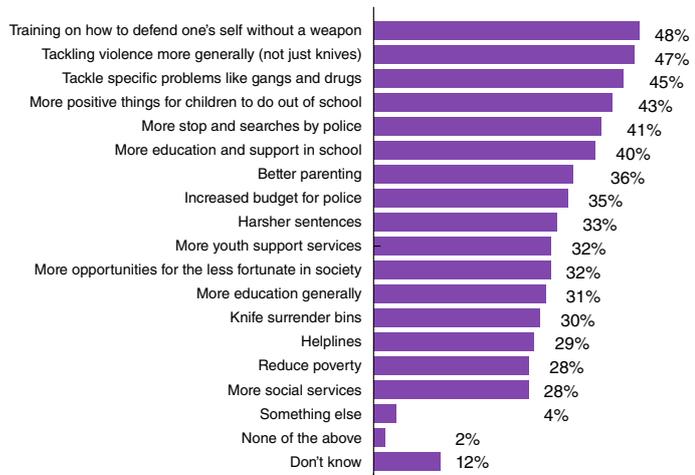**The main ways children think we could tackle knife crime are:**
1. Training on self defence without a knife
2. Tackling violence as a wider issue
3. Tackling root causes as such as gangs & drugs

Children in low deprivation areas, in the South and those felt knives were a problem in their area are generally more positive about many of the most popular solutions.

Year 12-13s are more interested in education/support and better parenting.

Non-white children supported reducing poverty.

Not surprisingly perhaps, the knife carriers appear much less interested in many of the ideas.

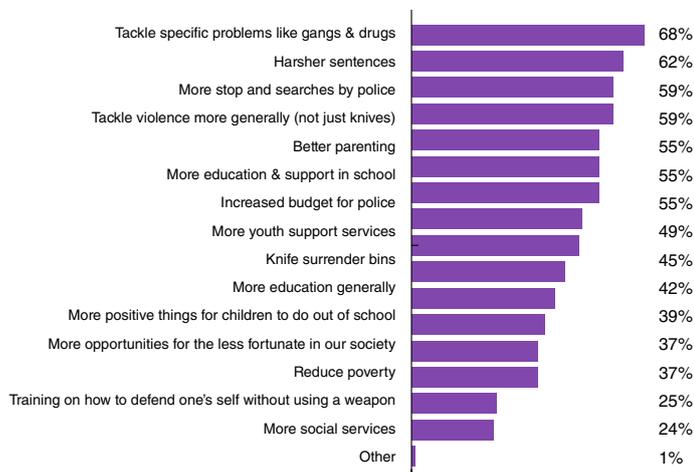| Category	%
Training on how to defend one's self without a weapon	48%
Tackling violence more generally (not just knives)	47%
Tackle specific problems like gangs and drugs	45%
More positive things for children to do out of school	43%
More stop and searches by police	41%
More education and support in school	40%
Better parenting	36%
Increased budget for police	35%
Harsher sentences	33%
More youth support services	32%
More opportunities for the less fortunate in society	32%
More education generally	31%
Knife surrender bins	30%
Helplines	29%
Reduce poverty	28%
More social services	28%
Something else	4%
None of the above	2%
Don't know	12%

Adults: What would help?

Tackling specific issues such as gangs and drugs is the number one way respondents think we could tackle knife crime.
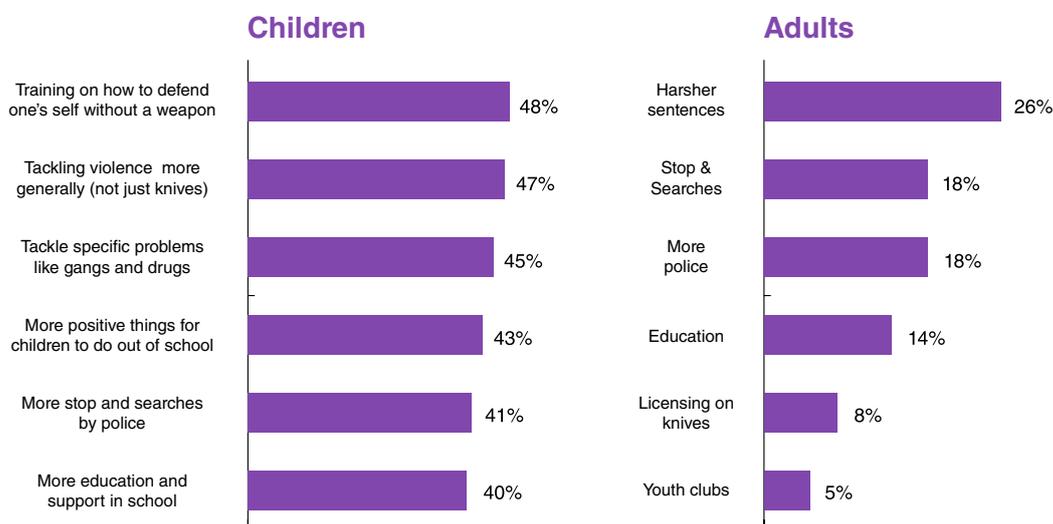
They actually thought most suggestions were appropriate, very few were disregarded.

Some specific ways to address the problem (half or more selecting):

• Harsher sentences
• More stop & searches
• Tackle violence in general
• Better parenting
• Education in school
• More police
• More youth support

Tackle specific problems like gangs & drugs	68%
Harsher sentences	62%
More stop and searches by police	59%
Tackle violence more generally (not just knives)	59%
Better parenting	55%
More education & support in school	55%
Increased budget for police	55%
More youth support services	49%
Knife surrender bins	45%
More education generally	42%
More positive things for children to do out of school	39%
More opportunities for the less fortunate in our society	37%
Reduce poverty	37%
Training on how to defend one's self without using a weapon	25%
More social services	24%
Other	1%

Tackling knife crime - Kids vs. Adults

Children

Training on how to defend one's self without a weapon	48%
Tackling violence more generally (not just knives)	47%
Tackle specific problems like gangs and drugs	45%
More positive things for children to do out of school	43%
More stop and searches by police	41%
More education and support in school	40%

Adults

Harsher sentences	26%
Stop & Searches	18%
More police	18%
Education	14%
Licensing on knives	8%
Youth clubs	5%

6 ways to tackle knife crime

Interestingly, the approaches to tackling knife crime are quite different between Adults and Children. **Children are keen to see support to help avoid knives** while **Adults are more concerned with harsher punishments for hose who carry knives.** Children seem to appreciate the importance of educating and dealing with the root causes whilst adults want to focus on punishing those committing crimes

7.0 Preventing Serious Violence

7.1 What works in behaviour change?

Traditionally, public health practitioners have considered five main strategies for behaviour change and health improvement in populations and individuals: medical, educational, behavioural, empowerment and social change approaches[41]. Each of these approaches have been critically considered in public health literature and have merits and weaknesses.

'Medical' approaches to behaviour change involve those with 'specialist knowledge' targeting those at most risk, providing direct and specific 'cures' to the health concern. In the case of serious violence, this may be likened to some enforcement type activities. This approach is heavily critiqued for being paternalistic and failing to acknowledge the wider determinants of health, but have been shown to have some success when those subject to the intervention are receptive to change.

Educational approaches to behaviour change have been demonstrated to impact on immediate health beliefs and behaviours, there is no evidence of the long term impact on outcomes. Education programmes with a clear 'call to action' or those which incorporate skill based training have been shown to have a more positive impact upon behaviour. This is an important consideration for any campaigns or educational approaches considered by the VRN.

Empowerment approaches to behaviour change have been demonstrated to have significant positive impacts on outcomes, with some effect of reducing inequalities. This is especially important when taking a trauma informed approach to serious violence, and in embedding community asset based interventions within an empowerment model for the Lancashire VRN.

Finally, the social change approach shows a variance of evidence depending on the sub-approach utilised. Further studies are required to provide evidence for settings-based approaches, however, policy and legislation intervention have been proven to have significant positive impacts on population health, including reducing inequalities. However, the ethics of this paternalistic approach are criticised as enforcement of a 'nanny state', and employment of this approach might require elements of the other approaches including education and empowerment in order to maximise related positive behaviours.
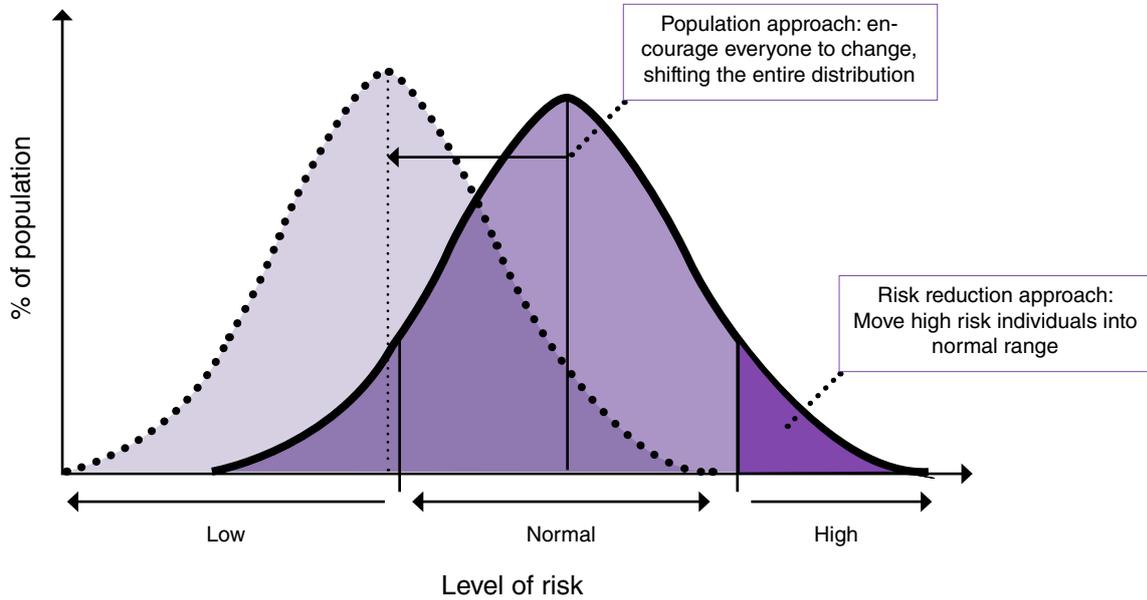
7.2 Opportunities for intervention

Like many population health concerns, the incidence of serious violence is affected by social inequalities, as set out in the risk factors of this needs assessment (section 4). In order to reduce the gradient of inequalities, Sir Michael Marmot describes the importance of Proportionate Universalism: doing something for everyone (a universal offer) but more for those who need it the most (targeted offer)[42]. Ensuring that there is a population, universal approach alongside targeted intervention ensures the maximise benefits for society as a whole[43].
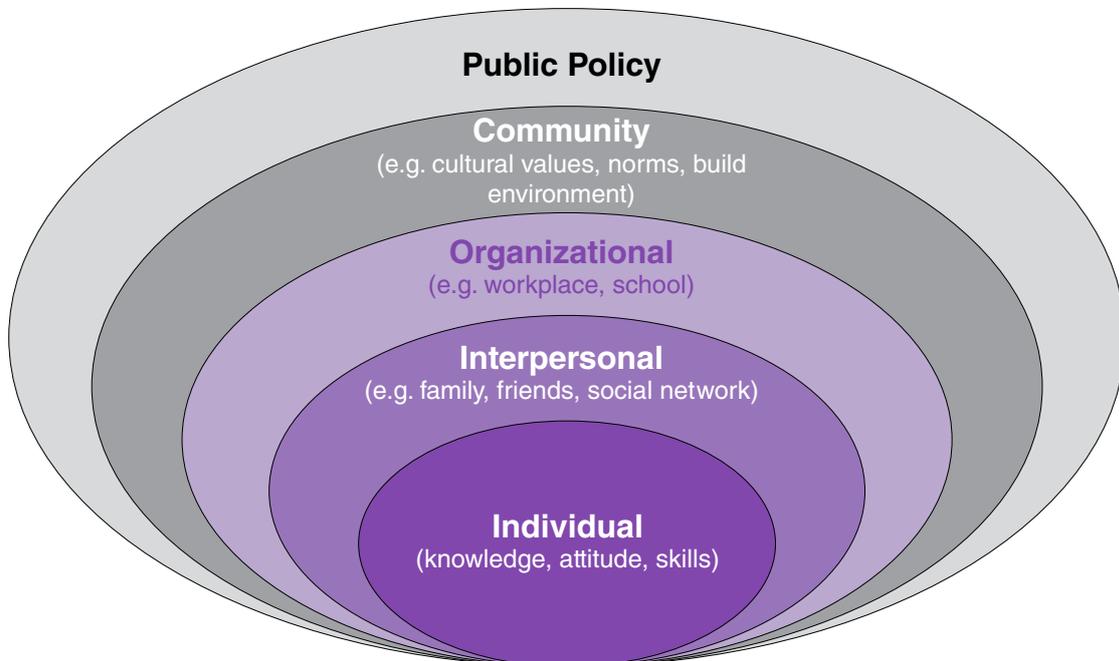
Further, the social determinants of health or 'causes of the causes', combined with an understanding of approaches to behaviour change suggest that we need to consider interventions across all levels of the socio-ecological model. In terms of prevention or reduction of serious violence, this includes consideration of macro political and policy interventions, environmental design and structure as well as interventions aimed to support those most at risk of violence and primary prevention at population level.

The Bell-Curve Shift in populations

Shifting the whole population into a lower risk category benefits more individuals than shifting high risk individuals into a lower risk category

% of population

Population approach: encourage everyone to change, shifting the entire distribution

Risk reduction approach: Move high risk individuals into normal range

Low | Normal | High

Level of risk

Source: Rose G. Sick Individuals and sick populations. Int J Epidemiol; 12:32-38

Public Policy

Community
(e.g. cultural values, norms, build environment)

Organizational
(e.g. workplace, school)

Interpersonal
(e.g. family, friends, social network)

Individual
(knowledge, attitude, skills)

[41] Naidoo, J. & Wills, J. (2016) Foundations for Health Promotion (4th Edition). Amsterdam: Elsevier

[42] Marmot, M. (2010) Fair Society, Healthy Lives. The Marmot Review.

[43] Rose, G. (1985) Sick individuals and sick populations. International Journal of Epidemiology, vol. 14, pp.32–38

7.3 Preventing violence and violence associated risk factors: an overview of evidence about what works

7.3.1 Preventing youth violence: international evidence

Internationally there are a number of consistently referenced interventions that are considered to have the "best" evidence of effectiveness for preventing violence or violence associated risk factors (see Figure 7).

Figure 7: Interventions with the best evidence for effectiveness in preventing violence or violence associated risk factors from an international perspective[24]

Primary prevention to avoid involvement in violence in individuals not already involved	Secondary or Tertiary prevention interventions to lessen harm and reduce future risk of violence in those already involved in violence
• Parenting programmes • Good quality early education • Life and emotional skills training • Bullying prevention programmes • Therapeutic approaches for young people at greatest risk of becoming involved in violence • Changes to firearms policy • Hotspots and community or problem oriented policing	• Therapeutic approaches for young people already involved in violence • Hotspots and community or problem oriented policing • Restorative justice

*Secondary and tertiary prevention have been grouped together given the overlap between these approaches

An earlier rapid evidence review of interventions in the U.K. and abroad completed published by the Early Intervention Foundation[44] found similar results. The following infographic provides an overview of the key findings.

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[44] O'Connor, R., & Waddell, S. (2015). What works to prevent gang involvement, youth violence and crime. A rapid review of interventions delivered in the UK and abroad. London: EIF

Preventing gang involvement & youth violence: literature review

What Works?
Most of our knowledge about 'what works' to prevent youth violence, crime and associated factors comes from the USA. Among the most robustly evaluated and effective approaches are skills-based and family-focused programmes, which aim to foster positive changes as well as negative outcomes.

What looks promising but has limited evidence?
Approaches that appear promising but have limited evidence include mentoring and community-based interventions. Many strategies aiming to prevent/reduce gang involvement exist, but very few have been robustly evaluated.

SKILLS-BASED programmes involve demonstrations, practice and activities that aim to develop young people's abilities to control their behaviour and/or participate in pro-social activities.

• Programmes for children and young adolescents focus on problem solving, self control, anger management, conflict resolution, and socio-emotional skills. Evidence suggests they are particularly effective with at-risk children, who are experiencing early onset behavioural problems or come from low-income backgrounds.

• Some programmes for adolescents and young adults focus on healthy life choices and preventing relationship violence. Evidence suggests they can increase knowledge and change attitudes, but impacts on behaviour and incidents of violence are unclear.

MENTORING programmes typically involve an older or more experienced person offering support and guidance to a young person over time.

• Some reviews suggest mentoring for at-risk and high-risk youth can reduce re-offending rates, delinquency and aggression. However, some of these findings are based on low-quality studies, and did not persist after the mentoring ended. A small number of studies have also found negative effects.

• For youth generally, community based mentoring can improve behavioural, socio-emotional and academic outcomes, but relationships ending within three months may have adverse effects on at-risk youth. A review of school-based mentoring found reminisce effects.

COMMUNITY engagement, data sharing, and partnership building have a role in prevention efforts, but community-based programmes lack robust evaluation.

• Sports programmes in the community aim to engage youth in pro-social activities and increase self-esteem. Preliminary evidence from weaker studies indicates they may have the potential to reduce crime and violence, but more robust research is needed
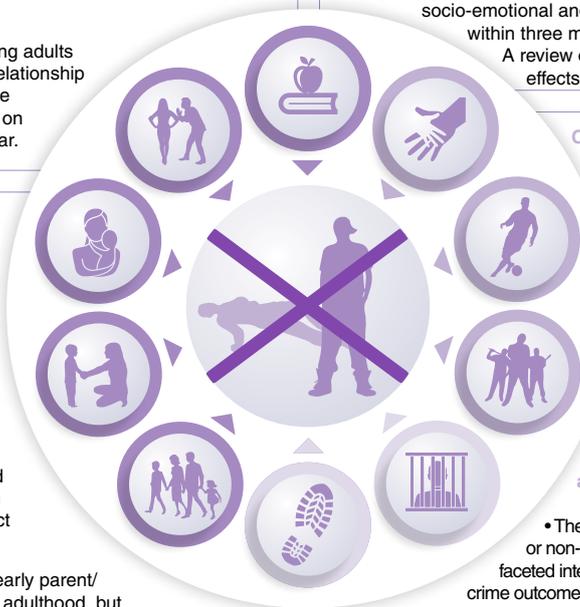
FAMILY FOCUSED programmes include home visiting, parent training and family therapy. They recognise that creating changes in young people is difficult when they have complex home lives, and therefore take into account family level risk and protective factors

• Family-focused approaches for infants and young children focus on developing positive parenting skills and strengthening parent/child relationships. Evidence suggests that this can reduce early risk factors, such as child conduct problems, and improve parenting practices.

• It is difficult to track the long-term effects of early parent/family interventions through adolescence and adulthood, but initial research suggests they can be effective in reducing delinquency and anti-social behaviour.

• Family therapy is an internationally recognised approach to preventing youth offending and violence, especially with at risk adolescents and young offenders. It recognises that young people's behaviours are often influenced by their family situation and peer groups, and seeks to equip the family unit with the skills to tackle problems.

• Like other approaches, evidence suggests that the adherence to the original programme design can be crucial to maximising effectiveness and avoiding harm, and that the added value of family-therapy based approaches should be weighed against the quality of existing services.

GANG-SPECIFIC approaches aim to prevent young people from becoming involved in gangs, and to help them find ways out if they do.

• The evidence behind these approaches seems limited or non-existent. Some limited USA-based studies of multi-faceted interventions found very small insignificant impacts on crime outcomes, whilst other studies have focus on attitudinal rather than behavioural changes

What is ineffective or potentially harmful?

DETERRENCE AND DISCIPLINE - based approaches aim to deter youth and criminal behaviour via scare tactics (e.g. prison visits) or militaristic programmes (e.g. boot camps)
• Robust reviews and studies consistently indicate that these types of approaches are ineffective, and may even make things worse (e.g. increase the likelihood of offending) - particularly for at-risk or delinquent youth. More broadly, evidence suggests that, grouped together during implementation, deviant peers may encourage deviant behaviour, and undermine interventions effects.

O'Connor, R.M., & 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: London UK.

There are also a number of interventions to prevent and reduce youth violence with more limited evidence (in terms of effectiveness and quality), from an international perspective[24]. Programmes in purple are examples of interventions from the UK where the breadth and strength of the evidence was not clarified (Figure 8). Whilst there is good evidence for programmes which are largely individually focussed, there are a number of programmes with more limited evidence which address environmental, community and population level approaches as set out in Figure 8. These include street lighting, changing community norms, and alcohol pricing and limiting alcohol sales and youth curfews. The Lancashire VRN could look to build upon this evidence focussing on hotspot locations through evaluation of population and environmental approaches locally, working with partners to maximise all system levers including planning and alcohol licensing functions.

Figure 8: Interventions with more limited evidence (compared to interventions included in Figure 7) from an international perspective
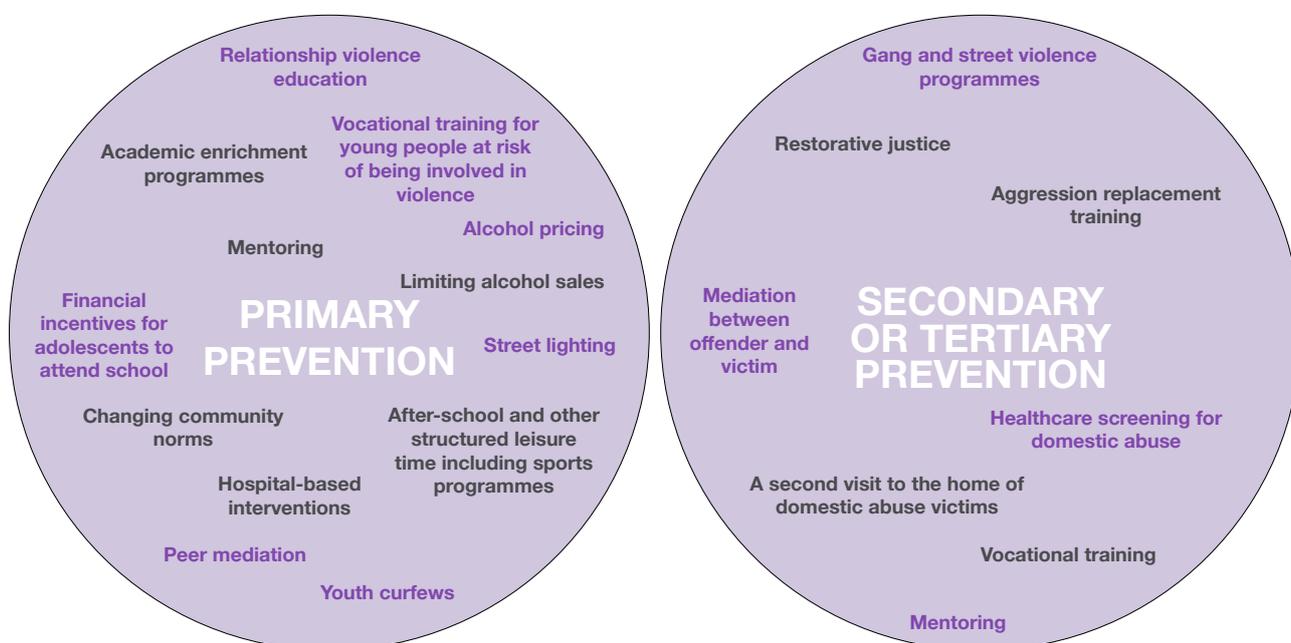
The importance of incorporating 'crime prevention through environmental design' (CPTED) approaches to violence prevention is acknowledged by the WHO (2016) who state 'Common CPTED characteristics include: built features that make it easier for people to see those around them and take action to avoid possible threats; help control access; enhance a sense of ownership, and encourage prosocial behaviour. Examples include but are not limited to landscape design, presence and upkeep of green spaces, greening of vacant lots, lighting, renovating abandoned buildings, safe and accessible transport and ensuring children's journeys to school are safe.

The requirement for local planning policies in England to give consideration to this is outlined in the National Planning Policy Framework (2019) which states that 'Planning policies and decisions should aim to achieve healthy, inclusive and safe places which…… are safe and accessible, so that crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion – for example through the use of clear and legible pedestrian routes, and high

quality public space, which encourage the active and continual use of public areas'. The Designing out Crime Officers at Lancashire Constabulary provide input into Lancashire planning policies as they are reviewed and also comment on proposed masterplans for areas undergoing significant development.

There are many other approaches that appear promising, but the evidence to support effectiveness remains limited. For example, a review of approaches to prevent or reduce violence with a focus on youth,

knife and gang-related violence[24] found that there was no comprehensive evidence regarding changes to alcohol policy and violence reduction, although it has been estimated that 40% of violent incidents are alcohol-related[45]. It is clear therefore that some approaches require further evidence and exploration

7.3.2 Preventing youth violence: national evidence

The evidence review by Public Health England[24] identified a lack of reviews identifying the effectiveness of a broad range of interventions to address violence or violence associated risk factors, with a clear search strategy and consistent approach to evidence appraisal based on UK populations. As such, they set out to provide a review using the Early Intervention Foundation (EIF) Guidebook. The review identified

various different interventions with what PHE[24] (p.7) describe as a 'reasonable quality of evidence' based on UK populations (see Figure 9). Whilst the EIF Guidebook focuses on interventions delivered in childhood and adolescence, other sources such as the Crime Reduction Toolkit could be further explored to widen the population sample. Any locally emerging evidence from Lancashire evaluations will also be fruitful in contributing to the national evidence.

Figure 9: UK Interventions with reasonable evidence24

Type of intervention	Mode of prevention	Programme examples
Parenting programmes	Primary	• Incredible Years Preschool • Incredible Years Age Basic • Empowering parent, empowering communities
Home visiting programmes	Primary	• Let's Play in Tandem • The New Forest Parenting Programme
Good quality preschool education and schools-based emotional and life skills	Primary	• Incredible Years Teacher Classroom Management
Therapeutic approaches (cognitive, behavioural, social, or psychosocial) for young people at greatest risk of becoming involved in violence or already in violence	Primary, Secondary and Tertiary*	• Multi-systemic Therapy

*Secondary and tertiary prevention have been grouped together given the overlap between these approaches

[45] Office for National Statistics (2018). Data on alcohol related incidents, years ending March 2011 to March 2017, Crime Survey for England and Wales. London: ONS

Research studies[46] have found that fear of crime and public confidence in policing arise from (lack of) social cohesion and moral consensus rather than risk of victimisation. The public often have an exaggerated sense of the crime problem, meaning that when crime rates fall, there is a lack of recognition. To improve public feelings of confidence and reduce fear of crime, it is important to 'dampen down excessive fear and correct inaccurate beliefs about crime, perhaps by educating the public' (p.513).

Tuffin et al[47] also explored perceptions of anti-social behaviour, feelings of safety after dark and public confidence in the police. They found visibility and familiarity cannot deliver shifts in public perception on their own a local policing approach is required incorporating three elements: engagement, problem-solving and visibility to enable an approach to community engagement beyond public meetings to include, for example, street briefings, door knocking and 'have a say days'.

This is re-enforced in a United States study[48] exploring variables association with fear of crime in communities where it was found reducing perceptions of perceived disorder and improving quality of life in a community, improves satisfaction with community and then community members feel less fear of crime. In Lancashire knife crime has recently been the subject of high media attention but few articles purvey that knife crime only accounts for 1% of all crime in Lancashire.

7.4 Local evidence and data

To provide a local insight, the strategic needs assessment informs the VRN priorities by establishing the strategic needs and requirements across all 14 districts of Lancashire. Lancashire's VRN will adopt a place-based approach[49] to direct support and investment to particular areas of Lancashire where specific risk and protective factors are identified. Taking into account the frequency of violence, in addition to understandings that not all crimes are equally "serious", we map out areas of high "harm" using the ONS Crime Severity Score (see section 8.1).

In line with a systems approach, the use and development of evidence and data will be iterative; we will continue to learn and adapt as the work progresses. The VRN will act as a hub of good practice and facilitate sharing, networking and capacity building to reduce violence and improve resilience across Lancashire. A key component of improving the use of evidence within Lancashire, will be to improve data sharing and linkage across organisations.

46 Jackson and Bradford (2009) 'Crime, policing and social order: on the expressive nature of public confidence in policing' - https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1468-4446.2009.01253.x

47 Tuffin, Morris and Poole (2006) 'An evaluation of the impact of the National Reassurance Policing Programme' - http://library.college.police.uk/docs/hors/hors296.pdf

48 Roh and Oliver (2005) 'Effects of community policing upon fear of crime: Understanding the causal linkage' - https://heinonline.org/HOL/Page?handle=hein.journals/polic28&div=58&g_sent=1&casa_token=rDd-u3Vp9ccAAAAA:FhUwhATwLva22TToZYil-MndrWVeIgqbPLnG-euIgVRm2wjnfYQuD4r4IZC0v97CrIqWNjT86g&collection=journals

49 A place is a physical setting and social context. A place-based approach crosses organisational boundaries and is intended to reduce silo working by bring partners together to focus on improving long-term outcomes of the 'whole place' (for further details see Section 5.1, Public Health England, 2019 - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/838930/multi-agency_approach_to_serious_violence_prevention.pdf)

8.0 Putting the Picture Together: Key Findings and Recommendations

8.1 Summary and overview

In consideration of the overall picture for Lancashire, and to inform the strategic programmes for the VRN, cognisance of the severity of harm by crime group was taken. Using the ONS Severity Data tool, it is recommended that the Lancashire VRN focus initially on sexual offences and violence against the person. The harm for theft is high in Lancashire, but a large proportion of this is non-violent; aggravated burglary should also be taken into consideration through the work of the VRN

Crime Groups by Severity of Harm in Lancashire 2002 to 2019
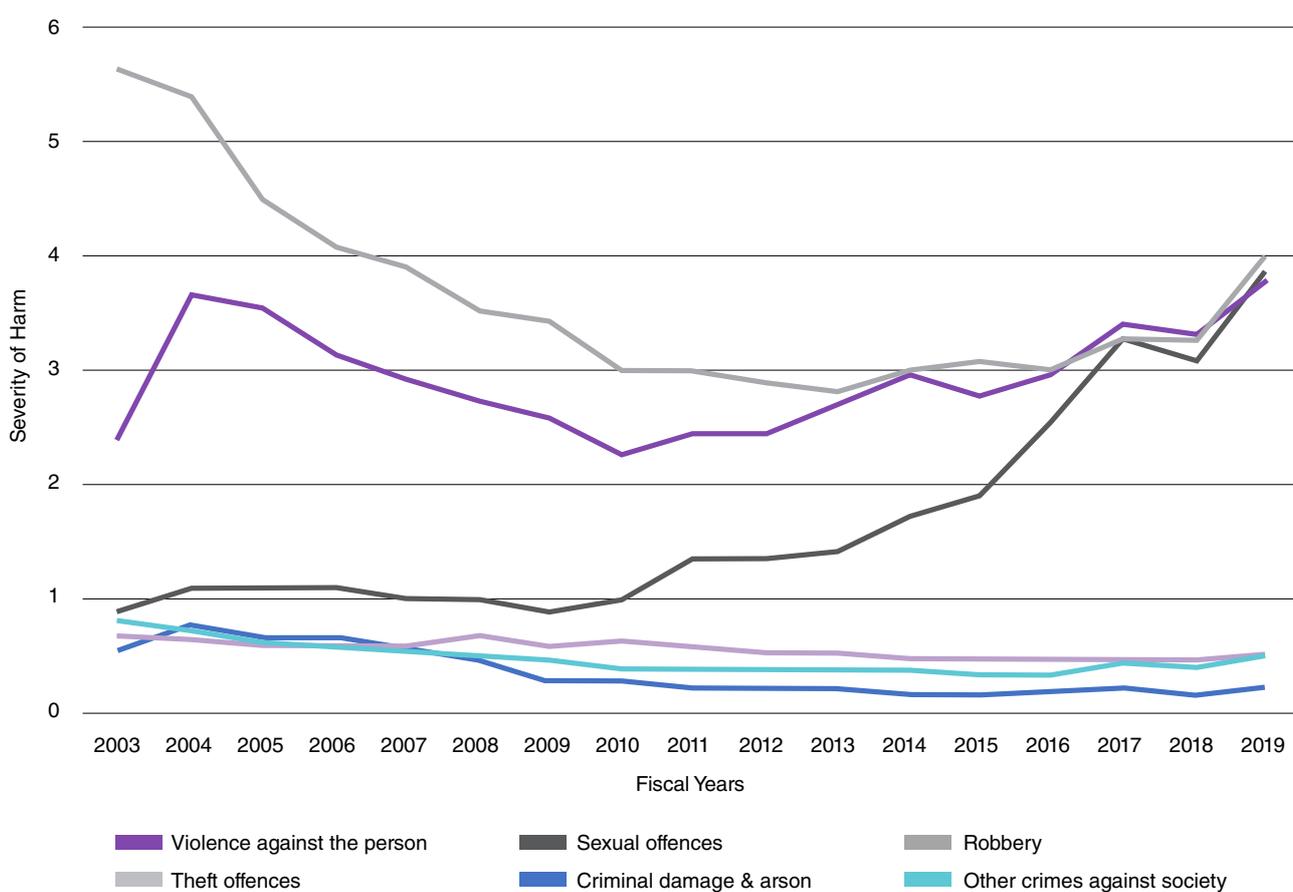
By collating the elements of crime defined as serious violence in Lancashire, Blackpool, Burnley, Preston and Blackburn with Darwen appear to be the districts where violence is most prevalent across the county. Given the strong evidence base for the determinants and risk factors for serious violence, it is not surprising that the areas with the greatest determinants of violence see the highest rate of violent crime. Further consideration should be given to the local context for Blackburn with Darwen which does not mirror this relationship.

8.2 Key findings and recommendations

This needs assessment provides a broad baseline understanding of the problem profile for serious violence in Lancashire, and the underlying risk factors or the 'causes of causes'. There are a number of key findings and recommendations based upon the data available and evidence base of 'what works' for primary, secondary and tertiary prevention.

District	Low income Families (with children under 20 years). Rate per 1000	GCSE Attainment (5 or more GCSEs). Rate per 1000	People ages 16-64 in employment Rate per 1000	Secondary School Fixed Period Exclusions Rate per 1000 pupils	Statuary Homeless rate per 1000	Good level of development at age five. rate per 1000	Hospital Admissions due to substance misuse (15-24 years) Rate per 1000	Hospital Admission episodes for alcohol specific conditions under 18 years. Rate per 1000 under 18 years	Rank Order
Blackpool	214	590	673	192	0.90	674	2.86	0.74	1
Burnley	258	455	710	67	1.10	679	1.32	0.38	2
Preston	217	506	671	265	1.10	637	0.94	0.24	3
Lancaster	202	504	793	160	0.10	640	2.38	1.96	4
Rossendale	171	471	691	67	0.60	648	1.32	0.38	5
Wyre	179	596	759	113	0.60	693	1.41	0.55	6
Pendle	147	585	711	107	1.20	712	1.32	0.38	7
South Ribble	159	548	750	88	1.40	710	0.84	0.32	8
West Lancashire	135	616	693	81	0.70	710	0.91	0.41	9
Fylde	102	644	827	82	1.10	711	1.41	0.55	10
Hyndburn	115	566	773	45	0.70	741	1.32	0.38	11
Blackburn with Darwen	111	642	869	37	0.50	707	1.32	0.36	12
Ribble Valley	154	610	794	45	0.10	739	1.32	0.38	13
Chorley	57	702	749	55	0.40	777	0.84	0.32	14

District	Gun Crime Rate per 1,000 population	Knife Crime Rate per 1,000 population	Homicide Rate per 1,000 population	Domestic Abuse Rate per 1,000 population	Child Sexual Exploitation Rate per 1,000 population under 18 years of age	Child Criminal Exploitation Rate per 1,000 population under 18 years of age
Blackpool	0.40	3.44	0.04	50.52	0.48	0.22
Burnley	0.27	2.06	0.05	38.30	0.73	0.07
Preston	0.18	2.54	0.05	32.85	0.38	0.10
Blackburn with Darwen	0.18	1.98	0.07	30.62	0.18	0.30
Hyndburn	0.22	1.87	0.05	31.16	0.27	0.00
Lancaster	0.17	1.37	0.00	24.79	1.07	0.19
Pendle	0.18	1.16	0.04	22.76	0.33	0.13
Rossendale	0.20	1.02	0.04	25.05	0.26	0.00
Wyre	0.19	0.85	0.04	20.16	0.75	0.12
Chorley	0.11	1.28	0.01	18.19	0.17	0.00
South Ribble	0.18	1.01	0.03	18.31	0.40	0.17
Fylde	0.06	0.53	0.01	16.36	0.07	0.00
West Lancashire	0.18	1.31	0.01	13.25	0.23	0.00
Ribble Valley	0.08	0.55	0.00	11.34	0.17	0.00

District	Assault with injury (Slight) Rate per 1,000 population	Assault with injury (Serious) Rate per 1,000 population	Robbery Rate per 1,000 population	Aggravated Burglary Rate per 1,000 population	Rape Rate per 1,000 population	Sexual Assaults Rate per 1,000 population	Total Rate Serious Violence Crimes per 1,000 population
Blackpool	65.23	4.83	3.78	0.22	4.15	4.30	137.61
Burnley	39.50	2.93	1.66	0.26	2.62	2.60	91.04
Preston	38.75	3.68	3.34	0.29	2.69	2.76	87.59
Blackburn with Darwen	34.91	2.46	1.83	0.19	2.22	2.32	77.24
Hyndburn	33.53	2.29	1.74	0.33	2.09	2.51	76.07
Lancaster	28.58	2.59	1.25	0.23	1.77	2.19	64.20
Pendle	24.04	1.47	1.09	0.27	1.95	1.73	55.14
Rossendale	22.39	1.44	0.85	0.20	1.55	1.66	54.65
Wyre	20.89	1.28	0.67	0.08	1.10	1.52	47.64
Chorley	21.78	2.04	0.66	0.09	1.22	1.64	47.17
South Ribble	17.54	1.00	0.85	0.11	1.27	1.64	42.51
Fylde	18.38	0.93	0.49	0.06	1.25	1.57	39.71
West Lancashire	17.03	1.47	0.95	0.16	1.01	1.35	36.94
Ribble Valley	14.27	0.75	0.37	0.05	1.27	1.43	30.27

		Key Findings		Recommendations
1. Causes of the causes: risk factors for serious violence	1.1	Education, employment and training Poor school attendance and attainment across Lancashire including fixed period exclusions, persistent absenteeism and GCSE attainment. High levels of poor emotional and mental health need in school age children High levels of young people NEET	1.1.1	Undertake a more detailed assessment to further understand the reasons for and distribution of exclusions and absenteeism across Lancashire at district level
			1.1.2	Consider the role of trauma informed schools to reduce fixed period exclusions
			1.1.3	Consider and further understand the interdependencies between the VRN and the Pan-Lancashire Child and Adolescent Mental Health Transformation Programme
			1.1.4	Assess and gain a better understanding of the current programmes of work which aims to address school attendance and exclusions
			1.1.5	Consider evidence informed interventions to improve school attendance incentives for adolescents to attend school
			1.1.6	Consider the opportunities for impact on those not in education, employment and training of the DIVERT50 programme
			1.1.7	Undertake a detailed assessment to understand the education picture for Lancashire young people within the Youth Offending Service and 18-25 year olds in the criminal justice system, to inform secondary prevention measures
			1.1.8	Investigate and where appropriate take learning from, the reasons for better than national average levels of young people not in education, employment and training in Blackburn with Darwen
	1.2	High levels of hospital admissions for substance misuse (15-24 years) compared to England average	1.2.1	Evaluate the impact of the Blackpool HACCA (Heroin and Crack Cocaine Addiction) programme for non-fatal overdose and drug related death, to explore secondary prevention opportunities and roll out across Lancashire
			1.2.2	Lancashire VRN to link with and support the Lancashire Serious Organised Crime Strategy including addressing the root causes of child sexual exploitation and child criminal exploitation (including county lines)
			1.2.3	Address the intelligence gap relating to children of known Organised Crime Group members as a key risk factor for violence. To improve data quality relating to child criminal exploitation (CCE)
	1.3	High levels of hospital admissions for alcohol-specific conditions (under 18s) compared to England average	1.3.1	Consider the evidence for Bystander skills-based education programmes in schools
			1.3.2	Work with licensing authorities in Lancashire to ensure that a violence lens is applied when making representations on alcohol licensing and with Licensing Authority decision makers to identify the significance of these representations in preventing violence.

		Key Findings		Recommendations
1. continued	1.4	Parenting, families and communities. Variance across Lancashire for child development at age 2-2 ½ years old. Gaps in data for this indicator for Lancashire County Council. Lower than England average levels of good development at age 5 across the county	1.4.1	Support the further roll out of universal parenting programmes with an evidence-based impact on violence reduction, which support attachment and school readiness
			1.4.2	Support the co-production of trauma informed communities
			1.4.3	Consider potential evidence-based programmes to reduce re-offending through prisoner programmes which support rehabilitation back to family life
			1.4.4	Ensure that all VRN strategy and activity is trauma informed to break the cycle of adversity for individuals and within families and communities
			1.4.5	Consider opportunities to develop improved information sharing regarding individual ACE incidence for all children and young people in Lancashire to target trauma informed early help and secondary prevention strategies
			1.4.6	Ensure that all VRN strategy and activity takes a life-course approach to violence, maximising key opportunities through a child's development and during adulthood to reduce the risk factors for serious violence
2. Crime Type	2.1	Homicides are showing an increasing trend in Lancashire	2.1.1	Consider expanding the Domestic Homicide Review procedure to all homicides in Lancashire to better understand the local picture and draw upon the learning.
	2.2	Knife crime features less commonly in homicides in Lancashire, with a significantly higher prevalence of 'punching to body or head'	2.2.1	Consider the evidence for conflict resolution interventions to build self-confidence, social cohesion and to provide young people with skills to manage conflict
	2.3	There is a statistically significant upward trend for rape in Lancashire	2.3.1	Consider the evidence for bystander skills based education programmes in schools
			2.3.2	Consider expanding the scope of the Accident and Emergency navigator work stream to include more scrutiny in the data about repeat rape victims and their wider vulnerability indicators
	2.4	Knife crimes only account for 1% of all serious violence in Lancashire	2.4.1	Develop better data capture and extraction for all crime types which used a knife or sharp instrument
			2.4.2	Ensure that any media or campaigns on the subject of knife crime reflect the local prevalence and appropriate messaging
3. Location	3.1	Serious Violence is prevalent across all districts of Lancashire. Areas with highest levels of serious violence relative to population are Blackpool, Burnley, Preston and Blackburn with Darwen	3.1.1	Prioritise VRN programmes of work to target interventions for those areas with bespoke need and adopt universal approaches for the others
			3.1.2	Work collaboratively with Community Safety Partnerships to develop ongoing and further understanding of relevant serious crime types of concern in their area including prioritisation of needs and assets. Promote and develop a universal offer where appropriate
			3.1.3	Undertake further analysis to identify the areas where greatest harm occurs
			3.1.4	Undertake further analysis regarding the 'causes of causes' in Blackburn with Darwen, where the traditional risk factors for serious violence do not appear to correlate with high incidence of violence

		Key Findings		Recommendations
4. Victims of Serious Violence	4.1	Victims of CCE, CSE, rape and gun crime in Lancashire are most commonly aged 10-17 years old.		See recommendation 1.4.2 See recommendation 1.4.4 See recommendation 1.4.6 See recommendation 2.3.1
	4.2	Victims of aggravated burglary, knife crime and assaults are most commonly aged 25-31 years old		Understand evidence informed methods of reducing weapon carrying in Lancashire
	4.3	Rape victims in Lancashire are most commonly aged 10-17 years old and white female. Domestic abuse victims in Lancashire are most commonly 25-31-year-old white females		See recommendation 2.3.1
	4.4	Victims of homicide in Lancashire are most commonly aged 39-45 years old		See recommendation 2.1.1
	4.5	No ethnic group is statistically significantly over represented as victims of violent crime in Lancashire	4.5.1	Ensure that the VRN strategy and activity takes a public health approach including whole population approach and proportionate universalism
5. Offenders	5.1.	Offenders of violence resulting in injury in Lancashire are most commonly aged 25-31 years old and white males	5.1.1	Undertake further analysis to identify the demography and behaviours of those who inflict most harm
	5.2	The most common group of offenders of knife crime and rape in Lancashire are aged 18-24 years old		See recommendation 2.3.1 See recommendation 6.3.1 See recommendation 6.5.1
	5.3	No ethnic group is statistically significantly over represented as offenders of violent crime in Lancashire		See recommendation 4.5.1
6. Public perceptions	6.1		6.1.1	Consider adolescent pathways, activities and diversion programmes to develop strong positive role models and alternative positive routes to crime and violence
	6.2		6.2.1	Lancashire VRN to link with and support the Lancashire Serious Organised Crime Strategy including addressing child sexual exploitation and child criminal exploitation (including county lines)
				See recommendations 1.2.1 and 1.2.3
	6.3		6.3.1	Co-produce with young people an appropriate communication strategy and campaign for knife crime taking cognisance of wider media portrayal and messages and our local knife crime prevalence
	6.4		6.4.1	Links to recommendation 2.2.1 self-defence
			6.4.2	Develop and adopt a consistent approach to embedding 'crime prevention through environmental design' (CPTED) requirements in the Local Plans of each of the 14 Lancashire Planning Authorities

		Key Findings		Recommendations
6. Public perceptions continued			6.4.3	Review identified neighbourhood level violent crime hotspots to identify and address environmental risk factors
			6.4.4	Consider opportunities to maximise the role of Responsible Authorities in Licensing in addressing violent crime hotspots
			6.4.5	Consider safety campaigns relating positive messages for younger people to reduce the exaggerated perception of crime
			6.4.6	Utilising a young person's reference group devise media campaigns which focus on personal aspirations and opportunities
	6.5	When asked about solutions to knife crime in Lancashire, young people that were surveyed expressed solutions that they can influence and described solutions which lie within communities and not enforcement	6.5.1	Ensure that co-production, building community resilience, asset-based approaches and community empowerment underpin all VRN activities and strategy
	6.6	When asked about solutions to knife crime in Lancashire, adults that were surveyed expressed solutions outside of their community and responsibility with a greater focus on enforcement and harsher sentencing	6.6.1	Further develop trauma informed communities to continue to ensure positive relationships between violence reduction partners and the public, building trust and reassurance through appropriate evidence-based enforcement and regulatory activity
			6.6.2	Produce a set of communication messages for communities to develop their understanding about the impact trauma has on individual behaviour and the underlying causes of that behaviour

LANCASHIRE
VIOLENCE REDUCTION NETWORK