# Serious Violence Duty

## Strategic Needs Assessment



Virtual collaboration - Real insight

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## Executive Summary for Sections 1-4

### Executive Summary – Sections 1-2

- The Serious Violence Duty requires a public health approach to serious violence at local level as well as the development of a Strategic Needs Assessment (SNA), which needs to provide an understanding how violence is affecting local communities and to help local areas in developing a local Serious Violence Duty Strategy.
- The World Health Organisation (WHO) suggests that a public health approach to violence, is "a focus on the primary prevention of violence through reducing risk factors, boosting protective factors, looking across the life course, and mitigating the effects of violence through provision of support to victims".
- There are many risk factors in a person's life that can threaten development, limit social and economic opportunities, increase the likelihood of
  mental and physical health problems, criminal involvement, substance misuse, or exploitation or abuse in later life. These risk factors exist at
  different levels, such as individual, interpersonal, communities and society, and interact in complex ways.
- There is a large body of research on factors that predict, i.e., those which can increase the likelihood of violence, or protect, i.e., those which can reduce the likelihood of violence. This evidence base has limitations, as it is not always clear whether factors are predictors or are just markers, present due to victimisation or other circumstances.
- Individual factors emerged as the most powerful risk indicators for serious violence for children and young people (ages 7-25). While young people aged 15 and under were more vulnerable to family level risk factors of family disruption and poor supervision. The most powerful risk factors for serious violence for children and young people aged 7-15, were poor relationships with peers or having delinquent peers. The Early Intervention Foundation's review found a more limited number of risk factors at the community level; however, this may be due to the longitudinal studies included in the review focussing on neighbourhood disorganisation, housing provision and exposure to marijuana. Community and societal factors include prevalence of gangs, poverty, income inequality, etc.
- Individual level risk factors for serious violence also include some demographics, i.e., gender, age and ethnicity.
- The evidence assessing protective factors is more limited than that for risk factors, and most factors are often the opposite of the risk factors. However, it is important to include protective factors as even in high-risk groups, over half will not engage in serious violence.
- The number of different risk factors for serious violence and the complex relationships that exist between them means it is hard to know exactly which factors may be causal and which are simply markers. This makes it difficult to decide which factors to target.
- One consistent finding is that the presence of multiple risk factors increases the risk of offending. Therefore, identifying the number of risk factors an individual experiences / is exposed to should determine those at greater risk, and used to design and target interventions.
- HM Government states that: "...perhaps the simplest way to improve our knowledge and reduce serious violence may be to test preventative interventions better."

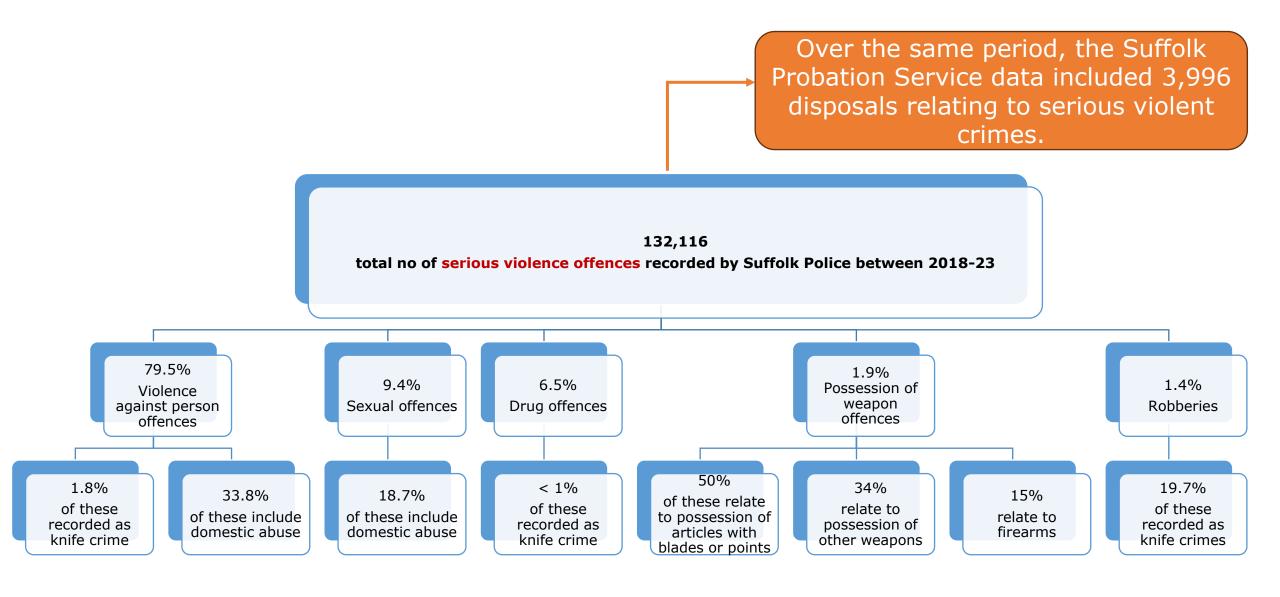
### Executive Summary – Section 3

- Low educational achievement is a risk factor at individual level though attainment has improved across Suffolk over the past few years, it still
  lags behind national levels at Key Stages 2 & 4 and A-levels.
- Absence from school (missed attendance as well as suspensions and permanent exclusion) not only impacts students' attainment but is also associated with involvement in violence. In 2021/22 there were 167 permanent exclusion in Suffolk.
- Not engaging with education or the labour market can have lasting effects on young people's mental and physical health and there is evidence that lack of qualifications and job opportunities are linked to crime. In 2022/23 Suffolk had relatively more 16–17-year-olds not in employment, education or training (NEET) than England overall. And while Suffolk overall had a lower proportion of unemployed 16-24s than England in 2022, Ipswich over-indexes against both the local and national averages.
- Children and adults in Social Care are amongst the most vulnerable groups in society.
  - Reasons for children and young people being taken into care vary, and include abuse and neglect, anti-social parental behaviour, poor supervision, aggression / low self-control, gang membership amongst others. These have all been identified as risk factors for serious violence.
  - In 2021/22 there were 4,034 children in need in Suffolk (Suffolk's rate is below national, but above regional averages). For 2,651 (66%) of all children in need in Suffolk the primary need was 'abuse or neglect'.
  - In 2021/21 there were also 921 looked after children in Suffolk (rate is again higher than the regional but lower than the national averages).
  - There was higher percentage of Suffolk's looked after children than the national average (4% vs. 2%), that was convicted or subject to youth cautions, or youth conditional cautions.
  - Children looked after are assessed through the Strength and Difficulties Questionnaire (SDQ), which is a measure of adjustment and behavioural, social and emotional difficulties in 3–16-year-olds. Proportionally, Suffolk's looked after children perform worse on the SDQS than those at regional & national levels.
  - Adult safeguarding concerns have increased both in terms of absolute numbers and as a proportion of total population over the past 6 years. In 2021/22 concerns per 100,000 adults was 735 in Suffolk and 1,218 in England; while the numbers for Section 42 enquiries were 206 and 364 respectively (for detail see page 40). Physical abuse has been the largest risk factor since 2017/18 across Suffolk, followed by psychological and sexual abuse.
- Local data indicates that disparity exists within Suffolk's services relating to children and young people. For example,
  - Locally, as well as nationally, proportionally those of background other than white (except for those from Mixed backgrounds) are less likely to be at a good level of development or expected levels of learning at Foundation Stage. Though there is little disparity at the end of Key Stage 2 (end of primary school) and at GCSE levels.
  - Individuals from White backgrounds are more likely to miss school sessions and receive suspensions (previously known as fixed-term exclusions). And they are also over-represented amongst those who have Special Educational Needs and those with an Education, Health & Care Plan.
  - Amongst 16–17-year-olds, those from any other ethnic background (other than White) are under-represented amongst those that are not in education, employment or training, but also amongst those that are in education, worked-based training or work with study.
  - Amongst children within social care, it was the Mixed and White British groups being over-represented between 2019 and 2022. However, there was a shift in 2022-23, with those from any background other than White proportionally increasing and being over-represented.

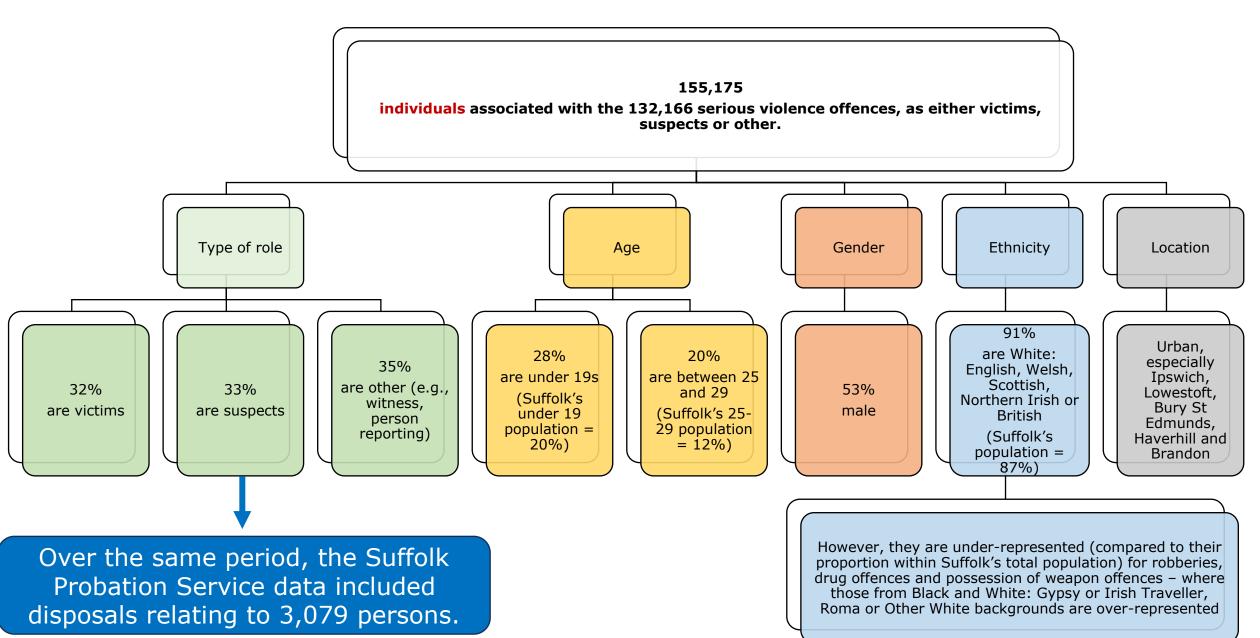
### Executive Summary – Section 3 cont'd.

- We do not have overall prevalence numbers for drug and alcohol usage amongst children and young people. However, the National Drug Treatment Monitoring System (NDTMS) provides data on specialist treatment activity for those with problems around both alcohol and drug misuse. Across Suffolk, there were 130 children and young people in treatment during 2019/20.
- Parental substance abuse is a risk factor for serious violence. Unfortunately, the data for substance use is somewhat old and the data covers ALL 15–64-year-olds. In 2016/17, across Suffolk, there were 2,314 opiate and 1,751 crack cocaine users. The estimated number of alcohol dependant adults in Suffolk was 6,609, in 2018, which equates to a rate of 1.09 per 1,000 population compared to a rate of 1.11 for region and 1.34 nationally.
- Money and status and growing up in poverty can be motivating drivers for getting involved in crime, including serious violence; wanting to earn money and buy new things, wanting to impress peers, to be important, to be proud, and to have a reputation are often out of reach for some young people. While unemployment is relatively low across Suffolk overall, compared to national averages, the averages hide some of the inequalities that exist. Wages across Suffolk are consistently below those of England overall in 2022 median gross weekly pay in Suffolk was £43 lower than the England average, while the lower quartile gross weekly was £22 lower. And proportionally, households (HH) with children are more likely to be on Universal Credit, either due to being out of work, or because their income needs 'topping up' with benefits. In 2021/22, over 90k working-age adults and around 32k pensioners lived in relative low-income households in Suffolk. While 25,436 of Suffolk's children lived in relative low-income families. There were also 146 households with children living in temporary accommodation, while 19.6% of Suffolk's pupils were eligible for free school meals.
- Poor mental health is consistently associated with unemployment, less education and low income and can be a risk factor for serious violence and gang affiliation. Also, severe behavioural problems, called conduct disorder, can affect a child's development and interfere with their ability to lead a normal life. Applying national prevalence of conduct disorders to the Census 2021 Suffolk population, it can be estimated that around 5,330 Suffolk children have a conduct disorder. In Suffolk, it is estimated that over 106,000 residents experienced a common mental ill health condition in 2020, with the most common conditions being anxiety, depression and phobias. While 7,235 people registered with a GP in Suffolk had a GP registered diagnosis of severe mental illness in 2020/21.
- Attention, especially in Wales, has been given to the relationship between childhood trauma and the emergence of health damaging behaviours and poor health and social outcomes in adulthood. The research in this area has been referred to as Adverse Childhood Experiences (ACEs), which include harms that affect children directly or indirectly. ACEs have been linked to a variety of outcomes, and it is generally agreed that as the number of ACEs increases, so does the risk for poor outcomes. However, it seems that the strength of association between ACEs and specific outcomes varies, with it being strongest for problematic drug use and interpersonal and self-directed violence. Applying the prevalence of ACEs in the national population to the ONS Census 2021 population of Suffolk, shows that there are over 256k adults (18+) who have experienced at least one ACE in their childhood, and applied to Suffolk's under 18 population, there would be almost £51k experiencing at least one ACE.

### Executive Summary – Section 4: Police and Probation Data



### Executive Summary - Section 4: Police and Probation Data cont'd.



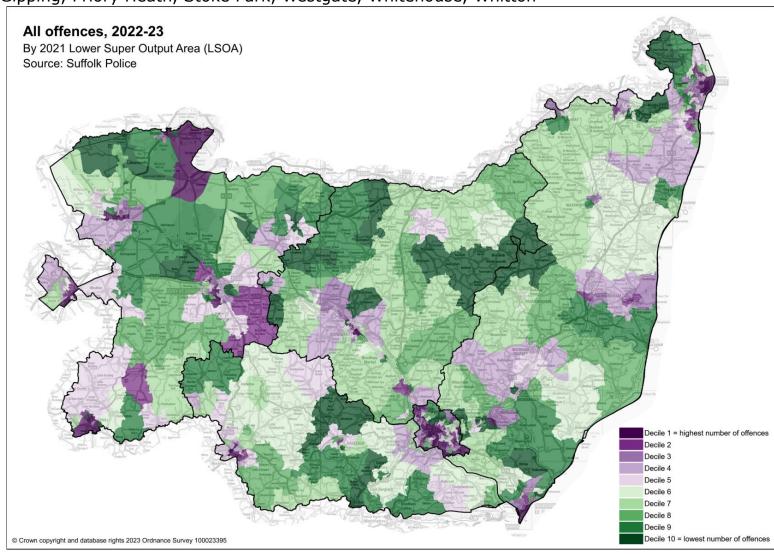
#### Executive Summary - Section 4: Police and Probation Data cont'd.

- Overall, the persons included in the analysis (based on data from Suffolk Police and Suffolk Probation Service) tend to be younger than the
  overall Suffolk population.
  - All groups of under 30s are over-represented in both datasets, for example, in 2022-23, 317 (33%) probation disposals were for 18–29-year-olds, and 349 (36%) for those 30-39 (however, both these age groups only represent 16% and 15% of the total adult (18+) population in Suffolk, respectively).
  - The under 30s are especially over-represented for drug offences, sexual offences and robberies and all knife crimes.
  - However, victims and suspects of DA are disproportionally from the 25+ age groups.
- Overall, those from White: English, Welsh, Scottish, Northern Irish or British background are over-represented compared to their proportion in Suffolk's population against all offence types within the police data, however under-represented within the probation data.
  - Victims from White: English, Welsh, Scottish, Northern Irish or British background are over-represented in all offence types, except robberies compared to their proportion in the overall population. Those from an Asian or a Black background are proportionally more likely to be a victim of a robbery. And those from a Black background are also over-represented as victims of possession of weapon offences.
  - While those from White: English, Welsh, Scottish, Northern Irish or British background are also over-represented as suspects overall (all offences) and as suspects for violence against the person offences, they are under-represented for robberies, drug offences and possession of weapon offences. Persons from Black backgrounds are also over-represented vs. their proportions amongst Suffolk's population (3.3% vs. 1.3%). They are specifically over-represented for drug offences, robberies, and possession of weapons. Those from White: Gypsy or Irish Traveller, Roma or Other White backgrounds are over-represented amongst suspects of robberies, possession of weapons and drug offences.
  - Persons from Black backgrounds are over-represented amongst both victims and suspects of knife crimes. While those from from White: Gypsy or Irish Traveller, Roma or Other White backgrounds are also over-represented as suspects.
  - While those from White: English, Welsh, Scottish, Northern Irish or British backgrounds are proportionally more likely to be involved in offences that include Domestic Abuse (in any type of role), this may be due to cultural differences, where those from other ethnic backgrounds are less likely to report DA.
  - At a total level, between 2018 and 2023, 80% (2,313 persons) of Suffolk's probation population came from a White: English, Welsh, Scottish, Northern Irish or British background. However, looking at proportions within the probation population compared to Suffolks' 18+ population, this group is under-represented. The latter is also true for those from and Asian background. While all other ethnic groups are over-represented, especially, those from White: Gypsy or Irish Traveller, Roma or Other White, Black or Mixed backgrounds.
- Proportionally, victims are more likely to be female, most significantly for sexual offences and offences including domestic abuse. While suspects are proportionally more likely to be male, which is true overall and for all offence groups. Males are over-represented in knife crimes (in any kind of role). 89% of Suffolk's total probation population is male.

### Executive Summary – Section 4: Police Data

In general, the highest number of offences occur in the more urban areas of Suffolk, such as Ipswich, Lowestoft, Bury St Edmunds, Sudbury, Brandon, Haverhill and Newmarket. The wards with the highest number of offences are

- Babergh: Great Cornard and Sudbury NW & SE
- East Suffolk: Eastern Felixstowe, Harbour & Normanston, Kirkley & Pakefield, Martlesham & Purdis Farm
- Ipswich: Alexandra, Bixley, Bridge, Gainsborough, Gipping, Priory Heath, Stoke Park, Westgate, Whitehouse, Whitton
- Mid Suffolk: Combs Ford
- West Suffolk: Abbeygate, Brandon Central & East, all four wards in Haverhill, Mildenhall Kingsway & Market, Newmarket East, Southgate, St Olaves



Source: Suffolk Police.

### Executive Summary – Section 4: Serious Youth Violence

- The Youth Justice Service data for 2018-2023 included 357 outcomes/disposals relating to 319 10-18-year-olds.
- Suffolk's younger population is ethnically somewhat more diverse than the total population. Based on Police data, between 2018 and 2023, those under 19 from White: English, Welsh, Scottish, Northern Irish or British backgrounds are even more likely to be victims than the overall police population. The over-representations of those from Asian or Black backgrounds seen in the total population for robberies and possession of weapon offences are not true for the under 19s.
- The over-representation for all offences and violence against the person offences of suspects from a White: English, Welsh, Scottish, Northern Irish or British background is even more pronounced amongst the under 19 age group compared to the overall police population. Equally, the over-representation of those from Black backgrounds amongst suspects for drug offences, robberies and possession of weapons is more pronounced amongst this age group compared to the average. Under 19s from Black backgrounds and those from White: English, Welsh, Scottish, Northern Irish or British backgrounds are over-represented for knife crimes in all types of roles.
- There were a total of 79 youth justice outcomes in 2022-23, of which 39 (49%) were out-of-court outcomes (<u>see page 141 for explanation</u>). 16 of the latter were youth conditional orders, which are a mandatory rather than voluntary outcome. Of the 40 youth justice outcomes in 2022-23, the vast majority (80%) were referral orders. The other 20% were youth rehabilitation orders.
- Overall, between 2018 and 2023, there were 195 outcomes for young persons between 10 and 15 and 162 for 16-18-year-olds. Proportionally, out-of-court outcomes are handed out more often to those under 16. First-tier court outcomes make up 78% of court outcomes for under 16s, and this drops to 63% for those between 16 and 18.
- Those from White: English, Welsh, Scottish, Northern Irish or British backgrounds are under-represented compared to their proportion in Suffolk's 10-18 population. Those from White: Other, Asian and Black backgrounds are all over-represented.
- Those from Black or Mixed ethnic backgrounds are proportionally more likely to be taken to court than those from any other ethnic background. The vast majority (89%) of children and young people dealt with by the youth justice system between 2018 and 2023 were male. Proportionally, females are more likely to be dealt with out-of-court than males.

Local data has its limitations and is not available for all of the risk/protective factors for Serious Violence outlined in section 2. However, from the data that is available it would seem that by and large a similar picture emerges for Suffolk as (inter-)national evidence would suggest.

- > All of the findings point to the need for a truly collaborative, cross-system approach. This is also reflected in key stakeholder's views on solutions to preventing/reducing SV (page 164) but is also mentioned as a current/potential barrier (page 166).
- > It would seem that Education has a very large role to play school attendance and low attainment levels are two key factors for Serious Violence (note this has also been a finding in <u>SODA's Criminal Exploitation (CE) Programme</u>
  <u>Evaluations</u>).
- > Intelligence sharing amongst partners is also key something already done via the Multi-agency Sharing Hub (MASH) and the Multi-agency Criminal Exploitation panels (MACE) though has been mentioned as needing improvement (page 166; again, this was also a finding of the CE Programme Evaluations).
- Recently SODA's CE Programme Evaluation also found that over time projects/initiatives/workstreams can lose momentum over time. During the second year of the CE Programme, comments like "...we are talking more than taking actions now" were common, attributed to general time-pressures within teams as delivery / support around the CE programme is mostly in addition to someone's 'day job'. Others thought this was due to other pressures rising, for example, around the cost-of-living crisis while others thought there might be a shift in priorities amongst partners. This loss of momentum was not apparent in the areas of the CE Programme where there are dedicated resources funded through the CE Programme budget. This is something to bear in mind when developing the SVD Strategy and specific actions/work programmes.
- > Evaluations of work-programmes and projects are the best way to understand what works locally to improve long-term success of SV prevention and reduction.

## 1. Introduction

The Home Office (HO) enacted the new Serious Violence Duty (SVD) on the 31<sup>st</sup> of January 2023. The new duty is brought onto a range of authorities, including Police, Justice, Fire & Rescue, Health and Local Authorities (LAs). The duty is for these services working together to share information, allowing for targeted interventions, where possible through existing partnership structures, to collaborate and plan to prevent and reduce serious violence within their local communities.

- The duty requires a public health approach to serious violence at local level.
- The duty also requires local areas to develop a Strategic Needs Assessment (SNA), which needs to provide an understanding how violence is affecting local communities and to help local areas in developing a local Serious Violence Duty Strategy. Therefore, this report
  - provides an overview of the risk and protective factors around serious violence, set in the context of Suffolk.
  - establishes the current picture of serious violence in Suffolk, where possible setting it into a national context.
  - looks at the local epidemiology, i.e., profiling who is at risk of serious violence.
  - · provides case studies on what works.
- The Suffolk Serious Violence Partnership commissioned the Suffolk Office of Data & Analytics (SODA) to produce the Strategic Needs Assessment (SNA) for the Suffolk System.
- SODA conducted evidence reviews, collated existing local evidence reports and profiles, conducted surveys and interviews with the wider Suffolk System and brought together a local dataset to enable analysis of those affected by serious violence, be they a victim, perpetrator or witness.

The duty requires a public health (PH) approach to serious violence at local level.

The World Health Organisation (WHO) suggests that a public health approach to violence, is "a focus on the primary prevention of violence through reducing risk factors, boosting protective factors, looking across the life course, and mitigating the effects of violence through provision of support to victims".

A public health approach is not about medicalising complex social problems, but it does recognise that we can learn from the way we handle outbreaks and epidemics, and therefore:

- uses data and intelligence to quantify the burden at population-level and identifies inequalities and risks.
- seeks to understand the root causes of the issue.
- seeks evidence of effectiveness to tackle the issue.
- generates long-term and short-term solutions, is not constrained by organisational or professional boundaries, but seeks out system-level solutions delivered through system leadership.
- most importantly, works with and for communities.

Serious Violence is an important Public Health issue because:

- it causes ill-health through fear, injury and loss, affecting individuals, families and communities.
- it is contagious, with clusters of incidents linked in time, by place, or by the groups of people affected.
- it is distributed unequally across population groups and contributes to health inequalities.
- risk factors for involvement in violence, which overlap with risk factors for other adverse physical and mental health outcomes.
- it has root causes, it can be treated, it can be prevented.

Taking the public health approach further, violence can be considered to be an infectious disease, both at individual and population levels.

There are three main characteristics of infectious diseases in populations:

- Clustering in space.
- Spread in epidemics, spread is often non-linear, in waves.
- Transmission is the passage of an infection (or condition such as violence) from one person to another.

The characteristics of infectious diseases in an individual include:

- susceptibility,
- exposure, and
- clinical spectrum, i.e., an individual who has been 'exposed' to violence in his/her past, may display different manifestations of violence in later life. This means that the different categories of violence (e.g. domestic violence, child abuse, suicide) can be classified as different symptoms of the same disease, because they derive from the same cause, but manifest under different circumstances.

By conceptualising violence as a contagious disease, the strategies for control of violence are as follows:

- Avoid exposure to violence = primary prevention.
- Develop ways of responding to exposure of violence (i.e. responding to those who have experienced violence in childhood or in the community) = secondary prevention.
- Develop better methods of 'treating' 'infected' people and communities = tertiary prevention (e.g., includes prompt response to an incident of violent crime, putting interventions in place to minimise further 'spread'.)

#### Note on data for the SVD SNA

- Public data, such as from the ONS, DfE, DWP, NHS, etc., is not always available at lower geographical levels and is often published with a time-lag.
- In addition, data variables around demographics, especially around age and ethnicity are not always consistent, i.e., some data is published at single age, while others summarise data into different age bands. The same is true for ethnic categories, which can come at different granularity, depending on the data source.

For the following report, we have included the latest available data, and have attempted to provide the most detailed age and ethnic category breakdowns as possible. Also, where available we have included regional and national comparators.

#### A note on data to understand deprivation:

- The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation for small areas in England. It was last published in 2019, based on 2016/17 data – and hence is very much outdated.
- While the IMD can be used to compare small areas across England it does not quantify how deprived (or affluent) a small area is. Furthermore, while the IMD looks at changes in relative deprivation over time (i.e. changes in ranks) it does not measure absolute change in deprivation over time. Also, the use of IMD to measure deprivation is problematic in West Suffolk due to the 11,000 US forces population. The IMD methodology does not properly capture their status, which suppresses aspects of deprivation in the relevant areas.
- Therefore, the following report uses other available data to build a picture of deprivation and poverty across Suffolk.

## 2. Serious Violence risk and protective factors

- Overview of (inter-)national evidence around the predictors & markers of SV
- Summary of motivating factors for young people in getting involved in SV

There are many risk factors in a person's life that can threaten development, limit social and economic opportunities, increase the likelihood of mental and physical health problems, criminal involvement, substance misuse, or exploitation or abuse in later life.

These risk factors exist at different levels, such as individual, interpersonal, communities and society, and interact in complex ways.

There is a large body of research on factors that predict, i.e., those which can increase the likelihood of violence, or protect, i.e., those which can reduce the likelihood of violence.

This evidence base has limitations, as it is not always clear whether factors are predictors or are just markers, present due to victimisation or other circumstances.



## A whole range of factors have been linked with both perpetration and victimisation of violent crime and violent behaviour.

- Risk factors tend to be summarised at 3 or 4 levels: individual, interpersonal (families/peers), communities and/or society.
- Violent crime will share similar risk factors with other types of crime and anti-social behaviour and will also correlate with other poor life outcomes such as low educational attainment, poor health and unemployment. Therefore, by addressing violent crime risk factors, interventions can bring wider benefits to individuals and wider society.

Risk factors at the individual	Early involvement with alcohol, drugs & tobacco
level	Low intelligence & educational achievement
	Low commitment to school & school failure
	Involvement in crime
	Unemployment
	Exposure to violence in the family
Risk factors at	Poor monitoring & supervision of children by parents
the interpersonal	Harsh, lax or inconsistent parental disciplinary practices
level	A low level of attachment between parents & children
	Parental substance abuse or criminality
	Parental depression
	Low family income
	Unemployment in the family
	Associating with delinquent peers and/or gang membership
Risk factors at the community	Access to & misuse of alcohol
& wider society level	Access to & misuse of firearms
10001	Gangs & a local supply of illicit drug
	High income inequality
	Poverty
	Quality of governance, incl. laws & policies, e.g., education, social protection

Risk factors at the individual	Early involvement with alcohol, drugs & tobacco
level	Low intelligence & educational achievement
	Low commitment to school & school failure
	Involvement in crime
	Unemployment
	Exposure to violence in the family

## Individual factors emerged as the most powerful risk indicators for serious violence for children and young people (ages 7-25).

- Individual risk factors include low commitment to school, early involvement with alcohol, drugs and tobacco, unemployment, low self-esteem, impulsivity, running away and truancy.
- Risk factors are age specific and change over time. For example, substance misuse was a strong risk factor for youth violence for children aged seven to nine years but this decreased as children got older.

Risk factors at	Poor monitoring & supervision of children by parents
the interpersonal	Harsh, lax or inconsistent parental disciplinary practices
level	A low level of attachment between parents & children
	Parental substance abuse or criminality
	Parental depression
	Low family income
	Unemployment in the family
	Associating with delinquent peers and/or gang membership

Young people aged 15 and under were more vulnerable to family level risk factors of family disruption and poor supervision.

The most powerful risk factors for serious violence for children and young people aged 7-15, were poor relationships with peers or having delinquent peers.

- Caution is needed against adopting a 'dysfunctional family' stereotype. The absence of family supervision and/or boundary setting may not constitute neglect but rather socio-economic factors, such as work commitments or difficulties monitoring children's activities away from the home environment.
- It is during adolescence that young people reflect upon who they are and develop their self-identity in a range of contexts including their family, peer group and wider community. In this regard, exposure to violence emerged as a theme within the literature.
  - Young people are exposed to a range of risks from their environment, such as exposure to child abuse or domestic violence and relationships, such as delinquent peers outside the home.
  - In addition, social media is used to glamorise and incite violence through live streaming and sharing images. This exposure normalises violence which can increase the extent to which young people feel the need to carry a knife for self-protection. Conversely, it can desensitise young people and professionals to violence, decreasing the perceived impact and trauma young people may experience.

Risk factors at the community	Access to & misuse of alcohol
& wider society level	Access to & misuse of firearms
	Gangs & a local supply of illicit drug
	High income inequality
	Poverty
	Quality of governance, incl. laws & policies, e.g., education, social protection

The Early Intervention Foundation's review found a limited number of risk factors at the community level; however, this may be due to the longitudinal studies included in the review focussing on neighbourhood disorganisation, housing provision and exposure to marijuana.

- While neighbourhood disorganisation had an impact on 10–12-year-olds, housing provision had an impact on those between 13 and 15. Perceived availability and exposure to marijuana emerged as a risk factor for 13–25-year-olds.
- Another survey found an interaction between poverty and gender:
  - Boys, both being male and living in a low socio-economic household were independently associated with increased likelihood of violence.
  - Girls living in low socio-economic households had a much higher risk of violence than other children in the sample (of 4,300).
- Poverty serves to marginalise young people with violence used as a way of retaining feelings of self-worth. However, while the Early
  Intervention Foundation highlighted low deprivation as a protective factor, McAra and McVie found that living in an affluent
  household did not protect a young person with a high level of other risk factors.

Individual level risk factors for serious violence also include some demographics, i.e., gender, age and ethnicity.

- **Age** self-reported violence and weapon carrying peaks at the age of 15. However, a minority of chronic offenders continue their offending beyond that age, and this group commits a large proportion of overall serious violence.
- **Gender** Males commit the majority of serious violence. 76% of those convicted for homicide were male in 2016/17 and 87% of weapons users in a survey at age 14 are male.
- Ethnicity Victim and suspect rates for serious violence vary by ethnic group, e.g.

	Victim		Principal suspect	
Ethnicity	Volumes	Rate per million	Volumes	Rate per million
White	1,207	8	954	7
Black	181	32	232	41
Asian	127	11	113	10
Other	43	7	31	5

Offences recorded as homicide, rates per million population by victim's and principal suspect's appearance: combined data for three years, 2013/14 to 2015/16

Source: Ministry of Justice (2017). Race and the criminal justice system 2016 Chapter 3: Victims tables. Available at: https://www.gov.uk/government/statistics/race-and-the-criminal-justice-system-2016 [accessed 26/02/2018].

- Despite the representations in the table, the evidence on links between serious violence and ethnicity is limited. Once other factors are controlled for, it is not clear from the evidence whether ethnicity is a predictor of offending or victimisation.
- In his report into the treatment of, and outcomes for, Black, Asian and Minority Ethnic (BAME) individuals in the Criminal Justice System, David Lammy MP highlighted the rising proportion of BAME young people in the youth justice system, comprising 19% of first time offenders, 19% of reoffenders and 41% of young people in custody in 2016. The review noted that, unless something changes, the current group of young people who offend would become the next generation of adult offenders. We also know that there is a significant amount of distrust between children and young people from BAME communities and the criminal justice system. Research shows that this lack of trust among children and young people stems from experiences of being stereotyped and harassed.

A recent qualitative survey amongst thirteen 18-24s who were in prison, in young offender institutions or on probation, highlighted several factors they believed made them vulnerable to serious youth violence. These included a range of individual, interpersonal (families/peers), community/societal factors:

#### Postcodes, poverty, family, community and crime

- Coming from disadvantaged areas where crime and postcode wars considered the norm.
- Family members involved in crime or in prison.
- Often experiencing fractured relationships with family but friends have their back and act as a proxy family; offering a level of security and a means to earn the money that their parents didn't have and being there for them when their parents hadn't.
- Needing money and being embarrassed of being poor (e.g., they see others make good money selling drugs; when they themselves can't get jobs).
- Feeling/belief that society looks down on their community; e.g., means they are prevented from gaining employment.
- Needing to gain or not lose respect living in volatile environments, and not having the option to walk away without losing face or their life; feel they have no choice.
- Need to remove competition are attacked and robbed and attack and rob people they are in competition with, e.g., only target those involved in crime as they wouldn't or couldn't go to police.

#### "You're a target"

- Being initially targeted in school/community leads to becoming more seriously involved in violence and crime.
- Being set up by people who they thought were friends/acquaintances pushes them into "not caring" anymore and becoming more involved in violent and criminal activities.

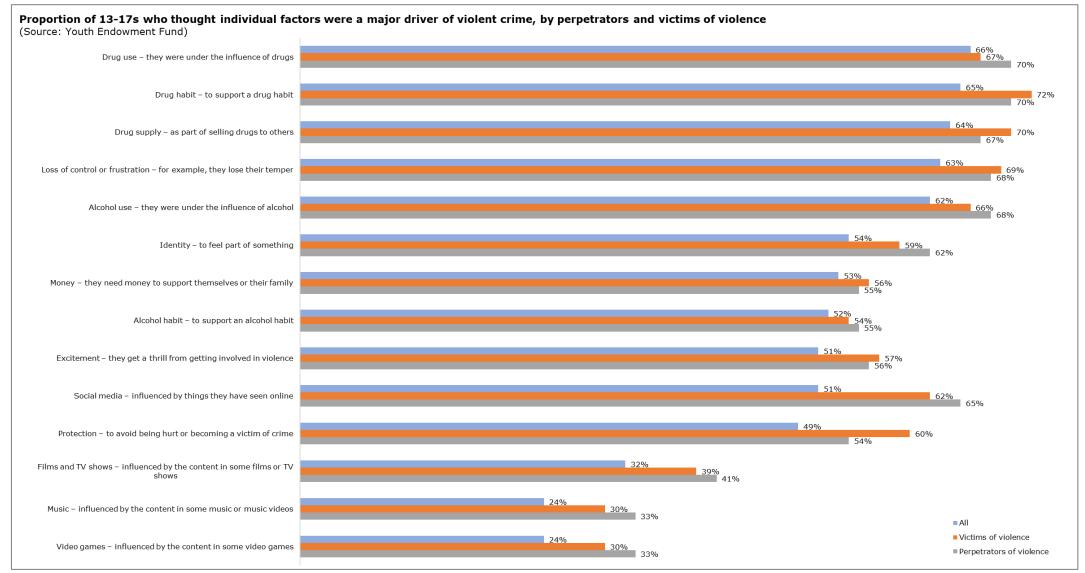
#### **Young criminals**

- Feeling criminalised at early age (12 years is common) having a bank of negative interactions with the police fuelling distrust and aversion to police into young adulthood; negative interactions becoming more frequent as they move into mid-teens and became more involved in crime and violence.
- Feeling their life is threatened which is not taken into account by police, prisons, probation, social care, or schools when moving them to unknown and/or rival areas.

#### "Care doesn't care"

• Negative experience of social care - system doesn't care for their emotional wellbeing; taken away and alienated from families and moved across the country to areas that were hostile or foreign to them. They were placed with people who had no understanding of their lives and couldn't, or didn't want to, connect with them.

Drugs and alcohol are seen by 13–17-year-olds\* as major drivers of violent crime, with aggression and the need to feel part of something also being linked. For those that have committed violent crimes, what they have seen on social media is also mentioned as a key driver.



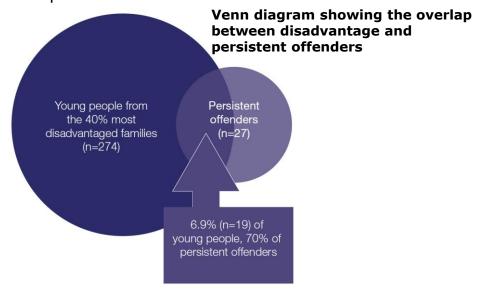
<sup>\*</sup> Based on online survey, conducted April-June 2022, with nationally representative sample of 2,025 13–17-year-olds.

Essex County Council, as part of the Pathfinder project (which Suffolk also contributed to), summarised the motivating reasons for young people getting involved in gangs, criminal exploitation and serious violence as follows:



The evidence assessing **protective factors** is more limited than that for risk factors, and most factors are often the opposite of the risk factors. However, it is important to include protective factors as even in high-risk groups, over half will not engage in serious violence.

For example, a study in Peterborough of 27 prolific offenders identified 19 (70%) were from disadvantaged families, suggesting that disadvantage is a risk factor. But the vast majority of young people from disadvantaged families (255 out of 274, 93%) did not become persistent offenders.



Source: Wikstrom, P.-O. H., & Treiber, K. (2016). Social Disadvantage and Crime: A Criminological Puzzle. *American Behavioral Scientist*, 60(10), 1232-1259



Sources: World Health Organisation. Preventing youth violence: an overview of the evidence. 2015. Cordis Bright, Preventing gang and youth violence: a review of risk and protective factors Early Intervention Foundation. 2015. Wikstrom, P.-O. H., & Treiber, K., Social Disadvantage and Crime: A Criminological Puzzle. American Behavioral Scientist, 60(10), 1232-1259. 2016. Note: Certain numbers are special calculations from the Peterborough Adolescent and Young Adulthood Development Study (PADS+).

Johnson, E., et al., The assessment of youth violence. 2022. Dr Nina Maxwell and Dr Cindy Corliss, Good practice in youth violence prevention: A mapping and horizon scanning review. Children's Social Care Research and Development Centre, Cardiff University, School of Social Sciences, Cardiff University, July 2020.

The number of different risk factors for serious violence and the complex relationships that exist between them means it is hard to know exactly which factors may be causal and which are simply markers. This makes it difficult to decide which factors to target.



- For example, the Early Intervention Foundation noted that: "...ACEs are not predictive at an individual level and cannot tell us who might need early intervention or other support. An ACE score is retrospective, and because the impacts of early life adversity differ widely from person to person, it does not necessarily reflect a person's current situation, needs or risks. ACEs should not be used in isolation to determine who should receive early intervention, and an ACE score is not a substitute for careful assessment of current needs."
- One consistent finding is that the presence of multiple risk factors increases the risk of offending. Therefore, identifying the number of risk factors an individual experiences/is exposed to should determine those at greater risk, and used to design and target interventions.
- And while identification through (predictive) analytics/data of who should receive support is possible, it cannot provide the intervention itself.
- HM Government states that: "...perhaps the simplest way to improve our knowledge and reduce serious violence may be to test preventative interventions better. Separating the individual effect of, for example, parental substance abuse from all the other factors that might contribute to an individual's risk of serious violence is incredibly complex. But if a robust evaluation can demonstrate that an intervention targeting parental substance abuse reduces serious violence, this provides strong evidence of parental substance use as a cause. Evolving data analytics techniques should make this process easier. Rather than relying on small-scale longitudinal studies, we are looking to match larger datasets together so that interventions can be routinely evaluated on an ongoing basis."

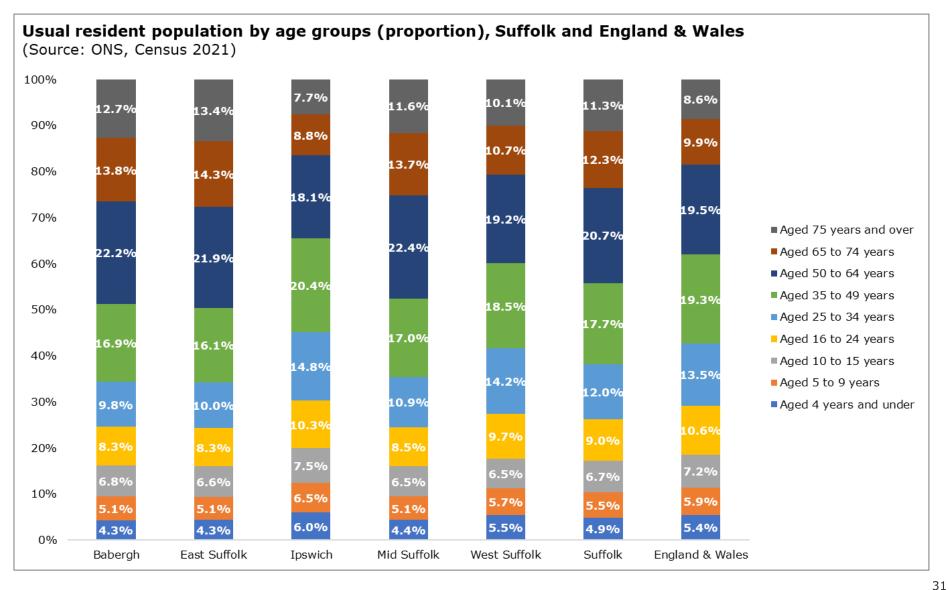
## 3. Serious Violence risk and protective factors

Prevalence of factors in Suffolk (where data is available)

NOTE – excl. crime related factors, which are part of sections 3 and 4

As noted above, age is a risk factor at individual level for serious violence, with self-reported violence and weapon carrying peaking at the age of 15, and a minority of chronic offenders continuing their offending. 0-15year-olds make up 17.1% of Suffolk's population (compared to a national average of 18.5%).

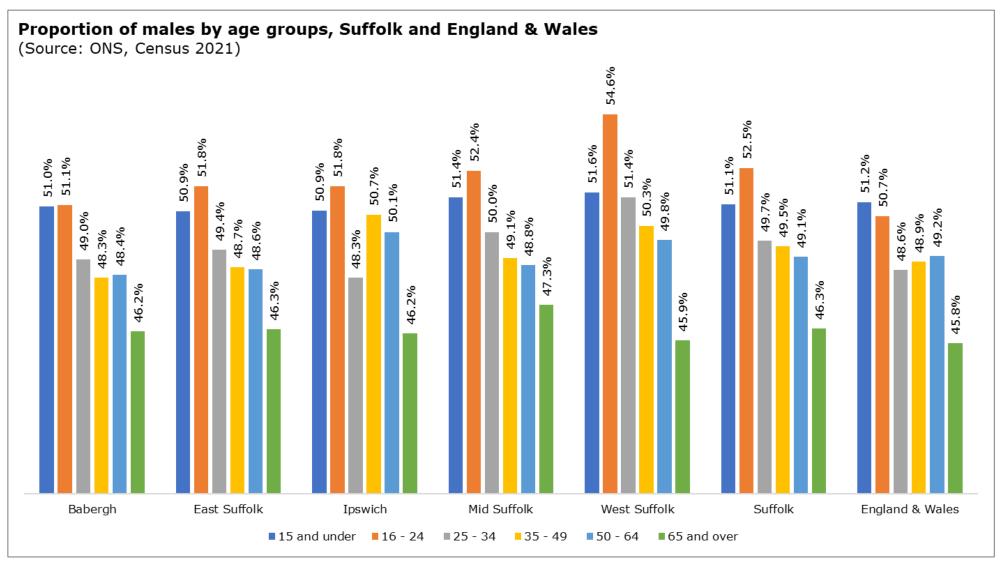
However, Ipswich's under 16s make up 19.9% of its population, with West Suffolk having the second highest proportion with 17.7%.



Source: ONS Census 2021

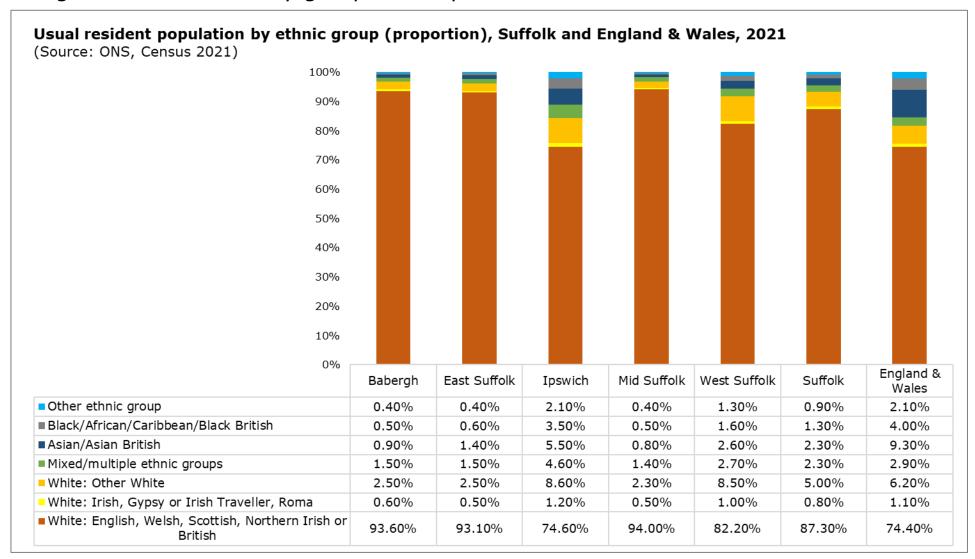
Gender has also been identified as a potential risk factor, with males committing most of the serious violent crime – in Suffolk and nationally overall, females make up 51% of the population. This does not differ greatly within Suffolk's Districts and Borough.

However, proportionally there tend to be more males in the younger age groups.



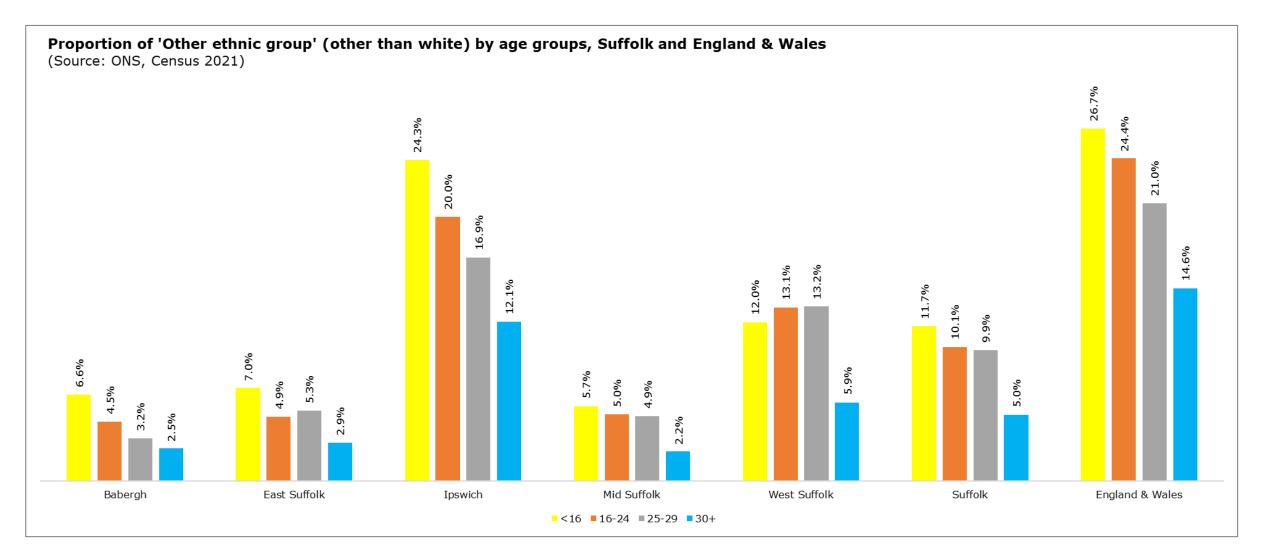
Sources: ONS Censuses

Ethnicity may be a risk factor for or a marker of serious violence. Suffolk's population remains less ethnically diverse than that of England & Wales overall. Suffolk's and each district's population has proportionally more White people than the national average. However, within Suffolk, Ipswich is the most diverse (with 15.7% of its population being from ethnic minority groups – compared to 6.8% for Suffolk overall and 18.3% nationally).



Source: ONS Censuses

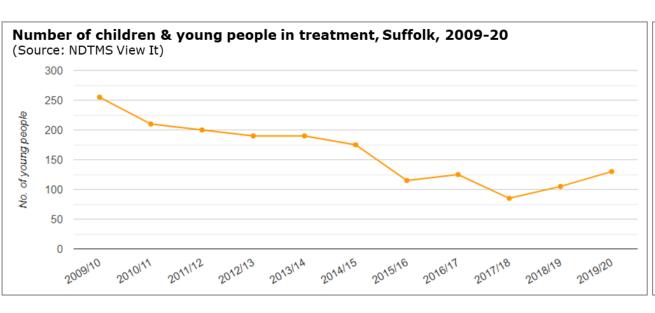
However, proportionally, the younger population is more ethnically diverse, this is true for Suffolk's Districts and Borough, Suffolk overall and England & Wales. For example, in Ipswich, 24.3% of all under 16s are from an ethnic minority group, while this reduces to 12.1% amongst those 30 and over.

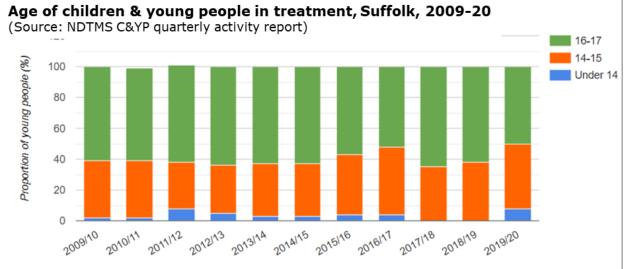


Source: ONS Censuses

Risk factors at the individual	Early involvement with alcohol, drugs & tobacco
level	Low intelligence & educational achievement
	Low commitment to school & school failure
	Involvement in crime
	Unemployment
	Exposure to violence in the family

We do not have overall prevalence numbers for drug and alcohol usage amongst children and young people. However, the National Drug Treatment Monitoring System (NDTMS) provides data on specialist treatment activity for those with problems around both alcohol and drug misuse. Across Suffolk, there were 130 children and young people in treatment during 2019/20.





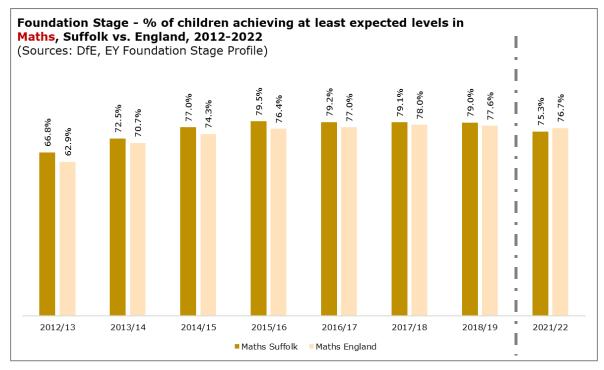
- 2017/18 presented the lowest number in treatment (85) in the last decade, while the last 3 years of data show an increasing number of children and young people in treatment (+45 from 2017/18 to 2019/20).
- Half (50%) of children and young people in treatment services across Suffolk were 16-17 years of age in 2019/20. 2 out of 5 (42%) were 14-15 years of age, while just under 1 in 10 (8%) were under 14.
- The majority of children and young people in treatment services in Suffolk over the last decade were male. In 2019/20, two-thirds (69%) of children and young people in treatment were male.

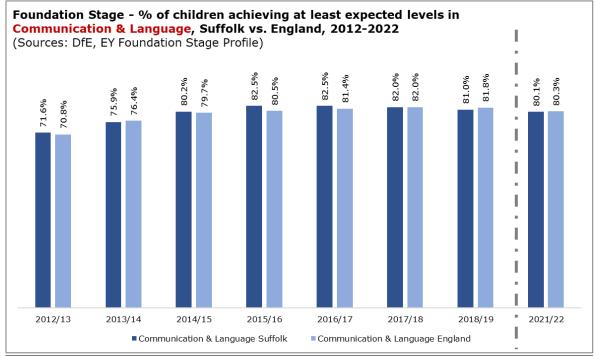
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	Unemployment
	Exposure to violence in the family

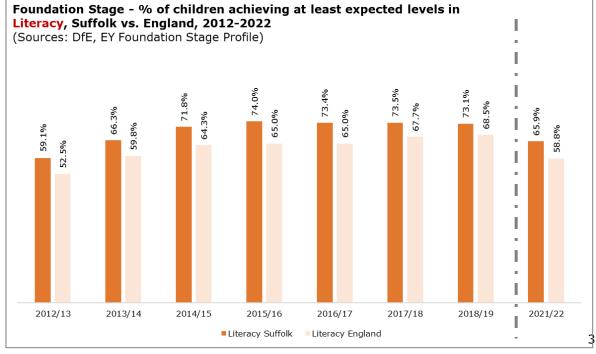
Attainment for pupils in Suffolk 2021/22			
Foundation Stage	Around 80% of children achieve at least expected levels in Communication & Language (above national average), 75% in Maths, and 66% in Literacy (both in line with national averages).		
Key Stage 2	in 2021/22, 54% of Suffolk's pupils met the expected standard (vs. 57% nationally).		
Key Stage 4/GCSE	Suffolk's average attainment 8 score was 46.7 in 2021/22 (vs. 48.9 nationally). 46% of Suffolk's students achieve grades 9-5 in English and maths in 2021/22 (50% in England).		
A-Level	14% of students in Suffolk achieved grades AAB or better (vs. 20% in England as a whole).		

Attainment levels at Foundation Stage in Suffolk tend to be in line with the national average for Communication & Language and Maths, while they are higher for Literacy.

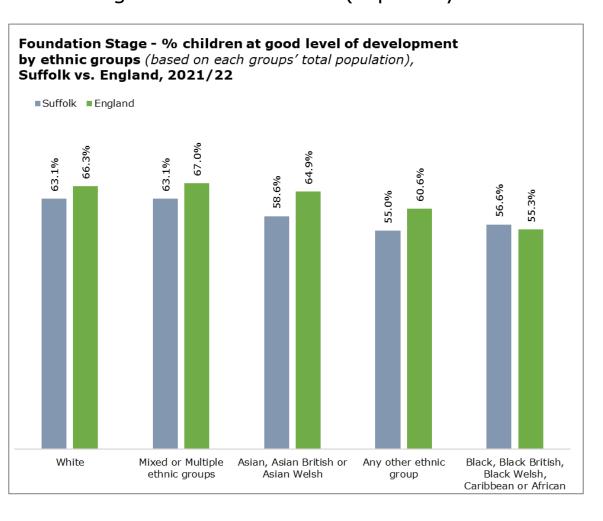
Around 80% of children achieve at least expected levels in Communication & Language, 75% in Maths, and 66% in Literacy. (note, due to COVID no data available for 2019/20 and 2020/21).

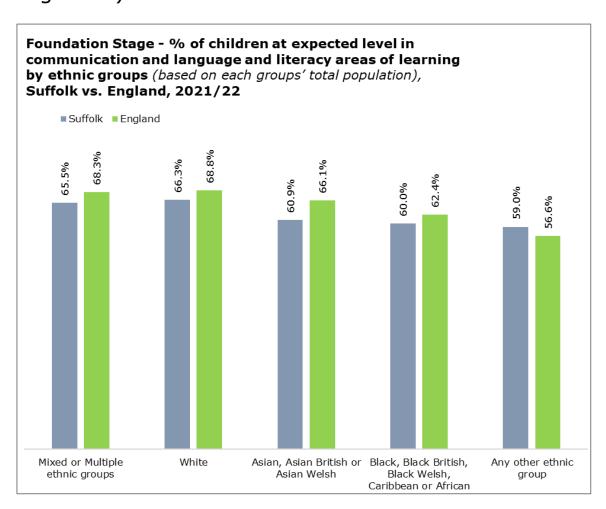






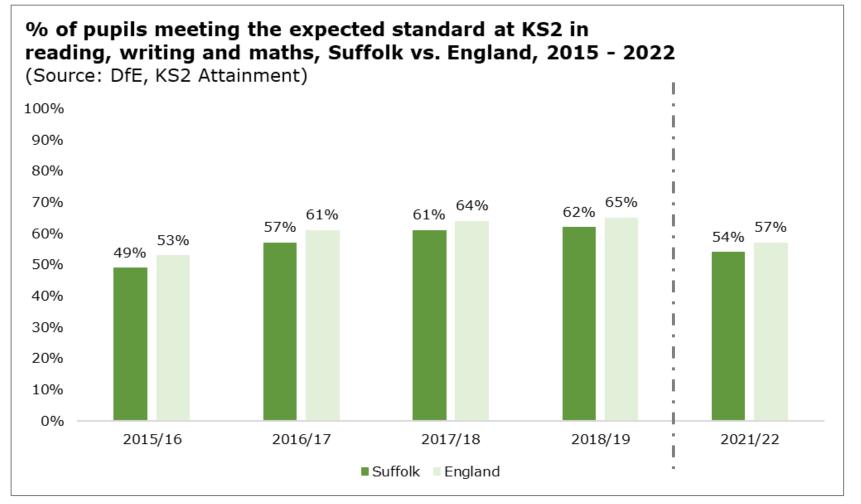
The Early Years/Foundation stage sets standards for child development up to 5 years of age. Differences in development at this age can be attributed to quality and availability of early years childcare/preschool, as well as socio-economic factors affecting young children's home environment. Locally, as well as nationally, proportionally those of background other than white (except for those from Mixed backgrounds) are less likely to be at a good level of development or expected levels of learning. Outcome levels tend to be somewhat higher across England than in Suffolk (especially for those of Asian background).





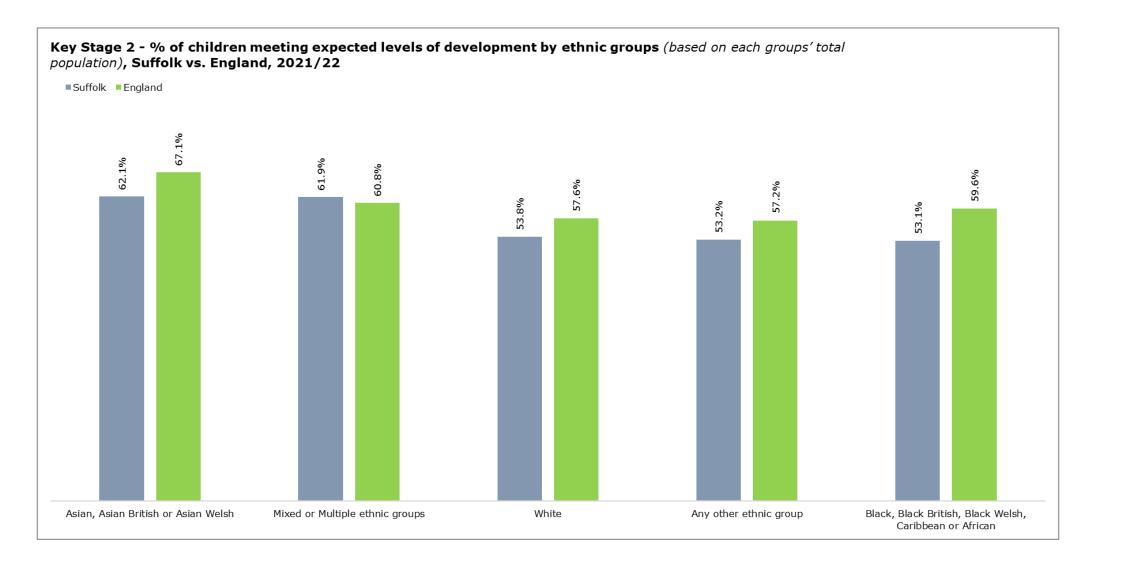
Source: Department for Education.

At Key Stage 2 the % of those meeting the expected standard in reading, writing and maths tends to drop from Foundation Stage. And a similar drop has occurred following COVID (note, due to COVID no data available for 2019/20 and 2020/21). In 2021/22, 54% of pupils meet the expected standard at the end of KS2 (vs. 57% nationally).



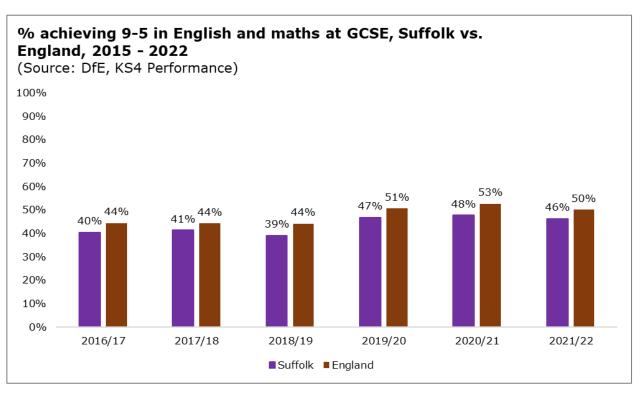
Source: DfE, Key Stage 2 Attainment

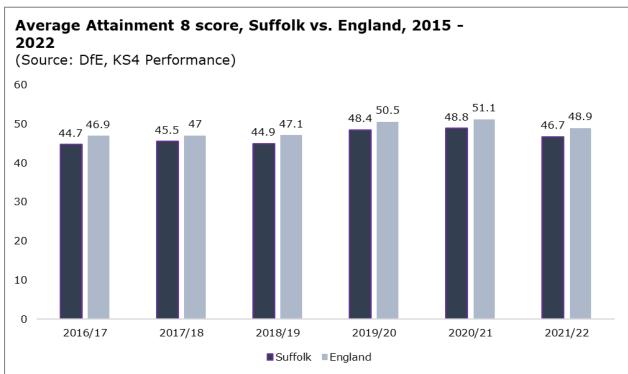
The average for all pupils in meeting expected levels of development at the end of primary school in 2021/22 was 55% for Suffolk and 59% for England. There is little disparity apparent in this measure.



Source: Department for Education.

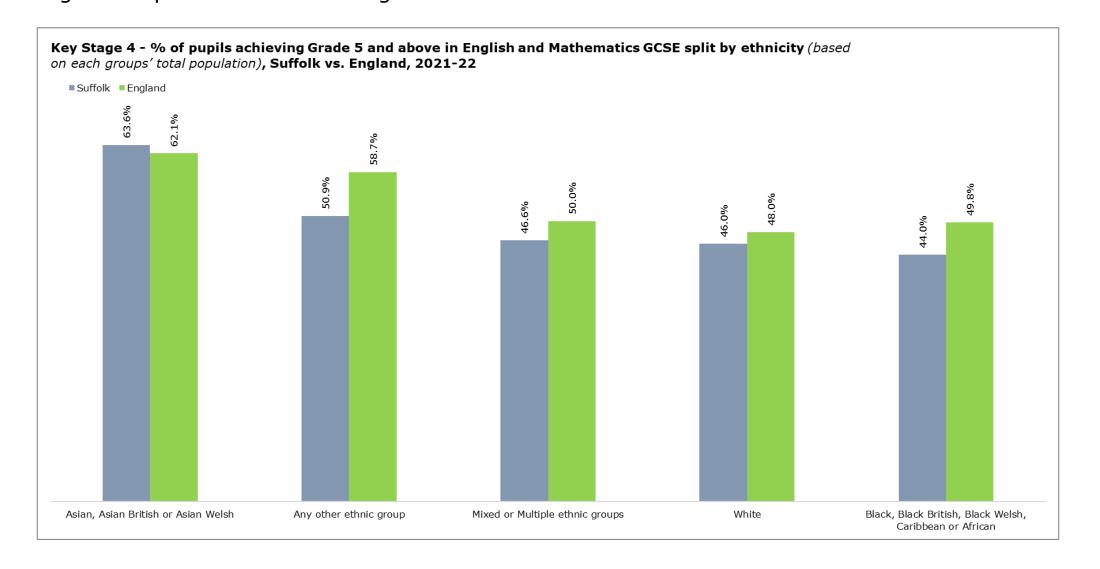
Suffolk continues to lag somewhat behind the national average at GCSE/Key Stage 4, with the average attainment 8 score being 46.7 in 2021/22 (vs. 48.9 nationally). And 46% of students achieved grades 9-5 in English and Maths in 2021/22 (50% England).





Source: DfE, Key Stage 4 Performance

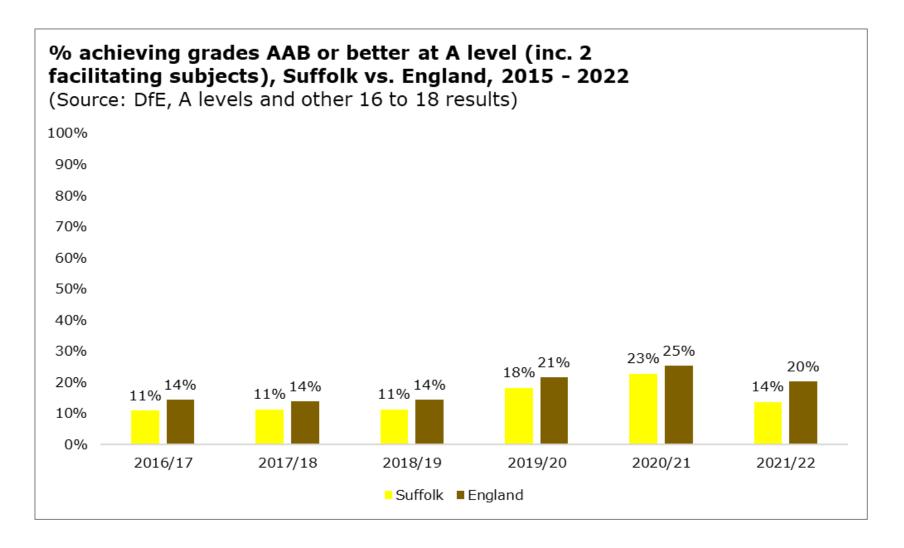
At GCSE level, Suffolk pupils overall under-performed against England averages in 2021/22 (46% vs. 50% achieving Grade 5 or above in English and Maths). Within Suffolk, those of Black background are slightly below the average (44%), with those of Mixed or White background in line (46%), while those from Asian and Other backgrounds perform above average.



Source: Department for Education.

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The % of students achieving grades AAB or better at A-level, has also been lower in Suffolk compared to England – and there has been a significant drop between 2020/21 and 2021/22 (by -9% in Suffolk to 14% and -5% to 20% in England as a whole).



Source: DfE, A-levels and other 16-18 results

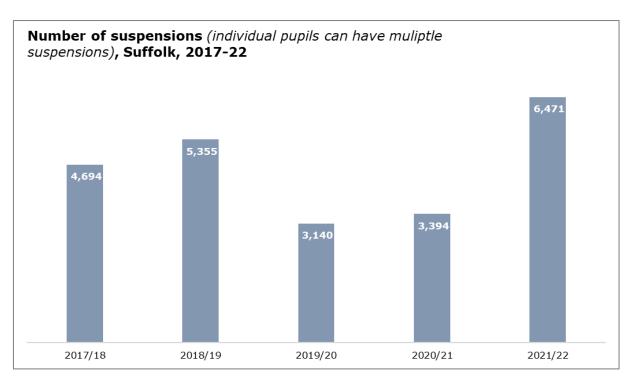
Risk factors at the individual level	Early involvement with alcohol, drugs & tobacco
	Low intelligence & educational achievement
	Low commitment to school & school failure
	Involvement in crime
	Unemployment
	Exposure to violence in the family

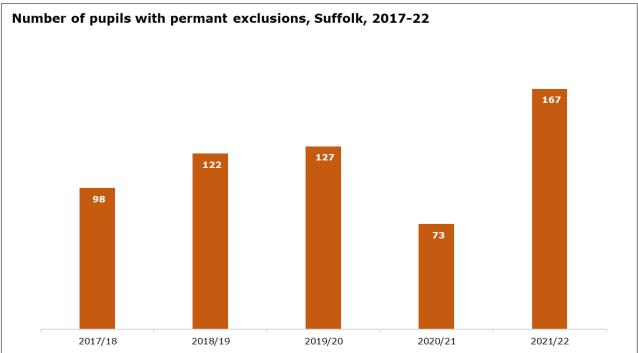
Absence from school (missed attendance as well as suspensions and permanent exclusion) not only impacts students' attainment but is also associated with involvement in violence. For example, recent analysis by the Department of Education and the Ministry of Justice shows that while only 1% of all pupils were convicted or cautioned for a serious violent offence, the proportion was 22% among children who had been permanently excluded from school.

In their resource pack for tackling child CE, the Local Government Association (LGA) lists groups of children who are at greater risk of CE than others – this includes "Children who have been excluded from school or are in alternative provision– young people may feel disenfranchised which can make them an easy target for perpetrators. Short timetables or no schooling can also offer opportunities for exploitation. At times, a young person may also be experiencing grooming which leads to disruptive behaviour and then exclusion."

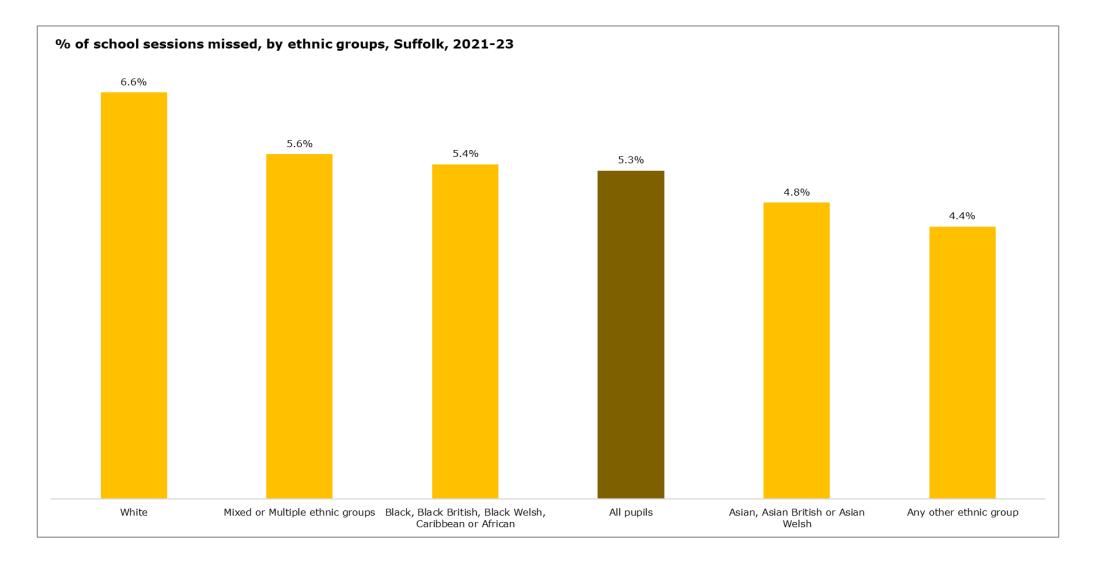
- Evidence that young people outside of mainstream education are at an increased risk of CE, includes for example,
  - the National Crime Agency identifying placement in alternative provision (AP) as a factor that will increase a young person's risk of CE.
  - A joint project by the Children's Society, National Police Chief's Council, the Home Office and the Youth Justice Legal Centre have all identified exclusion from mainstream education as a factor that places young people at risk of CE.
  - the NSPCC stating that children are more likely to be exploited when "they've been excluded from school and don't feel they have a future".
- Reasons for the increased risk include that children in Pupil Referral Units (PRUs) are typically supervised for fewer hours per week than those in mainstream education and some children disappear from the education system altogether and do not attend AP; also families opt not to send children to a PRU for fear of the detrimental consequences, even where there is no other placement available.

In 2021/22 there were 97,268 pupils in Suffolk's schools (an increase of 1.3% since 2017/18). There were 6,471 suspensions and 167 permanent exclusions. In both cases these have increased across Suffolk over the past five years.

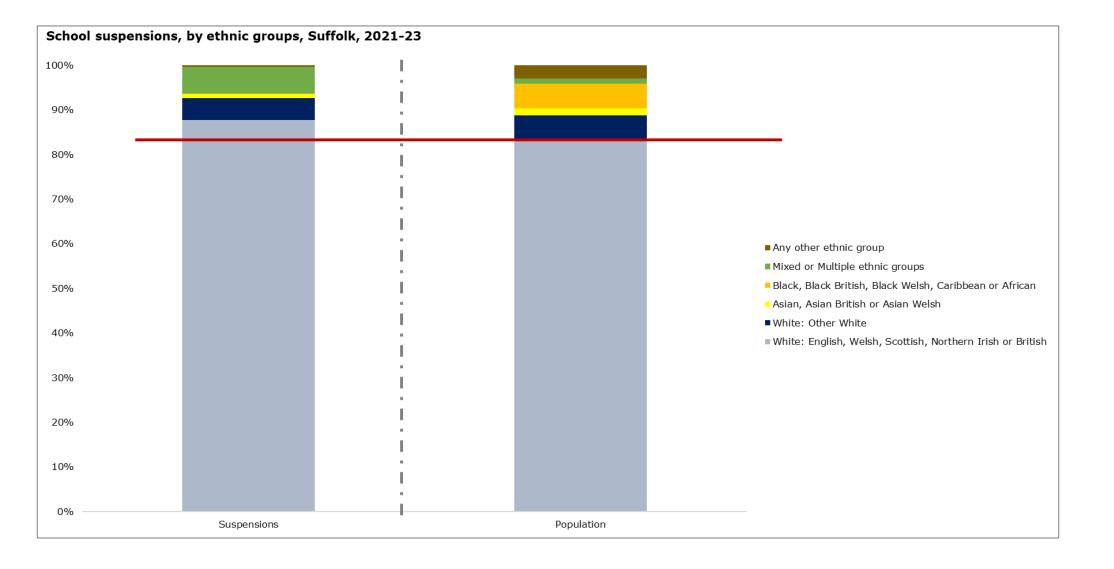




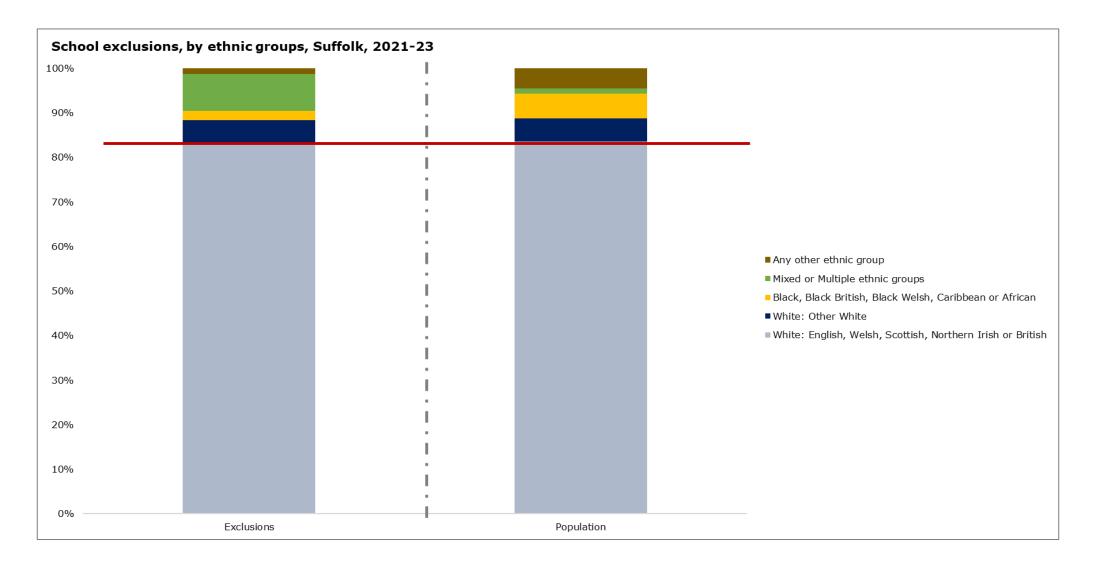
Those from a White background miss on average more school sessions (6.6%) than the total Suffolk pupil average (5.3%), while those from other ethnic backgrounds miss on average fewer sessions (4.4%). The other ethnic groups are only deviating from the average slightly.



Between 2021 and 2023, those of White British background are over-represented on school suspensions, while all other ethnic categories are under-represented.



Between 2021 and 2023, those of Mixed background are over-represented amongst pupils having been excluded.

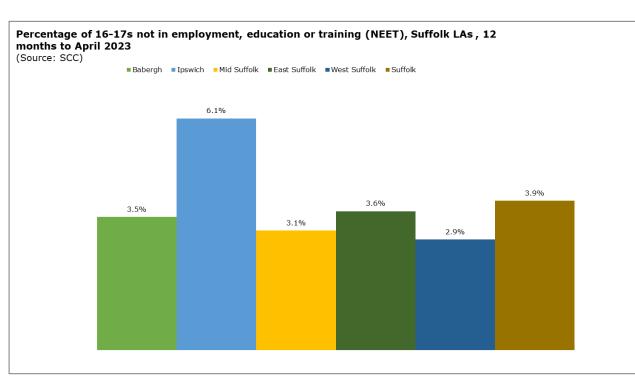


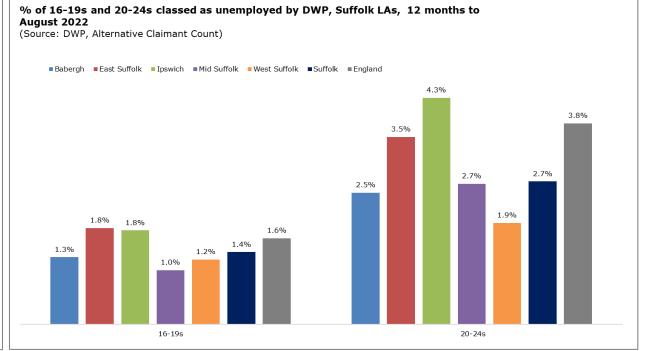
Early involvement with alcohol, drugs & tobacco
Low intelligence & educational achievement
Low commitment to school & school failure
Involvement in crime
Unemployment
Exposure to violence in the family

Not engaging with education or the labour market can have lasting effects on young people's mental and physical health.

While there are a few studies that find a causal link between not being in education or employment and violence, there is evidence that lack of qualifications and job opportunities are linked to crime.

Being part of the drug trade, an area of extreme risk to violent exploitation, can seem a lot more appealing to children who struggle to find meaningful opportunities for training or work.

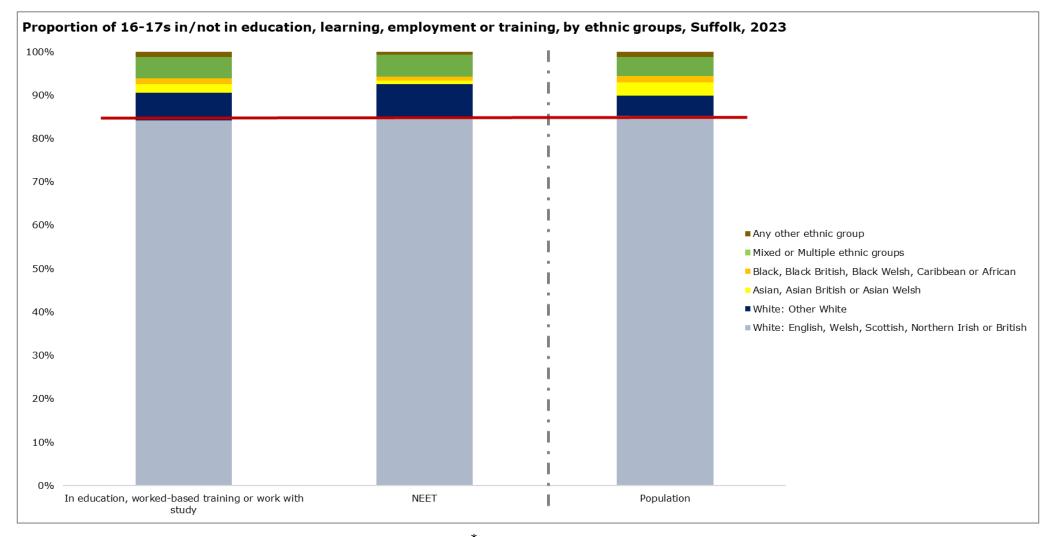


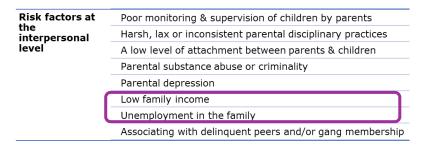


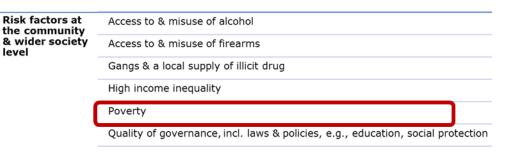
Traditionally, Suffolk has more 16-17s NEETs than regional and national averages. Within Suffolk, Ipswich has the highest proportion of NEETs (in 2022/23 6.1% compared to 3.9% Suffolk overall). West Suffolk had the lowest percentage of 16-17s being NEET, with 2.9%.

Suffolk overall had a lower proportion of unemployed 16-24s than England overall in the 12 months to August 2022. However, within Suffolk, Ipswich over-indexes against both the local and national averages. Also, East Suffolk's proportion is above Suffolk's overall level.

Pupils with Other white backgrounds are over-represented in the population of 16–17-year-olds who are not in education, employment or training (NEET) in Suffolk. Overall, those from any other background (other than White) are under-represented amongst those that are NEET, but also amongst those that are in education, worked-based training or work with study.



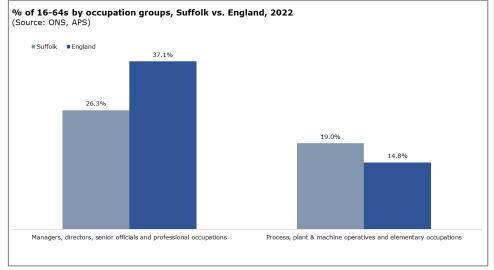




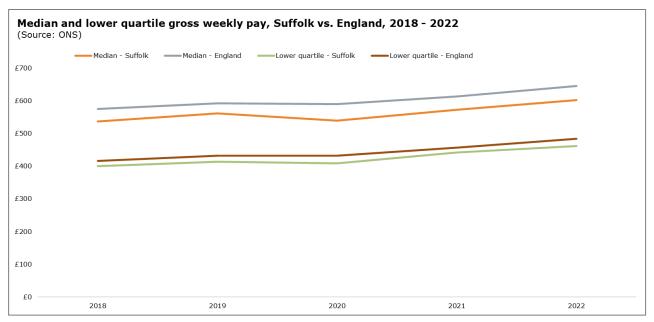
Money and status and growing up in poverty can also be motivating drivers for getting involved in crime, including serious violence; wanting to earn money and buy new things, wanting to impress peers, to be important, to be proud, and to have a reputation are often out of reach for some young people.

- While unemployment is relatively low across Suffolk overall, compared to national averages, the averages hide some of the inequalities that exist.
- Wages across Suffolk are consistently below those of England overall in 2022 median gross weekly pay in Suffolk was £43 lower than the England average, while the lower quartile gross weekly was £22 lower.
- Proportionally, households (HH) with children are more likely to be on Universal Credit, either due to being out of work, or because their income needs 'topping up' with benefits.
- In 2021/22, over 90k working-age adults and around 32k pensioners lived in relative low-income households in Suffolk. While 25,436 of Suffolk's children lived in relative low-income families. Ipswich has the highest number of children in low-income households.
- The Youth Endowment Fund uses free school meals (FSM) and children in homeless households (HH)/temporary accommodation as a proxy for poverty.
  - The latter is a direct measure of HH struggling to make ends meet and housing instability can lead children into risky situations to escape difficulties at home in Q2 2022/23 there were 146 HH with children living in temporary accommodation in Suffolk.
  - Recent analysis by the Department of Education and the Ministry of Justice shows that 2% of children who were eligible for FSM were cautioned or sentenced for a serious violent offence. The rate for all pupils was 1%. This means the rate of violence for children in low-income households was double that of all children. In 2021/22 19.6% of Suffolk's pupils were eligible for FSM.

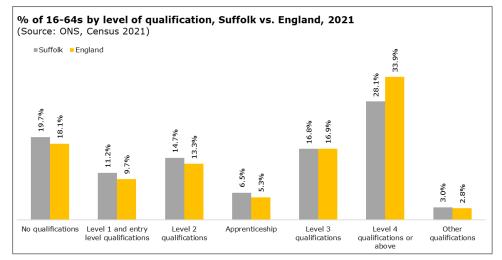
Suffolk has a below average earnings profile, with both degree qualifications and occupations amongst 16-64s matching this profile.



In 2022, Suffolk had below average proportions of proportion of people, and above average levels of people in lower paid occupations, i.e., process, plant & machine operatives and elementary occupations.



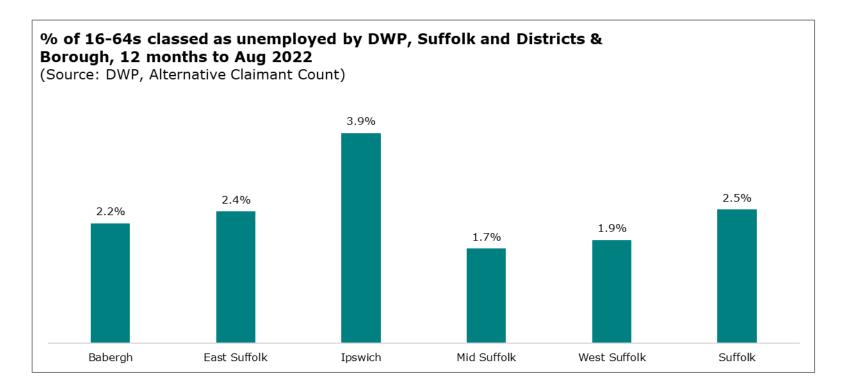
In 2022 median gross weekly pay in Suffolk was £43 lower than the England average. While the lower quartile (LQ) gross weekly pay in Suffolk also continuous to lag behind the national average (£462 vs. £484).



In 2021, Suffolk's population over-indexed against the national average on lower qualifications and under-indexed on the highest qualification (level 4).

Based on the ONS Annual Population Survey, the official unemployment rate amongst 16-64s for Suffolk was 1.4% (compared to 3.7% nationally) in 2022. Unfortunately, the ONS's disclosure rules mean that data at lower levels is not always available.

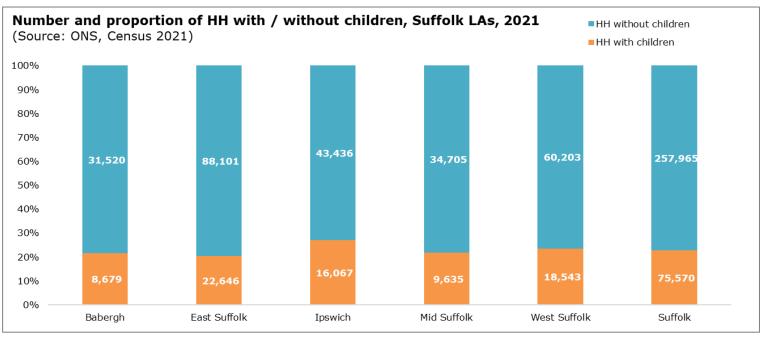
The DWP's Alternative Claimant Count\* provides an alternative, more granular statistic. Based on this, there were on average 11,159 16-64s (2.5%) classed as unemployed by DWP in the 12 months to August 2022. However, within Suffolk, unemployment based on this metric, ranged from 3.9% in Ipswich to 1.7% in Mid Suffolk.

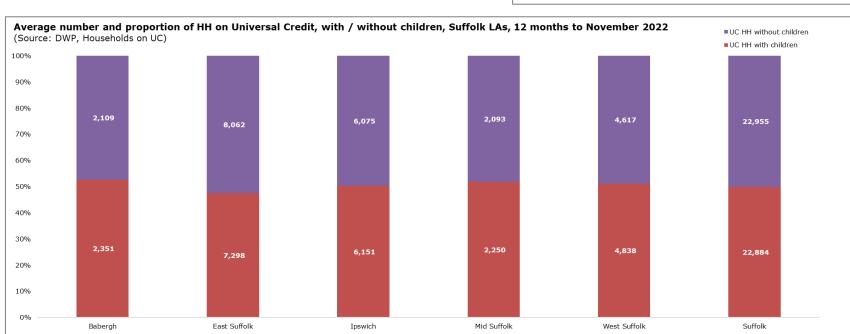


	No. of 16-64s classed as unemployed by DWP			
Babergh	1,172			
East Suffolk	3,368			
Ipswich	3,455			
Mid Suffolk	1,055			
West Suffolk	2,111			
Suffolk	11,159			

<sup>\*</sup> DWP's Alternative Claimant Count is currently under evaluation by the UK Statistics Authority and therefore published as Experimental Official Statistics. It provides detailed information about the number of people classed as "unemployed", under the new Universal Credit regime while also still including anyone on relevant JSA legacy benefits.

Based on the latest census, there are a total of 333,535 households (HH) in Suffolk. Of these, 75,570 (23%) include children and 257,965 (77%) are HH without children.





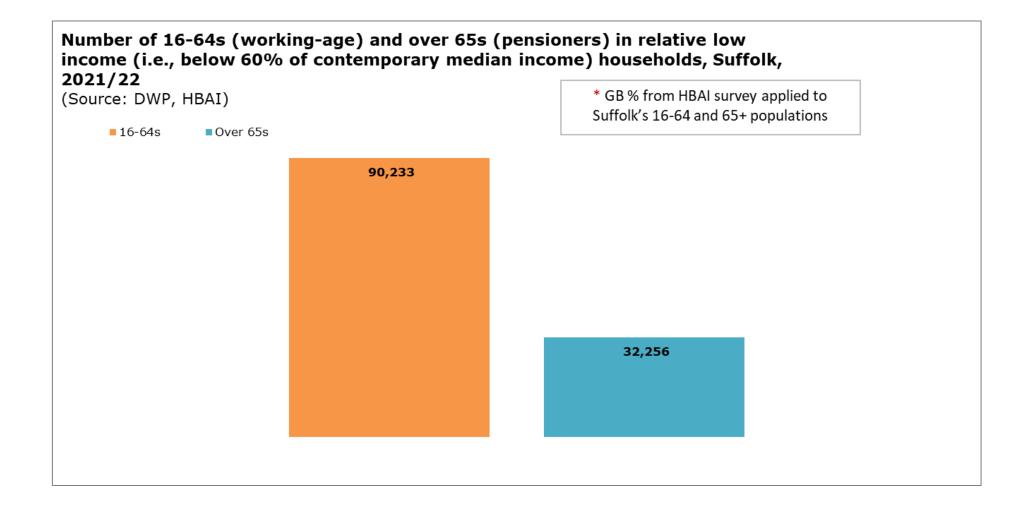
In 2022, there were on average 45,838 HH on Universal Credit (UC). These were split in half – with 50% being HH with children and 50% without children.

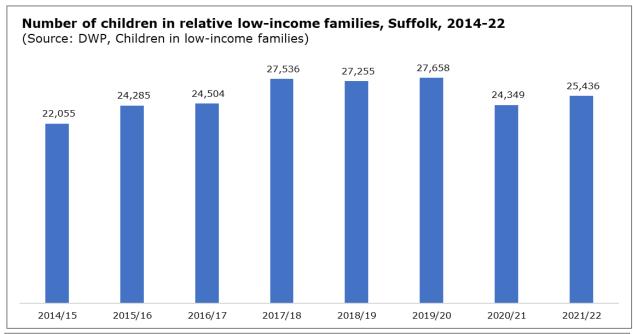
This means that proportionally, HH with children are more likely to be on UC.

HH can be on UC due to unemployment and/or 'in-work poverty', i.e., where wages need to be supplemented by benefits.

Sources: ONS, Census 2021. DWP, Households on Universal Credit.

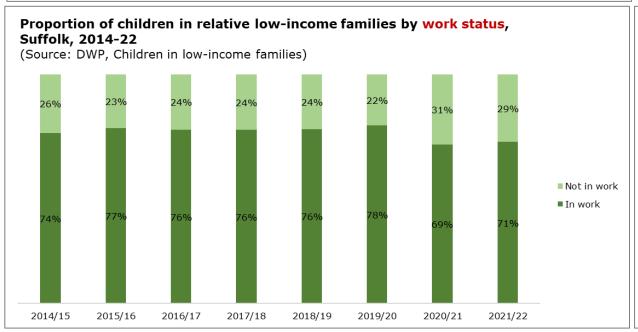
In 2021/22, over 90k working-age adults and around 32k pensioners lived in relative low-income households in Suffolk...

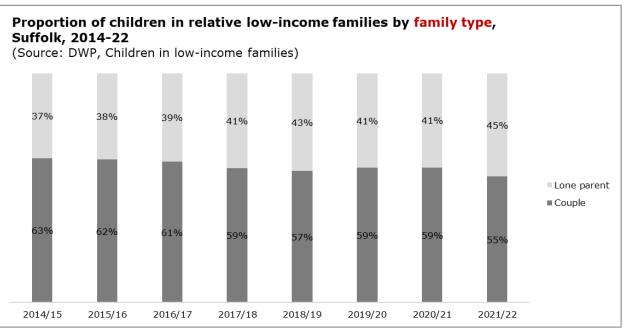




...while 25,436 of Suffolk's children lived in relative low-income families in 2021/22.

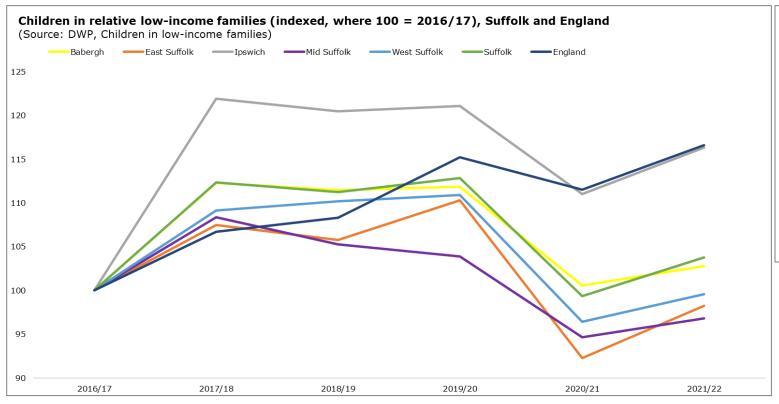
- The vast majority (71%) of children in relative low-income families live in working HH.
- Proportions of children in relative low-income families by family type is fairly consistent, with 55% living in 'Couple' HH in 2021/22.

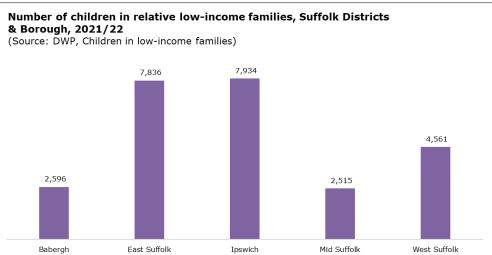




Source: DWP, Children in low-income families.

Over the past 5 years, numbers of children in relative low-income families have increased at county and national levels, with Suffolk's numbers increasing by 3.8%, compared to 16.6% across England. However, within Suffolk, Ipswich saw an increase of 16.3%, while East Suffolk and Mid Suffolk both saw declines.

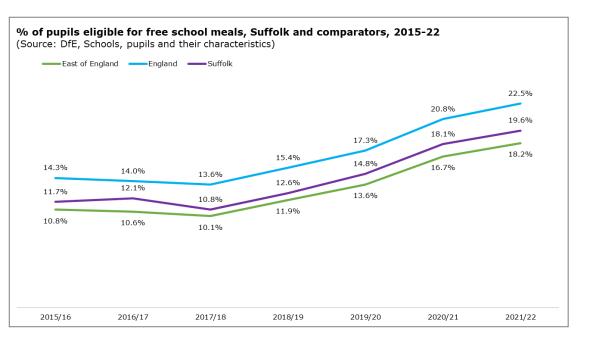




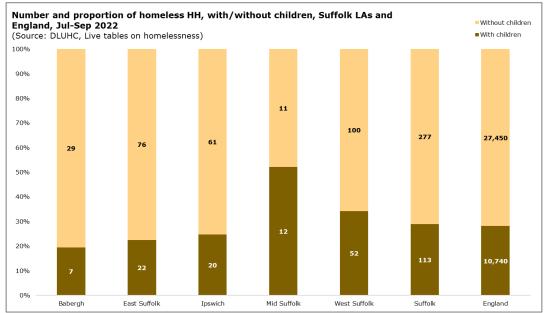
Within Suffolk, Ipswich and East Suffolk had the highest numbers of children in relative low-income families in 2021/22.

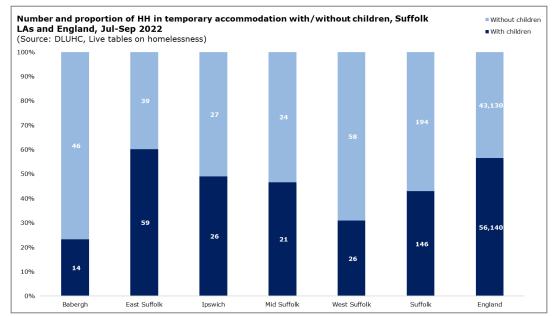
Note - DWP state that while "...the data for FYE 2021 has undergone extensive quality assurance prior to publication, we recommend that users exercise additional caution when using the data for FYE 2021, particularly when making comparisons with previous years and for local areas across countries."

In 2021/22 19.6% of Suffolk's pupils were eligible for FSM, which is above the regional, but below the national average.

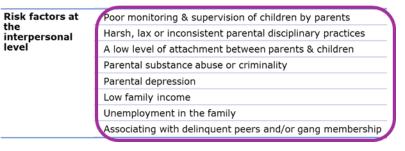


While in Q2 2022/23 there were 113 homeless HH with children and 146 HH with children living in temporary accommodation.





Risk factors at the individual level	Early involvement with alcohol, drugs & tobacco
	Low intelligence & educational achievement
	Low commitment to school & school failure
	Involvement in crime
	Unemployment
	Exposure to violence in the family



Poor mental health is consistently associated with unemployment, less education and low income and can be a risk factor for serious violence and gang affiliation. Also, severe behavioural problems, called conduct disorder, can affect a child's development and interfere with their ability to lead a normal life.

- Children with a conduct disorder may get involved in more violent physical fights, may steal or lie, and not show any sign of remorse or guilt when they are found out. Additionally, they refuse to follow rules and may start to break the law, and teenagers with conduct disorder may also take risks with their health and safety.
- The Royal College of Psychiatrists note that a young person showing signs of conduct disorder at an early age is more likely to be male, have Attention Deficit Hyperactivity Disorder (ADHD) and lower intelligence. The earlier problems start, the higher the risk for the young person being involved with violence and criminal acts. This may also be related to friendship groups, gangs and use of illegal substances.
- Rates of weapon carrying are higher among children with mental health problems, including self-harm, conduct problems and hyperactivity.
- Many of the risk factors for gang membership overlap with the risk factors for poor mental health, including histories of abuse or neglect, low selfesteem and substance misuse.
- Gang activities may appeal to children with impulsive and externalising behaviours.

level

Also, the social status associated with gang affiliation may be appealing specifically to children with low self-esteem and self-worth.

There aren't many consistent indicators for the number of children with additional mental health needs. Data often only reflects the numbers of children who received support and so excludes those waiting for help.

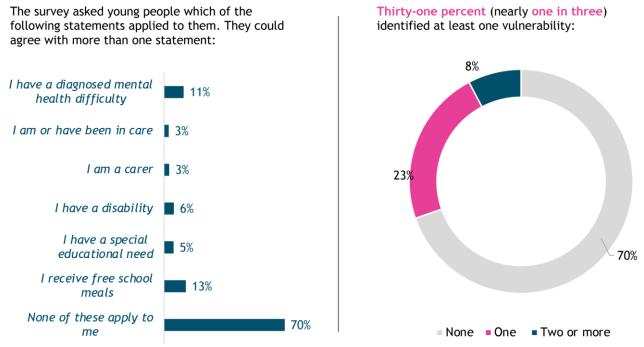
Sources: Suffolk Public Health and Communities, Violence in Suffolk. A Public Health Approach and Analysis. February 2019. ONS Census 2021 Population Data,; SODA own calculation Youth Endowment Fund. Children, violence and vulnerability. 2022. Public Health England. The mental health needs of gang affiliated young people. 2015. Villadsen, A. et al., Carrying or using a weapon at age 17: Evidence from the UK Millennium Cohort Study. London: Centre for Longitudinal Studies. 2021. Centre for Mental Health. Bradford and Craven: Independent system-wide review of children and young people's mental health system. 2020. Children's Commissioner. The state of children's mental health services 2019/20. 2020.

The prevalence of conduct disorders increases throughout childhood and they are more common in boys than girls. For example, 7% of boys and 3% of girls aged 5-10 years have conduct disorders; in children aged 11-16 years the proportion rises to 8% of boys and 5% of girls.

Applying national prevalence of conduct disorders to the Census 2021 Suffolk population, it can be estimated that around 5,330 Suffolk children have a conduct disorder.

Age	Boys	Girls	TOTAL
5-10 years	1,807	738	2,546
11-16 years	1,740	1,044	2,784
TOTAL	3,547	1,782	5,330

A survey by Healthwatch Suffolk in May/June 2021 found that 11% of 13–18-year-olds had a diagnosed mental health difficulty.



A national NHS Digital survey from 2021 found that "rates of probable mental disorder increased between 2017 and 2021; in 6 to 16-year-olds from one in nine (11.6%) to one in six (17.4%), and in 17- to 19-year-olds from one in ten (10.1%) to one in six (17.4%)." It also found that rates of probably mental disorder was higher

- in young women (23.5%) than young men (10.7%) in the 17-23 age group.
- in the White British (18.9%) and the mixed or other (22.5%) groups, than in the Asian/Asian British (8.4%) and Black/Black British (8.3%) groups.
- among children with a special educational need or disability (56.7%), compared with 12.5% of those without.
- for those aged 6-16 with a long-term physical health condition.

Mental ill health conditions affect around one in four people in any given year, ranging from common problems, such as depression and anxiety, to more severe problems such as schizophrenia and bipolar disorder. In Suffolk, it is estimated that over 106,000 residents experienced a common mental ill health condition in 2020, with the most common conditions being anxiety, depression and phobias.

	Generalised anxiety disorder	Depressive episode	Phobias	Obsessive compulsive disorder	Panic disorder	Any CMD
Estimated prevalence of common mental ill health conditions among people aged 16 and over, Suffolk (% of total population)	5.9%	3.3%	2.4%	1.3%	0.6%	17.0%

7,235 people registered with a GP in Suffolk had a GP registered diagnosis of severe mental illness (SMI) in 2020/21. This equates to a prevalence of 0.90% among the GP registered population, significantly lower than England as a whole (0.95).

- Generally, the lives of people with severe mental illness are 15-20 years shorter than the rest of the population.
- Patients who live in more deprived areas have a higher prevalence of SMI, and patients with SMI living in more deprived areas have a higher prevalence of physical health conditions.
- Six of the 10 GP practices with the highest percentage of mental health prevalence are also in the ten practices with the highest levels of deprivation in Suffolk.
- Socio-economic deprivation is recognised as both a cause and consequence of SMI, with sufferers experiencing an increased risk of "social withdrawal" such as unemployment.

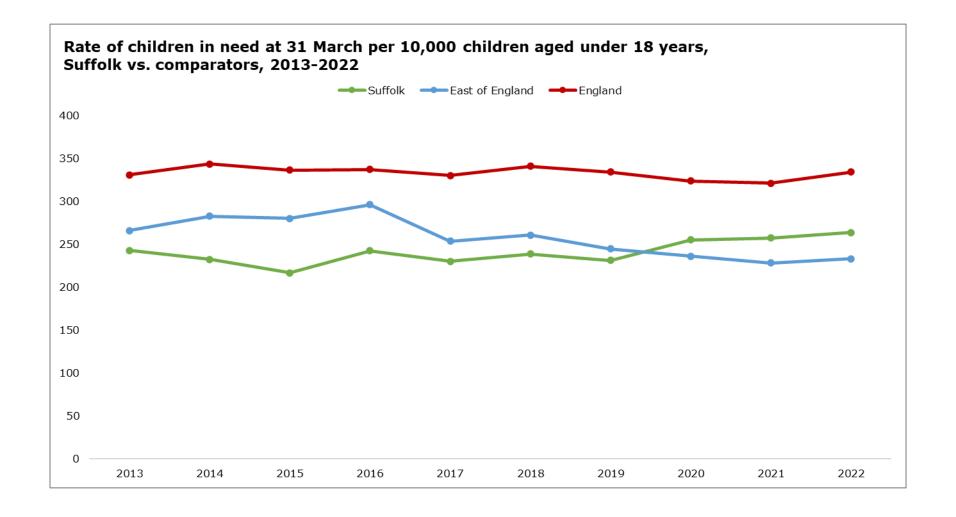


## Children and adults in Social Care are amongst the most vulnerable groups in society.

Reasons for children and young people being taken into care vary, and include abuse and neglect, anti-social parental behaviour, poor supervision, aggression/low self-control, gang membership amongst others (see page 52 for detail). These have all been identified as risk factors for serious violence.

- In 2021/22 there were 4,034 children in need in Suffolk, which equates to a rate of 264 children per 10,000 under 18s respectively. This means Suffolk's rate is below national, but above regional averages in this year. For 2,651 (66%) of all children in need in Suffolk the primary need was 'abuse or neglect'.
- In 2021/21 there were also 921 looked after children in Suffolk. This equates to a rate of 63 children per 10,000 under 18s, which is again higher than the regional but lower than the national averages. There was higher percentage of Suffolk's looked after children than the national average (4% vs. 2%), that was convicted or subject to youth cautions, or youth conditional cautions.
  - Children looked after are assessed through the Strength and Difficulties Questionnaire (SDQ), which is a measure of adjustment and behavioural, social and emotional difficulties in 3–16-year-olds. Proportionally, Suffolk's looked after children perform worse on the SDQS than those at regional and national levels.
- Adult safeguarding concerns have increased both in terms of absolute numbers and as a proportion of total population over the past 6 years. In 2021/22 concerns per 100,000 adults was 735 in Suffolk and 1,218 in England; while the numbers for Section 42 enquiries were 206 and 364 respectively (for detail see page 40). Physical abuse has been the largest risk factor since 2017/18 across Suffolk, followed by psychological and sexual abuse.

In 2021/22 there were 4,034 children in need, which equates to a rate of 264 children per 10,000 under 18s. This means Suffolk's rate is below national, but above regional averages in this year.

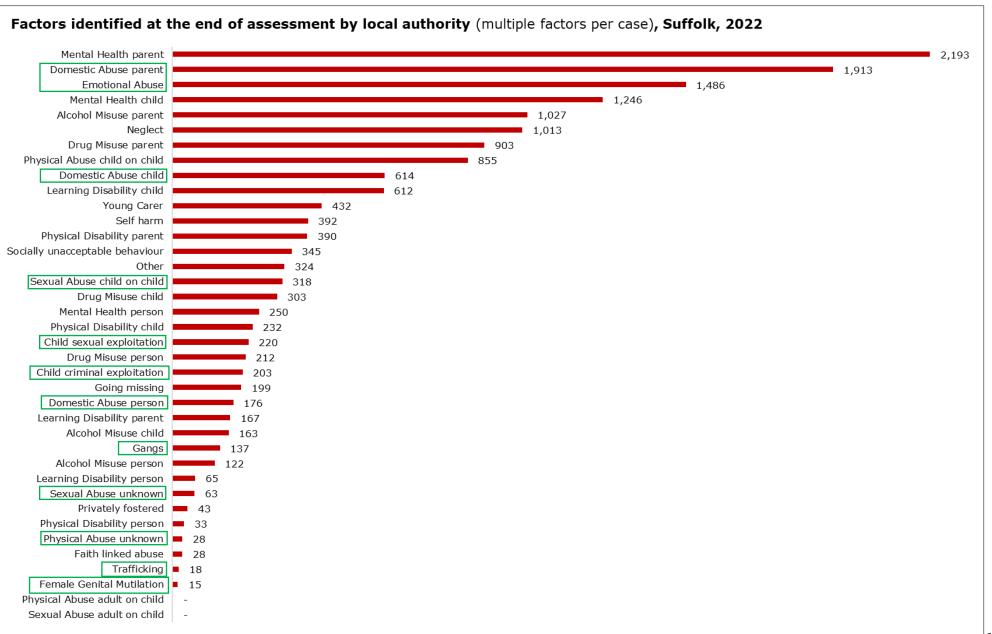


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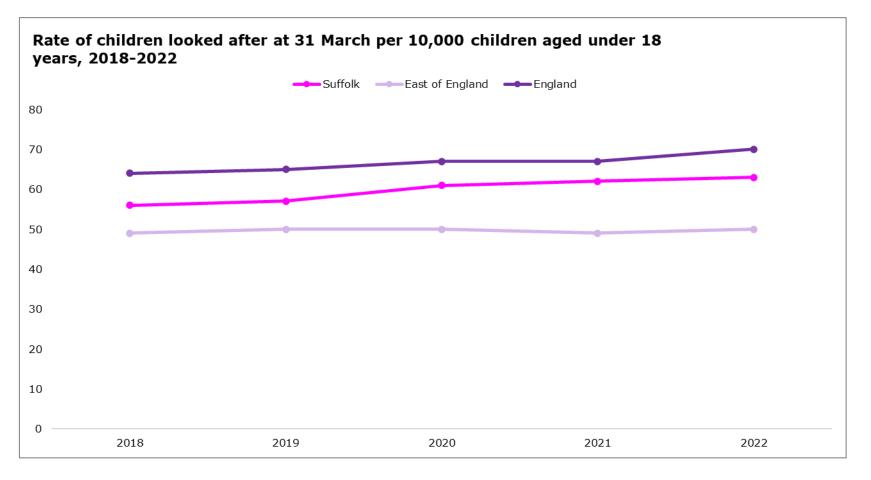
In 2021/22, for 2,651 (66%) of all children in need in Suffolk the primary need was 'abuse or neglect'. This is significantly higher than the regional (58%) and national (57%) averages.

Local authorities also record more detailed factors relating to each case at the end of assessment. Multiple factors can be recorded against an individual child.

In 2021/22 Domestic Abuse by a parent was present in 47% of cases, emotional abuse in 37% of cases and physical abuse child on child in 21% of cases.



In 2021/21 there were also 921 looked after children in Suffolk. This equates to a rate of 63 children per 10,000 under 18s, which is again higher than the regional but lower than the national averages.



In line with regional and national averages, 3% of Suffolk's looked after children were identified as having a substance misuse problem in 2021/22. However, there was higher percentage (4% vs. 2%) of Suffolk's looked after children that were convicted or subject to youth cautions, or youth conditional cautions during the year.

Children looked after are assessed through the Strength and Difficulties Questionnaire (SDQ), which is a measure of adjustment and behavioural, social and emotional difficulties in 3–16-year-olds.

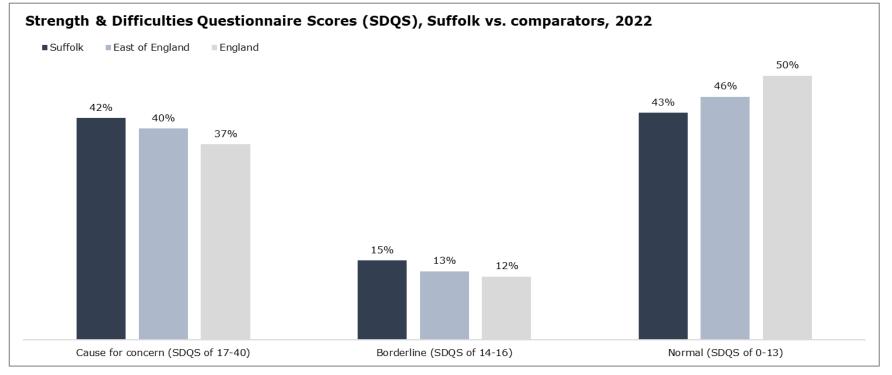
The SDQ has five sections containing a series of items/questions relating to; emotional difficulties; conduct problems; hyperactivity or inattention; friendships and peer groups; and also, positive behaviours. Individuals completing the questionnaire are asked to rate the applicability of those items/questions over the last 6 months to the child in question using a three-point rating scale. The final SDQ Score (SDQS) can range from between 0-40, with a score of:

- 0-13 being considered 'normal' this refers to the 'norm' of the population of young people in general, i.e., young people falling into this band have a range of responses which would be expected of their peers.
- 14-16 being considered 'borderline' these young people fall slightly outside the expected range of responses, and it is likely that their mental health and wellbeing is under strain.
- 17 and above being considered as 'cause for concern' very likely that the emotional health and wellbeing of young people falling into this band will be under considerable strain.

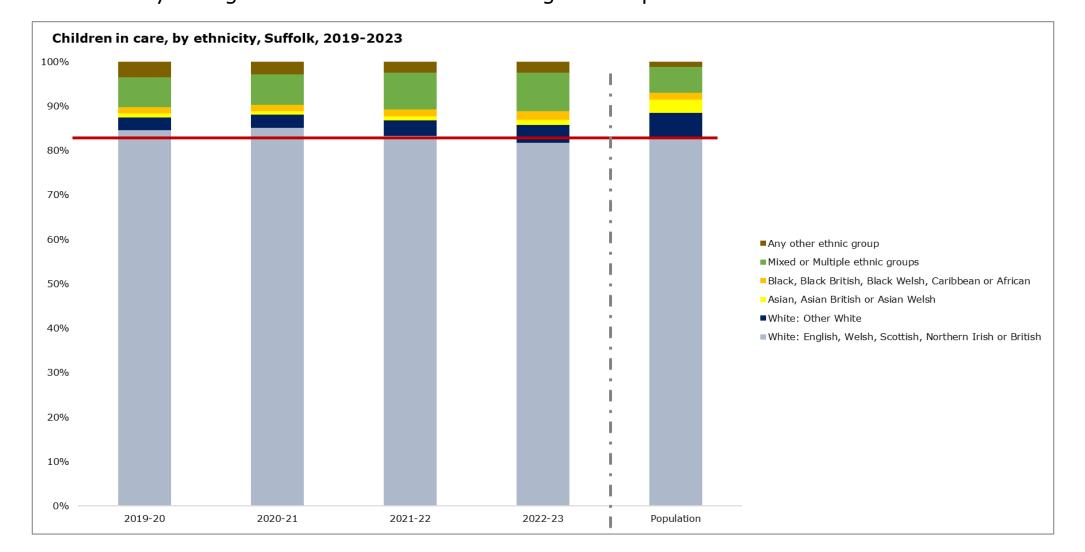
Proportionally, there are more looked after children in the 'cause for concern' and 'borderline' categories than

regionally and nationally.

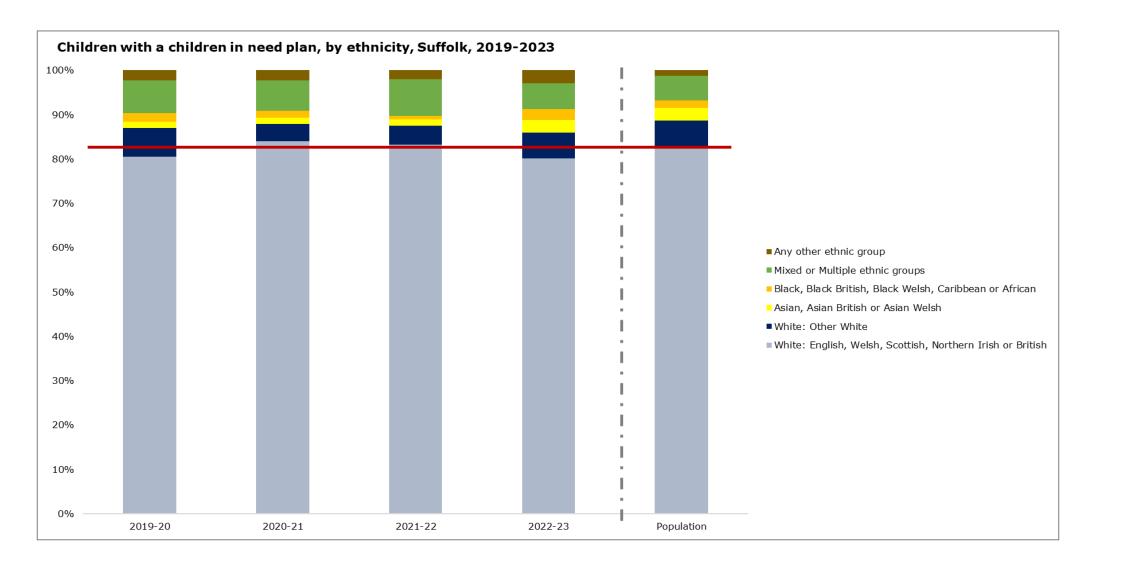
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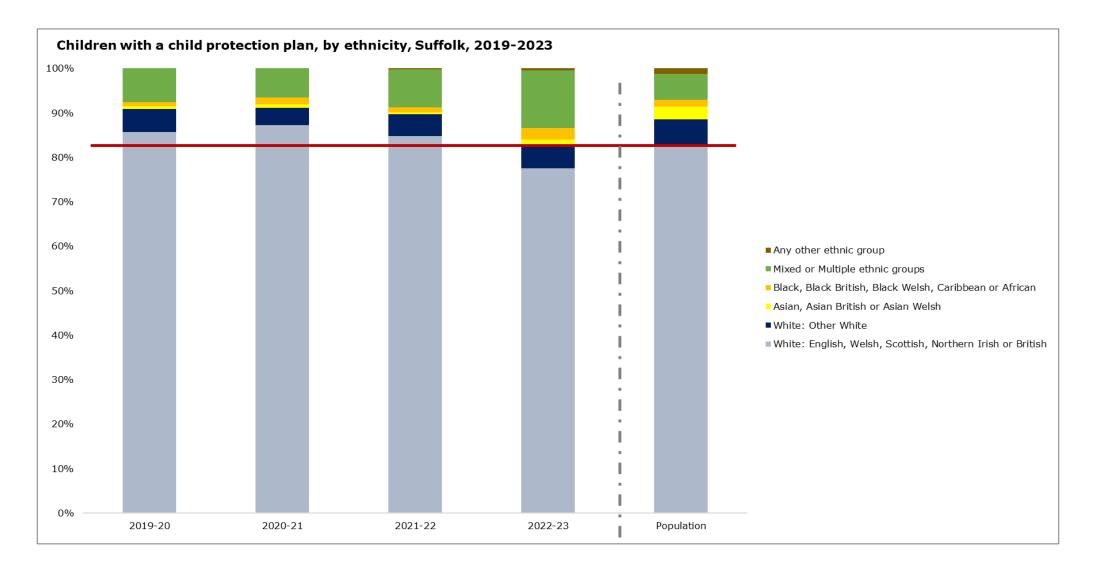
A child in care is more likely to have poorer outcomes in education and have worse mental and/or physical health. Proportionally, those from Mixed or Any other ethnic groups are over-represented. Over the past five years, the proportion of those from White: English, Welsh, Scottish, Northern Irish or British background has reduced, meaning that in 2022-23 they were under-represented. Therefore, there was a shift in 2022-23 with those from any background other than White being over-represented.



A similar picture is apparent amongst children with a child in need plan...



...and also, for children with a child protection plan. Specifically, there was a proportional increase for those of Mixed background.



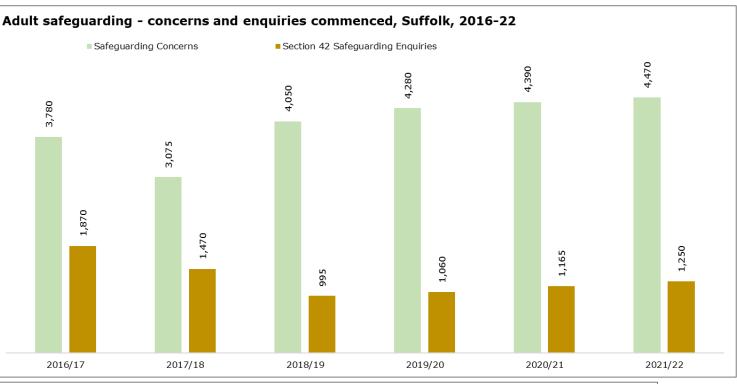
Adult safeguarding concerns have increased both in terms of absolute numbers and as a proportion of total population over the past 6 years. While Section 42 enquiries have dropped.

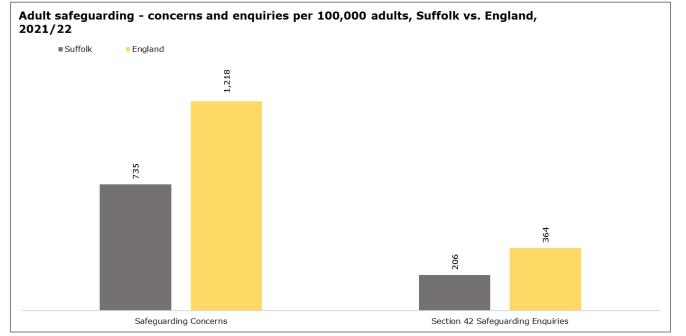
In 2021/22 concerns per 100,000 adults was 735 in Suffolk and 1,218 in England; while the numbers for Section 42 enquiries were 206 and 364 respectively.

## Safeguarding activity categories:

- Safeguarding Concern sign of suspected abuse or neglect reported to/identified by the LA.
- Section 42 Safeguarding Enquiry risk of abuse concern raised, leads to investigation under safeguarding procedures under Section 42 of The Care Act 2014.

Source: NHS Digital

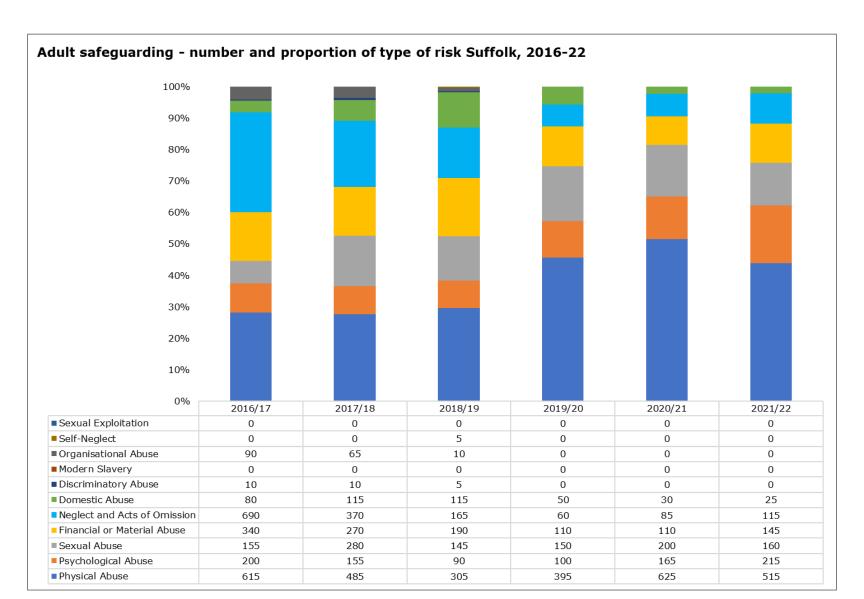




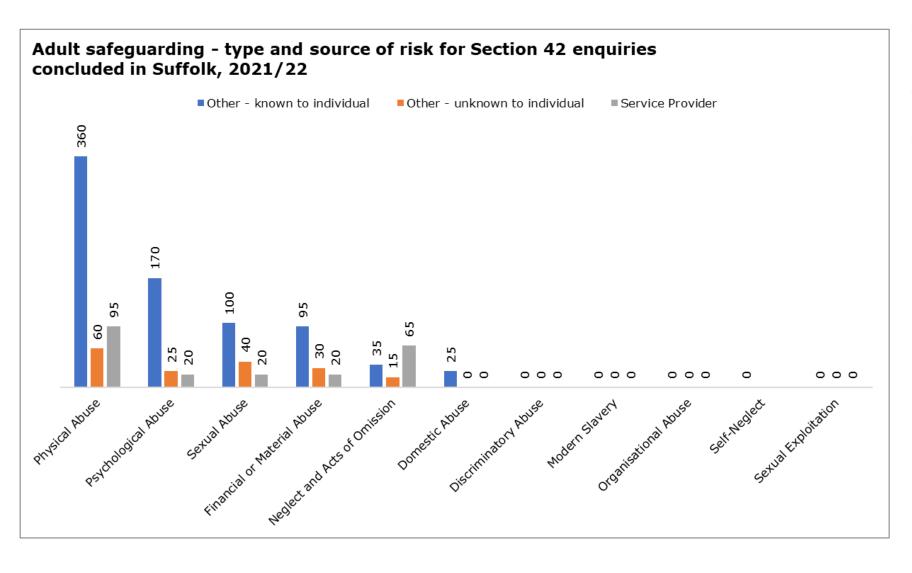
71

Physical abuse has been the largest risk factor since 2017/18 across Suffolk, followed by psychological and sexual abuse. Between 2016/17 and 2021/22, risk of physical abuse has declined by -16%, while the other two factors increased (+7.5% and +3.2% respectively).

Domestic abuse as a risk factor has seen one of the biggest declines over the past 6 years (-69%).



For section 42 enquiries in 2021/22, the source of the risk is someone known to the individual at risk in the majority (67%) of cases.

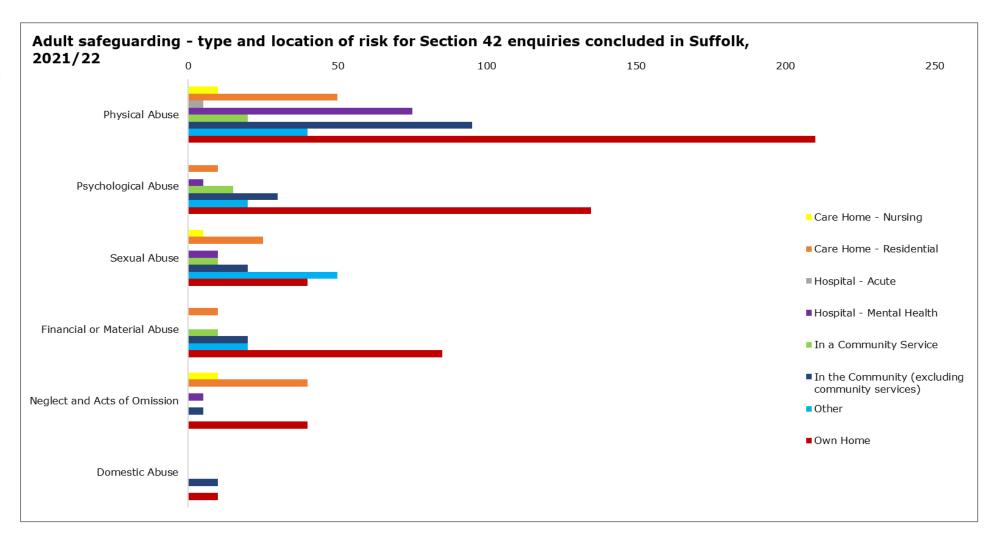


- 69% of physical abuse cases are by someone known to the individual at risk.
- While this number is even higher (79%) for psychological abuse.
- In 63% of sexual abuse cases, the source is known to the victim.

Source: NHS Digital 73

Accordingly, 45% of all section 42 enquires are linked to the own home of the person at risk. While 16% are linked to locations in the community (excl. community services) and 12% to residential care homes.

- 42% of physical abuse cases occur in the own home, while 63% of psychological abuse cases and 25% of sexual abuse cases are linked to that location.
- 31% of sexual abuse cases occur in 'other' locations.
- Domestic abuse either happens in the own home or in the community (excl. community services) – the split is 50/50 for these two locations.



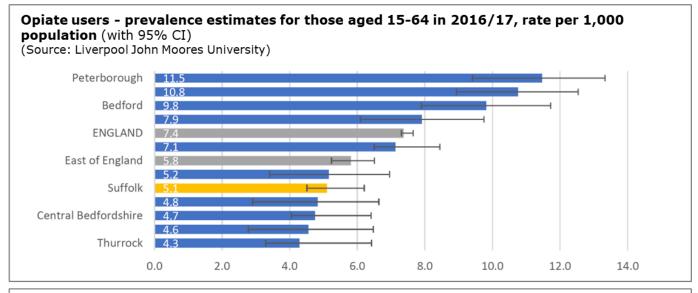
74 NHS Digital

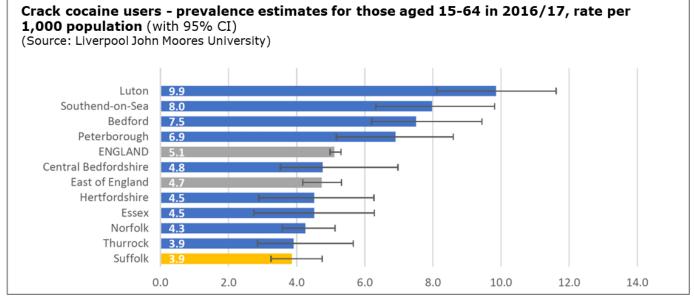
# Poor monitoring & supervision of children by parents the interpersonal level Harsh, lax or inconsistent parental disciplinary practices A low level of attachment between parents & children Parental substance abuse or criminality Parental depression Low family income Unemployment in the family Associating with delinquent peers and/or gang membership

Parental substance abuse is a risk factor for serious violence. Unfortunately, the data for substance use is somewhat old and the data covers ALL 15-64-year-olds.

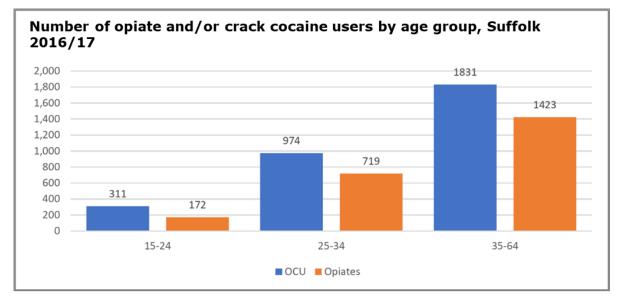
### In 2016/17, across Suffolk, there were 2,314 opiate and 1,751 crack cocaine users.

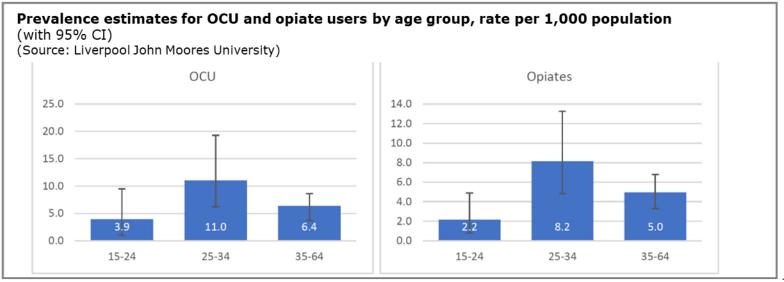
- Suffolk had the 7th highest rate of opiate users per 1,000 (5.1 per 1,000) out of the 11 LTLAs in the East of England.
- Suffolk had the 9th highest rate of crack cocaine users per 1,000 (3.9 per 1,000) out of the 11 LTLAs in the East of England.
- In 2016/17 there were 654 more crack cocaine users compared to 2014/15. Suffolk was the only county in the East of England to see a significant increase in the number of crack cocaine users from 2014/15 to 2016/17.





In absolute numbers, there are significantly more OCU and opiate users aged 35 and over (1,831 and 1,423, respectively) compared to under 25's (311 and 172, respectively). However, when looking at the rate, the most prevalent group is those aged 24-34; 11.0 per 1,000 for OCU users and 8.2 per 1,000 for opiate users.





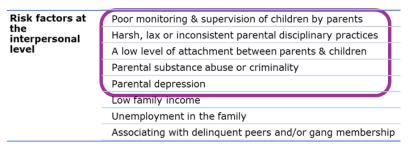
The estimated number of alcohol dependant adults in Suffolk was 6,609, in 2018, which equates to a rate of 1.09 per 1,000 population – compared to a rate of 1.11 for region and 1.34 nationally.

### Number of adults and rate per 1,000 of adult population with alcohol dependency, Suffolk vs. comparators, 2018

(Source: University of Sheffield)

Local Authority	Estimated no of adults w. alcohol dependency	Rate per 1,000 of adult population		
Central				
Bedfordshire	1,942	0.89		
Hertfordshire	8,637	0.95		
Essex	12,505	1.08		
Suffolk	6,609	1.09		
Milton Keynes	2,200	1.10		
Cambridgeshire	5,674	1.10		
Bedford	1,474	1.13		
Norfolk	8,840	1.21		
Thurrock	1,574	1.23		
Luton	2,181	1.38		
Southend-on-Sea	2,026	1.42		
Peterborough	2,405	1.62		
East of England	56,067	1.11		
England	586,780	1.34		

# Early involvement with alcohol, drugs & tobacco the individual level Early involvement with alcohol, drugs & tobacco Low intelligence & educational achievement Low commitment to school & school failure Involvement in crime Unemployment Exposure to violence in the family



Attention, especially in Wales, has been given to the relationship between childhood trauma and the emergence of health damaging behaviours and poor health and social outcomes in adulthood. The research in this area has been referred to as Adverse Childhood Experiences (ACEs), which include harms that affect children directly or indirectly.

- ACEs have been linked to a variety of outcomes, and it is generally agreed that as the number of ACEs increases, so does the risk for poor outcomes. However, it seems that the strength of association between ACEs and specific outcomes varies:
  - weak or modest for physical inactivity, overweight or obesity, and diabetes;
  - moderate for smoking, heavy alcohol use, poor self-rated health, cancer, heart disease, and respiratory disease;
  - · strong for sexual risk taking, mental ill health, and problematic alcohol use; and
  - strongest for problematic drug use and interpersonal and self-directed violence.
- Since 2012 five cross-sectional, case-controlled, or cohort studies have been conducted across the UK. These tried to establish an understanding of prevalence and the associations between ACEs and outcomes in the general population. Prevalence of ACEs in the adult populations researched across the UK were similar to those observed in studies from other countries.
- While the prevalence of experienced ACEs differed somewhat amongst the researched UK populations, e.g., respondents having experienced at least one ACE ranged from 44% to 50%; while exposure to 4 or more ACEs ranged from 8.3% to 14%. However, the order of prevalence was consistent:
  - 1. Parental separation or divorce (18% 25%)
  - 2. Emotional, psychological, or verbal abuse (17% 23%)
  - 3. Childhood physical abuse (14% 17%)
  - 4. Exposure to domestic violence (12% 17%)
  - 5. Household mental illness (11% 18%)

- 6. Household alcohol abuse (9% 14%)
- 7. Household drug abuse (4% 6%)
- 8. Childhood sexual abuse (3% 10%)
- 9. Household member incarcerated (3% 5%)

• One of the UK surveys also looked at the types of resources that may help protect people who experience(d) ACEs from suffering their harmful effects. It concluded that "...while resilience factors may provide some protection, they do not entirely counter the risks associated with exposure to multiple ACEs. For all mental illness measures examined here a combination of high resilience and low ACEs provided the lowest risks of lifetime and current mental illness. Thus, primary prevention to avoid ACEs in future generations is critical in improving the mental health of the population."

Sources: See end of report

As outlined on the previous page, there is a strong link between Adverse Childhood Experiences (ACEs) and problematic drug use and interpersonal and self-directed violence.

Applying the prevalence of ACEs in the national population to the ONS Census 2021 population of Suffolk, shows that there are over 256k adults (18+) who have experienced at least one ACE in their childhood, with

- 125,393 having experienced one ACE;
- 85,069 two to three ACEs; and
- 45,849 four or more ACEs.

With the same prevalence applied to Suffolk's under 18 population, there would be almost £51k experiencing at least one ACE, with

- 24,942 experiencing one ACE;
- 16,921 two to three ACEs; and
- 9,120 four or more ACEs.

Note: we often apply national figures to the ONS population numbers for Suffolk to establish local prevalence; but as always there are some caveats around this methodology. In this case we need to remember that the national surveys do not establish at what age ACEs appear during childhood and whether they occur consecutively or all at the same time.

#### Sources for page 80

- Ashton, K., et al. (2016). Adverse Childhood Experiences and their association with Mental Well-being in the Welsh adult population. Cardiff: Public Health Wales NHS Trust. (<a href="http://www.wales.nhs.uk/sitesplus/888/page/88505">http://www.wales.nhs.uk/sitesplus/888/page/88505</a>)
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- Hughes, K., et al. (2016). Relationships between adverse childhood experiences and adult mental well-being: results from an English national household survey. BMC Public Health 16:222. (<a href="https://bmcpublichealth.biomedcentral.com/track/pdf/10.1186/s12889-016-2906-3">https://bmcpublichealth.biomedcentral.com/track/pdf/10.1186/s12889-016-2906-3</a>)
- Hughes, K., et al. (2017), The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. Lancet Public Health; 2: e356–66.
- Hughes, K., et al. (2018). Sources of resilience and their moderating relationships with harms from adverse childhood experiences. Cardiff: Public Health Wales NHS Trust. (<a href="http://www.wales.nhs.uk/sitesplus/888/page/94697">http://www.wales.nhs.uk/sitesplus/888/page/94697</a>)

# 4. What kind of serious violence occurs in Suffolk, where does it occur and who is most affected?

Based on Data specifically collated from Suffolk Police, Suffolk Youth Justice and Suffolk Probation Service

#### **CONTEXT**

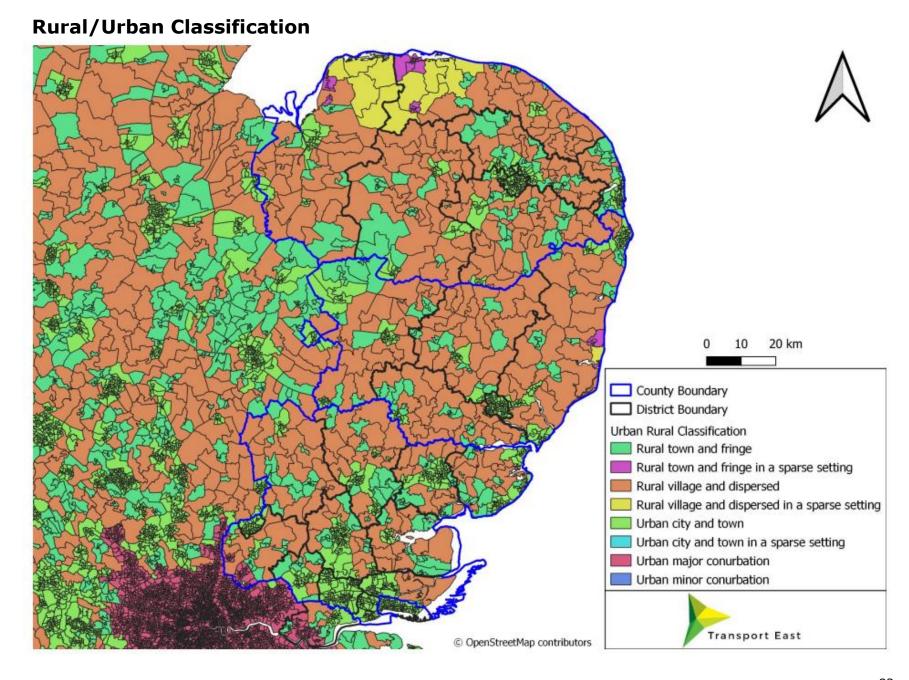
Suffolk -

a rural county

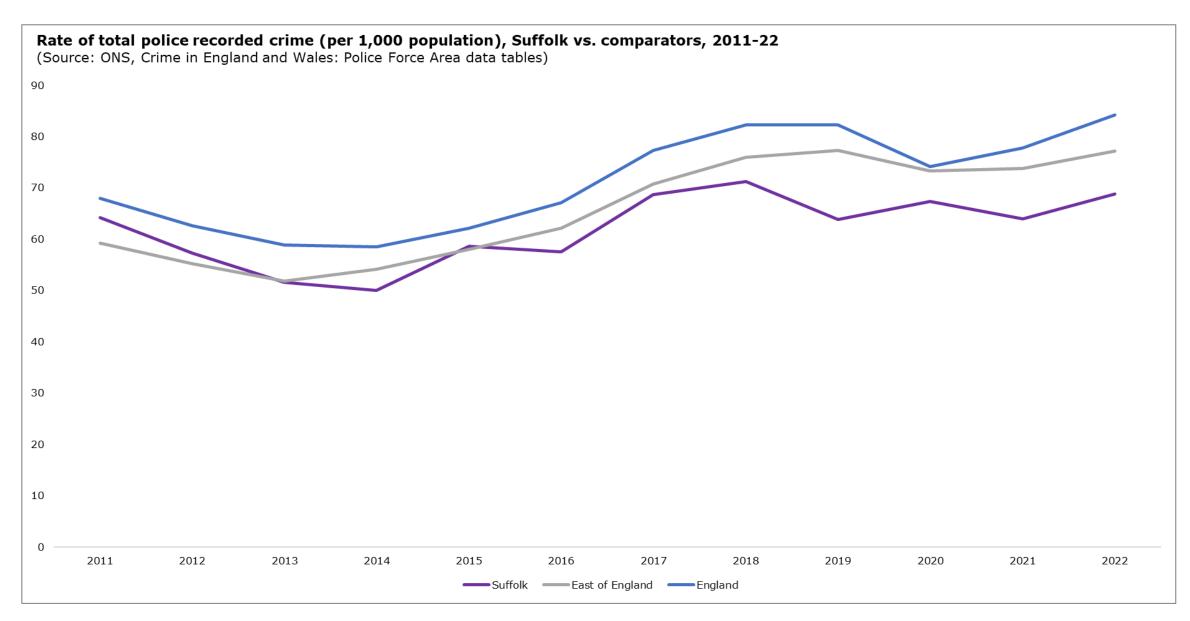
Suffolk is classed as "Largely Rural" (rural including hub towns 50-79%) in the Defra 2011\* Rural Urban Classification.

40% of Suffolk's population live in rural areas, compared to those classed as urban (incl. cities, towns, major & minor conurbations).

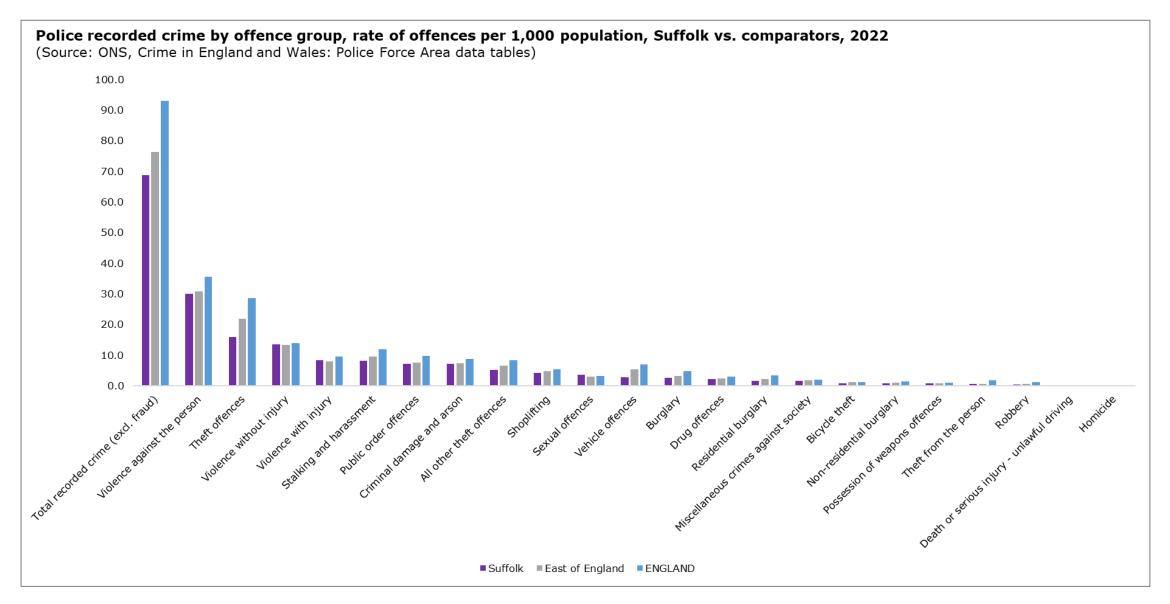
Suffolk also has 50 miles of coastline. With many larger and small coastal towns.



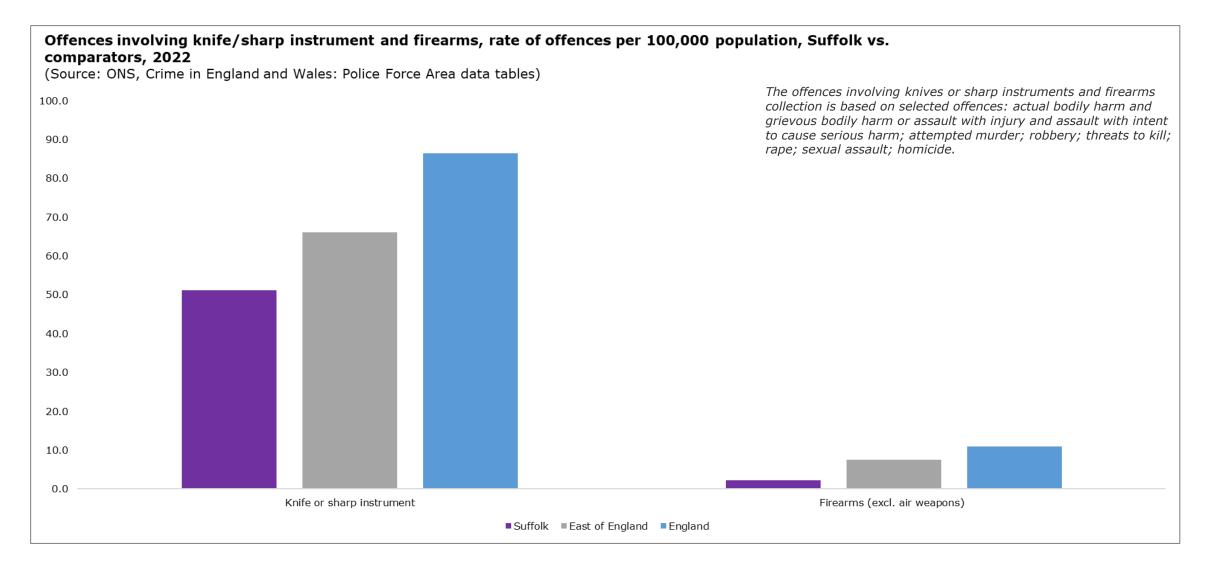
#### CONTEXT - Suffolk's crime rate tends to be below both regional and national averages...



CONTEXT - ...with Suffolk under-indexing against all types of offences, except for Violence without injury, Sexual offences and Possession of weapons offences, which are in-line with England averages.



CONTEXT – Knife and firearms related crimes were proportionally lower across Suffolk than both regional and national averages in 2022.



### Suffolk Police Data

Suffolk Police provided data for offences between April 2018 and March 2023, relating to 359 Home Office Offence Codes, deemed as serious offences or linked to serious offences. These codes relate to the following Offence Groups

	No of HO Codes incl. in group			
Sexual Offences	163			
Violence Against The Person	102			
Possession of weapons	75			
Miscellaneous crimes against society	6			
Public Order Offences	5			
Arson and Criminal Damage	2			
Burglary	2			
Robbery	2			
Vehicle offences	2			

#### The Police data also includes

- a Knife Crime flag for each offence, and
- a Domestic Violence flag for each offence, enabling us to build a picture of knife crime and DA in Suffolk as well.

#### Note on Police Data

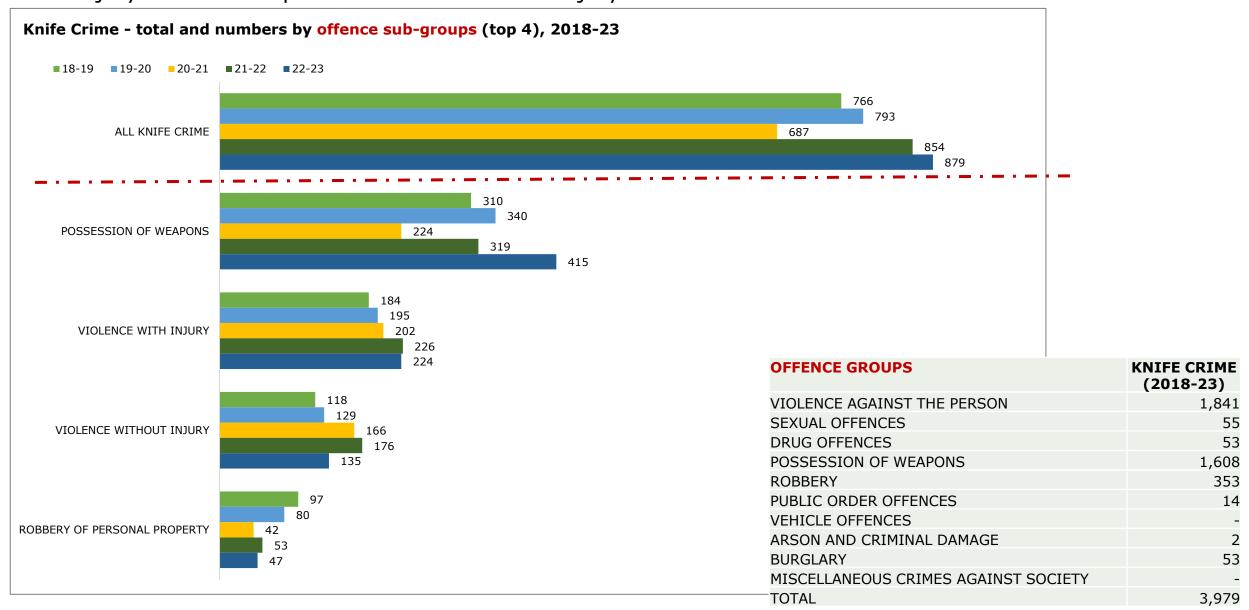
- The Police data for 2018-2023 included 132,116 offences.
- There were 155,175 individuals associated with these offences, as either victims, suspects or other (e.g., witness, person reporting, involved party, etc.).
- However, an individual can be included several times within the data, because they
  - have committed multiple offences
  - are named in different roles for the same crime, so for example a person
    - can both be an involved party and a witness to a single offence, or
    - be the victim and the reporting person, or
    - be victim and suspect, e.g., where there are two people claiming to be victim, but are accused by the other as the perpetrator.
    - For example:
      - one person was listed 207 times in total, 4 times as an involved party and 203 times as person reporting and/or witness
      - another person was listed against 123 offences, and their name appeared 173 times 151 as suspect, 12 times as victim, six times as involved party and four times as witness.
- Out of the 155,175 individuals, 87,886 (57%) only appeared once, while 29,088 (17%) appeared twice and 32,994 (21%) were recorded between 3-9 times. The remaining 5% appeared between 10 and 207 times.
- > This means there were a total of 384,403 records in the table relating to persons and it is impossible to report on individuals without double counting.
- Furthermore, for 36% of records the ethnicity (we are using self-defined ethnicity rather than assigned) is unknown and we are therefore unable to say whether the picture around ethnicity is a true reflection of victims, suspects and other involved parties. For example, it could be that those from ethnic minority backgrounds are more likely to not state their ethnicity.
- > In summary, we have analysed the data relating to all persons' records (384,403) at total level and are **reporting proportions of persons rather** than absolute numbers.
- ➤ The police incident data also includes whether a disability or a mental health issue was recorded as part of a crime. There is also an indicator whether the sexual orientation of a person linked to an offence may have been part of the crime. However, these flags were only present for less than 1% of incidents for the remaining 99% of incidents these were either **not present or not recorded**. We have therefore not included this data.

Based on the selected Home Office Offence Codes the following number of offences, by offence groups, are included in our analysis.

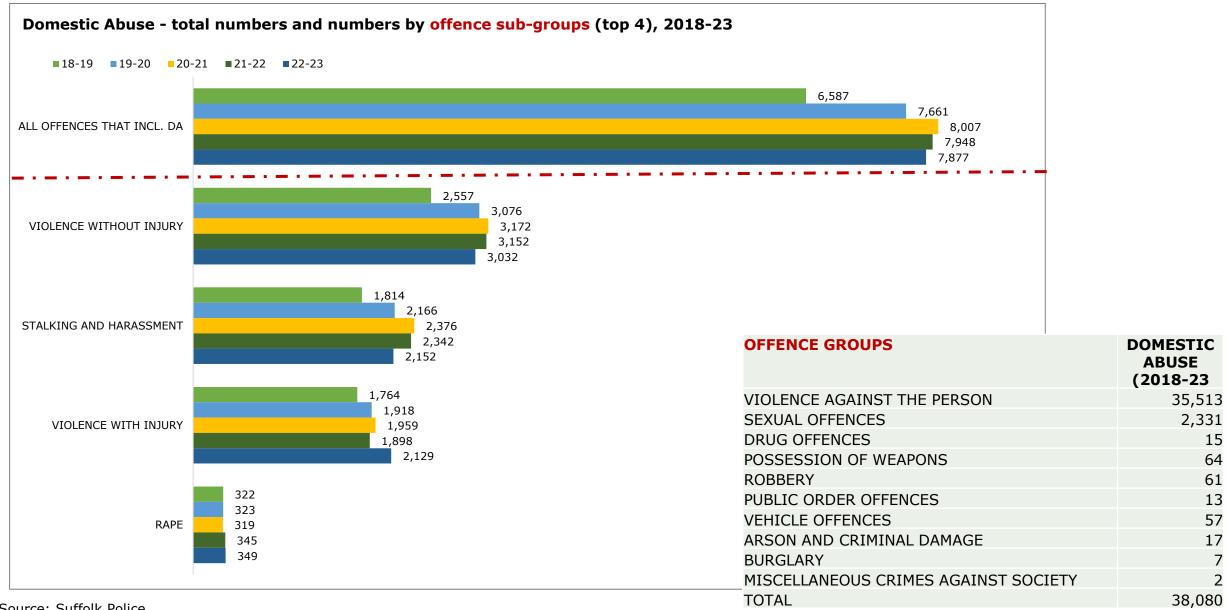
	18-19	19-20	20-21	21-22	22-23	Total
VIOLENCE AGAINST THE PERSON	19,115	21,575	20,491	21,544	22,274	104,999
SEXUAL OFFENCES	2,344	2,541	2,134	2,716	2,717	12,452
DRUG OFFENCES	1,407	1,808	1,948	1,793	1,599	8,555
POSSESSION OF WEAPONS	475	549	373	513	625	2,535
ROBBERY	483	485	274	270	278	1,790
PUBLIC ORDER OFFENCES	227	214	228	242	239	1,150
VEHICLE OFFENCES	54	71	64	69	56	314
ARSON AND CRIMINAL DAMAGE	25	35	43	39	40	182
BURGLARY	15	28	21	34	25	123
MISCELLANEOUS CRIMES AGAINST SOCIETY	2		5	2	7	16
TOTAL	24,147	27,306	25,581	27,222	27,860	132,116

Source: Suffolk Police.

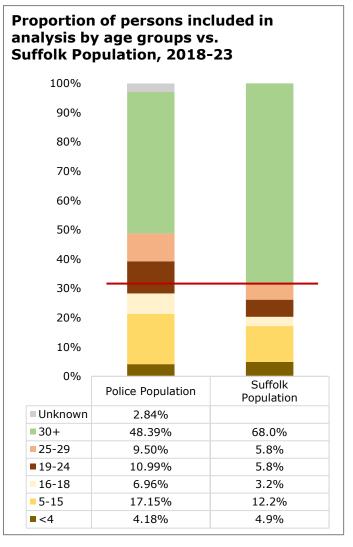
Over the past 5 years, a total of 3,979 offences have been classed as a knife crime (ranging from 879 to 687 per year). On average, 40% being committed as part of Possession of Weapons offences, 26% as part of Violence **with** injury and 18% as part of Violence **without** injury.

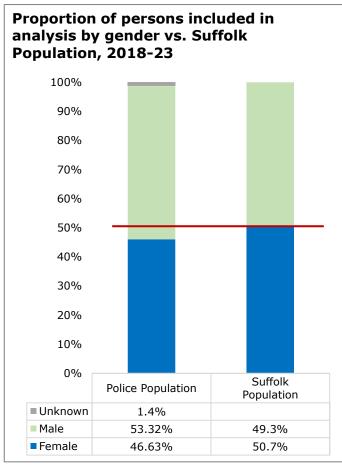


Over the past 5 years, a total of 38,080 offences have included Domestic Abuse (ranging from 8,007 to 6,587 per year). 39% of offences that include DA were part of the Violence without injury sub-category, 29% were part of Stalking & Harassment, 25% were part of Violence with injury.

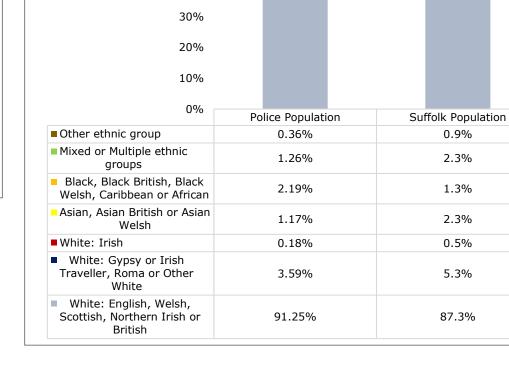


The under 30s are over-represented in the police data compared to their proportion in Suffolk's population, as are males and those from White: English, Welsh, Scottish, Northern Irish or British ethnic background.





How to read these charts: the bars on the left show the proportion of the police population, while the bars on the right in each chart show the breakdown of Suffolk's total population. The red lines indicate the % of under 30s in the Suffolk population in the age chart, the split between Suffolk's female vs male in the gender chart and the proportion of Suffolk's White: English, Welsh, Scottish, Northern Irish or British in the ethnic categories chart.



Proportion of persons included in analysis by ethnic

categories vs. Suffolk Population, 2018-23

100%

90%

80%

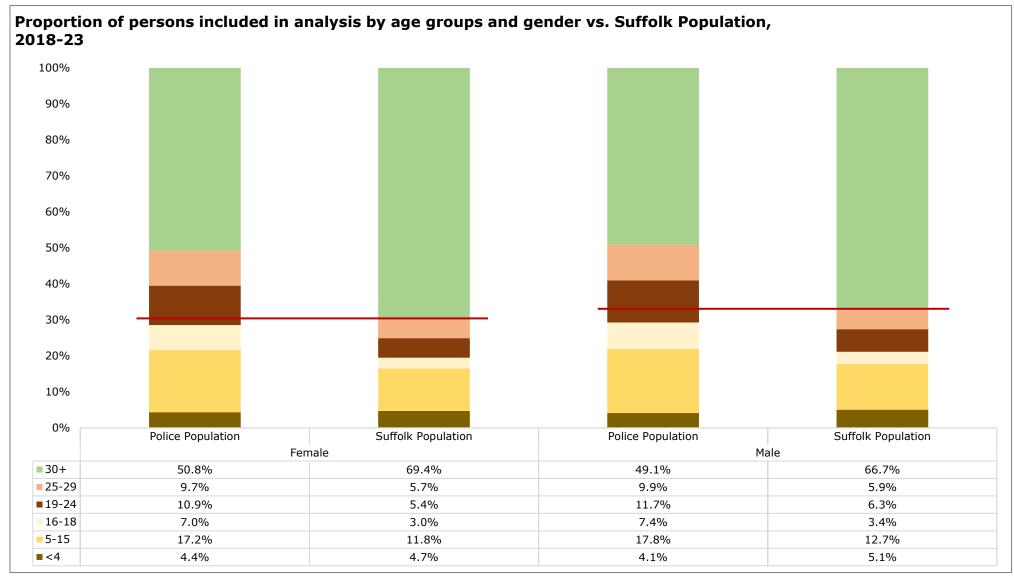
70%

60%

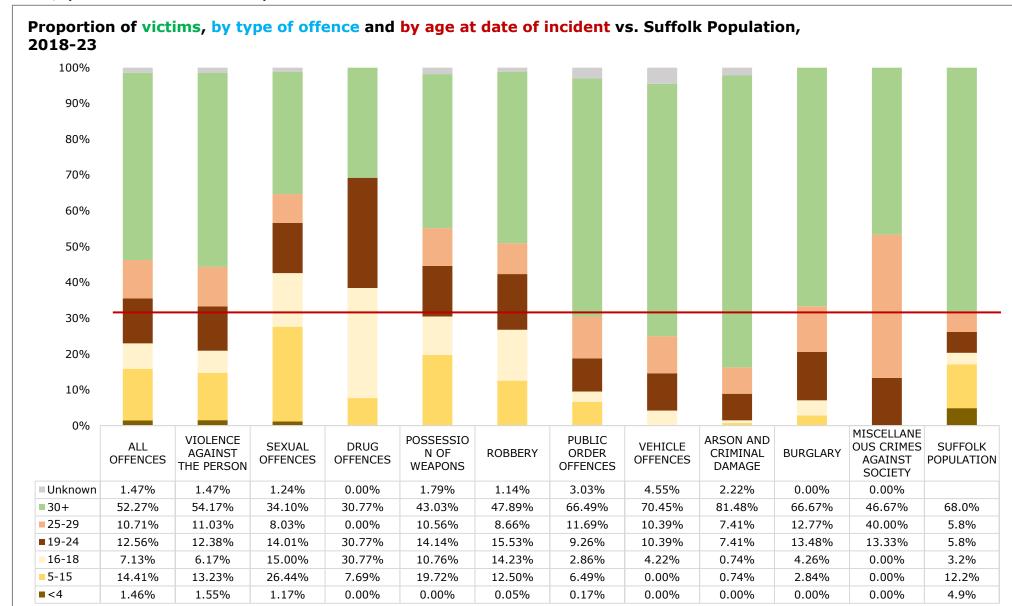
50%

40%

Females under 30 make up 49% of the police female population, while they only make up 31% of Suffolk females. Males under 30 are also over-represented in the police data vs. their proportion in Suffolk (51% of the police male population is under 30 vs. 33% across Suffolk).



Those under 30 are over-represented as victims for all crimes compared to their proportion in the total Suffolk population – they make up 46.3% of all victims vs. 32% of Suffolk's population. This is particularly true for drug offences, sexual offences, possession of weapons offences and robberies.



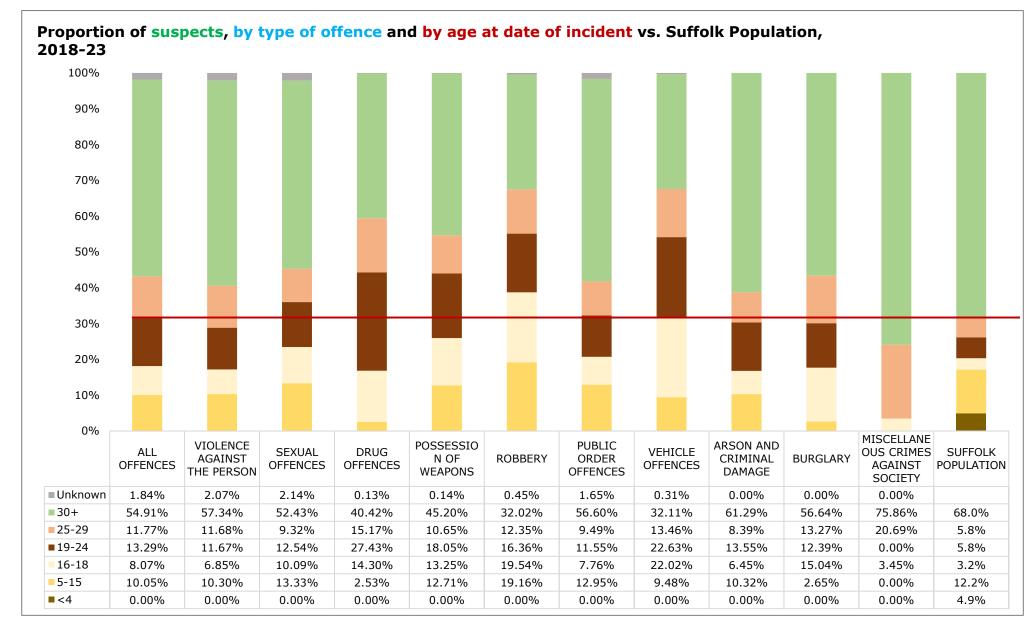
How to read this chart:
The first six bars from left to right show the age breakdown of victims by type of offence.
The final bar shows the age breakdown of Suffolk's total population.
The red line indicates

the % of under 30s in

the Suffolk population.

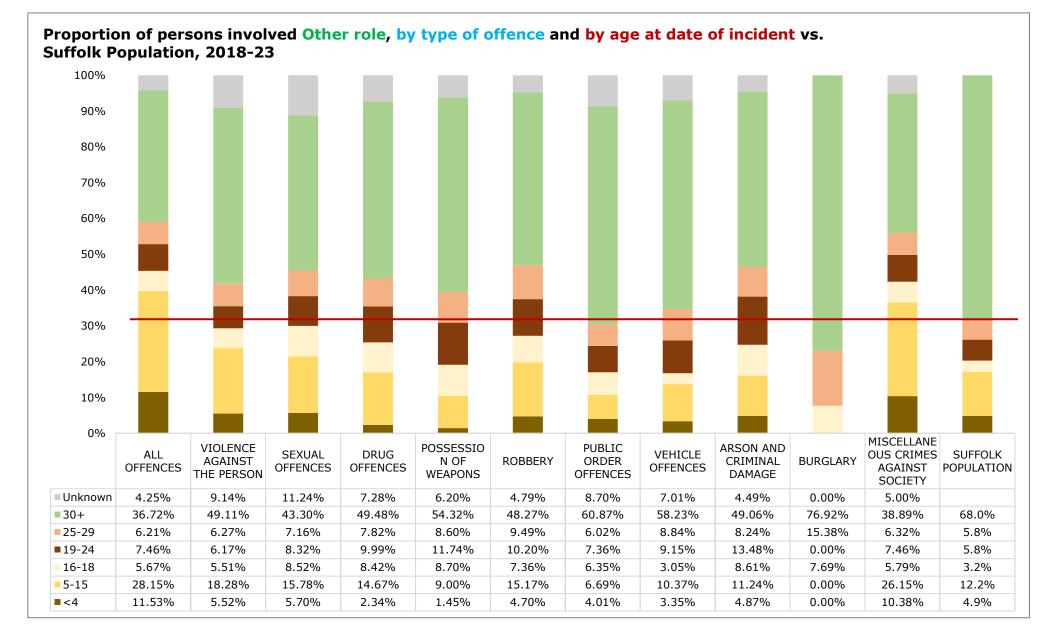
Sources: Suffolk Police. Office for National Statistics, Census 2021.

The same is true for suspects – where the under 30s make up 43% of all suspects. They are proportionally most over-represented for vehicle offences, robberies, drug offences, and possession of weapons offences.



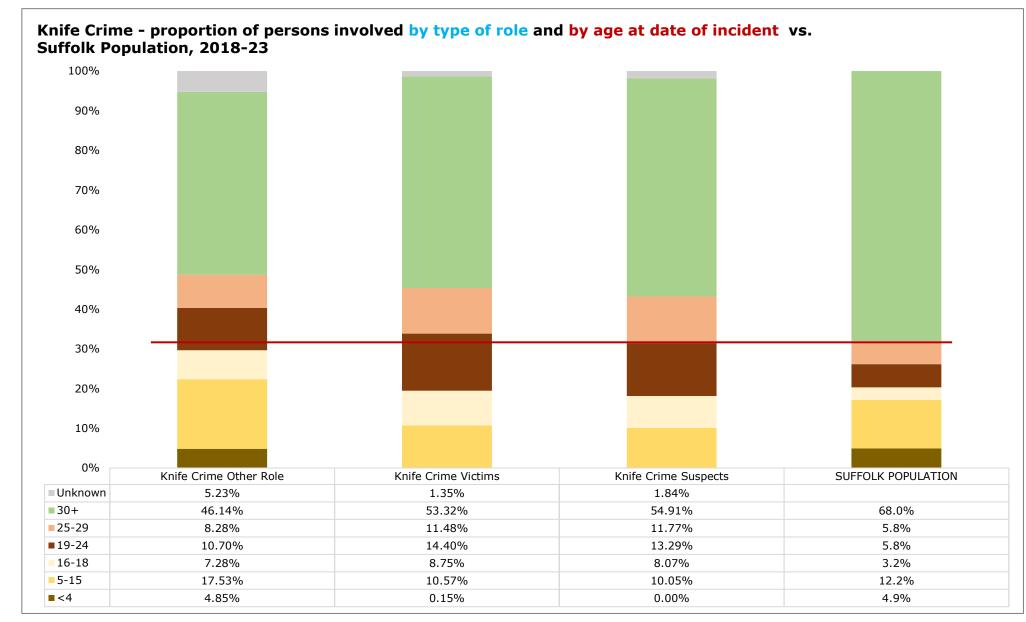
However, the under 30s are most over-represented amongst other parties\* to offences (59% of total vs. 32% in population). Specifically, for miscellaneous crimes against society, sexual offences, robberies and arson & criminal

damage.

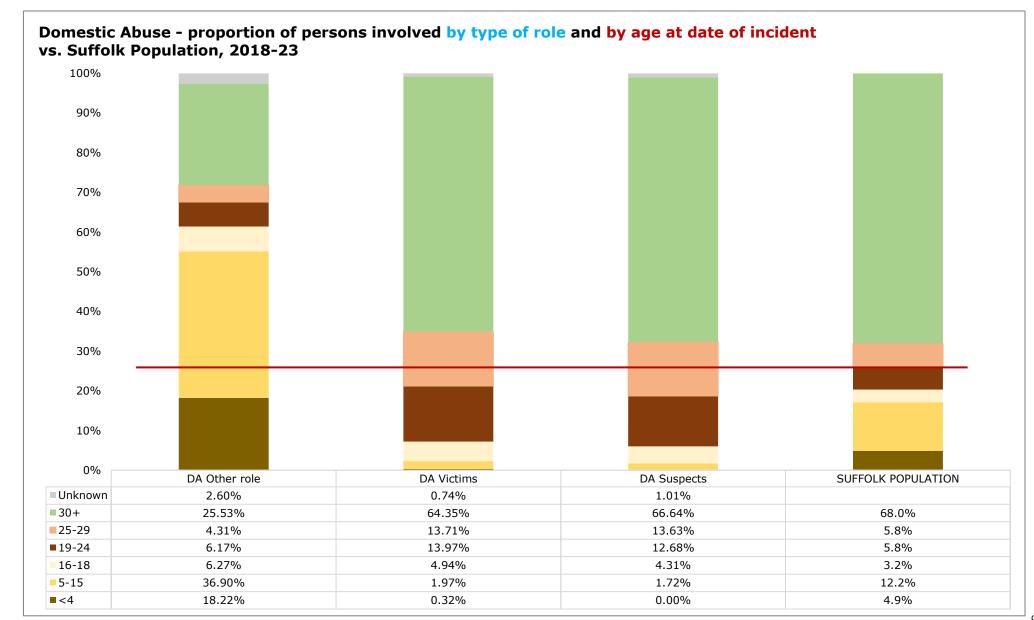


<sup>\*</sup> Other = involved party, missing person, person reporting, witness

Under 30s are therefore also disproportionally involved in knife crimes – with the largest proportion being amongst other roles.



Victims and suspects of DA are disproportionally from the 25+ age groups, while those under 30 years old are over-represented amongst other roles (with those under 19 tending to be classed as an involved party).



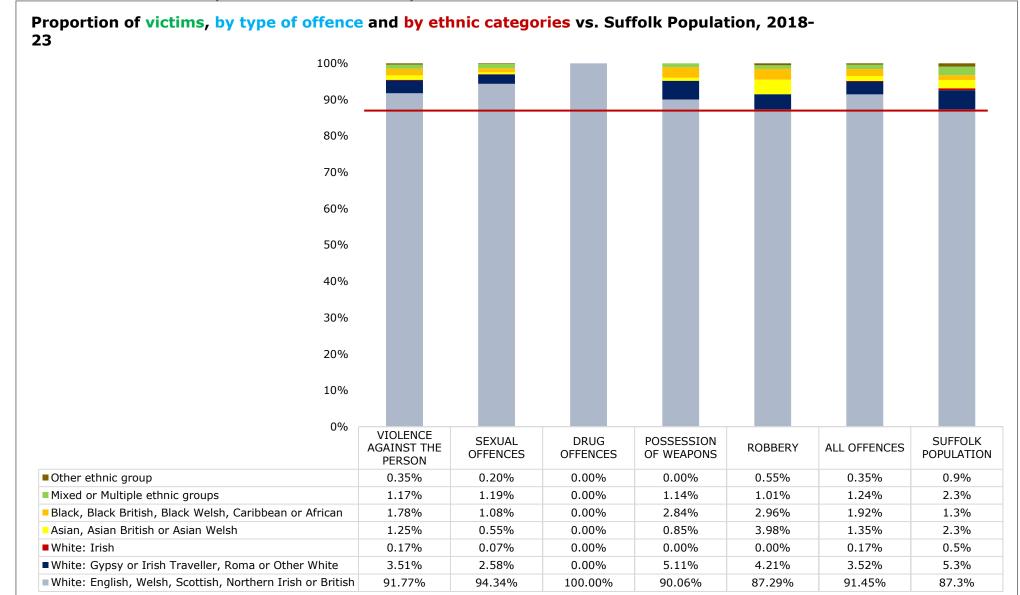
How to read this chart:
The first six bars from left
to right show the age
breakdown of victims by
type of offence.
The final bar shows the
age breakdown of Suffolk's
total population.
The red line indicates

the % of over 25s in the

Suffolk population.

Sources: Suffolk Police. Office for National Statistics, Census 2021.

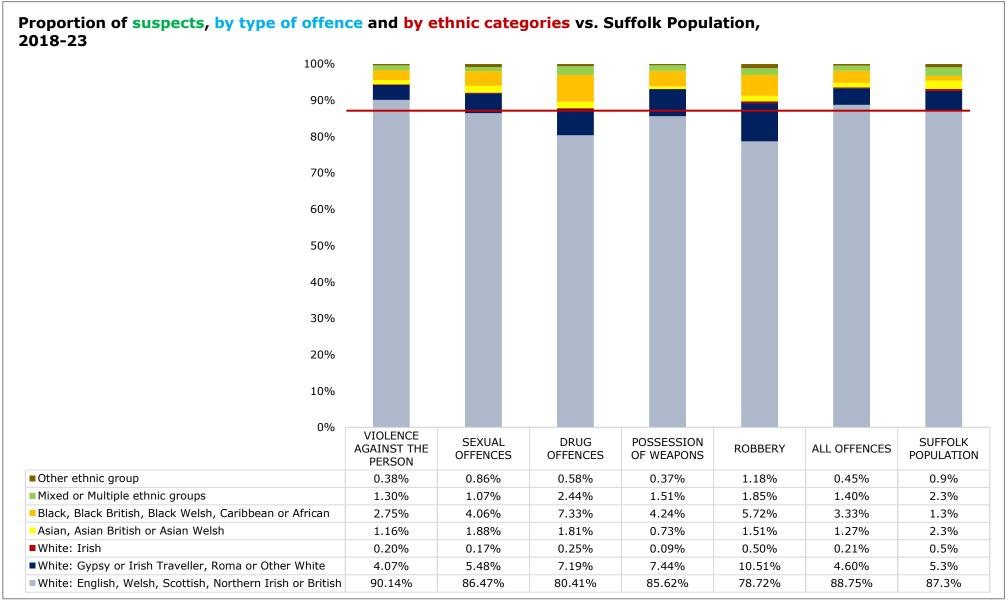
Victims from White: English, Welsh, Scottish, Northern Irish or British background are over-represented in all offence types, except robberies compared to their proportion in the overall population. Those from an Asian or a Black background are proportionally more likely to be a victim of a robbery. And those from a Black background are also over-represented as victims of possession of weapon offences.



Note – very low number for drug offence victims

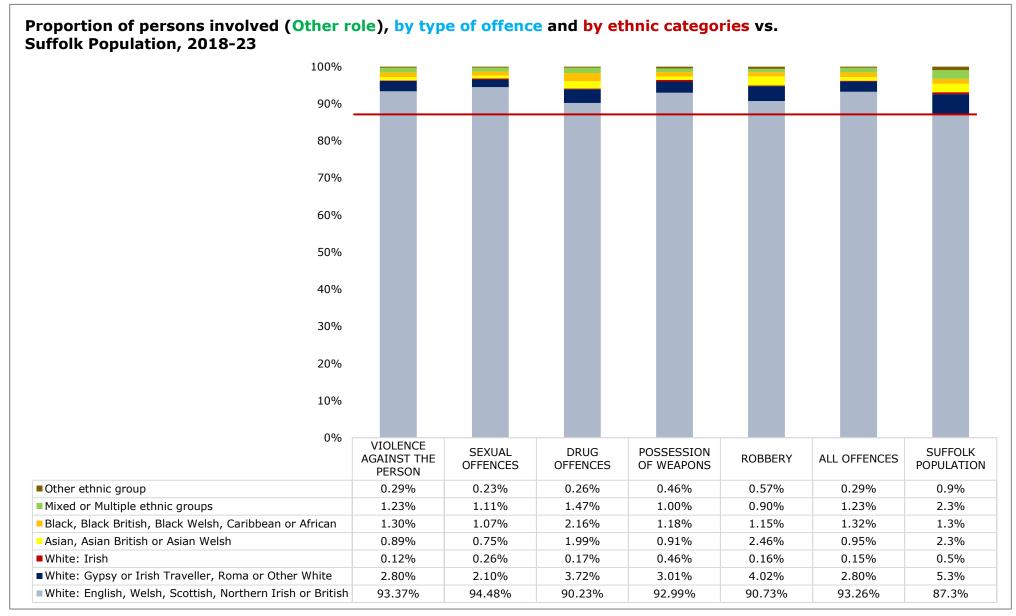
Sources: Suffolk Police. Office for National Statistics, Census 2021. While those from White: English, Welsh, Scottish, Northern Irish or British background are also over-represented as suspects overall (all offences) and as suspects for violence against the person offences, they are under-represented for robberies, drug offences and possession of weapon offences. Persons from Black backgrounds are also over-represented vs. their proportions amongst Suffolk's population (3.3% vs. 1.3%). They are specifically

over-represented for drug offences, robberies, and possession of weapons. Those from White: Gypsy or Irish Traveller, Roma or Other White backgrounds are over-represented amongst suspects of robberies, possession of weapons and drug offences.

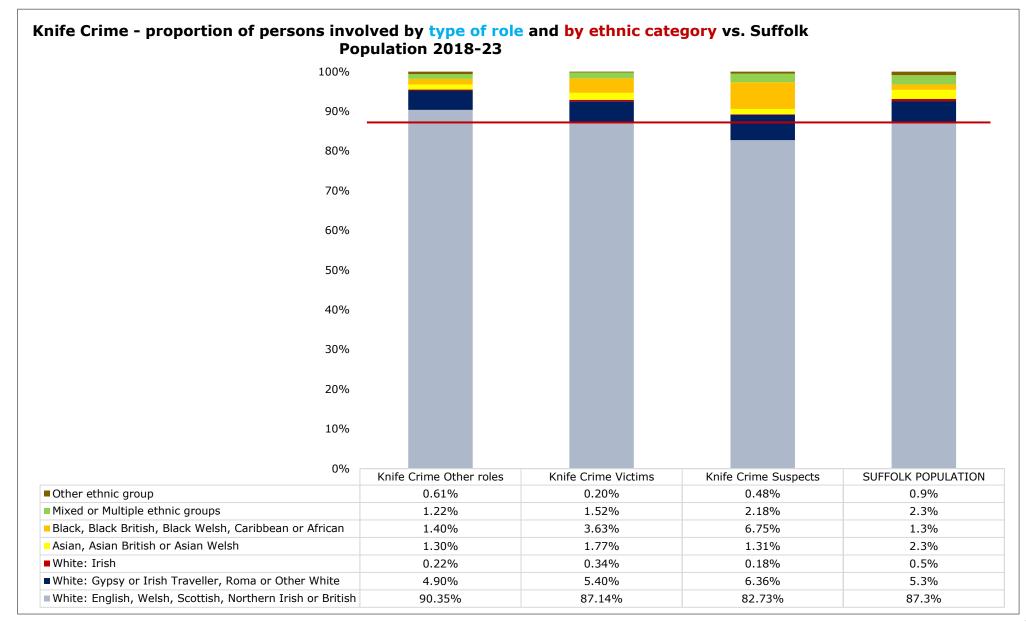


Source: Suffolk Police.

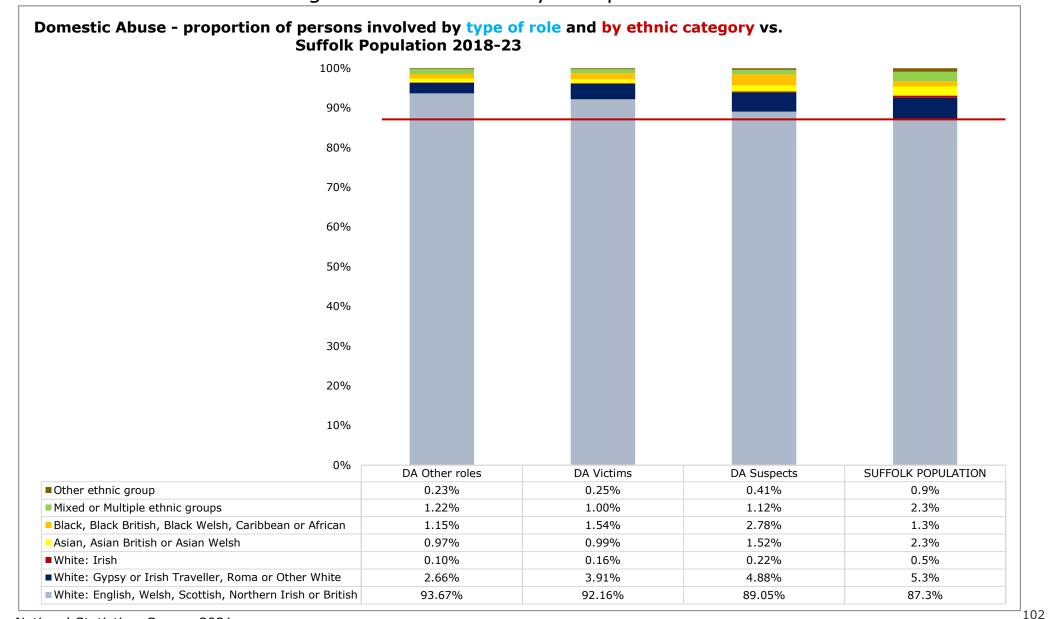
White: English, Welsh, Scottish, Northern Irish or British are even more significantly over-represented amongst those mentioned in other roles (specifically as person reporting and involved party).



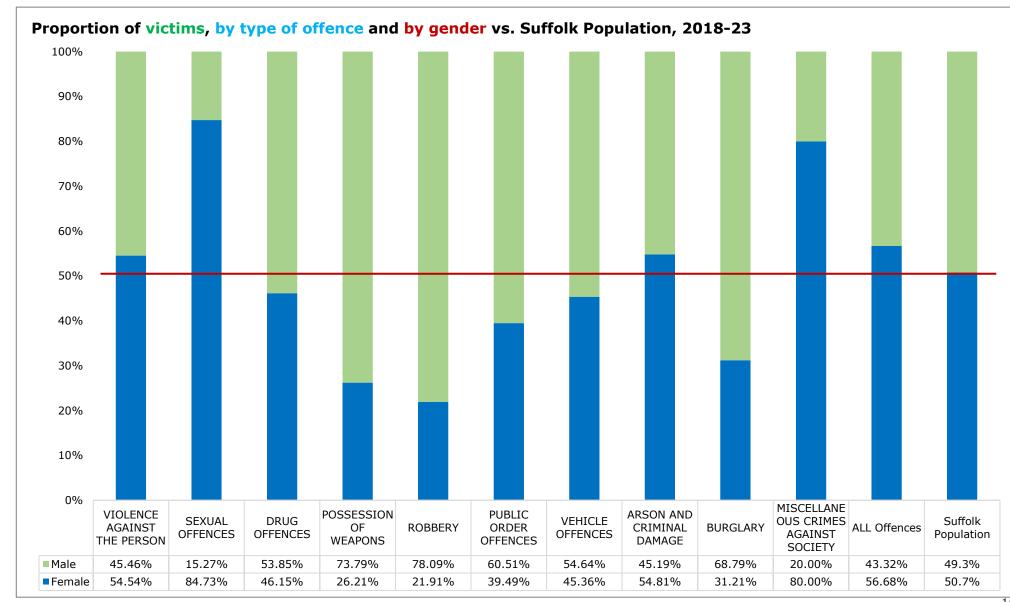
Persons from Black backgrounds are over-represented amongst both victims and suspects of knife crimes. While those from from White: Gypsy or Irish Traveller, Roma or Other White backgrounds are also over-represented as suspects.



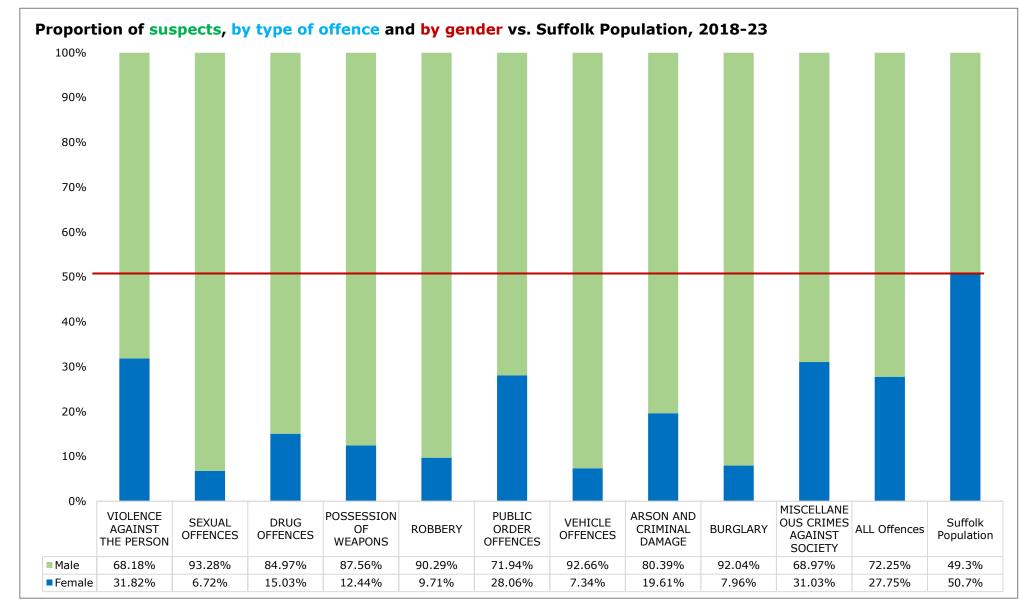
While those from White: English, Welsh, Scottish, Northern Irish or British backgrounds are proportionally more likely to be involved in offences that include Domestic Abuse (in any type of role), this may be due to cultural differences, where those from other ethnic backgrounds are less likely to report DA.



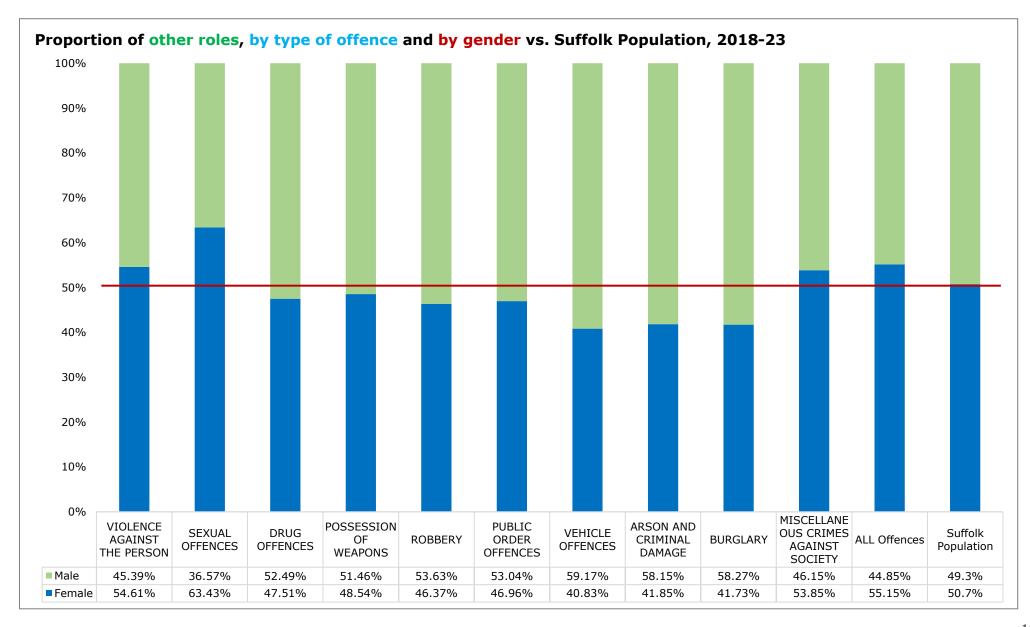
Proportionally, victims are more likely to be female, most significantly for sexual offences.



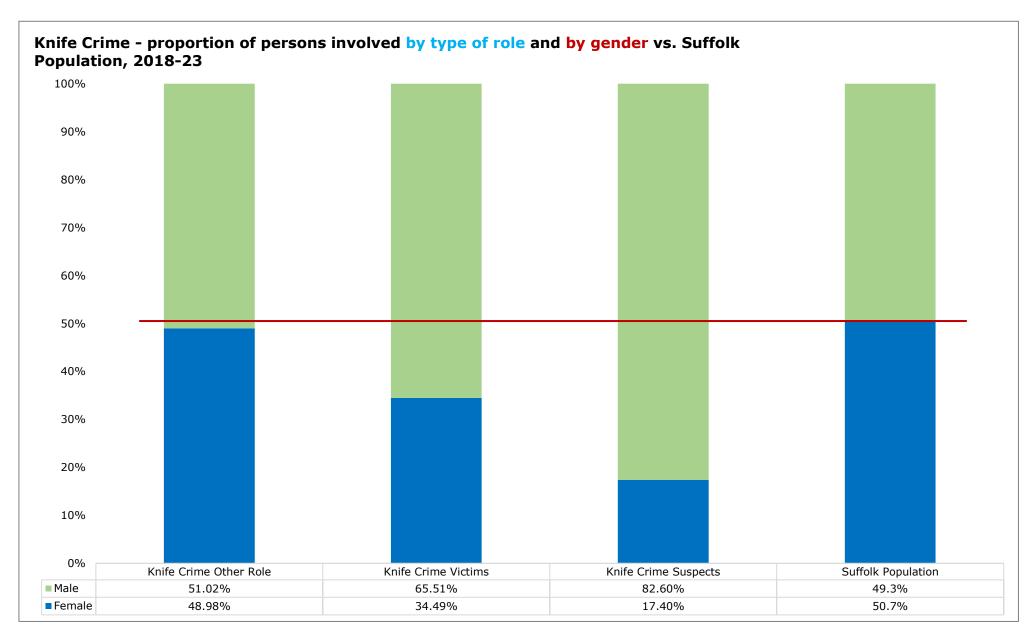
While suspects are proportionally more likely to be male, which is true overall and for all offence groups.



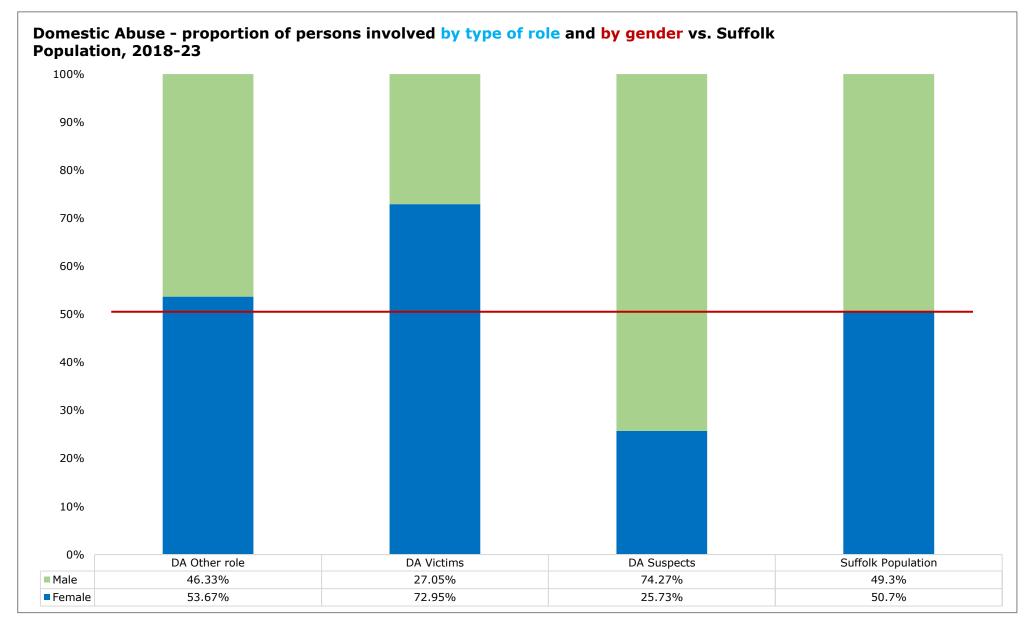
Females are also over-represented compared to their proportion in Suffolk's overall population as other involved roles.



Males are over-represented in knife crimes (in any kind of role).

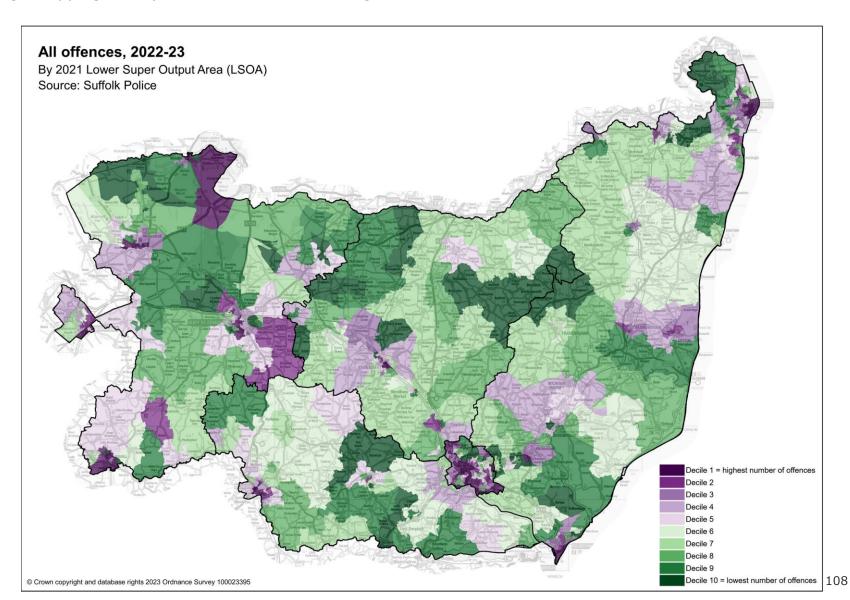


And probably unsurprisingly, females are more likely to be victims of DA with males more likely being the perpetrators.



In general, the highest number of offences occur in the more urban areas of Suffolk, such as Ipswich, Lowestoft, Bury St Edmunds, Sudbury, Brandon, Haverhill and Newmarket. The wards with the highest number of offences are

- Babergh: Great Cornard and Sudbury NW & SE
- East Suffolk: Eastern Felixstowe, Harbour & Normanston, Kirkley & Pakefield, Martlesham & Purdis Farm
- Ipswich: Alexandra, Bixley, Bridge, Gainsborough, Gipping, Priory Heath, Stoke Park, Westgate, Whitehouse, Whitton
- Mid Suffolk: Combs Ford
- West Suffolk: Abbeygate, Brandon Central & East, all four wards in Haverhill, Mildenhall Kingsway & Market, Newmarket East, Southgate, St Olaves

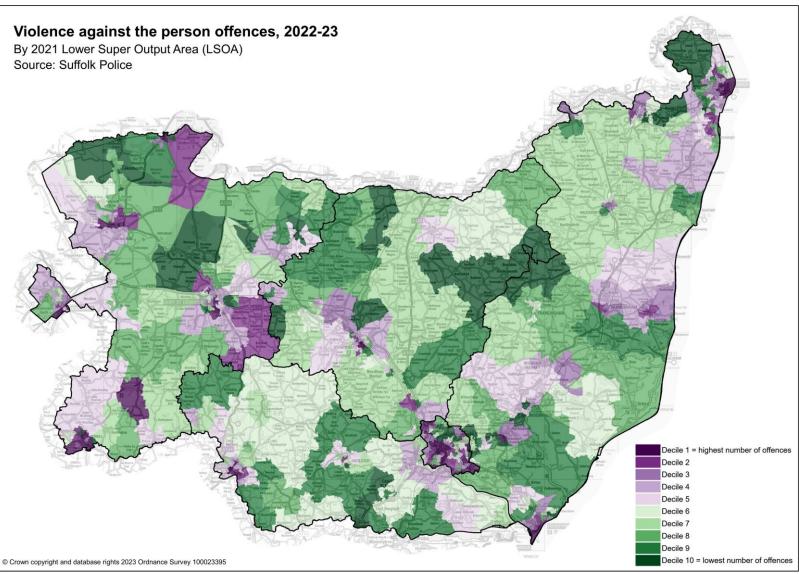


Source: Suffolk Police

40% of Violence against the person offences are assaults **without** injury and 25% assaults **with** injury. The wards with the highest number of Violence against the person offences are

- Babergh: Great Cornard and Sudbury NW & SE
- East Suffolk: Eastern Felixstowe, Harbour & Normanston, Kirkley & Pakefield, Martlesham & Purdis Farm
- Ipswich: Alexandra, Bixley, Bridge, Gipping, Priory Heath, Stoke Park, Westgate, Whitehouse, Whitton
- Mid Suffolk: Combs Ford
- West Suffolk: Abbeygate, Brandon Central, Clare, Hundon & Kedington, all four wards in Haverhill, Mildenhall Kingsway & Market, Newmarket East, Southgate, St Olaves

Violence against the person offences (sub-groups)	COUNT 2018- 23
ASSAULT WITHOUT INJURY	41,554
ASSAULT WITH INJURY	26,751
HARASSMENT	11,926
MALICIOUS COMMUNICATIONS	11,613
STALKING	3,507
CONTROLLING OR COERCIVE BEHAVIOUR	2,563
ASSAULT WITHOUT INJURY ON A CONSTABLE	1,415
ASSAULT WITH INTENT TO CAUSE S HARM	1,398
THREATS TO KILL	1,242
CRUELTY TO CHILDREN/YOUNG PERSONS	906
ASSAULT WITH INJURY ON A CONSTABLE	474
KIDNAPPING	435
MODERN SLAVERY	386
RACE OR RELIGIOUSLY AGG ASSAULT NO INJ	293
ASSAULT WITH INJURY ON AN EMERGENCY WORK	158
RACE OR RELIGIOUSLY AGG HARASS	137
RACE OR RELIGIOUSLY AGG ASSAULT WITH INJ	91
CHILD ABDUCTION	38
ATTEMPTED MURDER	37
ENDANGERING LIFE	34
MURDER	27
C OR ALW DEATH ETC TO CHILD OR VULN	6
CONSPIRACY TO COMMIT MURDER	4
MANSLAUGHTER	2
CAUSING DEATH BY AGG VEHICLE TAKING	1
INTENT DESTRUCT OF A UNBORN CHILD	1



A quarter of sexual offences are rapes of females over age of 16, while another quarter are sexual assaults on females over the age of 13.

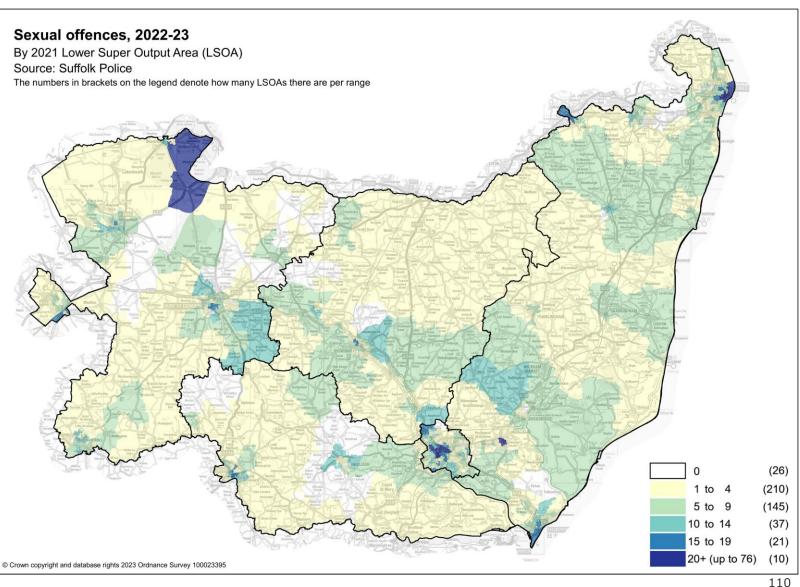
The wards with the highest number of sexual offences are

• East Suffolk: Martlesham & Purdis Farm, Harbour & Normanston, Kirkley & Pakefield

Ipswich: Alexandra, Westgate, Gipping

West Suffolk: Brandon East

Sexual Offences (sub-groups)	Count
RAPE OF A FEMALE AGED 16 AND OVER	3,233
SEXUAL ASSAULT ON A F 13 OR OVER	3,061
SEXUAL ACTIVITY CHILD UNDER 16	1,031
SEXUAL ASSAULT ON A F CHILD UNDER 13	836
RAPE OF A FEMALE CHILD UNDER 16	655
EXPOSURE AND VOYEURISM	615
SEXUAL ACTIVITY CHILD UNDER 13	588
SEXUAL GROOMING	502
SEXUAL ASSAULT ON A M 13 AND OVER	441
RAPE OF A FEMALE CHILD UNDER 13	402
SEXUAL ASSAULT ON A M CHILD UNDER 13	333
RAPE OF A MALE AGED 16 AND OVER	194
RAPE OF A MALE CHILD UNDER 13	169
RAPE OF A MALE CHILD UNDER 16	77
INCEST OR FAMILIAL SEXUAL OFFENCES	72
CAUSING SEXUAL ACTIVITY WITHOUT CONSENT	62
ABUSE OF CHILDREN THROUGH SEXUAL EXPLOIT	61
MULTIPLE UNDEFINED OFFENDERS (ATTEMPTED) RAPE	51
ABUSE OF POSITION OF TRUST SEXUAL	23
SEX ACTIV WITH A PER MENTAL DISORD	23
OTHER MISC SEXUAL OFFENCES	20
UNNATURAL SEXUAL OFFENCES	3



Almost two in three drug offences relate to the possession of cannabis, while one in five relate to trafficking of drugs. The wards with the highest number of drug offences are

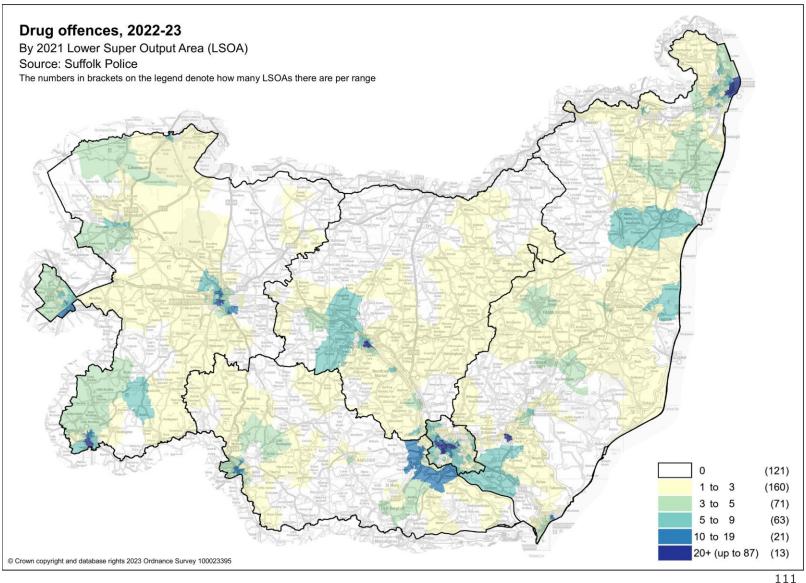
East Suffolk: Harbour & Normanston, Martlesham & Purdis Farm, Kirkley & Pakefield,

Ipswich: Alexandra, Gipping, Westgate

Mid Suffolk: Combs Ford

West Suffolk: Abbeygate, Haverhill Central

Drug Offences (sub-groups)	Count	
POSSESS OF CONTROL DRUGS	Count	
(CANNABIS)	5,101	
TRAFFICKING OF DRUGS	1,802	
POSSESS OF CONTROL DRUGS (EX		
CANNABIS)	1,584	
	35	
TRAFFICKING IN CONTROLLED DRUGS		



Half of all possession of weapon offences are related to possession of articles with blades or points and one-third relate to possession of other weapons. While offences relating to firearms make up 15%. The wards with the highest number of possession of weapon offences are

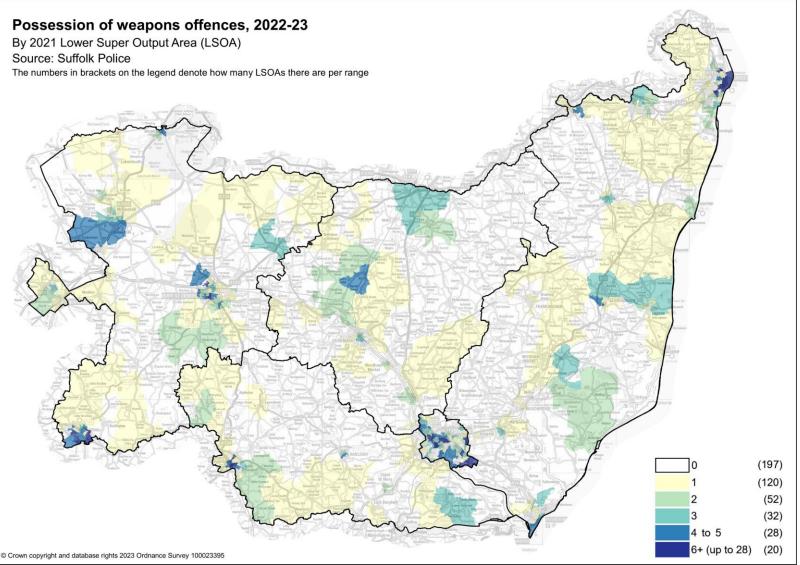
Babergh: Sudbury SE

East Suffolk: Harbour & Normanston, Kirkley & Pakefield, Gunton & St Margarets

 Ipswich: Alexandra, Gipping, Priory Heath, Westgate, Bixley

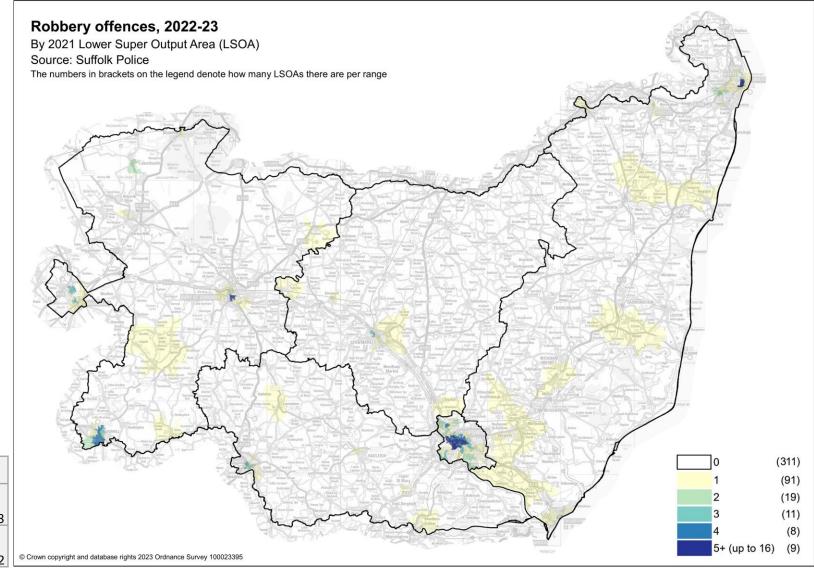
 West Suffolk: Haverhill South and East, Abbeygate, St Olaves

Possession of weapons offences (sub-groups)	Count
POSSESS OF ARTICLE WITH BLADE OR	
POINT	1,283
POSSESSION OF OTHER WEAPONS	863
POSSESSION OF FIREARMS OFFENCES	208
POSSESSION OF FIREARMS WITH INTENT	179
OTHER FIREARMS OFFENCES	2



Almost all (93%) of robberies are relate to private/personal property. The wards with the highest number of robberies are

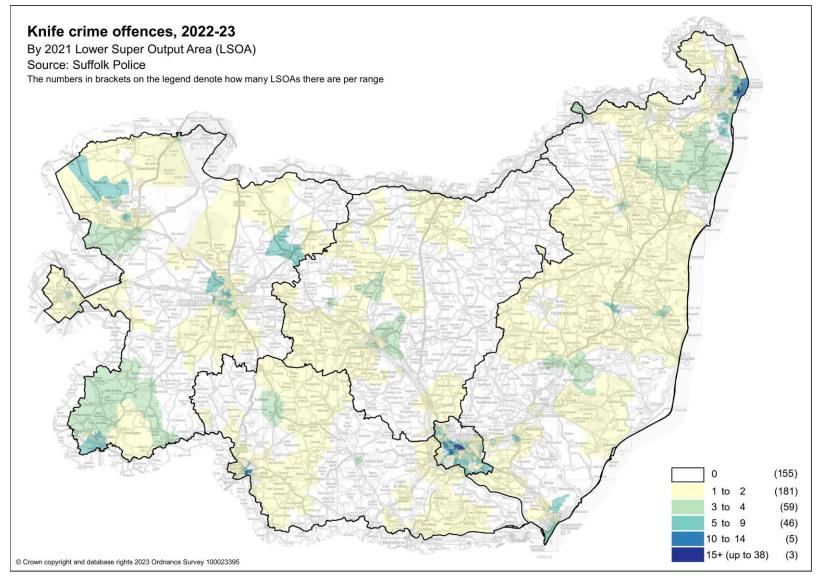
- East Suffolk: Harbour & Normanston
- Ipswich: Alexandra, Gipping, Bridge, Westgate





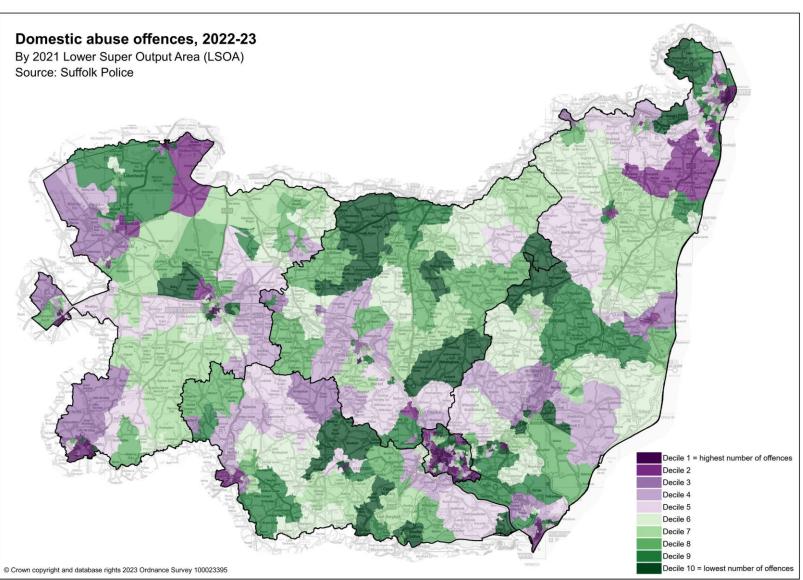
## The wards with the highest number of knife crimes are

- Babergh: Sudbury SE
- East Suffolk: Harbour & Normanston, Kirkley & Pakefield
- Ipswich: Alexandra, Westgate, Gipping



### The wards with the highest number of offences that include domestic abuse are

- Babergh: Hadleigh South
- East Suffolk: Western Felixstowe, Martlesham & Purdis Farm, Harbour & Normanston, Kirkley & Pakefield,
- Ipswich: St John's, Gainsborough, Gipping, Alexandra, Bridge, Priory Heath, Rushmere, Stoke Park, Westgate, Whitehouse, Whitton
- Mid Suffolk: Combs Ford
- West Suffolk: Abbeygate, Haverhill East & North,
   St Olaves, Newmarket East, Iceni



On average, 54% of offences do not result in any (police) action being taken, either due to victims not supporting or evidential difficulties preventing further action. This is slightly higher (58%) for violence against the person offences. Drug and possession of weapon offences result in charged/summonsed outcomes proportionally more often than other types of offences.

,.	ALL OFFENCES	VIOLENCE AGAINST THE PERSON	SEXUAL OFFENCES	DRUG OFFENCES	POSS. OF WEAPONS	ROBBERY	PUBLIC ORDER OFFENCES	VEHICLE OFFENCES	ARSON AND CRIMINAL DAMAGE	BURGLARY	MISC. CRIMES AGAINST SOCIETY
Named Suspect Identified: Evidential Difficulties Prevent Further Action: Victim Does Not Support (Or Has Withdrawn Support From) Police Action	31%	34%	30%	1%	9%	17%	24%	22%	5%	11%	31%
Named Suspect Identified: Victim Supports Police Action But Evidential Difficulties Prevent Further Action	23%	24%	21%	6%	23%	13%	29%	14%	21%	11%	13%
Further action resulting from the crime report will be undertaken by another body or agency subject to the victim (or person acting on their behalf) being made aware of the act to be taken	9%	10%	10%	1%			1%				13%
Charged/Summonsed/Postal Requisition	9%	7%	5%	35%	34%	12%	15%	25%	21%	20%	
Investigation Complete; No Suspect Identified. Crime Investigated As Far As Reasonably Possible-Case Closed Pending Further Investigative Opportunities Becoming Available	9%	9%	11%	1%	6%	32%	15%	24%	32%	35%	
Evidential Difficulties Victim Based- Suspect Not Identified: Crime Confirmed But The Victim Either Declines Or Unable To Support Further Police Investigation To Identify The Offender	5%	4%	11%		2%	17%	5%	4%	1%	13%	6%
Caution Adult	2%			12%							0 70
Community resolution (Crime)	2%			8%					1%		
Formal Action Against Offender is not in the Public Interest (Police)	1%			5%	5%		1%		1%	0	
Cannabis/Khat Warning	1%			20%							
Prosecution Time Limit Expired: Suspect Identified But Prosecution Time Limit Has Expired	1%	1%							1%	)	
Prosecution Prevented-Named Suspect Identified But Is Too III (Physical Or Mental Health) To Prosecute, or confirmed died either before crime reported or before enough evidence to charge		1%	1%		1%		2%		2%	1%	
Charged/Summons - alternate offence. Offender has been charged under the alternate offence rule.	1%	1%			1%	2%	1%	1%	1%	6%	6%
Diversionary, educational or intervention activity, resulting from the crime report, has been undertaken and it is not in the public interest to take any further action.	1%	1%		3%	1%	1%	1%		1%		
Prosecution Prevented-Named Suspect Identified But Is Below The Age Of Criminal Responsibility	1%	1%	1%		1%		1%		0%		

# Suffolk Probation Service Data

Suffolk Probation provided data for disposals between April 2018 and March 2023, relating to 598 serious violence offence sub-categories (against 14 offence categories).

Offence Category	No of Sub-category codes incl. in Offence Cat.
Violence	172
Sexual (against child)	112
Public order	98
Sexual (not against child)	76
Drug import/export/production	47
Drug possession/supply	32
Soliciting or prostitution	18
Other offence	15
Criminal damage	13
Burglary (Domestic)	4
Burglary (Other)	3
Robbery	3
Taking & driving away/related offences	3
Theft (Non-motor)	2

The Probation Service data for 2018-2023 included 3,996 disposals relating to 3,079 persons.

- One of the individuals had 10 disposals over this time-period and another had eight.
- There were seven individuals with six disposals and nine with five disposals.
- 597 had 2-4 disposals.
- While the vast majority (80%) had one disposal.

No of Disposals	Count of Individuals
10	1
8	1
6	7
5	9
4	47
3	139
2	411
1	2,464

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#### NOTE on Data:

- of the 3,079 individuals, 69 had no date of birth and there was no ethnic category for 175 records. Therefore, the **total numbers across the following pages can vary.**
- For all, but page 87, the data has been de-duplicated and is based on the 3,079 individuals included in the probation data. The analysis/charts on these pages is based on the last recorded age of each individual to ensure we represent the latest available picture of the probation population.

Glossary/Abbreviations	
CJA	Criminal Justice Act 2003
ORA	Offender Rehabilitation Act
PSS	Post-sentence Supervision
PSS BREACH	Breach of post-sentence supervision or Breach of a supervision default order
SA	Sentencing Act 2020
Scottish Comm Payback (CJLA2010)	Scottish Community Payback (Criminal Justice and Licensing (Scotland) Act 2010)
Special Cust Sentence (S236aCJA)	Special Cust Sentence (S236aCJA) - Section 236A is a form of custodial sentence. It places those convicted of certain child sex and terrorism offences under closer supervision when released.

Between 2018 and 2023 the total number of disposals increased – this may be an impact of reduced sentencing during the pandemic (2020-21) and courts catching up in 2021-22 and 2022-23.

	2018-19	2019-20	2020-21	2021-22	2022-23	Total
ORA Adult Custody (inc PSS)	228	168	138	224	226	984
SA2020 Community Order			35	324	332	691
ORA Community Order	218	261	176	15	5	675
SA2020 Suspended Sentence Order			36	276	248	560
ORA Adult Custody (not PSS)	77	68	71	130	138	484
ORA Suspended Sentence Order	109	158	168	18	9	462
<b>Extended Determinate Sentence</b>	14	12	6	13	12	57
Life imprisonment (Adult)	5	5		3	3	16
ORA Youth Custody (inc PSS)	5	2	4	1	3	15
ORA Committal for PSSR Breach	7		1		2	10
Adult Custody 12m plus	3		2	1	1	7
Psychiatric Hospital Order		1		3	3	7
Young Offender Inst - >=12 mths	1	2	1	2	1	7
CJA - Std Determinate Custody	4					4
Young Offender Inst - <12 mths		2		2		4
Detention and Training Order		2	1			3
CJA - Community Order					2	2
CJA - Youth Rehabilitation Order	1	1				2
CJA - Extended Sentence			1			1
Extended Sentence (pre-Oct92)					1	1
ORA Supervision Default Order	1					1
SA2020 Youth Rehab Order					1	1
Scottish Comm Payback (CJLA2010)			1			1
Special Cust Sentence (S236aCJA)				1		1
TOTAL	673	682	641	1,013	987	3,996

Source: Suffolk Probation Service

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The top three serious 2018-19 2019-20 2020-21 2021-22 2022-23 Total violent offences (64% of total) resulting in probation disposals between 2018 and 2023 were Malicious wounding and other like offences (1,132; 28%), Common and other types of assault (988; 25%) Misuse of Drugs (446; 11%)

		2010-19	2013-20	2020-21	2021-22	2022-25	IUlai
<b>D</b>	Malicious wounding and other like offences (misdemeanours)	175	210	187	293	267	1,132
	Common and other types of assault	210	203	144	212	219	988
	Misuse of Drugs (Custom and Excise/Misuse of Drugs Acts)	39	57	68	137	145	446
	Assaults on Emergency Workers			8	95	107	210
~	Other offences (against the State and Public Order)	33	20	25	40	41	159
J	Assault on Police Officer	31	42	58	17	6	154
	Burglary in a dwelling	33	16	15	36	28	128
	Burglary other than in a dwelling	28	20	23	25	27	123
r	Robbery and assaults with intent to rob	30	15	13	10	14	82
	Sexual assault on a female	18	16	12	13	20	79
	Sexual activity (male and female) - including with a child under 16	7	7	16	16	17	63
	Send comms/article of indecent/offensive nature	5	9	14	20	10	58
	Wounding and other acts endangering life	9	5	11	11	7	43
	Arson	10	9	3	8	11	41
	Rape	8	8	4	12	5	37
	Aggravated taking of a vehicle	6	4	7	8	5	30
	Abuse of child through prostitution & pornography			4	11	10	25
	Firearms offences	3	4	3	5	5	20
	Sexual activity (male and female) - including with a child under 13		2	3	6	7	18
	Murder	4	5		3	2	14
	Stealing from the person of another	2	4	3	4	1	14

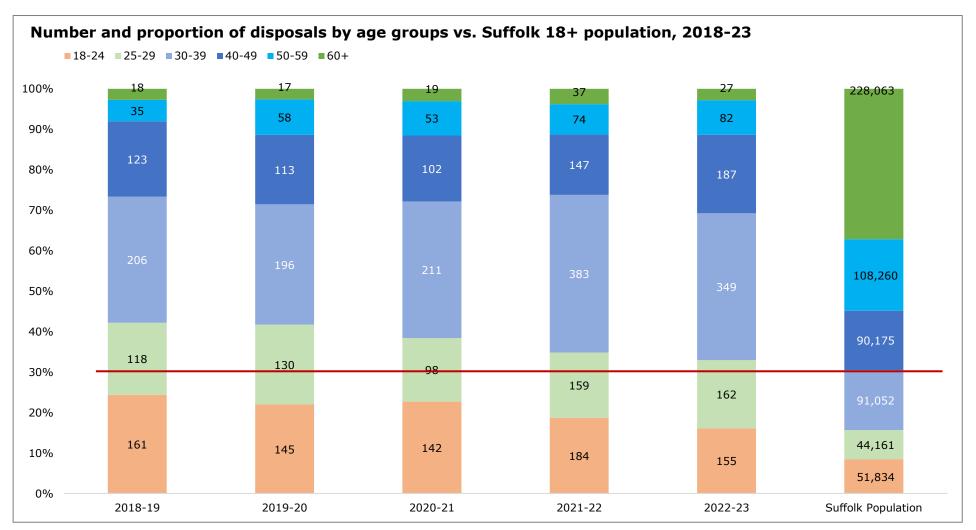
Serious Violent
Offences resulting
in probation
disposals – cont'd.

	2018-19	2019-20	2020-21	2021-22	2022-23	Total
Threats, conspiracy, or incitement to murder	1	3	3	4	2	13
Violent disorder	1	6		5	1	13
Aggravated burglary in a dwelling (including attempts)	2	2	1	3	4	12
Sexual assault on a male	4	1	2	2	3	12
Kidnapping	2			4	5	11
Miscellaneous Sexual Offences	3	1	3	1	2	10
Threat and possession with intent to commit criminal damage	1	4		3		8
Abuse of children through prostitution and pornography	2		1	1	3	7
Cruelty to or neglect of children - Indictable	1	1	4		1	7
Attempted Murder	1	3		1	1	6
Manslaughter	2	1		2	1	6
Intentional Strangulation					5	5
Abduction of child by parent			2	2		4
Child abduction		2	1			3
Malisous Wounding & other like offences (misdemeanours)				1	2	3
Sexual activity with a person with a mental disorder	1	1	1			3
Stealing in a dwelling other than from automatic machines and meters		1	1	1		3
Abuse of Trust - Sexual Offences			1		1	2
Aggravated burglary in a building other than a dwelling (including attempts)				1	1	2
Other Criminal damage	1				1	2

Source: Suffolk Probation Service

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In 2022-23, 317 (33%) disposals were for 18–29-year-olds, and 349 (36%) for those 30-39. However, both these age groups only represent 16% and 15% of the total adult (18+) population in Suffolk, respectively. This means that those between 18 and 39 are over-represented in the Probation population. Those 40-49 are marginally over-represented (19% vs. 15%), while those 50 and over are under-represented (12% vs. 55%).



How to read this chart:
The first five bars from left to right show the age breakdown of disposals for each FY.
The final bar shows the age breakdown of Suffolk's population.
The red line indicates the % of 18-39s in the Suffolk population.

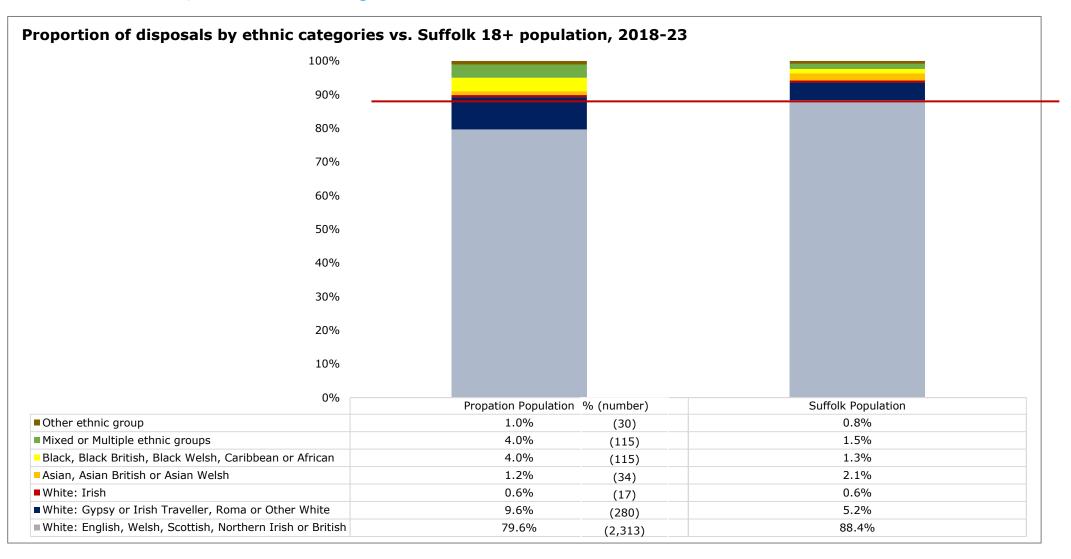
#### NOTE:

Data in this chart is based on all 3,996 disposals and therefore includes duplicate individuals. The rationale for this, is that age at disposal date changes over time.

Sources: Suffolk Probation Service. Office for National Statistics, Census 2021.

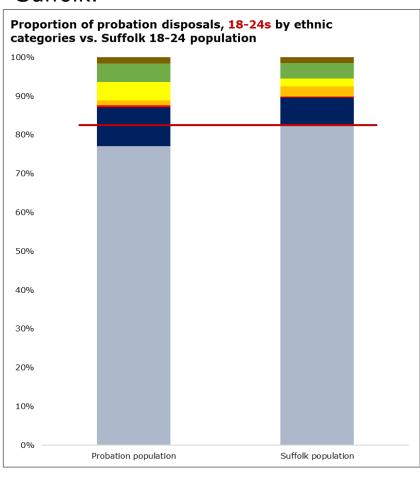
At a total level, between 2018 and 2023, 80% (2,313 persons) of Suffolk's probation population came from a White: English, Welsh, Scottish, Northern Irish or British background.

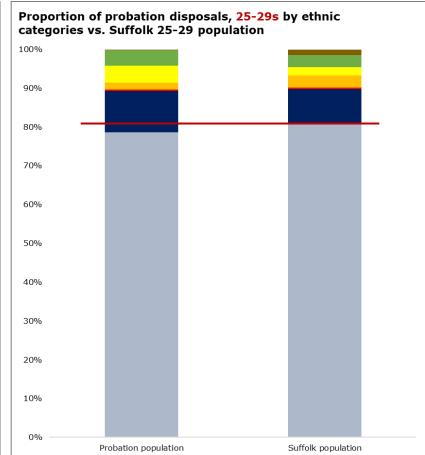
However, looking at proportions within the probation population compared to Suffolks 18+ population, this group is under-represented. The latter is also true for those from and Asian background. While all other ethnic groups are over-represented, especially, those from White: Gypsy or Irish Traveller, Roma or Other White, Black or Mixed backgrounds.

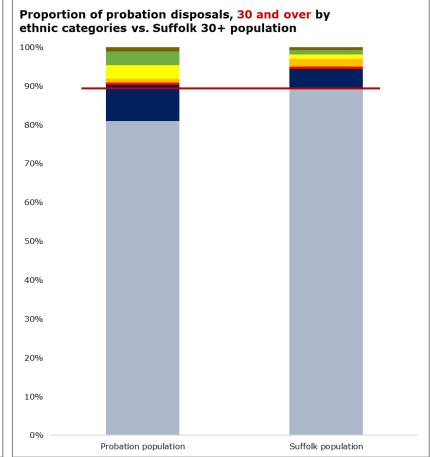


How to read this chart: the bar on the left-hand side shows the ethnic category breakdown for all disposals between 2018 and 2023. The second bar shows the ethnicity breakdown of Suffolk's 18+ population. The red line indicates the % of those from White: English, Welsh, Scottish, Northern Irish or British background in Suffolk's population.

The largest disparity occurs in the over 30s, where those from any ethnic background other than White: English, Welsh, Scottish, Northern Irish or British background are over-represented proportionally more than in the under 30s. And those from White: Gypsy or Irish Traveller, Roma or Other White background as well as those from Black backgrounds are particularly over-represented in all age groups compared to their respective populations within Suffolk.





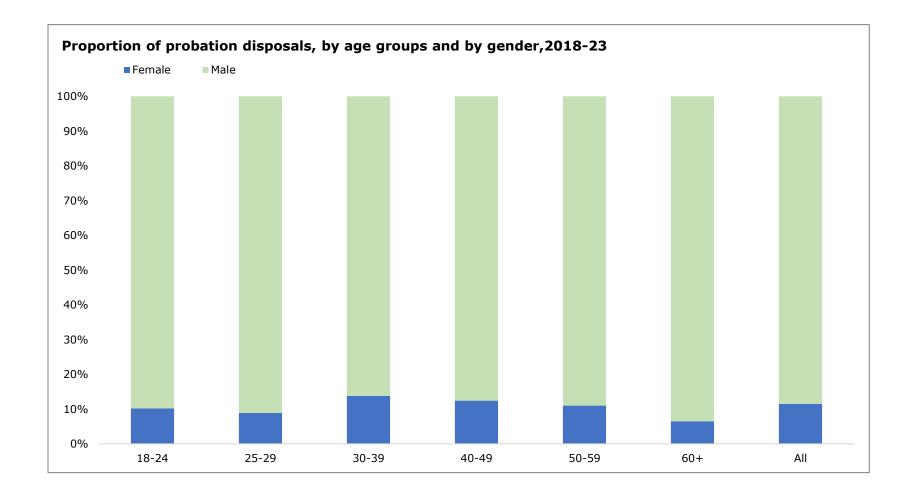


Other ethnic group
 Mixed or Multiple ethnic groups
 Black, Black British, Black Welsh, Caribbean or African
 Asian, Asian British or Asian Welsh
 White: Irish
 White: Gypsy or Irish Traveller, Roma or Other White

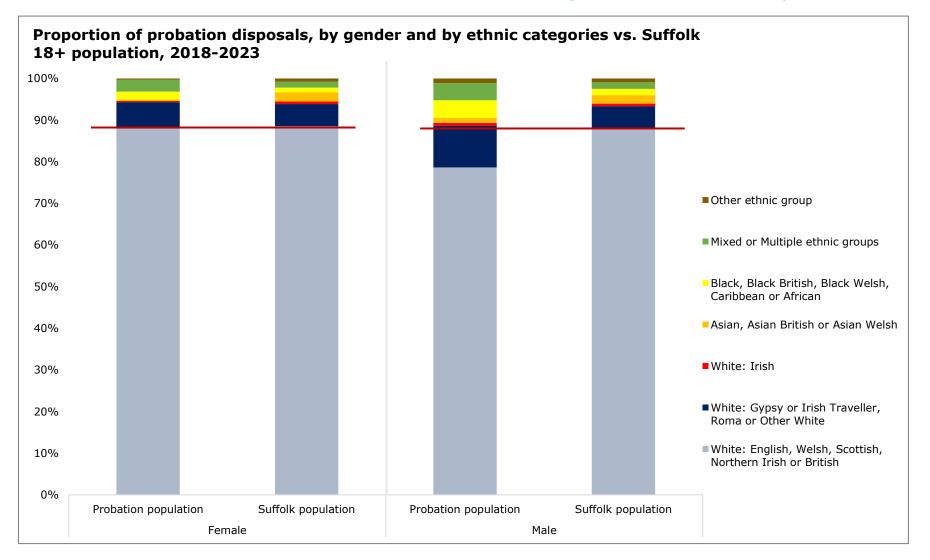
White: English, Welsh, Scottish, Northern Irish or British

Sources: Suffolk Probation Service. Office for National Statistics, Census 2021.

89% of Suffolk's total probation population is male. It is highest amongst the 60+ age group (94%) and lowest amongst those 30-39 (86%). As noted on page 33, in Suffolk and nationally overall, females make up 51% of the population.

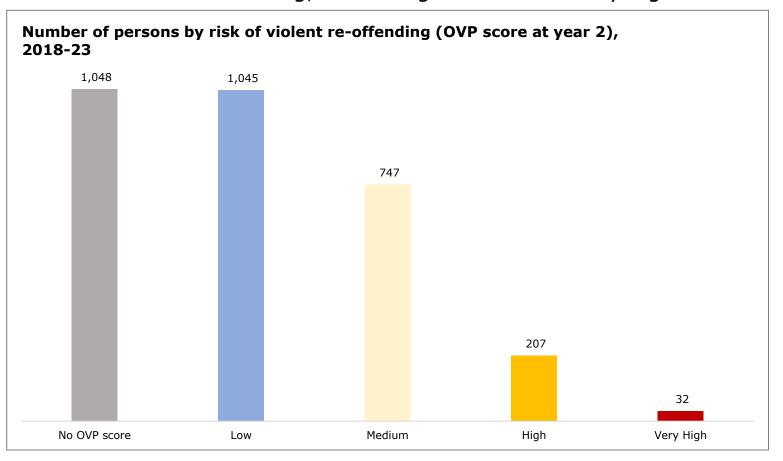


Amongst the female probation population, the proportion of those from White: English, Welsh, Scottish, Northern Irish or British background is in line with that of the overall 18+ female population in Suffolk – which is not the case for males, where this group is under-represented. Amongst both females and males, those from White: Gypsy or Irish Traveller, Roma or Other White, Black or Mixed backgrounds are over-represented.



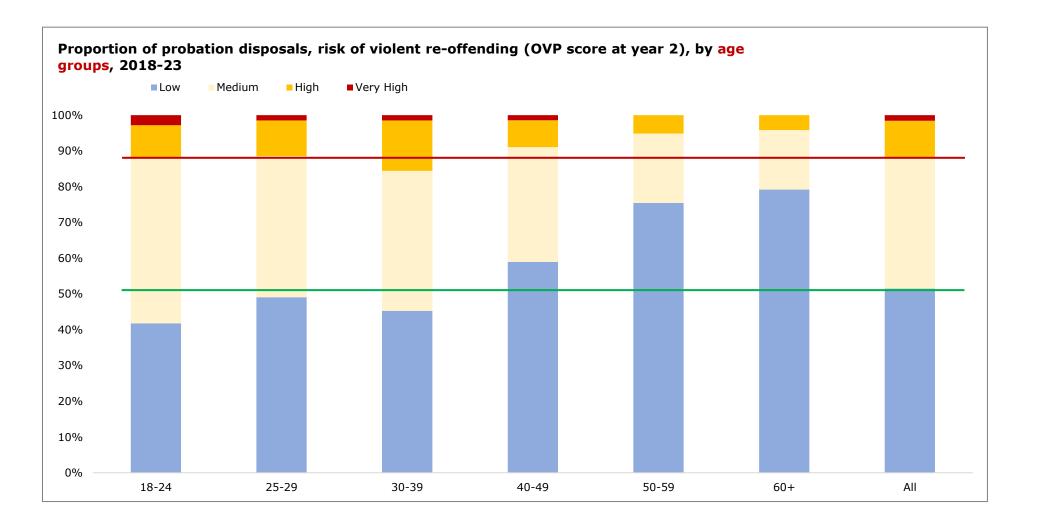
34% of those classed as serious violent offenders by probation, did not have an Offender Violence Predictor (OVP\*) score assigned.

The likelihood of re-offending was predicted to be low for another 34%, while 24% were predicted to be of medium risk of reoffending, 7% as high and 1% as very high.



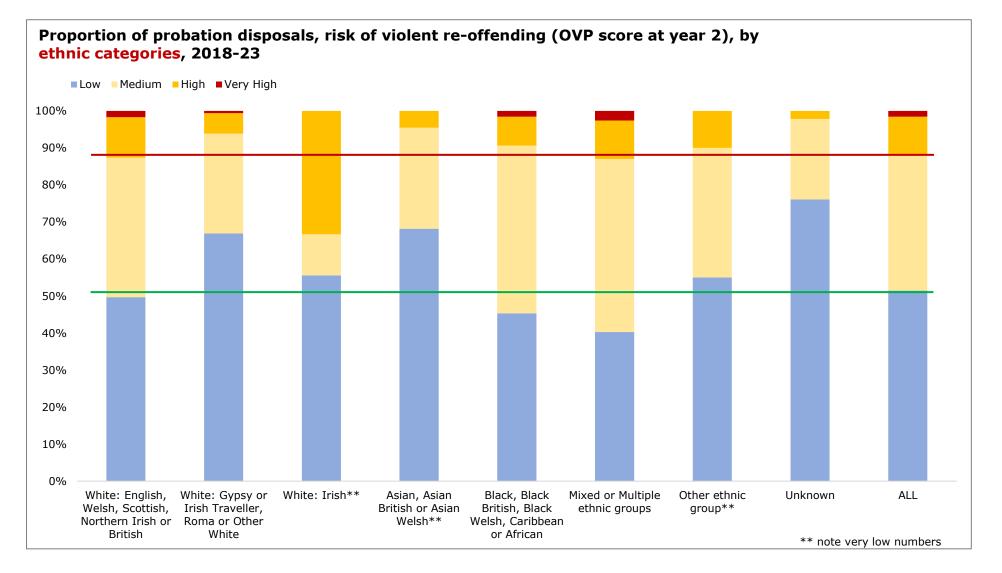
- \* Probation use the Offender Group Reconviction Score (OGRS3), which predicts the likelihood of reoffending (i.e., future cautions/reprimands/final warnings as well as convictions). This score is produced for offenders within 1 year and again within the second year. Three predictors can be generated:
- the OASys General Reoffending Predictor (OGP) to predict non-violent re-offending, and the
- OASys Violence Predictor (OVP) for **violent** reoffending
- OASys Sexual Re-offending Predictor (OSP) for sexual reoffending

18-24s are proportionally classed more often as very high risk of violent reoffending than any other age-group (2.8% vs. 1.6% average). And, proportionally, more 30-39s are predicted to be of high risk to reoffend (14.1% vs. 10.1% average).



Compared to the average, those from Black, Mixed or White: English, Welsh, Scottish, Northern Irish or British Backgrounds are proportionally less often classed as low risk for reoffending. Those from Mixed backgrounds are proportionally more often categorised as (very) high risk of reoffending.

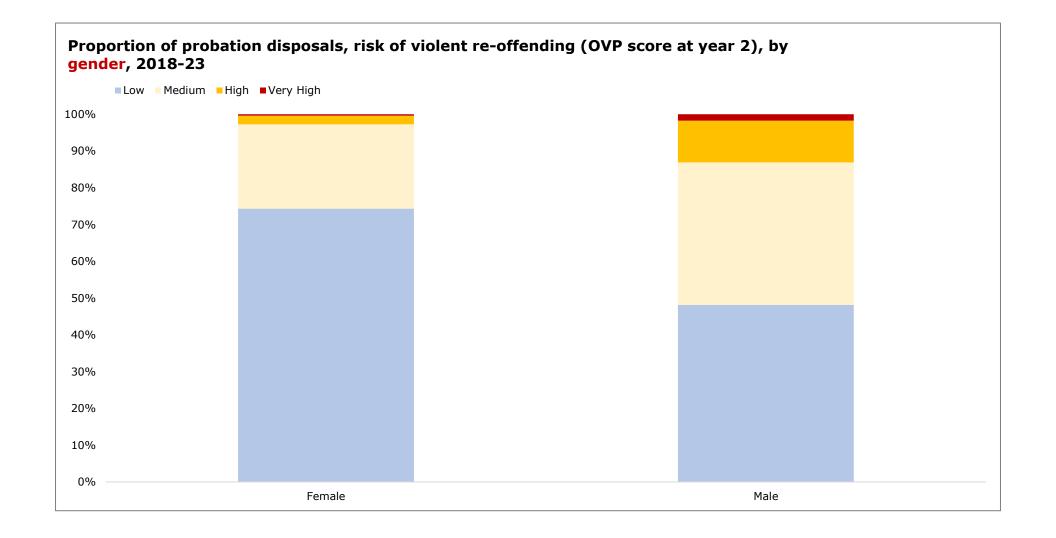
(Note due to low numbers in some of the groups we have not commented on those groups.)



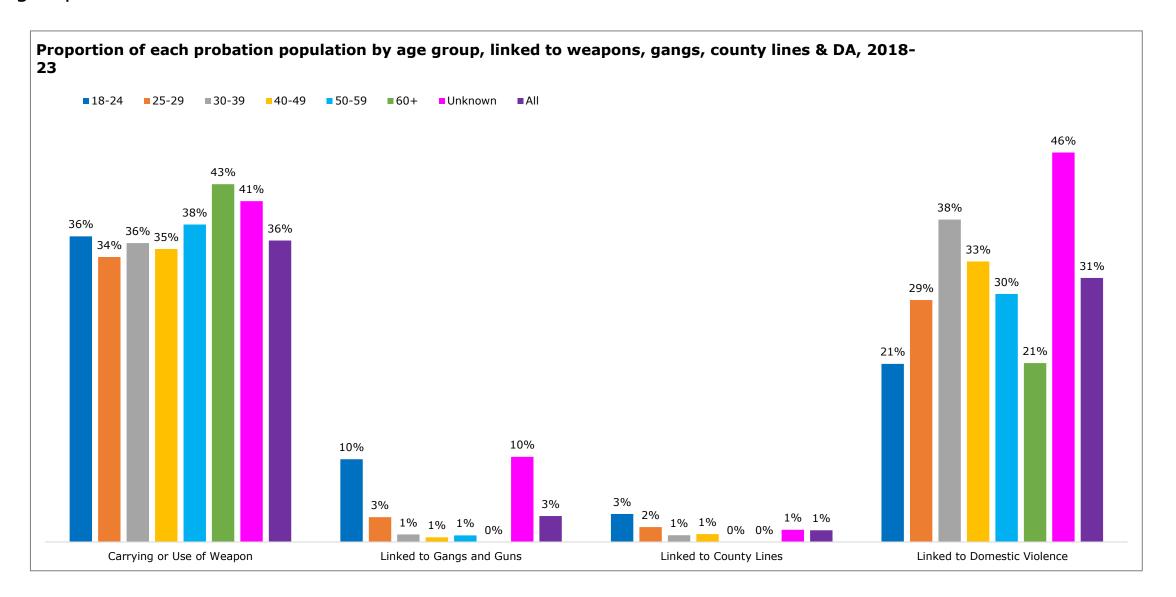
Source: Suffolk Probation Service

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On average, males score higher on the OVP score than females and are hence proportionally more likely to reoffend.



The over 60s are proportionally more likely to be recorded as carrying/using weapons. While the 18-24s are more likely to be linked to gangs & guns and County Lines. Domestic violence is proportionally more linked to the 30-39 age group.

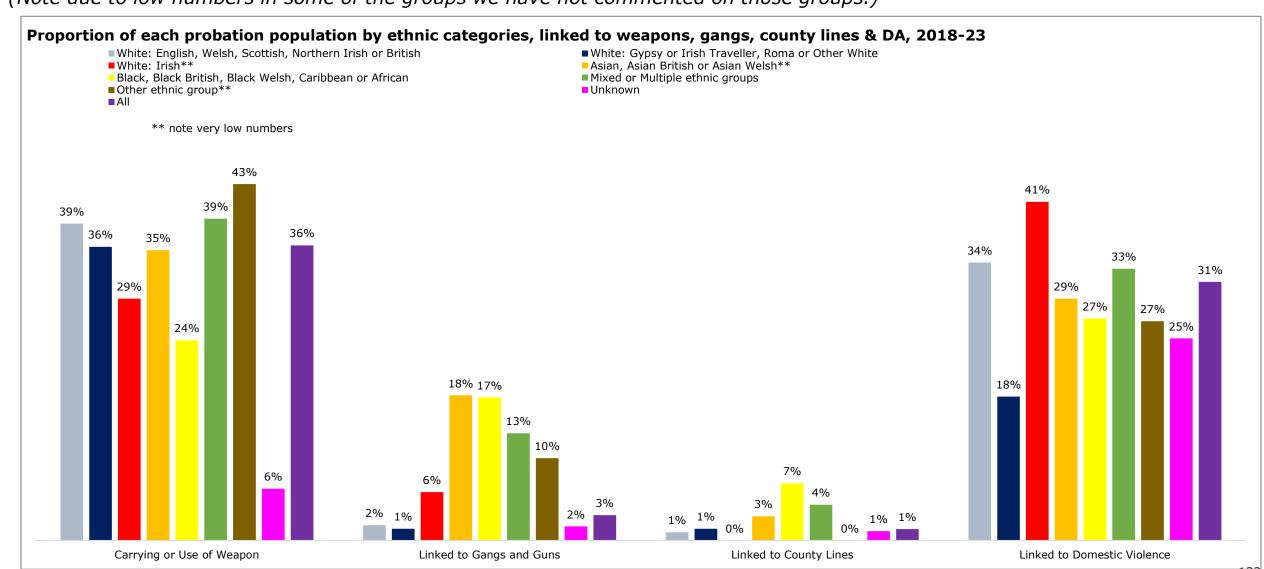


Source: Suffolk Probation Service

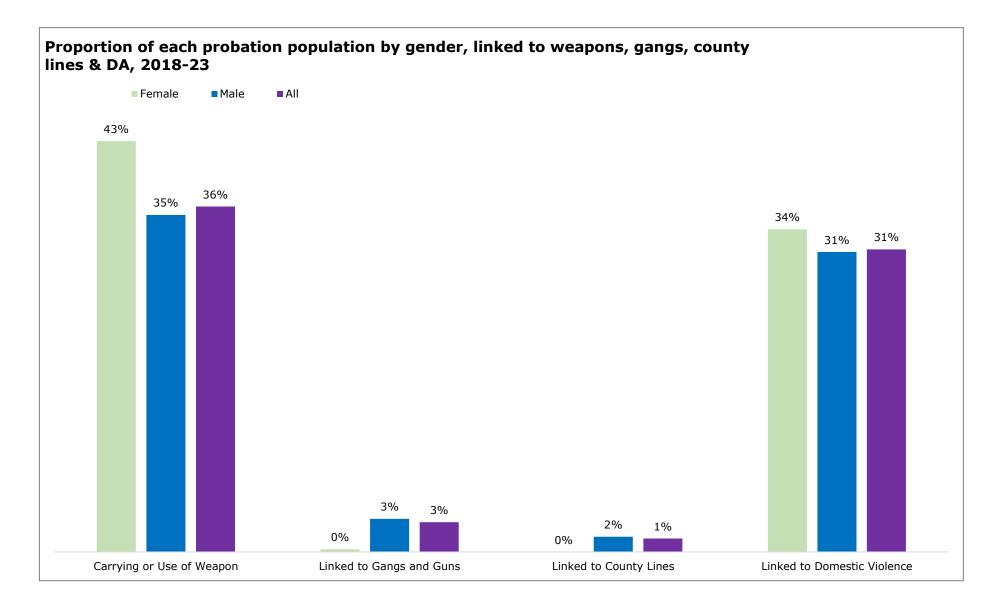
131

Carrying/use of weapon is recorded proportionally more for those from White: English, Welsh, Scottish, Northern Irish or British and those from Mixed backgrounds. Those from Black and from Mixed backgrounds are most likely flagged as having links to gangs & guns and to County Lines. On average, almost one-third of the probation population is linked to domestic violence.

(Note due to low numbers in some of the groups we have not commented on those groups.)

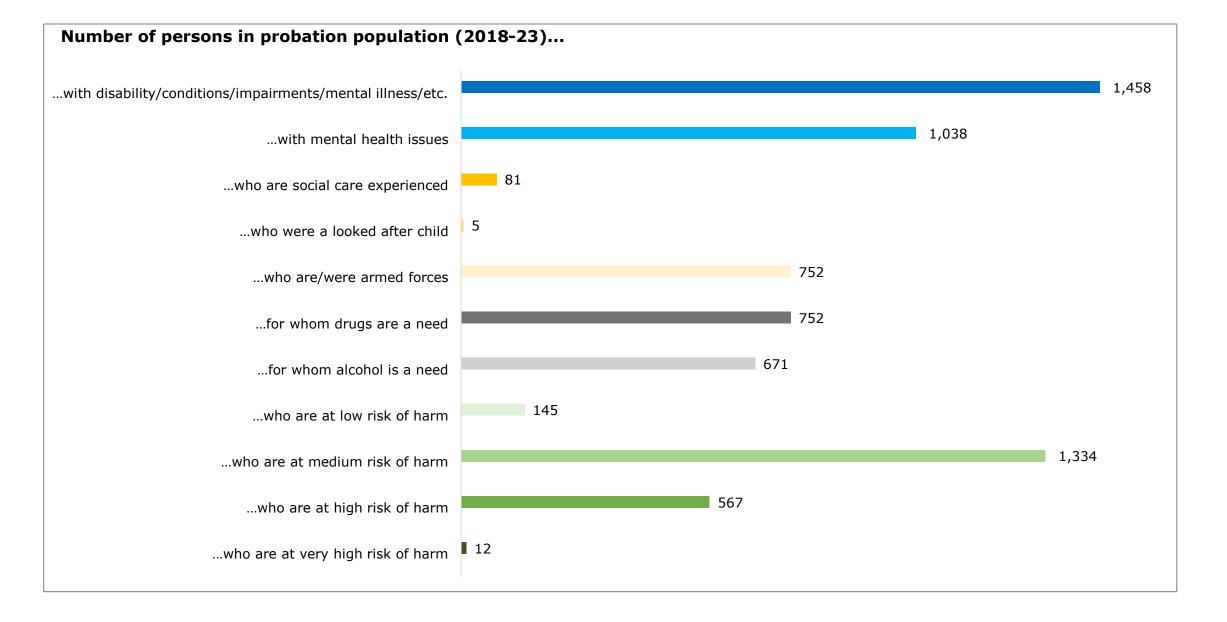


Proportionally, more of the female probation population are recorded as carrying/using weapons than males and linked to Domestic Violence.



Source: Suffolk Probation Service

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Note that for many records these indicators were blank, which either meant they were not recorded or not applicable to an individual. Therefore, we have provided absolute numbers only and cannot calculate proportions.

## Serious Youth Violence

# based on data from Suffolk Police (see page 88) and Suffolk Youth Justice

Suffolk Youth Justice provided data for disposals between April 2018 and March 2023, relating to 555 serious violence offence sub-categories (against 7 offence categories). These are defined by the Youth Justice Board.

Offence Category	No of Sub- category codes incl. in Offence Cat.
Violence against the person	276
Drugs	162
Other	104
Robbery	5
Criminal Damage	4
Public order	3
Fraud and forgery	1

The Youth Justice Service data for 2018-2023 included 357 outcomes/disposals for a total of 374 offences relating to 319 10-18-year-olds.

No of Disposals	Count of Individuals
3	6
2	26
1	287

- Six of the individuals had three disposals over this time-period.
- There were 26 with two disposals.
- And 287 with one.

No of Offences	Count of Individuals
5	1
4	2
3	6
2	33
1	277

- One individual committed five offences which resulted in contact with YJ.
- Two committed four offences and another six were responsible for three offences each.
- 33 individuals accounted for a further 2 offences each.
- While the majority (277) committed one offence each.

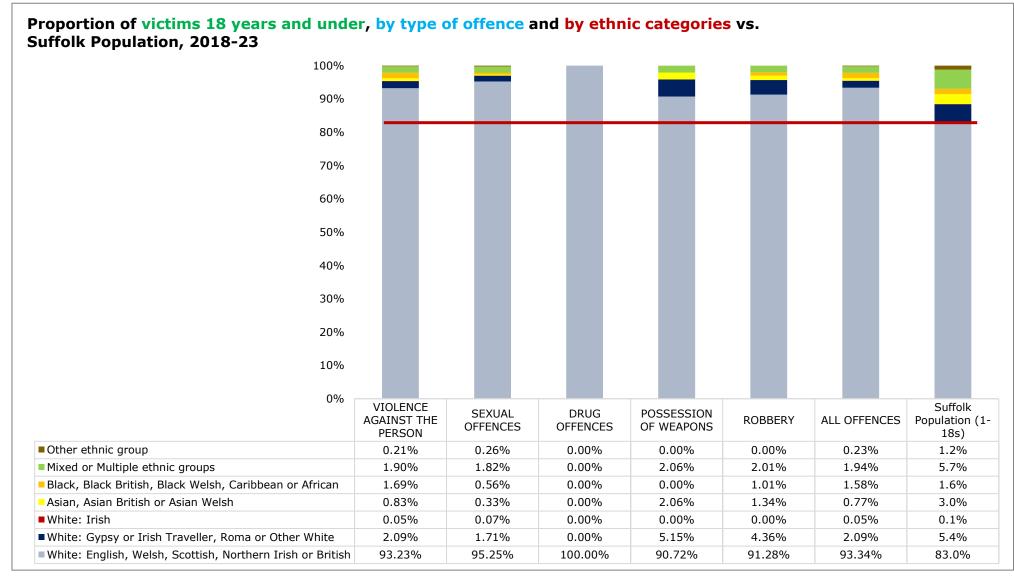
#### NOTE on Data:

• We were unable to get data relating to flags such as mental health issues, disabilities, drug/alcohol usage. While these are sometimes recorded, they are not consistently done so.

Source: Suffolk Youth Justice Service

As already noted in section 3, Suffolk's younger population is ethnically somewhat more diverse than the total population. Based on Police data, between 2018 and 2023, those under 19 from White: English, Welsh, Scottish, Northern Irish or British backgrounds are even more likely to be victims than the overall police population. The over-representations of those from Asian or Black backgrounds seen in the total population for robberies and

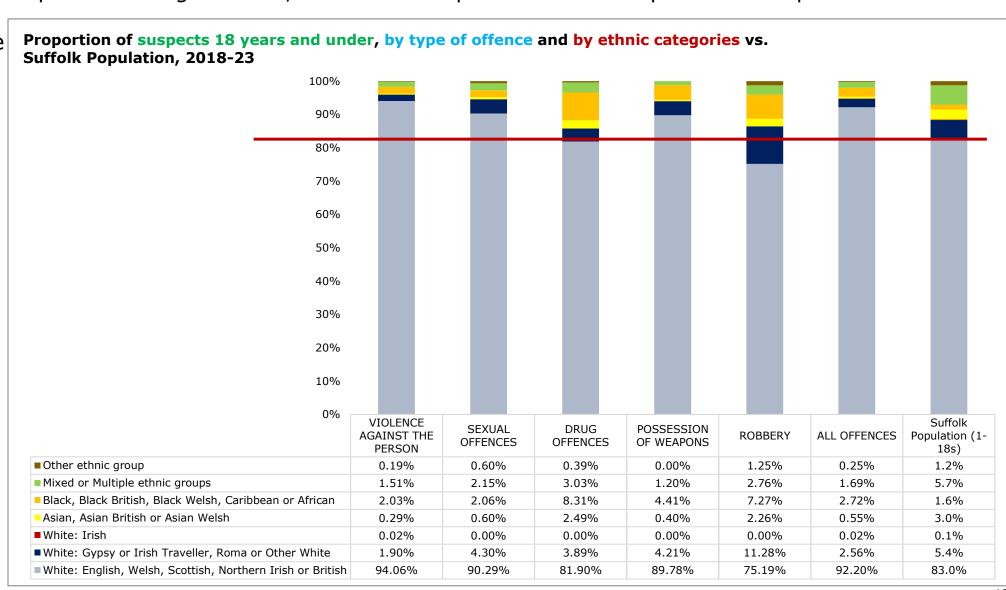
possession of weapon offences are not true for the under 19s. (Refer to page 99).



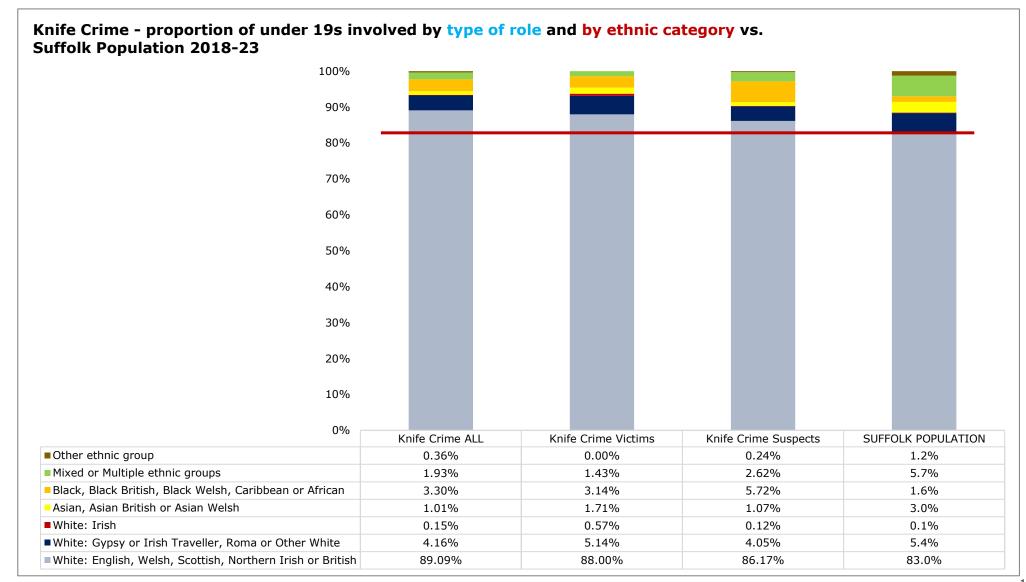
The over-representation for all offences and violence against the person offences of those from a White: English, Welsh, Scottish, Northern Irish or British background is even more pronounced amongst the under 19 age group compared to the overall police population. Equally, the over-representation of those from Black backgrounds amongst suspects for drug offences, robberies and possession of weapons is more pronounced

amongst this age group compared to the average. (Refer to page 100).

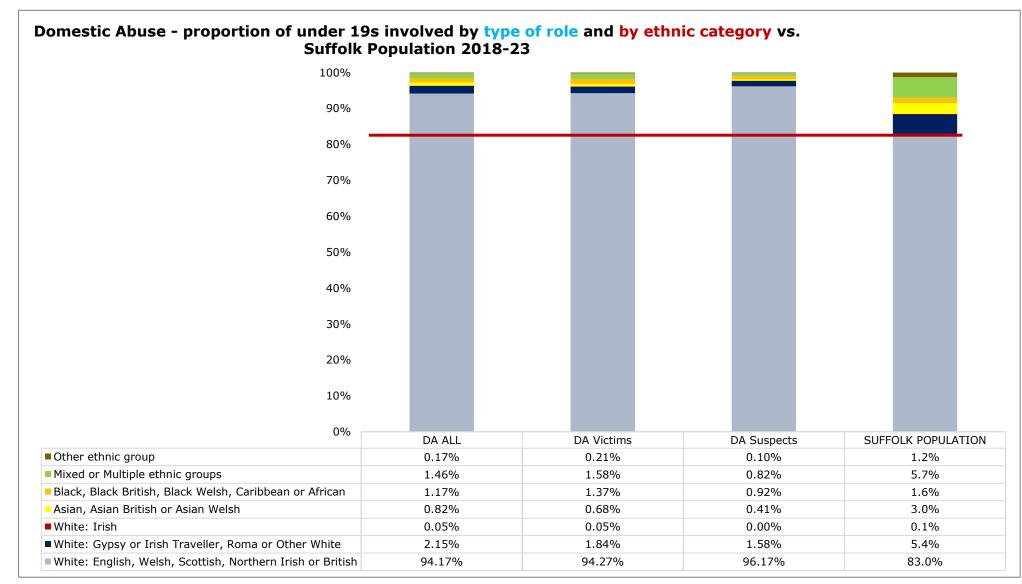
Studies show that those who commit robbery and use weapons before they reach the age of 18 are much more likely to have long criminal careers than young people who commit less serious crimes. First-time offenders who commit robbery are around three times more likely to go on to commit 15 or more offences within the next 9 years.



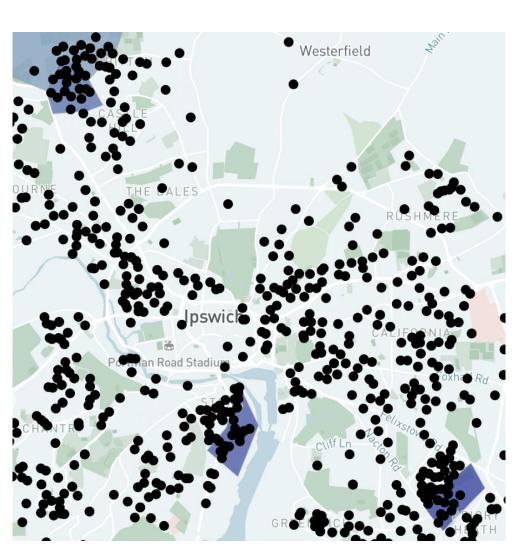
Under 19s from Black backgrounds and those from White: English, Welsh, Scottish, Northern Irish or British backgrounds are over-represented for knife crimes – in all types of roles. (Refer to page 102).

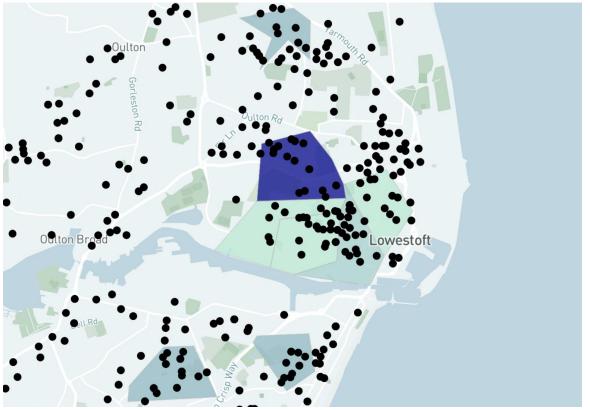


The picture is similar for offences that include domestic abuse, with those from White: English, Welsh, Scottish, Northern Irish or British backgrounds being even more over-represented amongst the under 19 age group compared to the total police population. (Refer to page 103).



Exclusions – under-19 suspects tend to live in areas with high levels of exclusions. The areas highlighted blue show areas where 15 or more pupils were excluded between 2016 and 2023.





This trend can be seen in 3 separate neighbourhoods in Ipswich (left) and particularly in central Lowestoft (above) where the 5 adjacent highlighted neighbourhoods saw more than 10 pupils excluded between 2016 and 2023.

**Exclusions** 

The most common offences that resulted in Youth Justice Service disposals between 2018 and 2023 were Possession of knife/blade/sharp pointed article (125; 33%), Robbery (53; 14%) and Possession of an offensive weapon (47; 13%). 242 (65%) of offences were given a seriousness score of 3 (on a scale of 1-8), while 29% were

rated as 6.

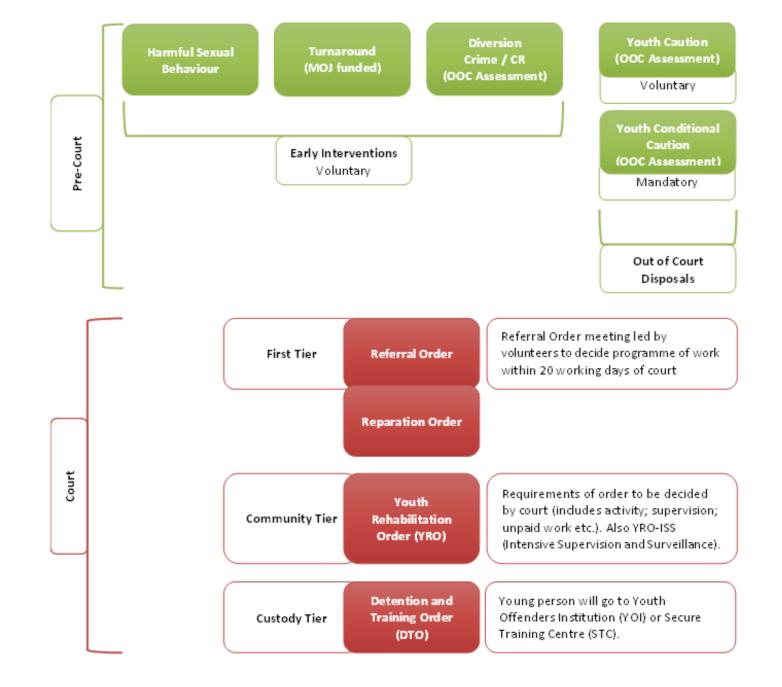
	Seriousness Score	3	5			8	TOTAL
	2			6	7		
Possess knife blade / sharp pointed article in a public place		125					125
Robbery				53			53
Possess an offensive weapon in a public place		47					47
Possess article with blade / sharply pointed article on school premises		34					34
Wound / inflict grievous bodily harm without intent				22			22
Possess with intent to supply a controlled drug of Class A				19			19
Possess knife blade or sharply pointed article		14					14
Threats to kill			9				9
Attempt robbery				6			6
Threaten a person with a blade / sharply pointed article in a public place		5					5
Possess an imitation firearm in a public place - Firearms Act 1968		4					4
Possess offensive weapon on school premises		4					4
Possess a weapon for the discharge of a noxious liquid / gas / electrical incapacitation device		3					3
Possess an imitation firearm with intent to cause fear of violence			3				3
Section 18 - grievous bodily harm with intent					3		3
Threaten a person with an offensive weapon in a public place		3					3
Attempt to possess with intent to supply a controlled drug of Class A - MDMA				2			2
Attempt to wound / cause grievous bodily harm without intent				2			2
Concerned in supply of cocain / heroin				2			2
Possess a firearm with intent to cause fear of violence			2				2
Section 18 - wounding with intent					2		2
Air weapon - possession with intent to cause fear of violence			1				1
Assault with intent to commit robbery				1			1
Attempt murder - victim aged 1 year or over						1	1
Conspire to commit robbery				1			1
Fire an air weapon beyond premises	1						1
Manslaughter						1	1
Person under 18 have with them an air weapon	1						1
Possess loaded / unloaded firearm and suitable ammunition in public place		1					1
Purchase / acquire prohibited weapon / ammunition for sale / transfer		1					1
Threaten a person with an offensive weapon on school premises		1					1
TOTAL	2	242	15	108	5	2	374

Source: Suffolk Youth Justice Service

The Suffolk Youth Justice system tries to keep children and young people out of the court system. Where an offender does not have to go to court, voluntary or mandatory diversion programmes are offered, based on different outcomes.

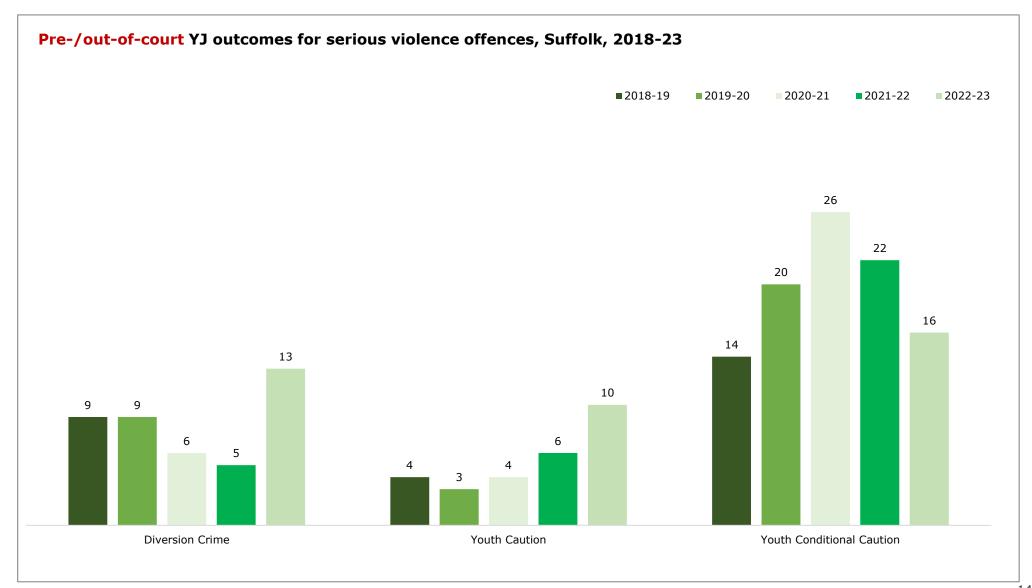
Where a child or young person is charged and is due in court, tier 1 and community tier outcomes are preferable over custody.

Note – there are also 'unsupervised outcomes', in which YJ plays no further role.



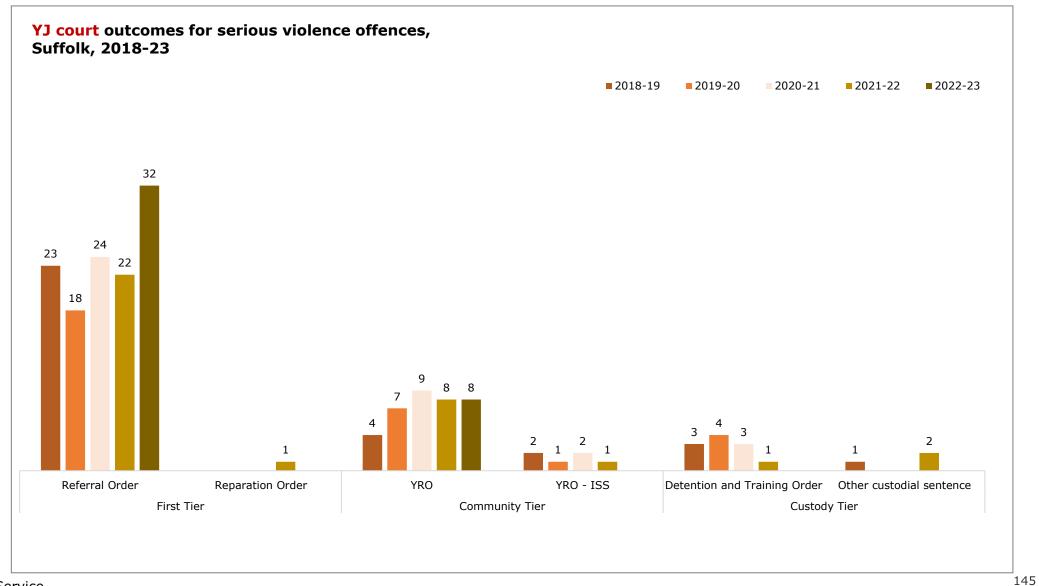
Source: Suffolk Youth Justice Service

There were a total of 79 youth justice outcomes in 2022-23, of which 39 (49%) were out-of-court outcomes. 16 of the latter were youth conditional orders, which are a mandatory rather than voluntary outcome.

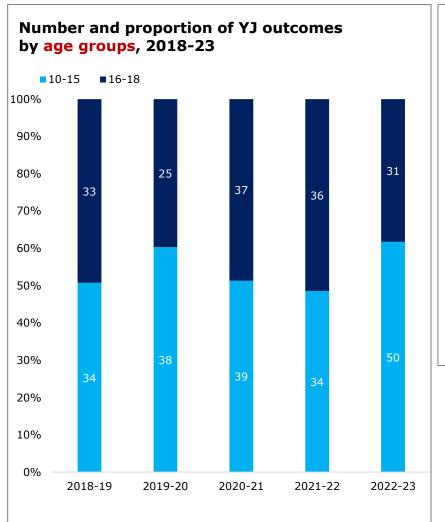


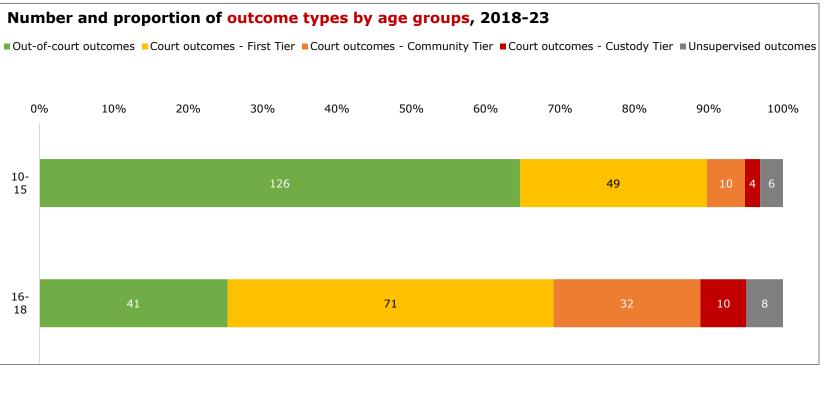
Sources: Suffolk Youth Justice Service

Of the 40 youth justice outcomes in 2022-23, the vast majority (80%) were referral orders. The other 20% were youth rehabilitation orders.

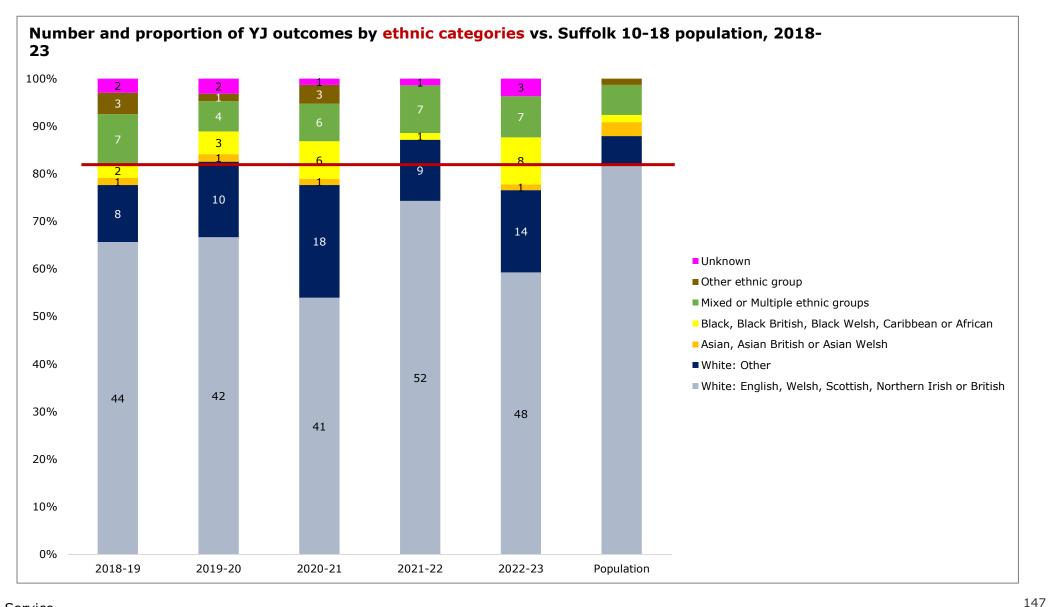


Overall, between 2018 and 2023, there were 195 outcomes for young persons between 10 and 15 and 162 for 16-18-year-olds. Proportionally, out-of-court outcomes are handed out more often to those under 16. First-tier court outcomes make up 78% of court outcomes for under 16s, and this drops to 63% for those between 16 and 18.

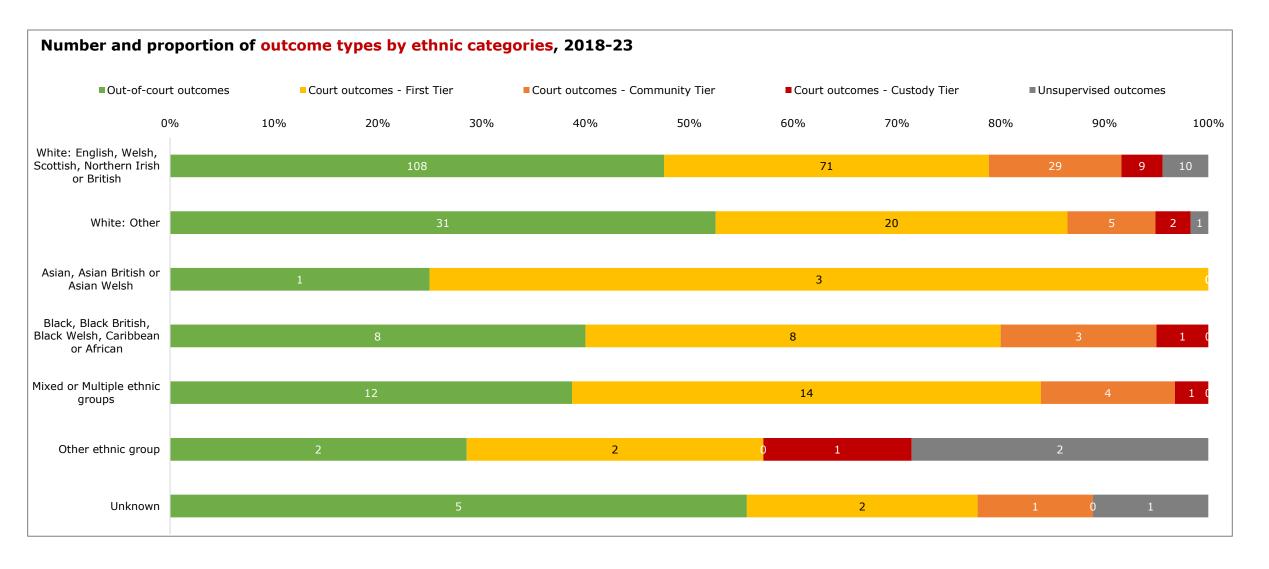




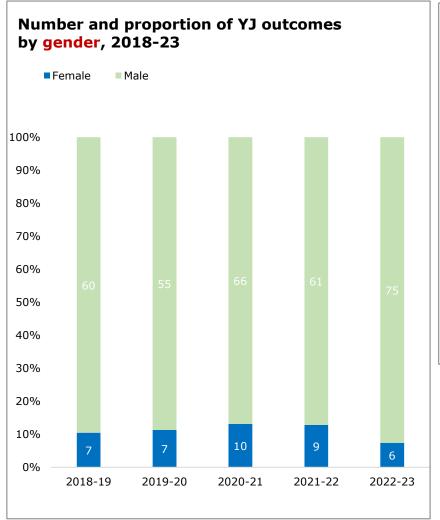
Those from White: English, Welsh, Scottish, Northern Irish or British backgrounds are under-represented compared to their proportion in Suffolk's 10-18 population. Those from White: Other, Asian and Black backgrounds are all over-represented.

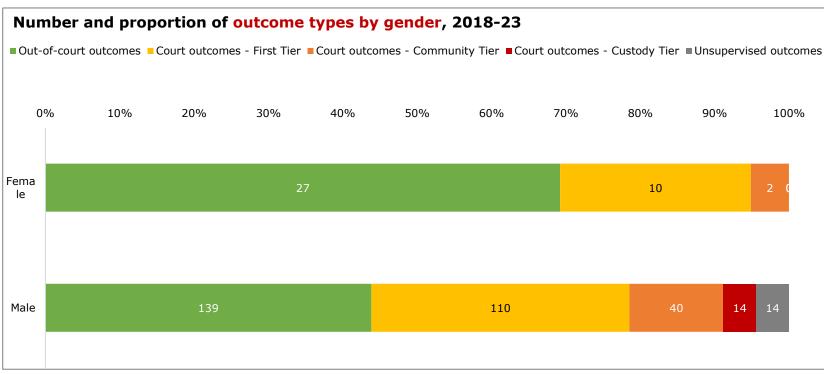


Those from Black or Mixed ethnic backgrounds are proportionally more likely to be taken to court than those from any other ethnic background.



The vast majority (89%) of children and young people dealt with by the youth justice system between 2018 and 2023 were male. Proportionally, females are more likely to be dealt with out-of-court than males.

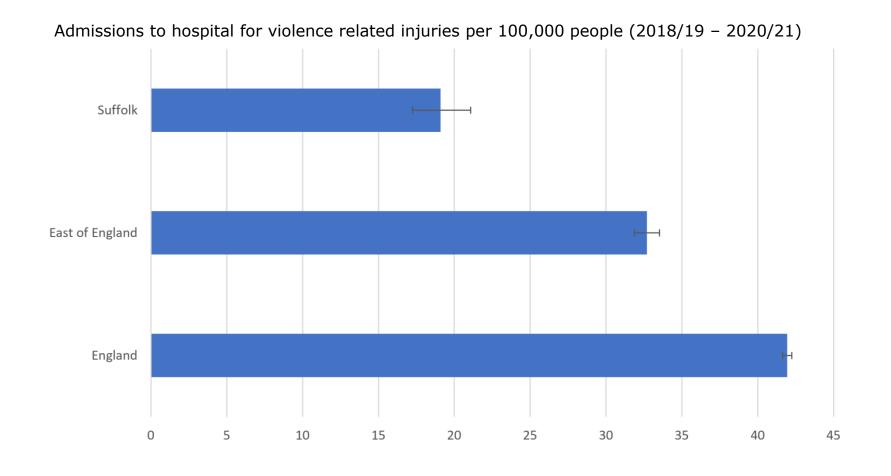




# Suffolk NHS Data

(Office for Health Improvement and Disparities, Suffolk & North-East Essex ICS and Norfolk & Waveney ICS)

Rates of admission to hospital for violence-related injuries in Suffolk have historically been statistically significantly lower than the Regional and England averages.



Local NHS data is very limited.

# Patients transferred by ambulance with reported problem as stab/gunshot wound or assault, by Alliance/Area, by age groups, April 2021 to January 2023

	<18	18-25	26-64	65+	Unknown	Total
Ipswich and East Suffolk Alliance	27	53	142	32		254
West Suffolk Alliance	12	24	91	25		152
Waveney	8	21	51	6	5	91
Total	39	77	233	57	5	411

# Ambulance data shows that a total of 411 patients had reported stab/gunshot wounds or had been assaulted between 2018 and 2023.

- 62% of these were recorded for the Ipswich & East Suffolk Alliance.
- 9.5% of patients were under the age of 18 and a further 18.7% between 18 and 25 (71.8% over 25).

# Violence-related emergency admissions (all providers), by Alliance/Area, by age groups, April 2021 to January 2023

	<18	18-25	26-64	65+	Total
Ipswich and East Suffolk Alliance	19	19	53	5	96
West Suffolk Alliance	10	23	46	8	87
Waveney	5	9	29	1	44
Total	29	42	99	13	227

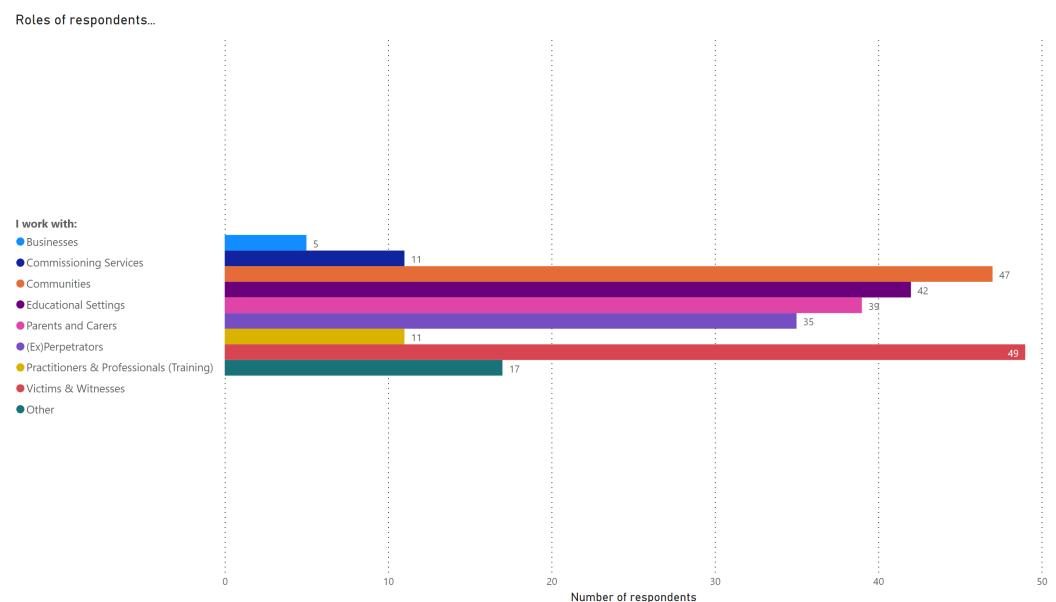
Between 2018 and 2023 there were 227 violence related emergency admissions.

- 12.8% for under 18s, 18.5% for 18-25s and 68.7% for over 25s.
- 42% of the total admissions across Suffolk were recorded for Ipswich and Colchester Hospitals. While 38% were treated at West Suffolk Hospital and the remaining 20% at James Paget hospital.

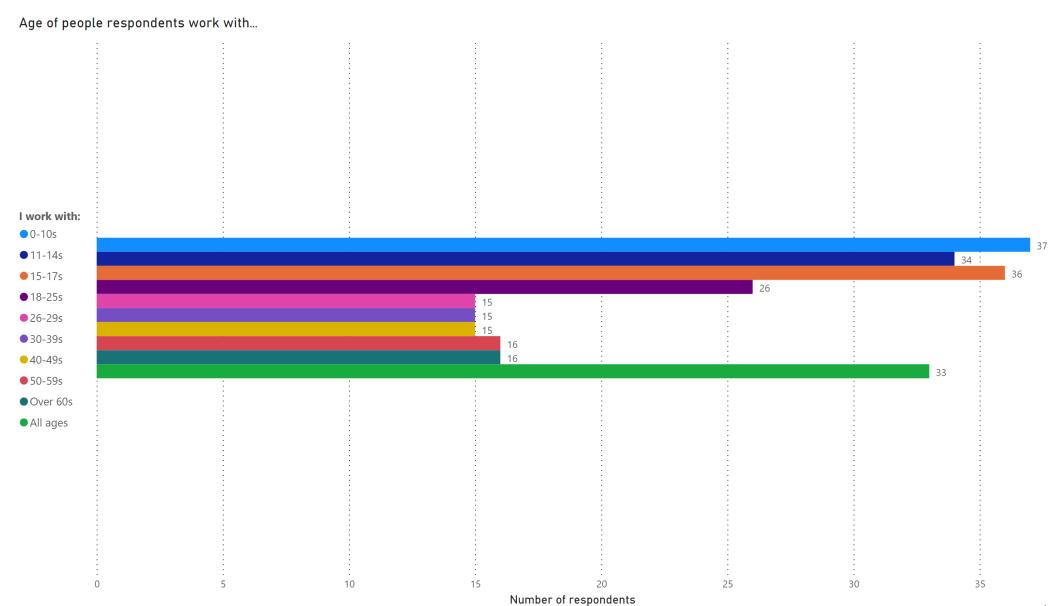
# 6. Suffolk System view on causes of serious violence and potential solutions to prevent/reduce

The Suffolk County Council Community Safety Team and SODA ran a survey and conducted individual qualitative interviews with key stakeholders across the Suffolk System to understand the causes of serious violence in our communities, what is already happening to tackle the issues and the wider System's ideas of how we can prevent and reduce serious violence in Suffolk.

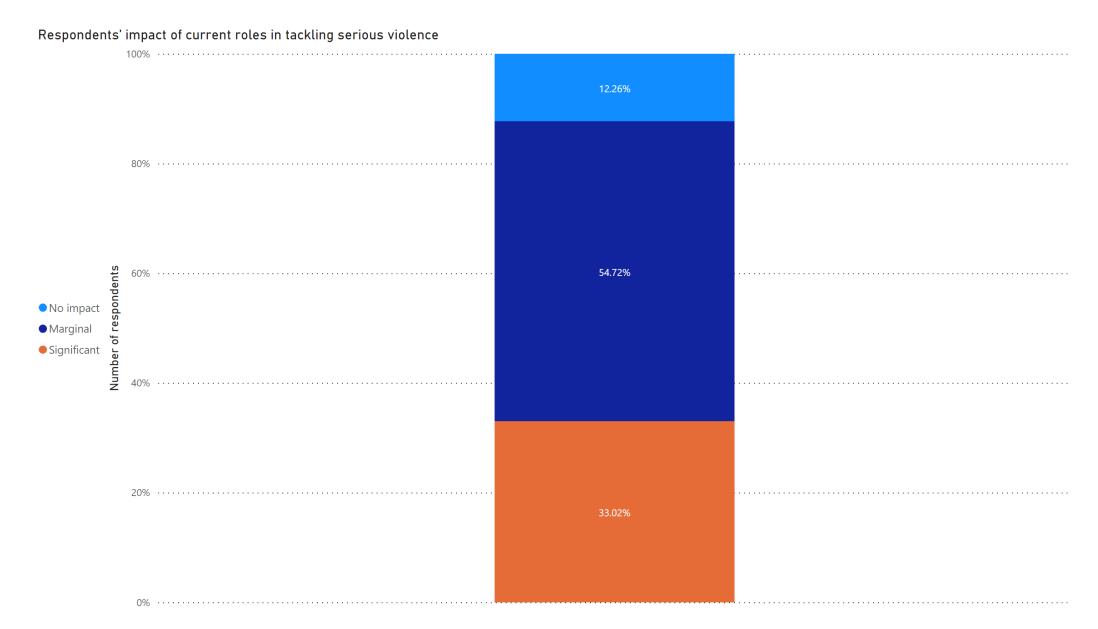
Respondents to the survey came from a variety of organisations and roles. With 49 working with victims & witnesses of SV, while 47 work with communities affected by SV and 42 with children and young people in educational settings.



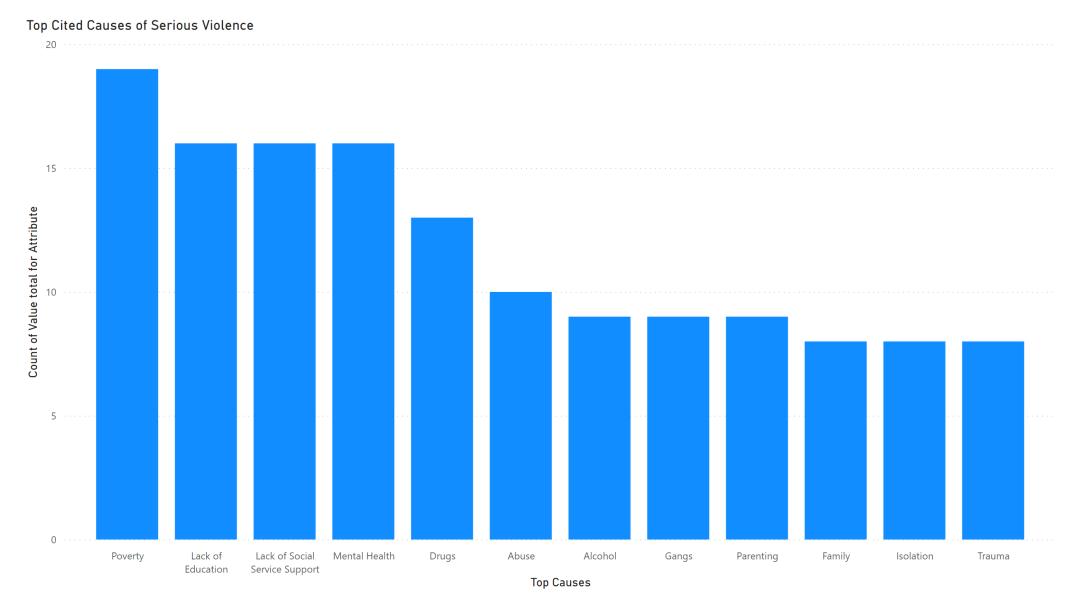
Most respondents work with children and young people (0-25s).



33% of respondents say that their work has a signific impact on reducing/preventing SV, while 12% say their work has no impact and the majority (55%) believing their work only has a marginal impact.



The top causes of SV in Suffolk are believed to be poverty, lack of education & social services support and mental health issues.



## What does serious violence mean to you?

#### What it is - in terms of crime types, people's responses included:

- Sexual and physical assault, GBH
- · Extreme harm that can result in death
- Stabbings
- Homicide
- Non-fatal strangulation
- · Suicide and violence to self
- · Stalking, which can lead to serious violence
- Relationship based violence domestic abuse
- Anything involving a weapon knife and gun crime
- Gang related / county line activity / exploitation / trafficking / organised crime

#### What it looks like:

- The purpose of serious violence is often to generate fear it has a long-lasting psychological impact. It can be an emotional response and can come from a place of an unmet emotional need.
- It is often drug related (or escalated by drugs and alcohol), hidden, and have an organised approach; those involved in serious violence are often involved in county lines, gangs, trafficking and/or migration.
- It can familial or learnt behaviour through parents, if the parents are involved in county lines or if there has been domestic violence at home.
- The violence is often peer on peer or between different "turfs", with gang rules of engagement around this a certain language and codified behaviour.
- More young people are now carrying weapons (knives), whether that be for self-defence and to keep themselves safe or to threaten others, and possession of weapons in secondary schools is common.
- It's thought the level and acceptability of violence has increased and been normalised in youth culture, rather than still being seen as extreme, and that social media has exacerbated this.

#### Who is involved:

- It can affect anyone can be in wrong place and the wrong time , but maybe those involved in criminalist activity, younger people, and those from deprived communities.
- Young people can be subject to serious violence and carry it out.
- It's thought that it's generally young males involved in serious violence, with young girls going under the radar, but still very much involved often trafficked, used to move things around, bound up in violence and sexual violence.
- Young people in care / care leavers, and those excluded from school are seen as at risk to becoming involved in serious violence. Often behavioural issues are in response to past trauma.
- With those young people in care, they often experienced violence before being in care sexual violence, domestic abuse.
- Those with vulnerabilities (learning needs, been victim previously, drug and alcohol use etc) can be targets.

## Where does Serious Violence happen?

#### Urban vs. rural:

- There's often a spotlight on places like Ipswich and a perception that it's just the larger towns, but it happens everywhere the higher concentration of people in urban areas just makes it more likely.
- Violence in rural areas may go more under the radar and not be reported.
- Nighttime economy, or places where a concentration of alcohol is present, such as sporting events (football matches)
- Urban areas have more drinking, more homelessness, more vulnerable people.
- Areas of social deprivation people attract attention by certain lifestyles, and this can lead to them becoming victims.

#### **Involving exploitation / county lines:**

- Serious violence generated from exploitation has no boundaries; it's thought this can happen anywhere across the county.
- Violence follows gang activity and drug dealing, and young people are more at risk to this in deprived areas of the county and in areas where county lines operate, including the large (deprived) housing estates / social housing estates in Ipswich, Haverhill, Newmarket, Sudbury and Bury St Edmunds.
- The violence issues in secondary schools tends to be around county lines and drugs.
- The demographics of those involved in county lines and exploitation is changing to keep off police radar, and it is now often white middle class young people from 'good' schools.

#### **Involving young people:**

- With younger children, their experience of violence is often in the home, and domestic abuse isn't bound by geography, and is often hidden. Children are aware of violence also happening in their communities.
- Young people experience violence through social media, where it's glamourised.
- Peer to peer violence tends to be in largely urban areas Felixstowe, Lowestoft, Ipswich. But when it comes to violence of young people in care homes, this can happen anywhere.

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# What do you think the causes of serious violence are?

The main risks given for serious violence in Suffolk were around substance misuse, county lines, deprivation, being in the care system or a care leaver, influences from family and peer networks, being NEET, and lack of positive relationships and connections.

#### **Exploitation / gangs:**

- Hierarchy in towns, and the need to climb up the hierarchy. People will fight to 'top dog' and may need to prove themselves with violence to get there. That need to be 'top dog' could be their age, their need to belong, their need to fill a gap that's missing elsewhere It probably isn't going to be one thing that causes it, it will be a multitude of things.
- County lines young people being exploited, movement from saturated towns, following transport routes. Pressures of gang dynamics. Debt bondage.
- Involvement in criminality, gang affiliation, postcode wars.
- Young men are trying to find their identity, feel they need to be seen as tough. Exploiters will recognise this, and there becomes a constant escalation.

#### • Early life experiences/domestic influences:

- Childhood trauma and early life experiences are a massive risk factor Lack of purpose, focus or direction, not having anyone that you care about or that cares about you. They have nothing to lose.
- Poor parenting lack of boundaries and supervision.
- Young people having deep-seated emotional needs, vulnerable to exploitation
- Lack of opportunities for meaningful activity things that can positively impact on someone's self-worth.
- The need to belong, to fit in, be someone, be part of something
- Violence young people have witnessed in the home
- How young people had been raised / parented / the role models they've had, and the level of morals, values and integrity they had.
- Not knowing how to communicate of express themselves appropriately
- Controlling relationships, misogyny.
- Mental health issues, being distressed, anxious, frustrated, poor coping strategies .

#### System:

- A system that's not able to cope with the demand.
- Lack of community policing, or lack of additional police support when there is a serious incident.
- Non reporting of crimes fuelling the issues, as other think it's ok and can carry on.
- Lack of care places means young people being placed together, and violence can come from relationship breakdowns, or exploitation.
- Care leavers returning to families at 18, and no system work with the family means nothing has changed and violence can return.
- Not enough wellbeing services available for those that need it, at the time that they need it. E.g., counselling.

#### **Community:**

- Influence of social media, and the normalisation of serious violence online. Online safety is a concern.
- · Nighttime economy large groups of intoxicated people leaving venues in a compounded area at the same time, with no follow-on activity
- Proximity to London, and the end of the train line people end up here and stay, which can bring problems into Suffolk.

# What are the solutions to preventing Serious Violence?

It was noted that serious violence needs a long-term strategy, as it's not a short-term problem. And must be a multi-agency partnership approach. Prevention was also stated as being key, to engage with young people on, before they get to a point where they're being picked up the criminal exploitation hubs or entering the criminal justice system.

#### Schools:

- There was a strong focus on preventative work with schools in the responses, but also to ensure there is a consistent effort/message across other agencies/networks, clubs and communities:
- · Reduce permanent school exclusions
- Better use of SENCOs in primary schools
- Support for young people within the curriculum and from higher education and businesses in terms of giving them a focus, a purpose, helping to find something they are interested in, something more attuned to the needs of those vulnerable young people.
- Support children from primary school age to develop networks, connections, and positive relationships in their communities.
- Continue the outreach work and 'keep safe' sessions that the criminal exploitation hubs do with the schools and maintain/develop the good relationships.
- Revamp what is being taught in PHSE lessons and bring it up to date. Ensure the content has moved on, as the world has moved on, and includes violent crime. Provide a menu of activities that are delivered via different mediums to engage all.
- Those with lived experiences awareness raising in schools (prisoners etc.)

#### **Communities:**

- A need to work with communities more and for there to be resources to do so:
- Continue and develop the work that Criminal Exploitation hubs do in the communities.
- Help communities build resilience.
- Understand what connections and networks can be developed, and how they can support young people.
- Develop community cultural competence
- Communities as a whole to take on the responsibility for tackling the risks around serious violence.

#### Families:

- A need to do more work with families to aid prevention:
- Parenting support and opportunities within the home is key, and this needs more work.
- Positive role models for young people.
- Continue to develop the work that Criminal Exploitation hubs do with parent groups, providing support for each other, helping to navigate services, and helping to understand exploitation.
- Work with families when children are taken into care, so that the cycle is broken, and so that young people do not return to a violent home.

# What are the solutions to preventing Serious Violence?

#### **Support for young people:**

- More / investment in youth provisions/diversionary activities, helping young people connect with what they enjoy, getting them involved in creative or practical activities, so they can express themselves. Support their ambitions and help give them a voice and an outlet. Ask them what they want to participate in.
- Opportunities for mentors / early employment / life skills work
- Mental health diagnosis and support for young people some young people are traumatised from their own experiences and need support.
- Support through transitional periods, which can be difficult and scary, and as such can have an impact on their behaviour.

#### **Nighttime economy:**

- More support for the nighttime economy, including:
- More restrictions on drinking in pubs where serious violence takes place stricter terms of licence, businesses taking more responsibility.
- Mandatory training for taxi drivers
- More police patrols at key times and in hotspot areas
- More use of dispersal orders

#### **Public services:**

- · There was recognition that increased visibility of police and outreach teams in Ipswich had made a difference
- · Resource should be continued on domestic violence perpetrator programmes
- · Work with health providers to be able to spot signs of violent crime and report these
- People need to know what to do and how to report what they see and have confidence it that awareness raising.
- More awareness raising of county lines, and misogynistic attitudes
- More consultation with planning earlier around new developments, to allow consideration of factors that add to risk, including street lighting and access.
- More weapons amnesties and more of a push around knife bins.
- More accessible, bigger, better wellbeing services.
- Care navigator roles in health institutions supporting people on their journey through services, ensuring they don't get lost in the system, and catching people at reachable teachable moments.
- Build back up respect and trust for authority attitudes need to change.
- Housing Officers more presence in communities, build trust and positive relationships, gain intelligence. Join police on some visits.

# What are the potential barriers to implementing the solutions?

#### **Resources:**

- Resources, time, lack of skills and funding were the key barriers mentioned, and particularly long-term funding, to ensure the solutions can be long term.
- Funding structures funding is often for new projects, not for expanding or increasing existing projects. Need flexibility.

#### Support for young people:

- Lack of a young people strategy in Suffolk we don't have a strategic vision on what we want young people to be like.
- Young people are looking to social media and gaming platforms for role models and support, as needs not being met in real life.
- There has been an increase in young people entering care, partly an effect of Covid and mental health issues playing a part in being violent. Violent young people are exceptionally hard to place, and crime and violent increases when they are not in a provision.

#### **Schools:**

- An already full school curriculum and being bound by Ofsted was cited as an issue for carrying out more support work within schools.
- Lack of reporting of issues by schools, to protect themselves hides what is actually happening.

#### **Public Services:**

- Although it has improved, there appears still to be a lack of sharing intelligence within the system sharing the right information to the right places. That
  mentioned included intelligence from MARAC to other agencies such as GPs and Housing, and hospitals not recording information about drugs admissions and
  not sharing with Public Health.
- Housing stock was raised as an issue, both for young people in care / under corporate parenting, and for initiatives such as DV perpetrator crash pads.
- Prevention is an issue services are so busy with reactive work that they do not have time to focus on being proactive, so we can never get upstream of the issues.
- GDPR issues sharing information with police has been a major issue for housing teams.
- The impact of Covid young people less trusting of authorities and are 'anti-establishment'.

# What single thing would you change to try and prevent / reduce Serious Violence?

#### **Prevention:**

- · Earlier education and awareness raising.
- Reduce permanent school exclusions.
- · More discussions in and consultation in schools with young people.
- Investment in parenting
- Investment in behavioural change programmes for men
- Support for communities and young people to develop connections and have activities to join.
- Tackle embedded culture on housing estates and challenge behaviours that have become the norm.

#### Insight:

• Engagement with those with lived experiences, to understand the pressures of perpetrators.

#### **Enforcement:**

- Tackle drugs / county lines in Suffolk. Drugs is the route of most of the violence issues in schools.
- Have more of a focus on stalking, across the system, as this can have very serious outcomes.
- Tougher sentencing for violent offences. Stronger deterrents needed.

#### **Strengthening the system:**

- More awareness raising work across the system with pharmacies, dentistry etc, to be able to look out for signs and know how to report any concerns.
- Improved relationships between police and schools, to increase support for drugs and violence in schools.
- Improved information sharing between housing and Police.
- · Upskill workforces across the system
  - A need to develop support and health providers confidence in asking questions in pregnancy / maternity situations.
  - Ensure the right workers have the right cultural competence to deal with the situation. You need different levels of specialism and expertise to work with communities.
  - Ensuring schools, including academies are aware how to safeguard young people in violence situations.

#### Other comments worth a mention...

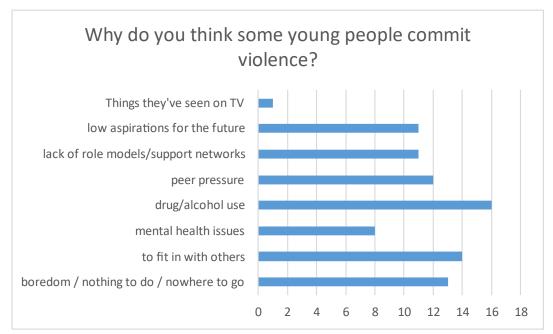
- You can think about this from another way round what about if you wanted to build a functioning community for young people, what would it look like. This would give you a whole different list of things that you could do, as opposed to looking at the causes.
- The importance of seeing things from the perspective of young people. looking at the strengths of an area rather than the deficit, it would give you a different set of responses. Asking young people on their views of a place.
- Knives are prevalent in Suffolk now, but it will turn to guns eventually. There's an understanding that weapons are moved from big cities to more rural areas where police don't have them on their radar and ownership of weapons can be maintained, so use of weapons will only escalate in Suffolk.
- Younger adults, 15/16/17/18-year-olds, males are those involved which is similar for what we see with Prevent referrals. (these are also the fastest growing age group of those coming into care. Is that because of a rise in our awareness of their need to be safeguarded or are they becoming more vulnerable to being exploited.)
- Year 10 work experience is very valuable. Through work experience, sometimes employers were asked to continue to take on a young person a day a week after the work experience to keep the young person focussed and to give them a purpose. This is a really positive thing to pursue, and it works.
- Education very early on once they get into the school the damage is often already done. We have Family Hubs, but the people that access them don't tend to be the people you need to reach. It's the ones that don't access them, the hard-to-reach families that you really need to get to. Those families never take up offers of universal health visiting etc. If we could solve this one then we might get somewhere. The resources that we have are reducing.
- We don't invest strongly enough in media production and creation. Young people tend to have a strong interest in music and video production, so if we were able to have a system to engage the young people in this and help them create media, it then helps them to have a voice. Young people don't often have a voice in gangs etc, so this would give them a positive opportunity to be heard and to change their focus.
- We don't have enough training to upskill the workforce on working with children and we don't talk about careers in youth. work enough. Childrens home
  residential workers are not talked about at all, they are not recognised, make it a career and promote it more. Children's home managers are not always social
  workers they are from all works of life.
- We don't have a young people strategy in Suffolk other areas do, why don't we have one in Suffolk? Norfolk have one! This strategy is not just about family work. We don't have any strategic vision on what we want our young people to be like in Suffolk.
- Seeing different strategies in place in London football academies involved with combatting serious violence, being able to push awareness of the impact of serious violence. Have also seen it work with an equestrian centre in the same way.
- Care navigator role should be a focus on these types of roles, to help people engage with the service at the point they need to and help them engage successfully. Someone to fill in the gaps of provision.
- We see perpetrators in other areas mental health trusts, anger management courses we need to see whether there's any other preventable work we can do in this space.
- Young people assaulting homeless people is an issue in Lowestoft 'sport' ' for fun', not usual reasons for using the violence i.e., not drug and alcohol related. Because it's not getting reported we're not understanding the bigger picture of why this is happening. (Note: We had similar reports for the Bury St Edmunds area)

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# Survey with children / young people (12-25s)

12 out of the 20 respondents had witnessed / been a victim of violence in their local area. Comments included:

- · "People fighting."
- "Witnessed physical violence and been a victim."
- "At school when standing up for friend who was bullied."
- "Was shouted at in town once, it made me feel unsafe."
- "Been in a fight at school once."
- · "Witnessed a drug deal."
- "Youth ASB in local area."
- "Being bullied at school when I was younger still affects how I feel about things today even though I'm older."

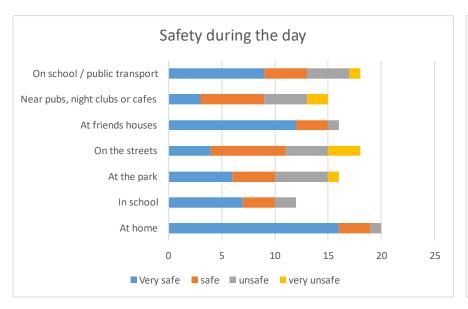


'Drug / alcohol use' was the main reason given for why some young people commit violence, but this was closely followed by other factors such as peer pressure and boredom.



All but two of the respondents had made some kind of behaviour change due to feeling unsafe.

# Survey with children / young people (12-25s)

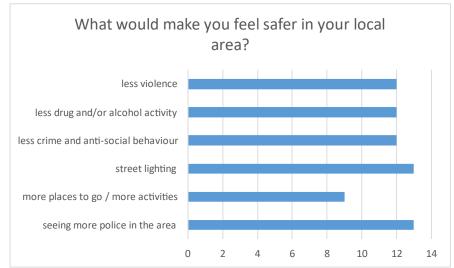


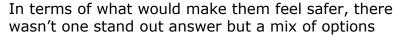


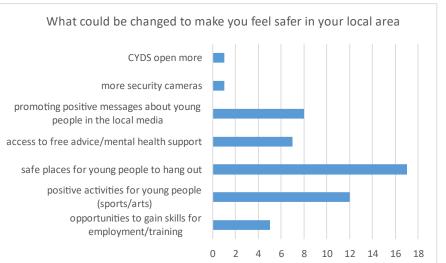
Respondents feel safest at home. Though during the day, a friend's house also felt safe.

Most locations feel unsafe at nighttime. During the day the streets, parks, near pubs/night clubs / cafes and school / public transport also feel unsafe.

What made respondents feel unsafe in their local area was mostly 'gangs / groups on youths' (60%), closely followed by 'drug / alcohol use' (55%) and 'street lighting' and 'crime' (50% each).







The main changes respondents would like to see to make them feel safer in their local area were 'safe places for young people to hang out' and positive activities for young people (spots/arts).

# 7. What Works – national case studies

#### **Background**

Locations with higher levels of crime and violence are known as 'hot spots'. Hot spots tend to form in small locations such as sections of streets or parks, areas around train stations, shops, pubs or clubs. Research shows that 58% of all crime happens in the top 10% of places with the most serious crime. Hot spots policing identifies locations where crime is most concentrated and focuses policing resources and activities on them. Some police forces, such as Thames Valley Police, are testing the use of a new mobile phone app that provides real-time mapping of hot spots locations to be patrolled, shares briefings and records time spent in the area. Hot spots policing aims to both understand the root causes of crime in hot spot locations and deter offenders from committing crimes in hot spot areas.

#### What they did

Researchers at the Institute of Criminology and Bedfordshire Police tracked daily official crime reports in a sample of 21 high-crime Bedfordshire Lower-layer Super Output Areas (LSOAs). They measured time spent by two-person police foot patrols in those areas with daily GPS data from handheld devices given to officers working on overtime and counted proactively initiated arrests. Each of the LSOAs was randomly assigned to have either a 15-minute patrol (as one of 7 each day) or to have no patrol (as one of 14 each day), with daily assignments changing each day over a 90-day period. The impact of patrols was analysed on the outcome measures overall, on consecutive days of assignment to the same condition and in 100-metre 'buffer' zones around each hot spot.

#### **Outcome**

The researchers found that on days with patrols the hot spots had 44% lower <u>Cambridge crime harm index</u> scores from serious violence than on days without patrols, as well as 40% fewer incidents across all public crimes against personal victims. Statistically significant differences in lower prevalence, counts and harm of both non-domestic violent crime and robbery and other non-domestic crimes against personal victims were also found. They observed a cumulative effect where patrols were repeated on consecutive days: on the third consecutive day of patrols in an area, the amounts of violence/robbery and other victim-based crimes were 38% and 27% lower respectively than on the first day. No evidence was found of either displacement of serious crime into a 100-metre buffer zone, nor any evidence of residual deterrence on no-patrol days following patrol days.

Case Study: The Cardiff Model (Cardiff)



#### **Background**

The public health approach to gathering and using data on violence can contribute to efforts to reduce violence at the population level. Emergency department and hospital admissions data can give a more accurate picture of some kinds of violence than police records alone. When researchers at Cardiff University's Violence Research Group analysed this data, they discovered that half to two thirds of violence which results in hospital treatment is not known to the police. Subsequent research found that police knowledge of violence often depends on victims reporting these offences, but that many of the injured do not report the violence to the police. By developing systems for specifically and consistently collecting the most useful kinds of data and for sharing it effectively between relevant agencies, interventions can be designed and targeted to maximise their impact.

#### What they did

Reception staff in emergency departments collected data about violent incidents from patients presenting with assault-related injuries, including location, time and day, and weapon used. The data was anonymised, analysed and combined with police intelligence and then shared with a group of representatives from agencies such as local government, police, licensing regulators, licensed businesses, ambulance services and mental health support services. The data was then used to predict, prevent and prepare for violence across the local area. They informed local prevention strategies, such as increased policing at peak times, the enforcement of licensing regulations, training for bar staff and the use of plastic glasses in assault hotspots.

#### **Outcome**

Analysis by Cardiff University concluded that implementation of the Cardiff Model in the city of Cardiff reduced violence related hospital admissions by 35%, with rates of woundings rising more slowly than in comparison cities. Although the relative decrease in woundings corresponded with an increase in less serious assaults recorded by the police, the data suggested that prevention efforts within the Cardiff Model may reduce the severity of violent incidents or prevent them from escalating, as well as reducing overall assault rates. They also concluded that the Cardiff Model reduced serious violence recorded by the police by 42% and substantially reduced the costs of violence to health services and to the criminal justice system, relative to the costs of the Model. It also served to reduce violence in premises licensed to serve alcohol.

# Case Study: Youth Work Plus (Redcar & Cleveland Borough, North Yorkshire)



#### **Background**

Redcar & Cleveland is a unitary authority area in the north-east of England. The larger towns include Redcar, Saltburn-by-the-Sea and Guisborough, while smaller towns and villages include Brotton, Eston, Skelton and Loftus. Loftus is among the 10 per cent most deprived places in England and struggles with rural isolation. Teenagers must travel out of town by bus to attend school – but beyond that they don't often leave the area. Unemployment is high and many families are on low incomes. Through a process of intelligence sharing in the Community Safety Partnership, it was identified that five older youths were responsible for a lot of anti-social behaviour in the Loftus area including drug use, assaults, vandalism and threatening behaviour. This seemed to be encouraging other young people to get involved in gang culture and violence.

#### What they did

Redcar and Cleveland's youth service designed a 'Youth Work Plus' targeted intervention model for steering young people away from anti-social and criminal behaviour. This approach was initially used with the five older youths and following a programme of intensive support they were moved on to other specialist services. The council then expanded this work and 20 young people in Loftus were identified and invited to take part. Youth Work Plus had three phases: Phase one included drop-ins and sessions aiming to build positive relationships and carry out assessments to capture the needs of participants. Phase two was a three-month programme delivering information, coaching and counselling. Consultation with the participants led to the topic of MCing (a music genre popular in the area) being chosen to engage them in positive activities in phase three.

#### **Outcome**

The aim of Youth Work Plus is to restore relationships and empower people to take control of their lives. It provides them with consistency, trusted adults and ambition for the future, and staff noted that each participant grew in self-confidence and self-esteem. Anti-social behaviour in Loftus reduced by 41% in the 12 months to December 2019, compared to the previous 12 months. 85% of the young people involved in the intervention had no further anti-social behaviour involvement. Those involved have opened up about other issues including substance abuse, mental health and physical health, which has allowed staff to refer them (with consent) to other services; and one participant has returned to education, having previously been permanently excluded.

# Case Study: Violence Reduction Partnership (Waltham Forest, London)



#### **Background**

Waltham Forest is a borough located in the north-east of London. Rates of violent crime have risen significantly in recent years, in line with the rest of London and the UK. The borough has also suffered a number of tragic incidents, including the murder of 14-year-old Jaden Moodie early in 2019. Following this increase in serious violence, crime became the primary concern for residents in the borough of Waltham Forest, with residents being 50% more likely to be concerned about knife crime than the London average. In response, a Violence Reduction Partnership was established and launched in November 2018 to tackle violence and its root causes – with the wellbeing of young people at the heart of its ambitions and solutions.

#### What they did

The Violence Reduction Partnership was created to bring together partners - including the police, health, education, the council, voluntary sector, local business and the wider community - to unite efforts behind a shared vision and strategic approach, with an ambition to reduce violence and ensure the safety of local residents. They focused on four 'domains': Curtail, where strong enforcement predicts, disrupts and tackles specific acts of violence, and where perpetrators are prosecuted and rehabilitated; Treat, where quick, effective, trauma-informed treatment is provided for anyone who has experienced violence; Support, where early, targeted support is offered to those most vulnerable to violence and exploitation, to reduce the risks they face; and finally Strengthen, where communities as a whole are empowered to build resilience and prevent violence.

#### **Outcome**

Between August 2018 and November 2019, knife crime offences reduced by 29% – the biggest reduction of any London borough over that period. Progress is being made across each domain: A local pilot with police under Curtail led to a 38% reduction in crime; an information-sharing arrangement under Treat meant schools received notifications of over 300 instances where their pupils had witnessed domestic abuse; work in Support reduced persistent school absence by almost 20% in 2018/19 (573 fewer pupils out of school); and in Strengthen, the first cohort of 2,000 pupils to receive life skills lessons saw the best progression results in the United Kingdom. Current priorities include active work to address knife-carrying and ensuring effective support is available in the right places across the system.

# Case Study: Community Initiative to Reduce Violence (Northamptonshire)



#### **Background**

Focused deterrence is an approach to violence reduction that was developed in Boston (USA) in the mid-1990s. It recognises that most serious violence is associated with a small group of people who are themselves very likely to be victims of violence, trauma and extremely challenging circumstances. Their involvement in violence is often driven by exploitation, victimisation and self-protection. Focused deterrence attempts to identify the people most likely to be involved in violence and support them to desist. The age of the people involved depends on the context and the crime problem identified but projects have worked with children as young as 14 or 15. It combines the core strategies of Support, Community Engagement and Deterrence.

#### What they did

The Community Initiative to Reduce Violence (CIRV) has been delivered by Northamptonshire Police since February 2019 alongside a range of partners and support services. CIRV takes a coordinated, multi-agency approach to reduce violent behaviour among suspected or known gang members and those at risk of gang involvement or criminal exploitation. Participants are referred to the programme by professionals (e.g., schools), community members, parents or through self-referral; and are given the choice of stopping their engagement in violence and associated crimes. Those who choose to stop receive support from police officers in partnership with others (e.g., a career advisor or an ex-gang member as a mentor), and partner agencies. If individuals are unwilling to engage with CIRV, officers use disruption and enforcement to tackle their offending behaviour.

#### **Outcome**

After reviewing 24 focused deterrence studies, the Youth Endowment Fund estimate that, on average, focused deterrence strategies reduced crime by 33%. Many of the studies included in this review had a specific focus on violent crime as an outcome. Northamptonshire Police completed their own evaluation of the CIRV programme and concluded that programme participants who engaged with CIRV made positive progress towards resolving the issues they faced. CIRV staff, programme participants and parents described how CIRV helped to increase awareness and knowledge around the consequences of gang-related activity and associated crimes. The disruption pathway led to arrests being made and increased police intelligence on 'disruption targets', meaning CIRV may have also played a role in improving community safety.

# Case Study: Enhanced Case Management (Wales)



#### **Background**

Young people who have had adverse childhood experiences and who experience poor mental health are more likely to be involved with gangs and serious youth violence. This is because they are more vulnerable to grooming by older gang members and they may turn to gang membership for emotional support. The Home Office reports that 40% of gang members are found to have severe behaviour problems at the point of arrest, compared to only 13% of non-gang members. Moreover, approximately 25% have suspected mental health diagnoses compared to only 10% of non-gang arrestees. Consequently, studies emphasise the need for mental health support for young people – to address adverse childhood experiences and trauma at a young age, before they become involved in violence and gangs.

#### What they did

Since 2013, the Youth Justice Board has been working with Youth Offending Teams in Wales to develop and test the Enhanced Case Management approach; introducing trauma-informed practice to these teams. The initial test took place with three Youth Offending Teams and targeted young people whose offending behaviour was considered prolific with complex needs such as adverse childhood experiences and trauma as interlocking factors. Evaluation suggests that young people experienced a wide range of complex needs. The most prevalent known or suspected problems were drug and alcohol misuse, domestic violence, physical abuse and self-harm. Psychological interventions were then offered, targeting the underlying cognitive processes associated with gang violence.

#### **Outcome**

Introducing trauma-informed practice to Youth Offending Teams through an Enhanced Case Management approach, trialled in Wales, demonstrated improvements in the lives of young people following their involvement. These included improved resilience to chaotic family life, improved self-confidence and emotion regulation. There were also notable improvements for several young people across criminal justice indicators such as breach and re-offending rates. Although the cohort in the study was small (21 young people) the Home Office concluded that Enhanced Case Management has merit and should be developed and tested further. In a wider review of Cognitive Behavioural Therapy interventions, which aim to reduce the impact of adverse childhood experiences, the Youth Endowment Fund conclude that such interventions reduce crime by 27%

Case Study: Catch-22 Mentoring (Kent)



#### **Background**

The absence of trusted relationships with pro-social adults is consistently cited in reviews of failures around child exploitation. Many young people who commit or are at risk of serious violent crime have a deep mistrust of statutory agencies and practitioners but are more likely to build trust with someone 'credible', who is outside of the system. Vulnerable young people require support from relatable adults who they can confide in if they have fears around violence or exploitation and who can help them find alternative pathways. Mentoring programmes match a child with a mentor and encourage them to meet regularly. These programs aim to help the child form a good relationship with a positive role model. This relationship could help the child to develop social skills, form constructive relationships with others and develop positive behaviours and aspirations.

#### What they did

Catch-22's County Lines and Gangs service in Kent provided 'gangs workers' to prisons who have extensive knowledge and understanding of gang culture. Through individual and group sessions with gang-involved prisoners, they helped inmates to talk through past harms and explored what other lifestyle choices they could make to exit gang life, find future training or employment and avoid re-imprisonment. In addition, they supported children and young people outside of the criminal justice system who were at risk of criminal exploitation, up to the age of 25. Focusing on the individual needs of the young people and working alongside their close relatives and immediate support network, they put together a bespoke programme of support to reduce risk and help young people to cope and, as far as possible, recover from the impact of exploitation.

#### **Outcome**

After reviewing 23 separate studies on Mentoring programmes, the Youth Endowment Fund concluded that it is effective in reducing both crime and behaviours associated with violence. The research suggests that mentoring reduces violence by 21%, reoffending by 19% and all offending by 14%. Mentoring is also seen to have positive effects on substance misuse, educational outcomes and self-esteem. Programmes with larger impacts tended to work with young people at higher risk of involvement in crime and are delivered by counsellors instead of police officers or teachers. Developing a positive mentoring relationship, based on respect and trust, is key to both mentors and mentees engaging positively in the programme and research suggests more positive outcomes where mentees and mentors share characteristics such as gender or ethnicity.

# Case Study: The Intervention Initiative (University of West England)



#### **Background**

Relationship violence prevention lessons and activities aim to reduce violence between children and young people in intimate and partner relationships. Dating and relationship violence includes all forms of violence and abuse, including emotional, physical and sexual violence; psychological abuse; stalking and harassment. Many dating and relationship violence prevention programmes are delivered in schools by trained teachers during existing relationship and sex education (RSE) lessons or personal, social, health and economic (PSHE) lessons. Building on this, the Intervention Initiative (TII) was developed by the University of West England to prevent violence against women by empowering bystanders to intervene in a positive pro-social way when witnessing situations they recognise to be problematic.

#### What they did

The Intervention Initiative is an eight-hour intervention, delivered to small groups over multiple sessions. It aims to reduce community violence through two core purposes: first, that potential bystanders will intervene to prevent problematic behaviours; and second, that attitudes, beliefs, social norms and peer group relationships which facilitate perpetration and impede bystander action are changed. The underpinning approach of TII is the fostering of a shared social identity among students. A bystander must notice an event, understand that it is problematic, decide that they are part of the solution thus assuming responsibility for helping and, finally, possess the skills to intervene effectively and safely. The intervention involves training potential bystanders to go through these steps and overcome barriers to action.

#### **Outcome**

The evaluation of the programme indicated that it significantly decreased participants' rape and domestic abuse myth acceptance and significantly increased their bystander efficacy, readiness and intent to help. Exposure to a concurrent social marketing campaign on campus had a significant strengthening effect on improvement of attitudes to rape myths. The evidence suggests that longer programmes appear to have more impact and that single-session interventions are not effective at changing behaviour in the long-term. Although TII was developed for a university setting, the Youth Endowment Fund reviewed a variety of similar dating and relationship violence prevention lessons and activities, most of which were delivered to children aged 11-16, and concluded that overall, they reduce violence by 17%.

# Case Study: Harnessing Community Assets (Nottinghamshire)



#### **Background**

Reducing incidents of serious violence is a high priority for Nottingham City and Nottinghamshire County. Nottingham was ranked the fifth worst city in the UK for knife crime in 2018, with 500 incidents. In Nottinghamshire, the rate of violent offences is lower than its statistical neighbour average, but some parts of the county have much higher rates. Nottingham City and Nottinghamshire Violence Ruction Unit (VRU), set up in September 2019, brings together key partners and builds on the work already underway – including the Nottinghamshire knife crime strategy. While the county and city differ in terms of their demographic profiles and prevalence of violent crime, they share a commitment to working together to understand the needs of local communities, identify what works, commission and implement evidence-based interventions, share learning and evaluate impact.

#### What they did

The VRU has a strong focus on prevention and early intervention. Interventions are aimed at building community resilience to violent crime and changing social norms, using local intelligence to interrupt the transmission of violence by analysing where it may occur and working with people at higher risk. The VRU began its work with a period of intensive information-gathering to create a comprehensive strategic needs assessment, which in turn informs a strategic response strategy. The initiatives include 'My Voice', a county-wide writing programme launched in primary schools and delivered by the Nottingham UNESCO City of Literature. It aims to develop tools for positive self-expression through writing, talks and mentoring opportunities, giving children a platform to explore their fears around violence and express their creativity.

#### **Outcome**

The strong focus on reducing violence is beginning to have an impact. Knife crime across Nottinghamshire fell by 8.7% in the 12 months to September 2019 (from 882 to 805 incidents). The intervention in the city of Nottingham was particularly successful, with a decrease in knife crime of 18.9%. The number of offences per 1,000 population across Nottinghamshire has dropped below the national and regional average for the first time in over a decade. Police and Crime Commissioner, Paddy Tipping, said: "These figures are certainly a positive indication that the preventative work we are doing, including school-based education and family intervention, as well as robust enforcement, is making a difference to the safety of our communities."

# Case Study: Step Together (West Midlands)



#### **Background**

Step Together is inspired by the Safe Passage programme delivered in Chicago. Jointly run by the Chicago Public Schools (CPS) district and Chicago Police Department, Safe Passage works with community organisations who hire, train and place neighbourhood residents along specified routes to and from schools at the beginning and end of the school day. The aim is to decrease crime by means of deterrence and reporting by community monitors. Several studies have examined the impact of Safe Passage in Chicago since it launched, and these have suggested positive results including reductions in crime along the chosen routes, reductions in crime on nearby neighbourhood streets and even reduced rates of absenteeism from school. Given these positive results, the Home Office and Youth Endowment Fund funded the delivery of Step Together in the West Midlands.

#### What they did

The Step Together project aimed to reduce crime and violence by placing trained adult 'chaperones' on routes used by children walking to and from secondary school in areas identified as having a heightened risk of violence or anti-social behaviour. The West Midlands Violence Reduction Partnership commissioned 10 local youth-focused organisations to provide staff members as chaperones and identified 20 routes across the West Midlands where chaperones would be placed to prevent incidents and, where appropriate, intervene when incidents occurred. The evaluation of the programme was designed to review the application of a US based programme in a UK context and assessed whether the programme was delivered as intended. To achieve these aims it included focus groups of stakeholders, interviews and a survey of chaperones.

#### **Outcome**

Step Together was largely delivered as intended and the project delivered the target number of 19 routes. Where chaperones occupied the same routes every weekday, this was perceived to build rapport with pupils, schools and the community. 56% of the 90 chaperones involved in the project responded to the survey. Of those who responded, 92% reported handling incidents, including those involving physical violence (87%), anti-social behaviour (80%), bullying (76%) and knife crime (33%). School staff, pupils and community members reflected that chaperones responded appropriately to incidents, supporting pupils and the community. The young people who were interviewed reflected that they felt safer and that the programme supported their education, mental health and well-being.

# Case Study: Talent Match (England)



#### **Background**

Studies suggest that youth employment is a protective factor against youth violence, with many programmes aiming to enhance employment or training outcomes. Between 2007 and 2009 the Great Recession had many negative and lasting impacts on the British economy with the International Labour Organisation unemployment rate for those aged 18-24 reaching its highest ever level at 19% in 2012, over double the peak of 8% experienced by those aged 16-64 in 2011. Against this backdrop, the Big Lottery Community Fund invested £108 million between 2014 and 2018 to fund a strategic programme called Talent Match. The money was distributed across 21 voluntary and community sector led partnerships across England.

#### What they did

The programme had a few defining features that set it apart from previous youth employment programmes previously delivered at scale across England. The programme aimed to support young people aged 18-24 years who were furthest from the labour market to make progress towards sustainable employment. Support was provided on a personalised and individual basis, responding to the needs of participants, and was voluntary, which contrasted with government funded employment programmes at the time. The programme adopted a test and learn approach, designed explicitly to provide partnerships scope to develop and adapt bespoke solutions, which responded to local priorities and opportunities. And above all, the programme was co-designed and co-delivered with young people.

#### **Outcome**

The original aim of Talent Match was to support 40% of participants into employment or self-employment. By the end of 2018, 19 of the 21 Talent Match partnerships had assisted two fifths or more of their participants into employment/self-employment, with an overall average of 46% of participants finding employment or self-employment. The young people securing employment tended to be satisfied with the jobs they found, and many reported that this was a stepping-stone to future employment. Well-being for Talent Match participants joining the programme was generally worse than that for the general population, but for most participants this gap closed during involvement, with 78% of those recording a low well-being score at the start of the programme going on to record a higher score at a later stage.

# Case Study: Embedding Psychologists in Safeguarding Teams (Manchester)



#### **Background**

Since 2013, Greater Manchester's public sector partners have been working with victims and potential victims of child sexual exploitation (CSE) using a strengths-based and person-centred approach. In Greater Manchester there is a mix of inner-city areas, where gang violence and organised crime can be a problem, and more suburban areas with challenges such as county lines and trafficking. Although challenges such as county lines require different approaches to CSE, the risk factors are often the same: serious organised crime, county lines and modern slavery are intrinsically linked to safeguarding issues when children, young people or vulnerable adults are involved. The Greater Manchester Combined Authority (GMCA), working in partnership with other stakeholders, created a new complex safeguarding model which addressed all these problems together.

#### What they did

The original CSE teams evolved into complex safeguarding teams, with each team dealing with child criminal exploitation, county lines, modern slavery, trafficking and threats to life. In 2018, GMCA won investment from the Home Office Trusted Relationships Fund to integrate psychologists into these complex safeguarding teams. Rather than working directly with young people, the psychologists would use their expertise to upskill frontline professionals who can build on the trusted relationships they already have. Each team includes children's social care, family support, early help, police, health and the voluntary sector. The trusted professional works with children and families, under the guidance of a psychologist, to understand behaviour in the context of life events and interventions are informed by models of trauma recovery.

#### **Outcome**

Evaluation of the original CSE work demonstrated improved outcomes for children, young people and families. For every £1 spent, £5.48 was saved on accommodation service costs alone. The cost benefit analysis estimated a £48,000 saving per person over five years (based on agency costs, not including accommodation). By December 2019, psychologists had been brought into seven of the ten complex safeguarding teams. The number of children and young people benefiting from this new service had at that point exceeded 500 – already beyond the initial expectation of 300 each year. The psychologists will eventually influence the practice of 120 frontline professionals. Feedback from staff who have received training was universally positive.



#### **Background**

Parenting is a key determinant in child behaviour and parents who encourage pro-social behaviour have children with fewer behavioural problems. Interventions that develop parenting skills, support families and strengthen relationships between parents, carers and children can prevent child abuse and improve child behaviour, reducing children's risks of involvement in violence in later life. Programmes can be delivered to all parents but are often targeted at high-risk families and children with conduct disorders, where they can have the greatest benefits. Conduct disorders are estimated to affect 5 - 10% of children aged 5-15 years in the United Kingdom and the United States. There is good evidence that parenting programmes can improve both parenting practices and child behaviour.

#### What they did

A widely used parenting programme is Incredible Years which provides parents with strategies to manage child aggression. It seeks to give parents the skills to help children control their emotions, strengthen their social skills, promote academia and reduce disruptive behaviours. The programme aims both to develop comprehensive treatment programmes for young children with early onset conduct problems, ADHD and Autism; and to prevent children from developing conduct problems in the first place. The programme was delivered through Sure Start in Wales by two trained leaders in 12 weekly sessions and was evaluated by a research team from the University of Wales, Bangor in 2007. For the evaluation, parents of 116 children aged 36-59 months at risk of developing conduct disorders were identified by health visitors and recruited by the research team.

#### **Outcome**

Incredible Years and other evidence-based parenting programmes are used across England and have shown positive impacts on parenting and child behaviour. Parenting interventions are a particularly effective treatment for child conduct disorders. When delivered to parents of children at risk of conduct disorders, Incredible Years was found to reduce problem behaviours in children, reduce parental stress and depression, and be cost effective. An economic analysis of parenting interventions for five-year-old children with conduct disorders in England estimated they could generate savings of £9,288 per child over 25 years - eight times more than the intervention cost. Of these savings, £1,278 per child would be accrued by the NHS.

# Case Study: Groundwork Skills Development (Manchester)



#### **Background**

Studies highlight the importance of building young people's interpersonal, emotional and behavioural skills - including the ability to manage conflict and negative peer pressure - at an early age to prevent serious youth violence. In 2015, the Early Intervention Foundation reviewed 67 programmes designed to prevent youth violence. They found that most effective programmes are skills-based programmes where young people learn character-based skills - such as anger management - or better lifestyle choices and non-violent norms. Groundwork provides one-to-one mentoring and coaching to young people identified as being at risk of becoming victims or perpetrators of serious youth violence. Young people are engaged to develop new skills that build their resilience and make it less likely for them to get involved in serious violent crime.

#### What they did

The Groundwork programme in Manchester supported young people identified as being at risk of becoming victims or perpetrators of violent crime. Once a week over 6 months, young people engaged with a mentor to develop new skills and behaviours that built resilience and reduced the likelihood of them being involved in serious crime. Through 1-2-1 mentoring and coaching, the project supported young people to create action plans to develop new skills, to help them to become more resilient, make better choices and be more informed. Every intervention was different as every young person required something specific. Impact was measured through the 'Groundwork youth star', the achievement of the targets in the action plan and testimonials from the young people themselves.

#### **Outcome**

The pilot project engaged with 6 young people in east Manchester. The most immediate result from the Groundwork programme was the strong relationships developed between the mentors and young people. Through mentoring, staff were able to work with young people to identify their strengths and assets. They developed action plans, building on the talents of young people to deliver tasks and get a sense of achievement. The participants reported feeling positive about having somebody who believes in them and wanted to genuinely make a difference: "You don't do this because you get paid to do it, it's because you genuinely care". Each of the young people developed an action plan and a set of targets to achieve and showed very encouraging results on the 'youth star' measurement.

# APPENDIX - Selected costs of SV in Suffolk (FY 2022/23)

Item	Agencies bearing the cost	Fiscal value	Economic value		Suffolk incident rate for 2022/23	Suffolk cost for 2022/23
Domestic violence - average cost per incident	Police, Criminal Justice, LAs, NHS	£3,253	£1,940	£8,948	7,877	£111,380,738
Court event: Violence against a person (over 18) (per person per court event)	Criminal Justice System	£16,745	5		512	£8,573,267
Court event: Sexual Offences (over 18) (per person per court event)	Criminal Justice System	14,336	5		68	£974,862
Court event: Burglary (over 18) (per person per court event)	Criminal Justice System	£4,540			55	£249,721
Court event: Robbery (over 18) (per person per court event)	Criminal Justice System	£12,415	, )		14	£173,809
Court event: Drug offences (over 18) (per person per court event)	Criminal Justice System	£3,292			145	£477,347
Crime - average cost per incident of crime, across all types of crime	Police, probation, Court, Prison, NHS, Victim Services	£1,132	£1,285	£1,628	27,860	£112,699,941
Homicide - average cost per incident	Police, probation, Court, Prison, NHS, Victim Services	£948,100	£365,320	£2,409,126	7	£26,057,825
Violence with injury - average cost per incident	Police, probation, Court, Prison, NHS, Victim Services	£3,957	£2,777	£9,533	6,400	£104,100,895
Violence without injury - average cost per incident	Police, probation, Court, Prison, NHS, Victim Services	£2,707	£914	£3,251	10,093	£69,357,892
Rape - average cost per incident	Police, probation, Court, Prison, NHS, Victim Services	£9,359	£7,959	£28,216	1,025	£46,673,259
Other sexual offences - average cost per incident	Police, probation, Court, Prison, NHS, Victim Services	£1,793	£1,481	£4,280	1,692	£12,782,115
Robbery - average cost per incident	Police, probation, Court, Prison, NHS, Victim Services	£6,305	£2,638	£4,153	278	£3,640,662
Domestic Burglary - average cost per incident	Police, probation, Court, Prison, NHS, Victim Services	£2,522	£2,950	£1,377	23	£57,521
Ambulance services - average cost of call out, per incident	NHS	£334			83	£27,706
A&E attendance (all scenarios)	NHS	£306	5		45	£13,759

