



# Tackling and preventing serious youth violence: a rapid evidence review

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June 2018

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## 1. Purpose of the review

The purpose of this review was to inform thinking about ways to prevent and tackle youth violence, and in particular to consider the evidence for the kinds of community-based preventative projects which might be most effective in the London context.

The main questions for this review were:

- What learning is there from existing research on tackling/preventing youth violence (internationally and within the UK)?
- What approaches for addressing serious youth violence have been used, and what is the evidence for their effectiveness?
- What relevant examples of good practice are there and how transferable might these be for the London context?

### About the evidence

It should be noted that using research evidence to inform project development is not completely straightforward. It is rarely just a matter of taking a well-evaluated model off-the-peg and faithfully replicating it. Most of the interventions for which there is good research evidence have still not worked in every setting or with every population. The best evaluated approaches are often from the USA, and while some have been adapted for use in the UK there is much less evidence about how well the UK versions are working. It is also the case that some interventions lend themselves to evaluation better than others: there tends to be better evidence about single strand, highly specified interventions (e.g. parenting programmes) than about more 'messy', multi-layered community-based initiatives. But that does not necessarily mean that the more complex programmes don't work – it's just harder to demonstrate.

The volume of evidence in the field of youth crime and violence is huge, both in terms of published research and more 'grey' material (policy documents, project reports etc), reflecting the extent of concern about the issue over many years. We have therefore tried to select material of most relevance to developing preventative projects in London.

## 2. What do we know about the problem of youth violence?

The Government's recent serious violence strategy (Home Office, April 2018)<sup>1</sup> reports that whilst crime in general (including violent crime) continues to fall, homicide, knife and gun crime have risen across virtually all police force areas in England and Wales since 2014. Although around half of these increases may be attributed to improved reporting and police recording of these crimes, the rising trend is supported by other data such as hospital admissions. Between 2013/14 and 2016/17 admissions due to assault by a sharp object showed an increase of 18%<sup>2</sup> giving credence to the concerns about rising knife crime.

These increases are disturbing but they also need to be put into context. Violent offences make up only 1% of total crime in the UK which remains a comparatively safe place to live.<sup>3</sup> However, when it does occur, violent crime is devastating for individuals, families and communities. And the risk of becoming a victim of such crime varies according to where you live. Violent crime rates are higher in London than elsewhere in the country, and higher in some London boroughs, to the extent that youth violence in some areas has been described as an 'epidemic'.<sup>4</sup>

There are links between knife and gun crime and robbery, with a sizeable proportion of robbery offences (21%) involving the use, or the threat of use, of a knife. Drugs are an important factor with 57% of homicides involving either a victim or suspect known to be involved in using or dealing illicit drugs.

Trends in the data about serious violence suggest a shift towards younger victims and crimes involving most violence being committed by young men on other young men.

### Gender and race

That the problem of serious youth violence is a gendered issue is often taken for granted rather than discussed and analysed. That some boys use violence to solve conflicts – or join gangs to gain status or protect themselves – is seen as reprehensible but quite 'normal'. As the authors of a report on addressing knife crime in London put it:

“The aspiration of holding, possessing, and brandishing what only the adult, brave and qualified soldier is entitled to carry legally is part of many young boys' childhood, whatever their social background.”<sup>5</sup>

Gendered expectations are powerful shapers of behaviour and help explain why serious youth violence is much more frequently perpetrated by boys than it is by girls.<sup>6</sup> The use of knives and other weapons by teenage boys can be seen as a means of living up to a particular version of masculinity and thereby strengthening their gender identity. However, most young men do not 'big up' their masculinity through these means and it is in the intersections between masculinity, marginalisation and 'social background' that the causes of serious youth violence lie.

A high proportion of those involved in serious violence in some major cities are young black men. And young black men are more likely to grow up in poverty, to be cared for by a single parent, to be excluded from school and to be NEET – all of which are risk factors for a range of poor life opportunities and outcomes, including involvement in offending.

In the last few decades many families residing in poor neighbourhoods have become trapped in poverty. In particular, black and minority ethnic young people have found themselves at the bottom of the economic ladder, shut out from the aspirations of more privileged parts of society but often blamed for their own disadvantage. This social marginalization of many black young people has led to anger with, and mistrust of,

mainstream society and the creation of alternative cultures that provide a sense of belonging, identity and status: some of which normalise gang membership and the use of violence.<sup>7</sup>

Gang membership and the use of violence may be largely male territory but that does not mean women and girls are unaffected by serious youth violence. They are not infrequently its direct victims, and as mothers, sisters and girlfriends they are intimately connected to its perpetrators and impacted by the fear, anxiety and trauma of the worlds they inhabit. They often feel under pressure to collude with and support male family members. Carlene Firmin's research highlights the lack of control or choice felt by gang-associated women and girls and, at the same time, their reluctance to seek help and mistrust of professionals and services:

“What you gonna say, oh I've had drugs in my house but it's because I'm scared. They don't give a fuck, you still did it; how can you prove you didn't want to?”<sup>8</sup>

### **Gangs and youth violence**

There has been some debate about the use of the term 'gang': about what constitutes a gang and whether serious youth violence is always linked to gang membership. There have been accusations that concern about 'gangs' is out of all proportion to the evidence that incidents of serious youth violence are gang related, and concerns that stereotyping of 'black rapper gangsters' has been part of a media-fuelled moral panic which has led to the demonization of any teenager hanging out on the street with their peers.<sup>9</sup>

The street-based groups to which young people belong are not always gangs and the gangs themselves range from small, often temporary, neighbourhood networks of young people involved in low-level delinquency all the way up to international criminal gangs with a track-record of murder.<sup>10</sup> There is now a general consensus that whilst tackling gangs is important, particularly the 'draw' of gang membership for young people, gangs are only part of the overall picture of youth violence.

A review of young people's views and experiences of gang involvement<sup>11</sup> highlighted some of the challenges of tackling gangs. Young people reported that they felt unable to speak to services (particularly the police) for support and protection. The barriers for young people accessing support included: the risk of increased danger (being a "snitch"), lack of trust in professionals' and institutions' information sharing processes, not knowing where to go and loyalty to gang members. This affected their ability to leave a gang especially when gang culture and risk of violence from gangs penetrated into institutions designed to safeguard young people, such as supported housing and women's refuges. For some young people who did leave gangs this was less a deliberate choice and more to do with other life changes, such as becoming a parent. The authors of the review also note that from the point of view of young people, not all experiences of gang involvement were negative. For some, the gang provided them with a sense of belonging, love, protection and "family" that they

had not experienced in their lives before. For some boys, joining a gang provided them with some status and a sense of power and freedom.

### **Violence and social media**

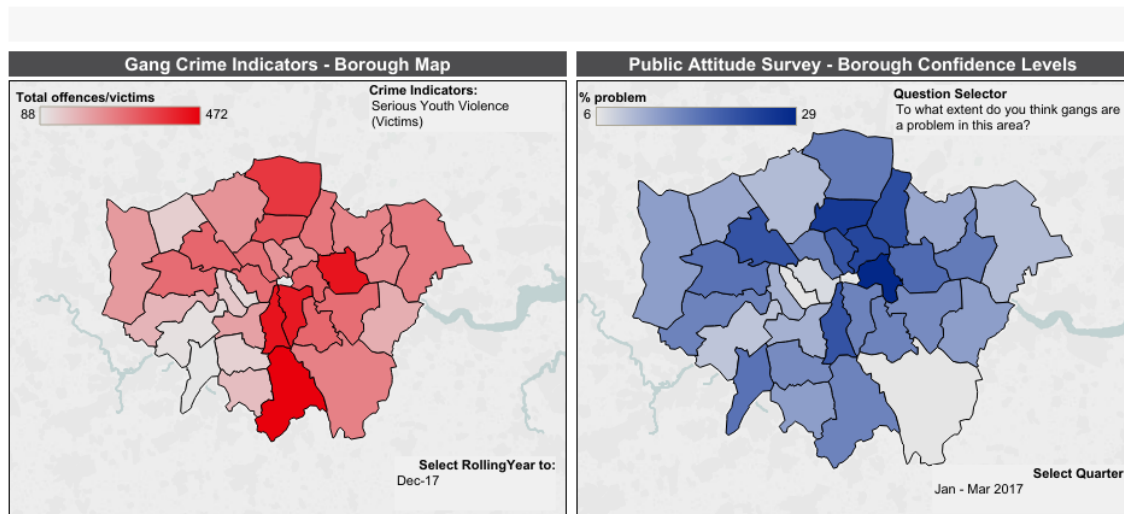
There is growing concern about the role of social media in the spread of youth violence. A report by Catch 22 summarises how this can happen.<sup>12</sup> Because social media is commonly perceived to be hidden from adults, they argue that a virtual free-for all space has emerged in which a minority of young people share material that both displays and incites serious incidents of violence in real life. The spread of smartphone use has massively increased the potential for this and also means that on-line material can reach large audiences in a very short time. This includes drill music videos containing threats and provocation to violence. Intense exposure to this kind of social media content may be damaging in itself and it also adds to the social pressure on young people to retaliate in order to protect their perceived status and reputation.

### **3. What do we know about youth violence in London?**

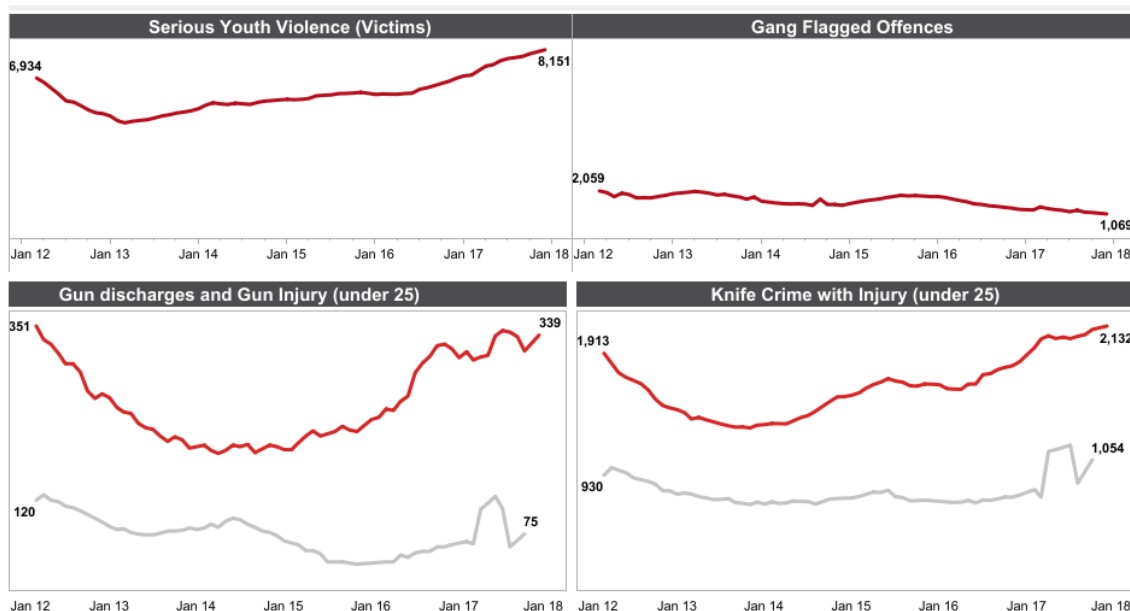
Overall, the number of recorded offences involving serious youth violence in London has risen from 6934 in January 2012 to 8251 in January 2018. However, this has not been a straightforward increase: the number of offences fell to just over 5000 in March 2013, before steadily rising to its current level. A similar pattern can be seen for both knife and gun crime injuries. Current levels of both are only slightly higher than in 2012, but each took a dip in 2013/4, before rising quite sharply from 2015 onwards. These crimes are not evenly distributed across London. The incidence of serious crime in general varies between boroughs. MOPAC's Vulnerable Localities Profile shows that there are over 3 times more victims of burglary, robbery and sexual offences living in the 10% most vulnerable wards compared to the least vulnerable<sup>13</sup>. Similarly, the risk of being a victim of serious youth violence varies widely. The map in red overleaf shows the 'hotspots' for serious youth violence: in the year ending December 2017, there were 472 victims of such offences in

Croydon, 441 in Lambeth, 440 in Newham, 433 in Southwark and 381 in Enfield.

### Gang Crime and Serious Youth Violence Dashboard



The below charts are rolling twelve months totals. Each point therefore represents twelve months of recorded offences/victims



PLEASE BE AWARE THAT IF ANY INDICATOR IS BELOW 10 FOR ANY PERIOD THIS WILL NOT SHOW

**Gang Related Offences** - Any crime or crime-related incident where any individual believes that there is a link to the activities of a gang or gangs (up to Dec 17).

**Serious Youth Violence** - Count of youth victims of serious violence (excl. ABH- up to Dec 17).

**Gun Discharges** - As of 19 July 2016 the MPS record Gun Crime discharges as Lethal Barrelled weapons only. The data in this dashboard only refers to these weapons (up to DEC 17).

**Gun Injury (LAS)** - Attendances by LAS to assaults whereby the patient was aged 1-24 and a gun injury present (up to Oct 17).

**Knife Crime w/injury** - Victims of knife injury aged between 1-24 years not flagged as Domestic Abuse (up to Dec 17).

**Knife Injury (LAS)** - Attendances by London Ambulance Service (LAS) to assaults whereby the patient was aged 1-24 and a knife injury present (up to Oct 17).

Source: The Mayor’s Office for Policing and Crime: <https://www.london.gov.uk/what-we-do/mayors-office-policing-and-crime-mopac/data-and-statistics/crime%20gangs-dashboard>

The relationship between youth violence and gangs is not always straightforward and the statistics on recorded offences illustrate this. Overall, gang-flagged offences have decreased since 2012 (from 2059 to 1069). And in the year ending December 2017, the highest number of gang flagged offences was not in any of the boroughs listed above, but in Greenwich (where there were 191 gang flagged offences compared to just 34 in Croydon).

## Knife crime

The Mayor of London's Knife Crime strategy (2017)<sup>14</sup> reports that in the year ending March 2017, over 12,000 knife crime offences were recorded in London, mostly related to street violence and robbery. Analysis of Metropolitan Police crime data for 2016/17 indicates that 75% of victims of knife crime were male and frequently aged under 25. Almost half of all victims of knife crime were from BAME backgrounds, with one in five of all victims of knife crime recorded as black ethnicity. Almost 90% of offenders were male and of those, 62 per cent were from BAME backgrounds.

Research into why people carry knives and other weapons highlight a number of reasons including perceived power and status, the wish to intimidate others, and, in some cases, the deliberate intent to harm someone else or to facilitate robbery.<sup>15</sup> However, surveys suggest that self-protection is a key reason young people cite for carrying a knife, with some being far more concerned about the need to protect themselves than about being caught by the police. Interestingly, young people under 25 are more likely to feel that knife crime is a problem in their area, with those over 65 least likely to feel it is a problem.<sup>16</sup> In a survey of young people commissioned for the London Knife Crime Strategy, 42% were worried about knife crime in their local area, 22% knew someone who had been a victim of knife crime, and 3% had themselves been a victim.

Although research suggests that gang members are more likely to carry knives than other young people<sup>17</sup>, the majority of knife crime in London is not flagged as gang related.

The London Police and Crime Plan 2017-2021 includes youth violence and knife crime as mandatory priorities, requiring every Borough to develop a local Knife Crime Strategy, led by the Metropolitan Police Service (MPS) and involving partner organisations. The plan also includes a review of the MPS approach to gang related crime, including reviewing the Gangs Matrix, which identifies the most violent gang members in London and supports the MPS to tackle gang crime, gun crime and knife crime. As part of this, the plan sets out its intention to strengthen the identification of young people who are at risk of serious violence, whether perpetrators or victims.

The MOPAC funded London Gang Exit (LGE) Service aims to divert vulnerable young people out of serious offending, working with partner agencies to provide a package of support around health, education, housing and employment. MOPAC is also funding projects to reduce knife and gang crime and serious youth violence through the London Crime Prevention Fund.

The London Knife Crime Strategy highlights the role of schools in providing safe spaces for young people and promoting the skills young people need to resolve conflict without the need to resort to violence and weapons use.



#### 4. What is known about risk and protective factors?

Research on youth violence identifies various factors which either increase the risk of involvement in youth violence (as either a perpetrator or victim) or appear to protect against it. The following risk factors are commonly identified as contributing to involvement in youth violence:

- **Individual factors:** past exposure to violence, impulsiveness, low school achievement, poor problem-solving skills
- **Relationship factors:** delinquent peers, parental conflict, limited parental monitoring and supervision
- **Community factors:** housing instability, poor neighbourhoods, gang activity, crime
- **Societal factors:** norms about the acceptability of violence, limited education and economic supports and opportunities<sup>18</sup>

Risk factors are often complex and multilayered, involving multiple individual factors, as well as neighbourhood, family, school and peer factors<sup>19</sup> Hahn et al (2007) highlight low socio-economic status, poor parental supervision, harsh and erratic discipline and delinquent peers as risk factors, but point out that offending young people often have additional problems, like drug abuse, difficulties at school and mental health problems.<sup>20</sup>

A review by the Early Intervention Foundation (2015)<sup>21</sup> summarises the evidence on the strongest risk factors for both youth violence and gang involvement at different ages (in brackets in the table below):

Domain	Strong risk factors for youth violence (by age)	Strong risk factors for gang involvement (by age)
<b>Individual</b>	Troublesome (7-9; 10-12) High daring (10-12) Positive attitude to delinquency (10-12) Previously committed offences (7-9) Involved in antisocial behaviour (10-12) Substance use (7-9) Aggression (7-9) Running away and truancy (7-9; 10-12; 13-15; 16-25) Gang membership (13-15; 16-25) Low self-esteem (13-15) High psychopathic features (13-15)	Marijuana use (10-12) Displaced aggression traits (13-15) Anger traits (13-15) Aggression traits (13-15)
<b>Family</b>	Disrupted family (7-9; 10-12; 13-15) Poor supervision (10-12)	No strong risk factors identified

<b>School</b>	Low commitment to school (13-15)	Low academic achievement in primary school (10-12) Learning disability (10-12)
<b>Peer group</b>	Delinquent peers (7-9; 10-12; 13-15)	No strong risk factors identified
<b>Community</b>	No strong risk factors identified	Marijuana availability (10-12) Neighbourhood youth in trouble (10-12)

Source: Early Intervention Foundation, 2015 p. 8

The EIF report highlights some key points from this analysis, as follows:

- Across all age groups, individual factors (such as low self-esteem) are more powerful signs of risk than contextual factors (such as coming from a low-income family)
- Running away and truancy are important indicators of risk across all age bands
- Family-specific factors are particularly important signs of risk for younger children but less so with older young people when family influence diminishes.
- Community-specific factors, while often included in studies of youth violence, are not identified as strong risk indicators, but they can have an underlying influence on individual, family, peer and school factors.

There are fewer studies specifically on gang involvement, but research suggests that many of the risk factors for youth violence and delinquency also increase the risk of gang involvement. The primary factors associated with 'core' involvement in gangs include:

- Lower school performance
- Lower intelligence scores
- Lower impulse control
- Higher recorded delinquency
- More often truant in school
- Lower desire for rehabilitation
- Fewer outside interests
- Tendency for aggressive behaviour.<sup>22</sup>

As for youth violence, individual features or behaviours are found to be the most powerful signals of risk for gang involvement.

However, there are many young people who have these risk factors in their lives who do not get involved in youth crime and violence.<sup>23</sup> Consequently, there is a growing interest in the protective factors which help prevent involvement in violence.<sup>24</sup> As with risk factors, protective factors can occur at the individual, family and close relationship, community, and societal levels; and, the more protective factors that accumulate, the lower the likelihood of youth violence. Identified protective factors are:

- Above-average intelligence
- Low levels of impulsiveness
- Pro-social attitudes
- Close relationships to parents
- Intensive parental supervision
- Medium socioeconomic status
- Strong ties to school
- Having non-deviant peers
- Living in a non-deprived and non-violent neighbourhood.<sup>25</sup>

A review by Cordis Bright for the Early Intervention Foundation (2015)<sup>26</sup> identified the following protective factors for preventing involvement in youth violence, and drew on longitudinal studies to highlight the factors for which there is the strongest evidence:

Domain	Protective factors (strong factors in bold)
Individual	<b>Belief in the moral order</b> <b>Positive/prosocial attitudes</b> <b>Low impulsivity</b> Intolerant attitude towards deviance Perceived sanctions for transgressions Low ADHD symptoms Low emotional distress High self-esteem
Family	<b>Good family management</b> <b>Stable family structure</b> <b>Infrequent parent–child conflict</b> Supportive relationships with parents or other adults Parents’ positive evaluation of peers
School	<b>Academic achievement</b> Commitment to school School recognition for involvement in conventional activities High educational aspirations Bonding to school
Peer	Friends who engage in conventional behaviour Low peer delinquency Prosocial bonding
Community	<b>Low economic deprivation</b> Neighbourhood interaction Neighbour support

Source: Cordis Bright Consulting (2015) p37

### Promoting resilience

In recent years there has been increased interest in how some young people, despite having many risk factors in their lives, seem to ‘beat the odds’. What are the resilience factors

which enable some people to bounce back from adversity, and how can these features be strengthened?<sup>27</sup>

The evidence suggests that there are some key factors which influence resilience. It is generally agreed that the most important factor is having a stable, supportive relationship with a parent or caregiver.<sup>28</sup> Where these attachments are weak or negative, resilience can still be supported via positive, consistent relationships with other adults.<sup>29</sup> Other key elements are the development of good personal life skills and providing resources and interventions to ameliorate or prevent the effects of 'set-backs' and supporting young people to sustain positive connections with their community.<sup>30</sup> As Ann Masten puts it, resilience is built by 'ordinary magic': *'Resilience does not come from rare and special qualities, but from the everyday magic of ordinary, normative human resources in the minds, brains, and bodies of children, in their families and relationships, and in their communities.'*<sup>31</sup>

Resilience has become an important concept for those working with children and young people and now underpins many initiatives to promote wellbeing. This thinking has also been applied to young people vulnerable to involvement in violence. For example, Guerra & Williams (2002) highlight the importance of 'healthy youth development'. *'Rather than focus on selected risk factors and how to reduce them, a youth development approach emphasises strengthening the capacity of youth to become healthy and successful adolescents and adults through skill building and development of opportunities for engagement and support.'*<sup>32</sup>

The challenge for those working with young people involved in or on the edge of youth violence is that some of the early building blocks of resilience are often absent or damaged. This reinforces the importance of early intervention with young children. However, adolescence is also a critical period of development, and offers a window of opportunity. As the Association for Young People's Health (2016) points out, it is worth investing in resilience at this age because:

- Human brains develop and change more during the teenage years than at any other time apart from the first three years of life. This means that this is a time when there is huge potential for the development of new skills and capabilities.
- The environment has a key role to play for teenage brain development. Enriching environments can enhance development while restrictive ones do the opposite.
- Young people who are not resilient will be more likely to respond to stress by developing anxiety and depression, which in turn often leads to other disadvantages e.g. young people with mental health problems are more likely to be not in education, employment and training in their early 20s, and are more likely to need additional welfare support

- The more opportunities we can offer teenagers for learning coping skills, and the more support and endorsement we can provide, the more chance there is of healthy development.<sup>33</sup>

Between the ages of 10 and 24, a number of significant life events and challenges occur in the transition from being a child at home to being a self-supporting adult. Each of these can be a critical learning moment when a timely intervention can be a life-changing experience. However, strategies to promote resilience should not just be focused on the individual. Focusing on building individual life skills is not a replacement or substitute for action to tackle the causes of stress and inequality. As a result, school and community based resources, services and interventions are a critical part of promoting resilience – and reducing inequalities is a major part of the picture.<sup>34</sup>

## 5. What works to address youth violence?

Serious youth violence is not a problem that exists in isolation with its own specific causes and treatments. The risk and protective factors for being a perpetrator or a victim of youth violence overlap with those for child abuse and neglect and for sexual and domestic violence. Young people who are abused and neglected are much more likely to be in physical fights, become involved with gangs, and attempt suicide than those who are not. Furthermore, the causes of youth violence are multiple - and risk factors can accumulate across childhood and adolescence. The use of any single strategy is therefore unlikely to have much effect on an entire community's level of violence.<sup>35</sup> The evidence strongly suggests that what is required for impact is a multi-level, multi-mode approach which reduces risk and promotes protective factors at individual, family, school and community levels. This requires approaches that address multiple forms of violence and acknowledge their interrelatedness rather than single issue interventions e.g. strategies that take account of both gang involvement and violence against women and girls.<sup>36</sup>

Strategies to prevent youth violence commonly adopt a combination of three types of approach – prevention, disengagement or suppression:<sup>37</sup>

- **Prevention** - aims to prevent children and young people from getting involved in gangs or youth violence. Such programmes can begin very early (e.g. pre-birth and early childhood interventions) or attempt to prevent children and young people getting involved through support and diversionary activities (e.g. extra curriculum activities)
- **Disengagement** - aims to divert or help young people withdraw from crime by providing alternatives (e.g. detached workers or providing alternative opportunities, such as after-school programmes, counselling and job training).

- **Suppression** - uses enforcement tactics that identify, isolate, and punish offenders (e.g. law enforcement, legislation targeting offenders)

Evidence suggests that effective strategies combine all three components and are tailored to specific communities and the age groups of young people involved. For the purposes of this review we are focusing on the first two of the above. However, it is worth bearing in mind that any Borough wide strategy also needs to include enforcement as well as prevention and disengagement: preventive projects are less likely to work in a context where there is inadequate policing or community safety.

Reviews of the evidence in the field of youth crime and violence commonly consider categories of interventions such as the four areas identified by the World Health Organization (2015): parenting and early childhood development; school-based academic and social skills development; young people at higher risk of or already involved in violence; community and society level.<sup>38</sup>

For the purposes of this review we have identified the following 6 core strategies which many programmes use either individually or in some combination:

1. Promote positive parenting
2. Provide high quality early years education
3. Raise awareness and strengthen children and young people's life skills
4. Connect young people with supportive adults and activities
5. Intervene with individual young people in trouble
6. Create protective communities

### **Promoting positive parenting**

There is plentiful evidence of the critical role of parenting in significantly lowering the risk of young people being involved in violence and offending. Research consistently highlights the value of an 'authoritative' parenting style which combines warmth and nurturing with age-appropriate expectations, consistent boundaries and monitoring of children's activities.<sup>39</sup>

The two main approaches to promoting this kind of positive parenting are early childhood home visiting schemes and parent training. The best known and best evidenced of the former is Family Nurse Partnership for vulnerable, young, first-time mothers.<sup>40</sup> US evaluations have shown the effects of this time-limited intervention to be considerable. It has been shown to reduce unplanned pregnancies and domestic violence, increase the interval between first and second births, and reduce arrest rates among mothers. It has direct impacts on the emotional well-being and cognitive development of infants – particularly those born to mothers with low psychological resources. In later childhood, impacts have been shown on educational achievement and internalising mental health problems, and in the teenage years on arrests and convictions, number of sexual partners, and substance use. In young adulthood there is some evidence that girls may benefit more

from the programme than boys with longitudinal research suggesting that at age 19 the positive effects of the Family Nurse Partnership were maintained for girls (who had fewer lifetime and current arrests and convictions) but not for boys.<sup>41</sup>

The UK evidence is less strong and a 2016 evaluation concluded that it was not cost-effective in a UK context in terms of immediate outcomes such as smoking cessation and increased breastfeeding. This may be partly accounted for by the different healthcare systems in the US and UK.<sup>42</sup> There are other home visiting programmes that may work for different communities, depending on available resources and the context in which the home visiting programme is delivered, but almost all the evidence comes from the US.<sup>43</sup>

There is good evidence of the value of parent training and support both internationally and in the UK. Multiple systematic reviews have demonstrated impacts on offending as well as risk and protective factors for youth violence.<sup>44</sup> A programme that has a particularly strong evidence base is The Incredible Years.<sup>45</sup>

**The Incredible Years** series is a set of interlocking group training programmes for parents, teachers and children with the goal of preventing, reducing and treating behavioural and emotional problems in children aged 2 to 12. The evidence for effectiveness is strong with randomised control group evaluations<sup>46</sup> showing reductions in conduct problems at school and at home and reduction of internalising and depressed mood symptoms.<sup>47</sup>

**The Raising Healthy Children programme**, an elementary-school-based intervention, is designed to improve family bonding with the school while also building children's competencies for resisting risk. Long-term results from the Seattle Social Development Project showed positive programme effects. There were improvements in school bonding and achievement and reductions in grade repetition, lifetime violence and heavy alcohol use at age 18; there was improved positive functioning in school and/or work, more high school graduates, better emotional and mental health, fewer with criminal records, fewer involved in selling drugs, and fewer females who had been pregnant or had given birth by age 21; there was improved educational and economic attainment, improved mental health and reduced lifetime sexually transmitted infections, but no significant effects on crime or drug use at ages 24 and 27.<sup>48</sup>

### **High quality early years education**

Quality early childhood education can improve children's cognitive and socio-emotional development and increase the likelihood that children will experience stable, nurturing relationships, academic success and lower rates of behaviour problems, aggression, and crime.<sup>49</sup> Parental involvement is emphasised as critical in such programmes. Examples of effective programs in the US are Child Parent Centers (CPCs), Early Head Start (EHS) and Highscope which have been evaluated in multiple, long-term studies.

**The HighScope pre-school programme** has evidenced particularly powerful effects. The HighScope curriculum is based on the promotion of active learning, which enables children to initiate their own activities and take responsibility for completing them. Most children attend the programme for two years at ages 3 and 4. The classroom programme is supported by weekly home visits by pre-school teachers. The staff to child ratio is 1 adult for every 5 or 6 children. Positive effects include reducing the likelihood of children being placed in special education programmes, reduced crime and delinquency in the teenage years, significantly better educational outcomes, being employed at age 19, significantly fewer lifetime criminal arrests, and higher average earnings at age 27. The long-term HighScope evaluators studied a sample of African American children and results showed significant gender differences in the most pronounced effects. The pattern of treatment response by gender varied with age: with the intervention having greatest impact on the education and early employment of women (at ages 19 and 27) and on the later-life income, employment and criminal activity of men (at ages 27 and 40). The general pattern is of strong early treatment effects for women – with men catching up later in life.<sup>50</sup>

In the UK, the development of **Sure Start** drew heavily on the evidence base from the US, but as there was no single intervention model delivered across children's centres and poor targeting of those in need, there were limitations to what the national evaluation could measure. However, the evaluation team reported four positive effects of Sure Start local programmes at age 7, two of which applied across all children involved with the programme. Mothers were found to be engaging in less harsh discipline and were providing a more stimulating home-learning environment for their children. They were also providing a less chaotic home environment for boys (though this was not a significant finding for girls) and those who were lone parents and/or in workless households reported having better life satisfaction.<sup>51</sup>

### **Strengthening children and young people's life-skills**

**Skill-development** has a robust research base, which shows building young people's interpersonal, emotional, and behavioural skills can help reduce both youth violence perpetration and victimization.<sup>52</sup> These life skills can help young people increase their self-awareness, understanding of social situations, ability to avoid risky behaviours, and capacity to resolve conflict without violence. Examples of effective classroom-based programs originating in the US are Good Behaviour Game (GBG), Promoting Alternative Thinking Strategies (PATHS) and Life Skills Training (LST).

**The Good Behaviour Game (GBG)** is classroom management strategy that encourages good behaviour and co-operation in children in primary school classrooms. Teachers initiate Good Behaviour Games by dividing children into small teams that are balanced for gender and child temperament. Teams are rewarded with points for good behaviour in short games that take place several times a week. GBG has some evidence of improving children's behaviour, reducing substance misuse and sexual risk taking.



**PATHS** is a universal primary-school-based intervention promoting emotional and social competencies and reducing aggression and behaviour. PATHS is designed to be taught two to three times per week across the primary years with daily activities to support behaviour. Multiple high-quality evaluations of PATHS conducted since the early 1980s have shown positive results including a lower rate of conduct problems and externalising behaviours; lower internalising scores and depression; improvements in social problem solving, emotional understanding and self-control; better ability to resolve peer conflicts; and greater empathy for others. There is also high-quality evidence that the classroom management strategy Good Behaviour Game decreases disruptive behaviour; this may be combined with an enhanced academic curriculum.<sup>53</sup>

**LifeSkills Training (LST)**: a classroom-based universal prevention programme designed to prevent adolescent tobacco, alcohol, marijuana use and violence. It involves 15 sessions taught by teachers over 3 months. The programme focuses on improving cognitive-behavioural skills (problem solving, decision making, stress management, communication), drug prevention (anti-drug norms), peer pressure resistance), and anger management/conflict resolution. Across several studies, the intervention group showed significantly greater improvement than the control group in life skills knowledge, substance use knowledge, and perceived adult substance use, both at short-term and longer-term follow-ups. Evaluations have shown some medium term impacts on both youth crime and drug use.<sup>54</sup>

The evaluations of these programmes have little to say on gender differences. However, there is some evidence of promising gender-specific practice with girls at risk, including:

**PACE**: a programme providing 17 centres across the US for girls, combining education and social support for girls at risk. PACE uses a holistic, strength-based and asset building model specifically responsive to the needs of girls, and reports positive results in preventing girls from entering the juvenile justice system.<sup>55</sup>

Most of the above interventions and their evaluations emanate from the US, although some of the parent-training programmes and PATHS have been evaluated in the UK too<sup>56</sup> and there are some other school based programmes widely used in the UK including:

**SEAL** has a curriculum element focusing on a number of themes relating to social and emotional skills, addressing constructs such as self-awareness, motivation, empathy, and conflict resolution, among others. SEAL also has a major emphasis on the ways in which the whole school community as a setting can promote positive social and emotional development, including resources relating to staff development, school organisation, management and leadership, family and community relations, and school ethos.

Pilot versions of the SEAL programme were introduced into English primary schools in 2003, with an adapted version for secondary schools following in 2005. It was estimated that as

many as 90% of primary schools and 70% of secondary schools had introduced at least some elements of the programme by 2007. Systematic evaluation of these initiatives revealed mixed results. A review of the programme at secondary level the national picture was that SEAL had hardly any impact on the mental well-being of pupils.<sup>57</sup> However, in primary schools, a far more positive set of findings continued to emerge. The national evaluation of group work in SEAL found that *'there is statistically significant evidence that primary SEAL small group work has a positive impact.'*<sup>58</sup>

SEAL is aimed at improving children's social and emotional well-being and enhancing their capacity to learn. It is not specifically about crime or antisocial behaviour. There is a growing number of school-based programmes aimed at reducing youth violence, but there is limited evaluation so far. However, based on available evidence, approaches likely to be more effective include:

- **Classroom management** and other training can help teachers to communicate clear instructions and expectations, to notice and reward children for socially desirable behaviour and to be consistent in their use of discipline.
- **Anti-bullying initiatives** in schools implement explicit rules that encourage children to report bullying incidents and offer help to the victims. Playground monitoring and supervision may also need to be improved. Bullying is itself associated with an increased risk of delinquency.
- **Cognitive and social skills training** teaches children to stop and think before acting, to consider the consequences of antisocial behaviour, to understand other people's feelings, and to solve interpersonal problems by negotiation rather than aggression. Some of these techniques, intended to strengthen children's own inhibitions against antisocial behaviour, have also been used to reduce re-offending among young offenders.

Most UK programmes have not been subjected to the same level of evaluation as those in the US, but this does not mean they are not positive interventions. Examples of support to children in the primary years include school-based initiatives to promote emotional well-being such as nurture groups for children with social, emotional, behavioural and learning difficulties. A national study found statistically significant improvements in social, emotional and behavioural functioning for nurture group pupils.<sup>59</sup> Another example is support to primary aged children provided in some schools by Place2Be, which provides an open access lunchtime drop-in service with a counsellor open to all pupils in the school, and weekly counselling for those with higher levels of need.<sup>60</sup>

### **Preventative education programmes**

Anti-gang/violence initiatives often take the form of educational programmes delivered in schools by external community-based organisations. They range from one-off 'talks' to a series of workshops usually as part of the PHSE curriculum.

Many violence education programmes for older children and young adults focus on healthy life choices and healthy relationships, with the aim of preventing youth violence within the context of dating or between intimate partners.<sup>61</sup> Reviews of such programmes have found considerable variety of content and overall, there is little evidence of impact on actual episodes of relationship violence.<sup>62</sup> However, this may be asking too much of such initiatives, and some evaluations have found that well-run programmes can raise awareness among young people and influence the attitudes that underpin behaviour.<sup>63</sup> The most effective school-based initiatives are those that take a whole school approach.<sup>64</sup> This means that rather than only focusing on delivery of awareness raising sessions with young people, the programme should also include support to staff in how to prevent and respond to behaviour, attention to school policies and procedures for identifying and recording incidents and the engagement of parents and families, as illustrated in the diagram below:



Source: Tender’s Healthy Relationship Education in Schools funded by Comic Relief Final Evaluation, DMSS Research & Consultancy<sup>65</sup> relationships or exploitation.

### Connecting young people with supportive adults and activities

Young people’s risk for violence can be buffered through strong connections to caring adults and involvement in activities that help them grow and apply new skills.<sup>66</sup> Relationships with caring adults, in addition to parents or caregivers, can influence young people’s choices and reduce their risk for involvement in crime and violence, alcohol and other substance use.

### Mentoring

Mentoring is the most common approach to building such connections and systematic reviews of mentoring programmes indicate improvements in outcomes across behavioural, social, emotional, and academic domains.<sup>67</sup>

**Big Brothers Big Sisters of America (BBBS)** is the oldest and best known example. This provides one to one mentoring by volunteer adult mentors to young people following careful screening, training and matching. Meetings are usually 3-4 hours and happen 3 times

a month, for at least a year. BBBS has shown positive effects on substance use and involvement in violence.<sup>68</sup>

Mentoring programmes have become increasingly popular in the UK and are now one of the most common community based interventions aimed at tackling youth crime. However, the effectiveness of mentoring depends heavily on the quality of the scheme and they have potential to do harm as well as good. For example, some peer mentoring programmes are very effective but there can also be negative 'peer-contagion' effects if they are not well run.

One of the challenges for those looking to commission or run a mentoring scheme is that whilst there are good programmes out there, they are often very poorly described, although practice guidance and toolkits do exist<sup>69</sup>. Guidelines from the Early Intervention Foundation<sup>70</sup> highlight that the positive effects of mentoring tend to be stronger when it has the following features:

- *emotional support* is a key part of the mentoring provision
- mentors are motivated to participate as part of their own *professional development* rather than just wanting to volunteer
- mentors and mentees *meet at least once a week* and spend more time together at each meeting
- the mentoring takes place over a *prolonged period*: studies suggest that the benefits of mentoring are less likely to be maintained after the mentoring ends
- the mentoring is *part of a wider suite of interventions*: mentoring on its own may not reduce re-offending
- the programme is well-run with *effective training and support for mentors* and careful monitoring of contact.

### **Mentors in Violence Prevention (Scotland)<sup>71</sup>**

Mentoring can operate at a number of levels, from one to one mentoring with young people at very high risk of involvement in violence through to a more preventative level in schools and other settings. Mentors in Violence Prevention (MVP) is a peer education programme that gives young people the chance to explore and challenge the attitudes, beliefs and cultural norms that underpin gender-based violence, bullying and other forms of violence. It addresses a range of behaviours including name-calling, sexting, controlling behaviour and harassment, and uses a 'bystander' approach where individuals are not looked on as potential victims or perpetrators but as empowered and active bystanders with the ability to support and challenge their peers in a safe way.

MVP was introduced to Scotland in 2012 and has been delivered in over 100 secondary schools in 19 local authorities from Shetland to the Scottish Borders. School mentor support teams raise awareness with staff and pupils, train mentors and support mentor delivery of

sessions to younger learners. As more schools are brought on board within the authority, experienced members of the Mentor Support team are invited to become trainers in the programme, thereby facilitating sustainability.

According to the 2017 report on MVP, schools have recorded some positive results from the programme including increased awareness of the issues related to violence, gender based violence and bullying and an increase in young people reporting that they would act if they saw particular behaviours occurring. Following staff training in MVP, more school staff feel that they have the necessary skills to educate others about gender-based violence and to challenge incidents. Staff report an increase in pupils who alert them to safety concerns, enabling them to put support in place as necessary. Pupils and staff have also related examples of pupils intervening on the school bus or in the community when they have witnessed violence or bullying. Both pupils and staff refer to an improved ethos within school and a reduction of barriers between older and younger pupils. Mentors and staff identify a positive impact on mentors' confidence and the enhancement of a range of skills such as leadership, team-work and presentation skills.

### **Diversionsary programmes**

Another commonly used approach, sometimes run alongside mentoring, are diversionary programmes which aim to get young people involved in positive activities as an alternative to crime and anti-social behaviour.

After school recreation offers young people the opportunity to engage in and learn skills in a range of activities including non-academic ones. This is assumed to be particularly beneficial for those who may struggle with school work and risk low self-esteem and/or alienation. They have been popular partly because they occupy young people at peak crime times (late afternoon and early evening) but they have not been extensively evaluated. There is therefore much less evidence of effectiveness of diversionary activities – but some specific schemes have shown positive results. After school recreation is only effective if the programme is also highly structured and includes proper supervision. An example of work in this area includes **Splash schemes**, funded by the Big Lottery's New Opportunities Fund between 2001 and 2003. These offered a range of activities including sports, arts, visits, fun activities, residential trips and social skills development. Evaluation indicated there was a noticeable reduction in offending in areas where the schemes were being implemented – with juvenile nuisance falling by almost 20%; drug offences by 25%; and motor crime by 11%.<sup>72</sup>

**Positive Futures** programmes were long term projects in which sport was used to establish relationships with socially marginalised young people (aged 10-19). Projects also included outreach work; training and mentoring; education programmes; and leadership training. Positive Futures projects were originally targeted at the 50 most 'at risk' young people aged 10 to 19 in neighbourhoods identified as being amongst the 20% most deprived in the country. There was evidence in most projects of a correlation between the development of

the project and youth offending – with a decline in youth offending by between 14% and 77% for different projects. However, in many cases the Positive Futures programme was only one of a number of interventions, including Youth Inclusion Programmes, aimed at decreasing youth offending, making it difficult to assess the specific role of Positive Futures.<sup>73</sup>

There is increasing evidence of the importance of out-of-school activities and other resources for young people to draw on.<sup>74</sup> This includes both after-school provision but also activities provided completely separately from education, including opportunities to take part in creative activities, music and sports and volunteering. This is not just about keeping people occupied and promoting safety. It is about opportunities for life-skill development.

### **Indigo Youth Ltd**

Indigo Youth Ltd is a not for profit organisation set up to deliver projects for disadvantaged young people in Lambeth and neighbouring London boroughs. Their projects focus on four key areas: Media Production, Heritage, Enterprise and Sports. The aim is to inspire young people from deprived inner city communities to realise their talents and potential, specialising in engaging with hard to reach young people who are gang active or involved in the criminal justice system.

Indigo Youth assert that some of our country's most talented young people are living undiscovered, in the most unlikely of places and circumstances. The challenges they encounter, equip them with the creativity and tenacity required to achieve highly and be great leaders. Indigo Youth uses outreach to identify such young people and give them the support and resources they need to fulfil their potential.

Indigo Youth run a range of projects, many of them combining mentoring with the development of young people as musicians and other creatives.

Source: <https://www.indigoyouth.com/>

For young people involved or on the edge of youth crime, such activities can be a means of establishing positive relationships and draw them in to constructive engagement. Many are sports based, and many people instinctively believe that engagement in sport protects against involvement in anti-social behaviour. This may well be true, although the impact of such initiatives on the actual incidence of crime and violence is a hard thing to measure. A synthesis study by Project Oracle included evaluations of 11 sports-based programmes in London aiming to prevent youth crime and violence. All reported some positive impacts, but because most of the studies had small sample sizes and lacked control groups, it is difficult to determine whether these programmes genuinely caused the outcomes measured and so the findings should not be overstated.<sup>75</sup> However, studies do suggest that participating in sport can improve self-esteem, enhance social bonds and provide participants with a feeling of purpose. The introduction of an education element can improve outcomes following

completion of the programme, providing participants with a pathway towards employment. Although it is recognised that sport may form only one aspect towards the reduction of crime, effectiveness may be enhanced with a combination of other services such as assistance with housing.<sup>76</sup>

### **Dwaynatics**

Dwaynatics is a community interest company in Lambeth which delivers boxing and fitness workshops alongside bespoke training for employment, social development and entrepreneurship skills in order to help improve young people's lives of mentally, socially and physically.

Dwaynatics was founded by Dwayne Simpson who took up the challenge to address the lack of facilities for young people in Angell Town Estate enabling them to engage positively through his boxing and fitness project. Dwayne was stabbed to death when he intervened in a knife attack on a friend. The project was re-started by his mother, Minister Lorraine Jones. Dwanamics uses qualified Boxing Trainers who volunteer their services in providing boxing, fitness and health and well-being courses to young men and women aged 9 to 29. This is accompanied by support for Training, Employment and Entrepreneurship via workshops on interview skills, CV development, interpersonal skills, confidence building and business development.

Source: <http://dsfcic.co.uk/about-us.html>

### **Intervening with individual young people to reduce risk and prevent future harm**

There are a number of therapeutic interventions aimed at individual young people and their/or their families which have been shown to be effective with young offenders in some circumstances. These include Functional Family Therapy (FFT), Multidimensional Treatment Foster Care (MTFC)<sup>77</sup>, and Multi-systemic Therapy (MST)<sup>78</sup> and Trauma-Focused Cognitive Behavioural Therapy.<sup>79</sup> We are not going into more detail on these as this review has a focus on more community-based approaches.

### **Creating protective communities**

Creating protective community environments is a key element in achieving reductions in youth violence. 'Communities' can mean whole towns or areas, neighbourhoods or even 'school communities'. The two main approaches are making changes to the physical environment through design, lighting, street cleaning and initiatives to use and improve waste-land and empty buildings and community development approaches to change norms about the acceptability of violence and build more cohesive communities.

**Changes to the physical environment** can be very effective in reducing crime and violence in specific places and have beneficial impacts on local people's perception of crime, community pride, and their mental and physical health. Studies have shown that factors

such as the availability of greenspaces and good street lighting are important.<sup>80</sup> Other community safety initiatives include steps to reduce the situational factors which can increase the risk of crime and violence, such as bans on alcohol in public spaces and measures to control the opening hours of late night venues where trouble can occur.<sup>81</sup>

**Community development approaches** have a long and diverse history and it is not possible to do justice to them in this review. However, there are some well-evaluated programmes from the US which have a particular focus on youth which have migrated (often in an adapted form) to the UK context. One of these is **Communities That Care** (CTC), which works with communities to equip them with the tools to address the problems in their own area by focusing on identified risk and protective factors. CTC provides a structure for engaging community stakeholders to create a shared community vision, tools for assessing levels of risk and protection in communities, and processes for setting community goals. CTC supports stakeholders to develop a community prevention plan and to select what will work for them. The implementation of CTC is organized into five stages, from a 'community readiness' stage to a local assessment of risk and protective factors and a community action plan, through to implementation and evaluation. CTC is installed in communities through a series of training events delivered over the course of 6 to 12 months by certified CTC trainers. According to CTC's theory of change, it should take from 2 to 5 years to observe community-level changes in targeted risk factors in CTC communities, and from 5 to 10 years to observe community-level changes in substance use and delinquency outcomes.

CTC is guided theoretically by the social development model (SDM), which posits that bonding to prosocial groups and individuals and clear standards for healthy behaviour are protective factors that inhibit the development of problem behaviours. The SDM hypothesizes that bonding is created when people are provided opportunities to be involved in a social group like a coalition, family, or classroom, when they have the skills to participate in the social group, and when they are recognised for their contributions to the group. This theoretical framework is applied in CTC in two ways. First, CTC encourages community stakeholders to adopt the SDM in their daily interactions with young people as a strategy for promoting healthy development. A goal in CTC communities is to ensure that all young people are provided developmentally appropriate opportunities, skills, and recognition, as well as healthy standards for behaviour, by adults and organizations in the community. Second, CTC seeks to create opportunities for all interested community stakeholders to participate in developing a shared vision for positive youth development. Through CTC trainings, diverse community representatives develop skills to work together effectively, thus increasing the likelihood that opportunities for interaction lead to rewarding experiences.

Studies of CTC in the US have shown reduced levels of delinquency and substance misuse<sup>82</sup> although findings vary according to the level of problems in communities, the



degree to which plans are implemented and the way in which communities are supported (or not) by professionals and organisations working in them.<sup>83</sup>

In the UK, a 5 year trial of the scheme was funded by the Joseph Rowntree Foundation between 1998 and 2003. The evaluation concluded that although the model was strongly supported by those involved, it was difficult to measure the impact the programme had on risk and protection without taking a much longer view.<sup>84</sup> An evaluation of three Scottish pilots drew similar conclusions.<sup>85</sup> The complexity of communities, the wide range of contextual factors and the numerous challenges to implementing the programme with sufficient fidelity to the model, makes the evaluation of community based initiatives extremely difficult.

By 2010, Communities that Care had largely slipped off the radar in the UK. However, many of the core elements of the approach live on in initiatives such as Asset Based Community Development (ABCD) which is based on the principle of capitalising on the assets of a neighbourhood and the people that live in it (rather than exclusively focusing on their problems) and harnessing those assets to enable communities to map out their own issues and generate their own solutions. People referred to as ‘community connectors’ are important. These are the members of the community who act as the ‘social glue’ of the community, nurturing the relationships that enable solutions to be found and to succeed.<sup>86</sup> Asset based approaches are currently underpinning policy and planning across health and social care in a number of local authorities.

There is also considerable commonality between these approaches and what has come to be termed a public health approach to tackling violence.

## **6. Taking a Public Health approach**

A public health approach starts from the basic premise that living without the fear of violence is a fundamental requirement for health and wellbeing. Like any other public health issue, the causes of violence lie at many levels and are interrelated so its solutions need to address the same layers. This is illustrated by the diagram below.<sup>87</sup>



Society	Community	Relationship	Individual
Economic inequality	Poverty	Poor parenting	Victim of child maltreatment
Gender inequality	High unemployment	Marital discord	Psychological / personality disorder
Cultural norms that support violence	High crime levels	Violent parental conflict	Violent parental conflict
High firearm availability	Local illicit drug trade	Low socioeconomic household	Low socioeconomic household
Weak economic safety nets	Inadequate victim care services	Delinquent peers	Delinquent peers

Source: adapted from World Health Organization 2004

Bellis et al (2015) argue that much like many infections, violence is contagious.<sup>88</sup> For instance, exposure to violence, especially as a child, makes individuals more likely to be involved in violence in later life. This suggests the needs for interventions with individual children and young people at risk. But taking a public health approach means that interventions at the individual and family level need to be accompanied by measures to reduce social inequalities and change the cultural norms that accept violence. Key elements of a public health approach are:

- The use of data to establish the nature and extent of violence in the target area
- Using evidence to understand underlying risk and protective factors
- The involvement of all key agencies in developing plans
- The implementation of interventions for which there is good evidence
- Action at all levels, from media campaigns to raise awareness and provide public information, steps to reduce situational risks such as the availability of alcohol, policing and enforcement measures, interventions to promote the resilience of young people, through to individualised support for those at greatest risk
- The engagement of communities

None of this is new, but viewing youth violence through a public health lens has helped shift the emphasis from a narrow focus on ‘problem youth’ towards actions which can help to address underlying causes.

An initiative which is described as a public health approach in the US is Cure Violence.<sup>89</sup>

## Cure Violence

Cure Violence was developed in Chicago but has spread to many other cities in the US. It has three main elements:

1. Detect and interrupt potentially violent conflicts: Trained violence interrupters and outreach workers prevent shootings by identifying and mediating potentially lethal conflicts in the community, and following up to ensure that the conflict does not reignite. They work to prevent retaliations – whenever a shooting happens, trained workers immediately work in the community and at the hospital to cool down emotions and prevent retaliations – working with the victims, friends and family of the victim, and anyone else is connected with the event. They also identify ongoing conflicts by talking to key people in the community about ongoing disputes, recent arrests, recent prison releases, and other situations and use mediation techniques to resolve them peacefully. They keep conflicts ‘cool’ – workers follow up with conflicts for as long as needed, sometimes for months, to ensure that the conflict does not become violent.
2. Identify and treat highest risk: Trained outreach workers work with the highest risk to make them less likely to commit violence by meeting them where they are at, talking to them about the costs of using violence, and helping them to obtain the social services they need – such as job training and drug treatment. Workers utilize their trust with high-risk individuals to establish contact, develop relationships and work with the people most likely to be involved in violence. They develop a caseload of clients they work with intensively – seeing several times a week and assisting with their needs such as drug treatment, employment, leaving gangs.
3. Mobilize the community to change norms: Workers engage leaders in the community as well as community residents, local business owners, faith leaders, service providers, and the high risk, conveying the message that the residents, groups, and the community do not support the use of violence. Whenever a shooting occurs, workers organize a response where community members voice their objection to the shooting; they coordinate with existing and establish new tenant councils, and neighbourhood associations to assist. The programme also distributes materials and hosts events to convey the message that violence is not acceptable.

Source: <http://cureviolence.org/the-model/essential-elements/>

The **Safe Streets** programme in Baltimore derives from the same model and its effects were evaluated in four historically violent neighbourhoods. The study indicated that the programme was associated with significant reductions in gun violence in three of the four programme and was associated with reductions in homicides of 56% in one neighbourhood and 26% in another. The evaluation also examined the attitudes of young people to gun crime and found youth in the programme area much less likely to find it acceptable to use a

gun to settle a conflict compared with youth in the neighbourhoods without the programme.<sup>90</sup>

Such initiatives have also been implemented in the UK. One example is that run by Chaos Theory in Waltham Forest.

### Chaos Theory

Chaos Theory is a grassroots charity aiming to reduce serious violence, working in partnership with families, the community, the third sector and statutory organisations. Chaos Theory have three projects dedicated to the prevention of violence: Violence Interruption Programme, Prison/Resettlement Support and Community Outreach.

The Violence Interruption Project (VIP) is comprised of Full-time/Part time Violence Interrupters and Outreach Workers. The staff team all have first-hand knowledge of 'street life' and offending behaviour. Violence Interrupters use their credibility, influence and street relationships to detect brewing conflicts and de-escalate and mediate them before they erupt in violence. Whenever a violent incident happens, the team immediately work in the community in order to attempt to 'cool down' emotions and prevent retaliations – working with the victims, friends and family of the victim, and anyone else is connected with the event. The team identify ongoing conflicts by engaging key people in the community about ongoing disputes and use mediation techniques to resolve them peacefully. All conflicts and mediations have to be discussed with the team and strategies to address them are put in place. Sometimes, this can take months, depending on the seriousness of the conflict. The team follow up with conflicts for as long as needed, sometimes for months, to ensure that the conflict does not become violent. This may mean spending a great deal of time with individuals, mentoring and guiding them.

*Real Life Example from Chaos Theory: J's Story: This case involved a high-risk young person involved in group related violence. A rival group opened fire on his mother's house. Tempers were running very high and J was set to retaliate against the group. J had a history of violence and because the two groups had been engaged in tit-for-tat violence another violent episode was inevitable. Violence Interrupters at Chaos Theory were familiar with J's family and the rivalry between the two groups. We intervened in the 'golden hour' just after the violent episode and removed J from the area. Chaos Theory then worked to help calm him down so that he would not retaliate against the attack on the house. They also contacted the rival group and gained assurances that they would not attack J's family. To date, a year on from the event, no violence has ensued between J and the rival group.*

Source: <http://chaostheory.org.uk/>

Probably the best known example of a major public health approach is Glasgow's Community Initiative to Reduce Violence.

### **Glasgow's Community Initiative to Reduce Violence (CIRV)**

CIRV is a multi-agency, community-centred project designed to reduce violent behaviour amongst gang members. It consists of three basic components: Enforcement; Services and Programmes; The Moral Voice of the Community.

The enforcement element of CIRV aims to disrupt the dynamics within gangs involved in violent activity. A clear message is communicated to the group: 'stop the violence'. If an individual within the gang commits an act of violence, enforcement is focused on the whole gang.

Enforcement is combined with a range of services and programmes available to gang members who agree to alter their lives. CIRV uses a network of services and programmes specifically tailored to meet the needs of gang members. These include a 4 week personal development programme delivered by Kan-do Sports by instructors who themselves have had previous personal involvement in gang life. The course includes inputs from role models, sports coaching and group work sessions. Following their graduation from the course, and provided they have not re-offended clients can progress to a four week CIRV Employability Programme. CIRV also includes a mentoring programme for clients considered to be at the highest levels of risk of involvement in youth crime, and a range of other preventative/diversionary support run by partners in Glasgow, such as football clubs and schools.<sup>91</sup>

The implementation of CIRV also requires communities affected by gang violence to both receive and deliver the following messages: 'Stop the violence'; 'We care about our young people and don't want to see them become either victims or offenders as a result of gang violence' and 'We won't tolerate violence in our community'.

An evaluation of CIRV in East Glasgow compared rates of criminal offending (including violent and non-violent offences) for the 167 male youths (aged 16-29) who engaged with the initiative with data for age-matched gang-involved youths from an equally deprived area. Violent offending reduced over the time of the CIRV intervention. In the cohort followed for 2-years, the rate reduction was greater in the intervention group (52%) than the comparison group (29%). The reduction in rate of physical violence was not significantly different between intervention and comparator group; however, the rate of weapons carrying was reduced more in the intervention group (84%) than the comparison group (40%) in the 2-year follow-up. The evaluators noted that their study suggests that adopting a public health approach with gang-related youth was associated with reduced weapon carriage, which can prevent consequences for victims, offenders, and society.<sup>92</sup>

The Government endorsed a public health approach in its 2011 *'Ending Gang and Youth Violence'* report<sup>93</sup> which emphasised the role of the public health system and local health and wellbeing boards, in tackling gang and youth violence. These boards became operational in 2013, and an early analysis by Catch 22 suggested that they were already playing a key role in establishing crime prevention as a public health issue in many areas.<sup>94</sup>

One component of these programmes can be the use of brief interventions in hospital emergency departments when people turn up with an injury incurred as a result of violence. The use of these emergency department interventions is growing across the United States<sup>95</sup> and some of the early evaluation findings are impressive. For example, an evaluation of the Caught in the Crossfire programme in Oakland, California found that 6 months after the intervention young people were 70% less likely to be arrested for any offence and 60% less likely to have had any involvement in the criminal justice system compared with controls.<sup>96</sup>

Similar initiatives have been implemented in some London hospitals and in the two cities of Glasgow and Edinburgh a project has been developed using a team of 'navigators' who work with people entering hospital A&E departments with violence related injuries/conditions.

#### **Navigators in Glasgow and Edinburgh Emergency Departments<sup>97</sup>**

Navigator is funded by the Scottish Government and managed by the Violence Reduction Unit in partnership with Medics against Violence, NHS GGC and NHS Lothian. It is an Emergency Department (ED) based service that aims to support people to move away from violent or chaotic lifestyles. Patients who access the service often present after a recent episode of violence but even if their reason for attending the ED seems at first unrelated to violence, for many, violence is somewhere in the background. These patients are often frequent attenders at the ED, either as a result of repeated violence (interpersonal or self-directed) or substance misuse or with a range of non-specific medical symptoms that may reflect their chaotic lifestyles.

Four Navigators, two male and two female, work between Emergency Departments in Scotland's two largest cities, Glasgow and Edinburgh, and the surrounding communities. All of the Navigators have lived experience of some of the issues faced by the patients they support. The Navigator intervention starts in the hospital and continues in the community and may involve one or more of community partner organisations. The intervention centres on the principles of 'kindness', 'humanity' and 'choice'. The Navigators are guided by the individuals they support and provide the opportunity for a range of options for change; it is up to those individuals to decide if and when they are ready to change and what feels right for them. As a result each intervention they provide is bespoke and co-produced with that individual.

They work overnight at weekends in the ED alongside the medical and nursing staff and have become an integral part of the ED teams. During the week they undertake community

outreach, meeting individuals with whom they have made a connection. Two female Navigators joined the team during 2016 and their arrival has improved the likelihood that female patients, particularly those affected by men's violence, will engage with the service.

The Navigators themselves had considerable involvement in the development and design of the service as it evolved as well as responsibility for its implementation. Over time they have developed an enhanced understanding of the patients for whom the intervention will be most impactful. Early monitoring of the work of the Navigators suggests that take-up is good with over three-quarters of patients introduced to the Navigators agreeing to accept their support.

Three key factors appear to be important: first, Navigators access people at a time of crisis and when they are most aware of the need for something to change – what the project refers to as 'the reachable moment'; second, Navigators follow up into the community which helps to reinforce peoples' resolve to change their lives; third Navigators provide routes into a range of practical, social and emotional support which helps people to enact that change.

## 7. Summary and implications for developing preventative projects

A recent comprehensive report on evidence-based approaches to youth violence concludes that:

*"While individual skills are important and research has demonstrated the preventive effects of many youth skill development programs, approaches addressing relationships with parents, peers, and other caring adults as well as approaches that influence school and community environments are equally important to have the greatest public health impact. The social and cultural context of communities and organizations is critically important to take into account when selecting strategies and approaches for implementation. Practitioners in the field may be in the best position to assess the needs and strengths of their communities and work with partners to make decisions about the combination of approaches included here that are best suited to their context."*<sup>98</sup>

The volume of literature in this field is considerable, representing the extent of concern about youth violence over many years. It is easy to get bogged down in all this, but there are some very consistent messages about the key factors that need to be taken into account to address youth violence, and what is therefore most likely to make the most difference.

- As the causes of youth violence are multiple and multi-layered, responses need to be the same. This means that programmes need to intervene with individuals, families, schools and whole neighbourhoods/communities. This is what taking a 'public health approach' means.

- Responses to youth violence need to be co-ordinated across a number of agencies to ensure that there are interventions at all levels of prevention, diversion and law enforcement. Initiatives funded to work at the prevention and diversion levels have more chance of working in areas where there is also effective policing.
- The young people most vulnerable to involvement in violence are those with a combination of risk factors in their lives. Many of these can be identified very early – certainly while they are in primary school. Early intervention to ameliorate these risk factors makes sense and there are some well evidenced programmes supporting parenting, early education and targeted support in the primary years. These should be used rather than new ones invented.
- For the most at risk teenagers many of the early building blocks of resilience are missing or under-developed. However, it is still possible to bolster young people’s resilience through supportive relationships with consistent adults and the development of skills and positive experiences. Therefore, such relationships need to be seen as core to any initiative.
- The lives of children and young people stretch across families, schools and communities. The most effective projects do the same. Effective projects act as a bridge across these areas of life and adapt over time to take account of their changing influence as young people grow up. Projects which can provide consistent relationships from childhood well into young adulthood are hugely valued by young people.
- Projects need to look for the right windows of opportunity to intervene with young people – their ‘reachable moments’. These can be times of transition (e.g. from primary to secondary school) or at points of particular vulnerability (e.g. when a family member is imprisoned, a young person is first ‘in trouble’ or after an assault).
- There is some evidence for the ways of working which are likely to be most effective. Mentoring is one, but the nature and quality of relationships is key. It is important to find mentors who are attuned to young peoples’ lives and are insiders to their communities.
- Diversionary activities are important but they also need to be real for young people i.e. they need to build real skills and be about shared passions.
- Youth violence affects girls and women as well as boys and men. Many programmes have traditionally targeted the latter or failed to address gender as a significant issue. Addressing the needs of both young men and women has implications for staffing, the kinds of activities on offer and the issues that need to be prioritised.



- Concern about gangs is understandable but has been in danger of obscuring the wider causes and potential solutions to youth violence. Projects need to address the full range of violence and abuse in young people’s lives: violence between young men, abuse in intimate relationships, sexual violence and exploitation are all part of the overall picture.
- Youth violence is a community issue. There is evidence of the power of communities in both supporting their young people and in giving clear messages about not tolerating violence. A holistic project would therefore involve community members in both the planning and implementation of programmes. The learning from asset-based community development suggests that identifying and working with the key ‘community connectors’ is important, and that these are not necessarily designated community leaders but those who operate quietly behind the scenes (and are often women).

## References

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- <sup>1</sup> Home Office (2018) *Serious Violence Strategy*
- <sup>2</sup> NHS Digital (2017) *Hospital Admitted Patient Care Activity, 2016-17: External causes.*
- <sup>3</sup> United Nations Office on Drugs and Crime (2013) *Global Study on Homicide*
- <sup>4</sup> Skae, T (2018) *The violence virus: A community response to reducing youth violence in London*, The London Community Foundation
- <sup>5</sup> Lemos, G (2004) *Fear and fashion The use of knives and other weapons by young people*, Bridge House Trust
- <sup>6</sup> Scott, S and McNeish, D (2014) *Women and Girls at risk, evidence across the life-course*, Lankelly Chase
- <sup>7</sup> Pitts, J. (2008) *Reluctant Gangsters*. Cullompton: Willan Publishing.
- <sup>8</sup> Firmin, C (2011) *Female Voice in Violence* Final report, ROTA
- <sup>9</sup> Joseph, I and Gunter, A (2011) *Gangs Revisited: What’s a ‘Gang’ and What’s Race Got to Do with It?* Runnymede
- <sup>10</sup> Hallsworth, S. and Young, T. (2006). *Urban Collectives: Gangs and Other Groups*. Report for Operation Cruise, Metropolitan Police Service.
- <sup>11</sup> Aplan, K., Lawrence, H., Mesie, J and Yarrow, E (2017) *Children’s Voices: A review of evidence on the subjective wellbeing of children involved in gangs in England*, Children’s Commissioner
- <sup>12</sup> Irwin-Rogers, K and Pinkney, C (2017) *Social Media as a Catalyst and Trigger for Youth Violence: Catch 22/University College Birmingham*
- <sup>13</sup> Mayor of London (2017) *A Safer City for All Londoners: Police and Crime Plan for London 2017-2021*
- <sup>14</sup> Mayor of London (2017) *The London Knife Crime Strategy*, Greater London Authority June 2017
- <sup>15</sup> Lemos, G (2004) op cit
- <sup>16</sup> The MOPAC Public Attitude Survey is a large scale representative survey of London, interviewing 12,800 Londoners per annum
- <sup>17</sup> Squires, P., Silvestri, A., Grimshaw, R. and Solomon, E. (2008) *Street Weapons Commission: Guns, Knives and Street Violence*, London: Centre for Crime and Justice Studies
- <sup>18</sup> David-Ferdon, Corinne and Thomas R. Simon (2014) *Taking Action to Prevent Youth Violence: A Companion Guide to Preventing Youth Violence: Opportunities for Action*. Atlanta, GA.
- <sup>19</sup> Kim, Tia, Pedro R. Payne, and Carly Dierkhising (2010) *Fact Sheet: Youth Gangs*.
- <sup>20</sup> Hahn, Robert et al (2007) “Effectiveness of Universal School-Based Programs to Prevent Violent and Aggressive Behavior. A Systematic Review.” *American Journal of Preventive Medicine* 33(2 SUPPL.).
- <sup>21</sup> Waddell, S (ed) (2015) *Preventing gang and youth violence: Spotting signals of risk and supporting children and young people, an overview*, Early Intervention Foundation/Home Office
- <sup>22</sup> Kim et al (2010) Op cit
- <sup>23</sup> World Health Organization (2015) *Preventing Youth Violence: An Overview of the Evidence*.

- 
- <sup>24</sup> Hall, Jeffrey E. et al (2012) "Centers for Disease Control and Prevention's Expert Panel on Protective Factors for Youth Violence Perpetration: Background and Overview." *American Journal of Preventive Medicine* 43(2 SUPPL. 1):S1–7.
- <sup>25</sup> Lösel, Friedrich and David P. Farrington (2012) "Direct Protective and Buffering Protective Factors in the Development of Youth Violence." *American Journal of Preventive Medicine* 43(2):S8–23.
- <sup>26</sup> Cordis Bright Consulting (2015) *Preventing gang and youth violence, a review of risk and protective factors*, Early Intervention Foundation/Home Office
- <sup>27</sup> Barnardo's (2009) *Bouncing back: How can resilience be promoted in vulnerable children and young people?* London: Barnardo's; Hart, A and Heaver, B (2015) *Resilience Approaches to Supporting Young People at Risk of Developing Mental Health Difficulties: Overview of the Evidence Base*; Murphey D, Barry M and Vaughn B (2013) *Positive Mental Health: Resilience. Child Trends Adolescent Health Highlight*. Bethesda, Maryland: Child Trends; Glasgow Centre for Population Health (2013) *Resilience for public health: supporting transformation in people and communities*
- <sup>28</sup> Institute of Health Equity (2014) *Local action on inequalities: Building Young People's Resilience in Schools*. London: University College London
- <sup>29</sup> Centre on the Developing Child (2015) *Supportive relationships and active skill-building strengthen the foundations of resilience. Working paper 13*. Boston: Harvard University
- <sup>30</sup> LeMoine, K and Labelle, J (2014) *What are effective interventions for building resilience among at risk youth*, Ontario, Canada
- <sup>31</sup> Masten A (2001) Ordinary magic = Resilience Processes in Development. *American Psychologist*, 56, 227-238
- <sup>32</sup> Guerra, Nancy and Kirk Williams (2002) *Fact Sheet Youth Development and Violence Prevention: Core competencies*.
- <sup>33</sup> Association for Young People's Health (2016) *A public health approach to promoting young people's resilience: A guide to resources for policy makers, commissioners, and service planners and providers*, Association for Young People's Health
- <sup>34</sup> Association for Young People's Health (2016) *ibid*
- <sup>35</sup> Abt, T., & Winship, C. (2016) *What works in reducing community violence: A meta-review and field study for the northern triangle*. Bethesda, MD: Democracy International, Inc.
- <sup>36</sup> Centers for Disease Control and Prevention. (2016). *Preventing multiple forms of violence: A strategic vision for connecting the dots*. Atlanta, GA: Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
65. Wilkins, N., Tsao, B., Hertz, M., Davis, R., & Klevens, J. (2014). *Connecting the dots: an overview of the links among multiple forms of violence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- <sup>37</sup> Cooper, Adam and Catherine L. Ward (2008) *Prevention, Disengagement and Suppression: A Systematic Review of the Literature on Strategies for Addressing Young People's Involvement in Gangs Report to Resources Aimed at Preventing Child Abuse and Neglect (RAPCAN)*.
- <sup>38</sup> World Health Organisation (2015) *Op cit*
- <sup>39</sup> Farrington, D. P., Loeber, R., & Ttofi, M. M. (2012). Risk and protective factors for offending. In B. C. Welsh & D. P. Farrington (Eds.), *The Oxford handbook of crime prevention* (pp. 46-69). New York, NY: Oxford University Press; Piquero, A. R., Jennings, W. G., Diamond, B., Farrington, D. P., Tremblay, R. E., Welsh, B. C., & Gonzalez, J. M. R. (2016). A meta-analysis update on the effects of early family/parent training programs on antisocial behavior and delinquency. *Journal of Experimental Criminology*, 12(2), 229-248.
- <sup>40</sup> Olds, D. L., Henderson, C. R., Cole, R., Eckenrode, J., Kitzman, H., Luckey, D., ... Powers, J. (1998). Long-term effects of nurse home visitation on children's criminal and antisocial behavior: 15-year follow-up of a randomized controlled trial. *Journal of the American Medical Association*, 280(14), 1238-1244.
- <sup>41</sup> Eckenrode J et al (2010) Long-term effects of prenatal and infancy nurse home visitation on the life course of youths, *Archive of Pediatric and Adolescent Medicine*, 164 (1) 9–15.
- <sup>42</sup> Corbacho B, Bell K, Stamuli E, et al. (2017) Cost-effectiveness of the Family Nurse Partnership (FNP) programme in England: Evidence from the building blocks trial. *J Eval Clin Pract*. 2017;23:1367–1374.
- <sup>43</sup> Avellar, S., Paulsell, D., Sama-Miller, E., Del Grosso, P., Akers, L., & Kleinman, R. (2016) *Home visiting evidence of effectiveness review: Executive summary*. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Washington, DC.
- <sup>44</sup> Farrington, D. P., Loeber, R., & Ttofi, M. M. (2012). Risk and protective factors for offending. In B. C. Welsh & D. P. Farrington (Eds.), *The Oxford handbook of crime prevention* (pp. 46-69). New York, NY: Oxford University Press; Piquero, A. R., Jennings, W. G., Diamond, B., Farrington, D. P., Tremblay, R. E., Welsh, B. C., & Gonzalez,

- 
- J, M. R. (2016). A meta-analysis update on the effects of early family/parent training programs on antisocial behavior and delinquency. *Journal of Experimental Criminology*, 12(2), 229-248
- <sup>45</sup> Menting, A. T., de Castro, B. O., & Matthyss, W. (2013) Effectiveness of the Incredible Years parent training to modify disruptive and prosocial child behavior: A meta-analytic review. *Clinical Psychology Review*, 33(8), 901-913.
- <sup>46</sup> UK evaluations of incredible years include Hutchings J, Bywater T, Daley D, Gardner F, Whitaker C, Jones K, Eames C and Edwards R (2007) Parenting intervention in Sure Start services for children at risk of developing conduct disorder: Pragmatic randomised controlled trial, *British Medical Journal*, 9 March; Little M, Berry V, Morpeth L, Blower S, Axford N, Taylor R, Bywater T, Lehtonen M and Tobin K (2012) The impact of three evidence-based programmes delivered in public systems in Birmingham, UK, *International Journal of Conflict and Violence*, 6 (2) 260–72.
- <sup>47</sup> Webster-Stratton C and Herman, KC (2008) The impact of parent behavior-management training on child depressive symptoms, *Journal of Counseling Psychology*, 55 (4) 473–84.
- <sup>48</sup> Catalano RF, Mazza JJ, Harachi TW, Abbott RD, Haggerty KP and Fleming CB (2003) Raising healthy children through enhancing social development in elementary school: Results after 1.5 years, *Journal of School Psychology*, 41 (2) 143–64. Hawkins JD, Kosterman R, Catalano RF, Hill KG and Abbott RD (2008) Effects of social development interventions in childhood 15 years later, *Archives of Pediatrics & Adolescent Medicine*, 162 (12) 1133–41.
- <sup>49</sup> Manning, M., Homel, R., & Smith, C. (2010) A meta-analysis of the effects of early developmental prevention programs in at-risk populations on non-health outcomes in adolescence. *Children and Youth Services Review*, 32(4), 506-519
- <sup>50</sup> Schweinhart LJ, Barnes HV and Weikart DP (1990) Significant benefits: The High/Scope Perry preschool study through age 27, Ypsilanti MI, US: The HighScope Press.; Schweinhart L, Montie J, Xiang Z et al (2005) Lifetime effects: The High scope/Perry pre-school study through age 40, Monographs of the High Scope Educational Research Foundation 14, Ypsilanti MI, US: The HighScope Press; Heckman J, Moon SH, Pinto R, Savelyev P and Yavitz A (2010) Analyzing social experiments as implemented: A re-examination of the evidence from the HighScope Perry Preschool Program, *Quantitative Economics*, 1 (1) 1–46.
- <sup>51</sup> Eisenstadt, N (2011) *Providing a sure start: How government discovered early childhood*, Bristol, UK: Policy Press.; National Evaluation of Sure Start (2012) *The impact of Sure Start local programmes on 7 year olds and their families*, London, UK: Department for Education, DfE Research report DFE-RR220.
- <sup>52</sup> World Health Organization (2015) *Preventing youth violence: An overview of the evidence*. Op cit; Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405-432.
- <sup>53</sup> Lee S, Aos S, Drake E, Penucci A, Miller M and Anderson L (2012) *Return on investment: Evidence-based options to improve statewide outcomes, April 2012 update*, <http://www.wsipp.wa.gov/rptfiles/12-04-1201.pdf>; Bradshaw CP, Zmuda J, Kellam S and Ialongo N (2009) Longitudinal impact of two universal preventive interventions in first grade on educational outcomes in high school, *Journal of Educational Psychology*, 101 (4) 926–37.
- <sup>54</sup> Blueprints (2014) Lifeskills Training (LST), <http://www.blueprintsprograms.com/factSheet.php?pid=ac3478d69a3c81fa62e60f5c3696165a4e5e6ac4>;
- Botvin, G. J., Griffin, K. W., & Nichols, T. R. (2006). Preventing youth violence and delinquency through a universal school-based prevention approach. *Prevention Science*, 7, 403-408.
- <sup>55</sup> See <http://www.pacecenter.org/>.
- <sup>56</sup> UK evaluations of PATH include Curtis C and Norgate R (2007) An evaluation of the promoting alternative thinking strategies curriculum at key stage 1, *Educational Psychology in Practice*, 23 33–44; Little et al (2012) The impact of three evidence-based programmes delivered in public systems in Birmingham, op cit.
- <sup>57</sup> Humphrey, N., Lendrum A & Wigelsworth, M (2010) Social and emotional aspects of learning (SEAL) programme in secondary schools: national evaluation, Research Report DFE-RR049
- <sup>58</sup> Humphrey, N. Kalamouka, A. Bolton, J. Lendrum, A. Wigelsworth, M. Lennie, C. Farrell, P (2008) Primary Social and Emotional Aspects of Learning (SEAL): Evaluation of Small Group Work London: Department for Children, Schools and Families. Report No. DCSF - RR064.
- <sup>59</sup> Cooper P and Whitebread D (2007) The effectiveness of nurture groups on student progress: Evidence from a national research study, *Emotional and Behavioural Difficulties*, 12 (3) 171–90.

- 
- <sup>60</sup> Lee RC, Tiley CE and White JE (2009) The Place2Be: Measuring the effectiveness of a primary school-based therapeutic intervention in England and Scotland, *Counselling and Psychotherapy Research*, 9 (3), <http://www.place2be.org.uk/impact-evidence/research-publications/>.
- <sup>61</sup> Bellis, M. A., Hughes, K., Perkins, C., & Bennett, A. (2012) *Protecting people, promoting health: A public health approach to violence prevention for England*. North West Public Health Observatory at the Centre for Public Health.
- <sup>62</sup> Fellmeth, G. L. T., Heffernan, C., Nurse, J., Habibula, S., & Sethi, D. (2013) *Educational and skills-based interventions for preventing relationship and dating violence in adolescents and young adults*. Campbell Systematic Reviews, 2013:14
- <sup>63</sup> Bovarnick, S and Scott, S (2016) Child Sexual Exploitation Prevention Education, A rapid evidence assessment, Barnardo's
- <sup>64</sup> Ross, A., Duckworth, K., Smith, D. J., Wyness, G., & Schoon, I. (2011) *Prevention and reduction: A review of strategies for intervening early to prevent or reduce youth crime and anti-social behaviour*. London: Centre for Analysis of Youth Transitions.
- <sup>65</sup> DMSS Research (2012) Tender's Healthy Relationship Education in Schools funded by Comic Relief, Final Evaluation Report
- <sup>66</sup> Resnick, M. D., Ireland, M., & Borowsky, I. (2004) Youth violence perpetration: What protects? What predicts? Findings from the National Longitudinal Study of Adolescent Health. *Journal of Adolescent Health*, 35(5), 424.e1-424.e10.
- <sup>67</sup> DuBois, D. L., Portillo, N., Rhodes, J. E., Silverthorn, N., & Valentine, C. (2011). How effective are mentoring programs for youth? A systematic assessment of the evidence. *Psychological Science in the Public Interest*, 312(2), 57-91 ; Tolan, P. H., Henry, D. B., Schoeny, M. S., Lovegrove, P., & Nichols, E. (2014). Mentoring programs to affect delinquency and associated outcomes of youth at risk: A comprehensive meta-analytic review. *Journal of Experimental Criminology*, 10(2), 179-206.
- <sup>68</sup> Big Brothers, Big Sisters of America. (2016) *110 years of history*. Tampa, FL: Big Brothers Big Sisters of America.
- <sup>69</sup> <https://www.mentoring.org/program-resources/elements-of-effective-practice-for-mentoring/>
- <sup>70</sup> O'Connor, R.M. and Waddell, S (2015) *Preventing gang involvement and youth violence: advice for those commissioning mentoring programmes*. EIF/Home Office
- <sup>71</sup> Violence Reduction Unit (2017) Mentors in Violence Prevention, Annual report
- <sup>72</sup> Woolland, K (2003) New Opportunities Fund, Intensive evaluation of Splash Extra 2002, Ernst & Young
- <sup>73</sup> Martin A, Lee C and Brown J (2003) Evaluation of Positive Futures, Research Study Conducted for Home Office and Sport England, London
- <sup>74</sup> Durlak J, Weissberg R and Pachan M (2010) A meta-analysis of after-school programs that seek to promote personal and social skills in children and adolescents. *Am J Community Psychol*, 45, 294-309
- <sup>75</sup> McMahon, S., & Belur, J. (2013) *Sports-based Programmes and Reducing Youth Violence and Crime: Economic and Social Research Council*, Swindon.
- <sup>76</sup> Ricahrdson, C., Cameron, P and Berlouis, K (2017) *The Role of Sport in De-radicalisation and Crime Diversion* Scottish Government / University of Dundee
- <sup>77</sup> NREPP (2014) Multidimensional Treatment Foster Care (MTFC), National Registry of Evidence-based Programs and Practices, <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=48>.
- <sup>78</sup> Lipsey, M. W., Wilson, D. B., & Cothorn, L. (2000) *Effective intervention for serious juvenile offenders*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; Farrington, D. P., & Welsh, B. C. (2003). Family-based prevention of offending: A meta-analysis. *Australian & New Zealand Journal of Criminology*, 36(2), 127-151.
- <sup>79</sup> Cary, C. E., & McMillen, J. C. (2012) The data behind the dissemination: A systematic review of trauma-focused cognitive behavioral therapy for use with children and youth. *Children and Youth Services Review*, 34(4), 748-757
- <sup>80</sup> Bogar, S., & Beyer, K. M. (2015) Green space, violence, and crime: A systematic review. *Trauma, Violence, & Abuse*, 17(2), 160171. Welsh, B., & Farrington, D. (2008). Effects of improved street lighting on crime: A systematic review. *Campbell Systematic Reviews*, 4(13), 1-61.
- <sup>81</sup> Davey, CL and Wootton, Andrew B (2016) *Integrating crime prevention into urban design and planning*, University of Salford
- <sup>82</sup> Hawkins, J. D., Brown, E. C., Oesterle, S., Arthur, M. W., Abbot, R. D., & Catalano, R. F. (2008). Early effects of Communities That Care on targeted risks and initiation of delinquent behavior and substance use. *Journal of Adolescent Health*, 43, 15-22.

- 
- <sup>83</sup> <http://www.blueprintsprograms.com/evaluation-abstract/communities-that-care>
- <sup>84</sup> Crowl, et al (2004) *Does Communities that Care work? An evaluation of a community-based risk prevention programme in three neighbourhoods*. York : Joseph Rowntree Foundation
- <sup>85</sup> Bannister, J and Dillane, J (2005) *An evaluation of the implementation of three Scottish pilot programmes aimed at preventing problem behaviours among young people*. University of Glasgow
- <sup>86</sup> SCIE (2017) Asset-based places: A model for development <https://www.scie.org.uk/files/future-of-care/asset-based-places/asset-based-places.pdf>
- <sup>87</sup> <https://publichealthmatters.blog.gov.uk/2015/07/02/preventing-the-disease-of-violence/>
- <sup>88</sup> Bellis, M., Hughes, K., Perkins, C and Bennett A (2015) Protecting people, promoting health, a public health approach to violence prevention for England, Dept of Health/NHS England
- <sup>89</sup> Butts, J. A., Roman, C. G., Bostwick, L., & Porter, J. R. (2015) Cure violence: A public health model to reduce gun violence. *Annual Review of Public Health*, 36, 39-53.
- <sup>90</sup> Webster, D. W., Whitehill, J. M., Vernick, J. S., & Parker, E. M. (2012) Evaluation of Baltimore's Safe Streets Program: Effects on attitudes, participants' experiences, and gun violence. Baltimore, MD: Johns Hopkins Center for the Prevention of Youth Violence, Johns Hopkins Bloomberg School of Public Health.
- <sup>91</sup> CIRV (2011) Glasgow's Community Initiative to Reduce Violence, Second Year Report
- <sup>92</sup> Williams, D.J., Currie, D., Linden, W & Donnelly, P.D (2014) Addressing gang-related violence in Glasgow: A preliminary pragmatic quasi-experimental evaluation of the Community Initiative to Reduce Violence (CIRV), *Aggression and Violent Behavior* Volume 19, Issue 6, 686-691
- <sup>93</sup> HM Government (2011) Ending Gang and Youth Violence: A Cross-Government Report including further evidence and good practice case studies
- <sup>94</sup> Catch 22 (2013) Violence prevention, health promotion: A public health approach to tackling youth violence
- <sup>95</sup> National Network of Hospital-based Violence Intervention Programs. (2016). NNHVIP: National Network of Hospital-based Violence Prevention Programs. Oakland, CA: National Network of Hospital-based Violence Intervention Programs.
- <sup>96</sup> Carter, P. M., Walton, M. A., Zimmerman, M. A., Chermack, S. T., Roche, J. S., & Cunningham, R. M. (2016). Efficacy of a universal brief intervention for violence among urban emergency department youth. *Academic Emergency Medicine*
- <sup>97</sup> Goodall, C., Jameson, J., Lowe, D (2017) Navigator: A Tale of Two Cities
- <sup>98</sup> David-Ferdon, C., Vivolo-Kantor, A. M., Dahlberg, L. L., Marshall, K. J., Rainford, N. & Hall, J. E. (2016) A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.