

SERIOUS YOUTH VIOLENCE IN ENFIELD: A NEEDS ANALYSIS

Dr Teresa Cullip

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Acknowledgements and thanks

This work was supported by engagement and consultation with multiple stakeholders and individuals across Enfield, including parents and young people who gave their views and thoughts on serious youth violence. It is this consultation that makes this analysis relevant to local needs and connected across the borough. Thanks go to all of those involved for supporting this piece of work.

Developing this analysis into an action plan depends on the continued support and engagement from everyone in Enfield that is working to create better opportunities and a better life for the young people of our borough.

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Introduction

Serious youth violence has a devastating impact on young people, their families, friends and communities. Enfield has one of the highest levels of serious youth violence in London and this violence is increasing in frequency and severity. Youth violence not only affects the future and opportunities of young people but also impacts on the community and wellbeing of everyone in Enfield.

Serious youth violence is a public health problem. It is a major cause of ill health and is strongly related to inequalities. Living without the fear of violence is fundamental to good health and wellbeing. Violence not only impacts on individuals and communities but is also a drain on the resources of health systems, criminal justice systems and the wider economy.

The definition of serious youth violence¹ is violence with a weapon, in a community or public space, with a victim aged 10-19 years. This definition excludes violence within the home, although this is noted as a potential risk factor elsewhere in this report. This definition does not explicitly include sexual violence, although recognises that sexual violence may be associated with, or a component of, serious youth violence either as a risk factor or used in the exploitation of young people.

This document sets out the context, nature and scale of serious youth violence in Enfield, and links this with factors that influence serious youth violence, identified at national and local levels. The analysis of gaps seeks to outline the necessary approach to address serious youth violence and provides recommendations for delivering this ambition, using public health principles.

Global perspective

The global burden of violence and the need for a whole-system approach to preventing violence is reflected in the United Nations Sustainable Development Goals with 4 targets specifically related to tackling violence and a further 7 targets that address risk factors relating to violence.

The World Health Organisation (WHO) declared violence a leading worldwide public health problem in 1996, and launched their first report on violence and health in 2002 recommending national level action plans focussed on prevention, supporting victims, improving data collection and research, and promoting gender and social equality to prevent violence.

National perspective

In April 2018, the UK Government published its Serious Violence Strategy² in response to increasing levels of knife crime, gun crime and homicide in England. The strategy emphasised the need for a public health approach to tackle violence, asking partners to come together across sectors and agencies to tackle and prevent violence at a local level.

¹ <http://dev.saydigdev.co.uk/eif/wp-content/uploads/2015/11/Final-R2-WW-Prevent-Gang-Youth-Violence-final.pdf>

² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/698009/serious-violence-strategy.pdf

This document defines serious violence as “specific types of crime such as homicide, knife crime and gun crime, and areas of criminality where serious violence or its threat is inherent, such as in gangs and county lines drug dealing”

A series of Violence Reduction Units (VRUs) have been established in areas across the UK that are most affected by violence, including in London in 2018. These VRUs are intended to oversee and coordinate local approaches to violence prevention.

Since the introduction of VRUs, a series of other key documents have been published, including;

- Home Affairs Committee report: Serious youth violence (2019)³
- Local Government Authority report: A whole-system multi-agency approach to serious youth violence prevention (2018)⁴
- The Youth Violence Commission Report (2020)⁵
- Behavioural Insights Team (commissioned by VRU): Violence in London: What we know and how to respond (2020)⁶
- Public Health England: Public health approaches to reducing violence (2018)⁷
- London Mayor’s Office: Serious violence affecting young people in London (2018)⁸

These documents detail the ideas, approaches and examples that inform this assessment.

Local perspective

Multiple existing and emergent strategies, reports and plans in Enfield identify and focus on factors associated with serious youth violence. These documents align with and inform this analysis;

- **Safeguarding Adolescents from Exploitation 2019-2022⁹**

Includes a child-centred, contextual safeguarding approach to respond to young people’s experiences of harm beyond their families, including measures around gang involvement and youth violence.

- **Enfield Poverty and Inequality Commission (EPIC) report: all things being equal 2020¹⁰**

This report contains many recommendations that align with this assessment, including work on poverty reduction, a whole community approach to crime reduction and work on education, youth services and opportunities for local people

³ <https://publications.parliament.uk/pa/cm201719/cmselect/cmhaff/1016/1016.pdf>

⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/862794/multi-agency_approach_to_serious_violence_prevention.pdf

⁵ <http://yvcommission.com/wp-content/uploads/2020/07/YVC-Final-Report-July-2020.pdf>

⁶ <https://www.bi.team/wp-content/uploads/2020/02/BIT-London-Violence-Reduction.pdf>

⁷ <https://www.local.gov.uk/public-health-approaches-reducing-violence>

⁸ <https://www.london.gov.uk/moderngovmb/documents/s62526/Item%204d%20Appendix%201%20-Serious%20Violence%20Affecting%20Young%20People%20in%20London.pdf>

⁹ <https://new.enfield.gov.uk/services/your-council/safe-strategy-2019-2022-your-council.pdf>

¹⁰ <https://new.enfield.gov.uk/services/your-council/enfield-poverty-and-inequality-commission-report-your-council.pdf>

- **Safer Stronger Community Board (SSCB) Community Safety Plan 2020-2022¹¹**

This plan reflects work supported by the VRU around knife crime and young people and acknowledges the role of drug crime driving violent crime. It commits to initiatives such as community patrols, youth outreach, working with schools and parental support to reduce SYV.

- **Empowering Young Enfield Plan**

This proposes the development of a public health approach to address SYV in Enfield, and details relevant existing activities such as targeted youth outreach, schools-based activities and youth activities such as Inspiring Young Enfield and the Summer University.

- **North Area Violence Reduction Group (NAVRG)**

This multi-agency partnership details an action plan to reduce violence crime across Enfield and Haringey. The aims are to share data, information and examples of good practice, with a focus on early intervention and young people.

- **Enfield Early Help For All Strategy 2020-2024¹²**

This strategy details early intervention approaches that include addressing risk factors relating to SYV such as domestic violence and poor mental health, and includes targeted outreach including Supporting Families Towards Safer Transition, a primary school approach to preventing SYV

Other strategies and plans such as the Youth Justice annual plan and plans for work with Troubled Families, tackling violence against women and girls, and equality in access to services (Fair Enfield) also connect with the topics and themes covered in this document.

¹¹ <https://new.enfield.gov.uk/services/community-safety/sscb-partnership-plan-2017-2021-community-safety.pdf>

¹² <https://www.eversley.enfield.sch.uk/wp-content/uploads/2020/11/Enfield-Early-Help-For-All-Strategy-2020-2024.pdf>

A public health approach

A public health approach has been defined in multiple documents, and broadly follows these principles;¹³

- Define the problem and the population
- Identify the causes of the problem, with a focus on identifying factors that can be modified through interventions and promoting factors that are protective, whilst also addressing risk factors
- Design, implement and evaluate interventions to find out what works
- Implement effective and promising interventions on a wider scale, whilst continuing to monitor effects, impact and cost effectiveness

A public health approach includes looking at the whole system that relates to serious youth violence spanning early childhood, parenting, education and employment. It encompasses factors at all levels including the individual, family and friends, communities and wider societal factors such as social, cultural or economic issues.

Public health frameworks often consider prevention of problems at different levels; primary, secondary and tertiary. Some examples of youth violence work at these different levels include; (adapted from ^{13, 14})

- Primary prevention: tackling the root causes of violence
 - Parenting support
 - Parental employment
 - Stable housing
 - Safe streets and places to go
 - Promoting mental wellbeing in children and families
- Secondary prevention: managing early risk factors
 - Working to prevent school exclusions
 - Treating substance misuse
 - Improving trust in authority
 - Tackling drug supply chains
- Tertiary prevention: reducing the effects of violence
 - Supporting bystanders
 - Reducing availability of weapons
 - Supporting ex-offenders through probation and other services

There is also scope to focus work at transition points to support young people to make good decisions at these key time points, including work in areas such as gang involvement, county lines, and contextual safeguarding, providing safe havens or using trauma-based approaches to manage behavioural problems.

¹³ <https://www.local.gov.uk/public-health-approaches-reducing-violence> Accessed 29/10/20

¹⁴ <https://www.london.gov.uk/moderngovmb/documents/s62526/Item%20d%20Appendix%201%20-Serious%20Violence%20Affecting%20Young%20People%20in%20London.pdf> Accessed on 27/11/20

Report outcomes

It is expected that this needs analysis will;

- Show the current situation with regard to serious youth violence in Enfield
- Explain the risk and protective factors behind serious youth violence at national, regional and local levels
- Explain the evidence for interventions to address serious youth violence at national, regional and local levels
- Summarise the work that is ongoing in Enfield to address these risk and protective factors
- Identify gaps in services or areas for improvement, drawing on good practice examples and the evidence base
- Propose recommendations to use the information from this assessment to develop a detailed strategic approach and action plan across partners

Establishing Needs

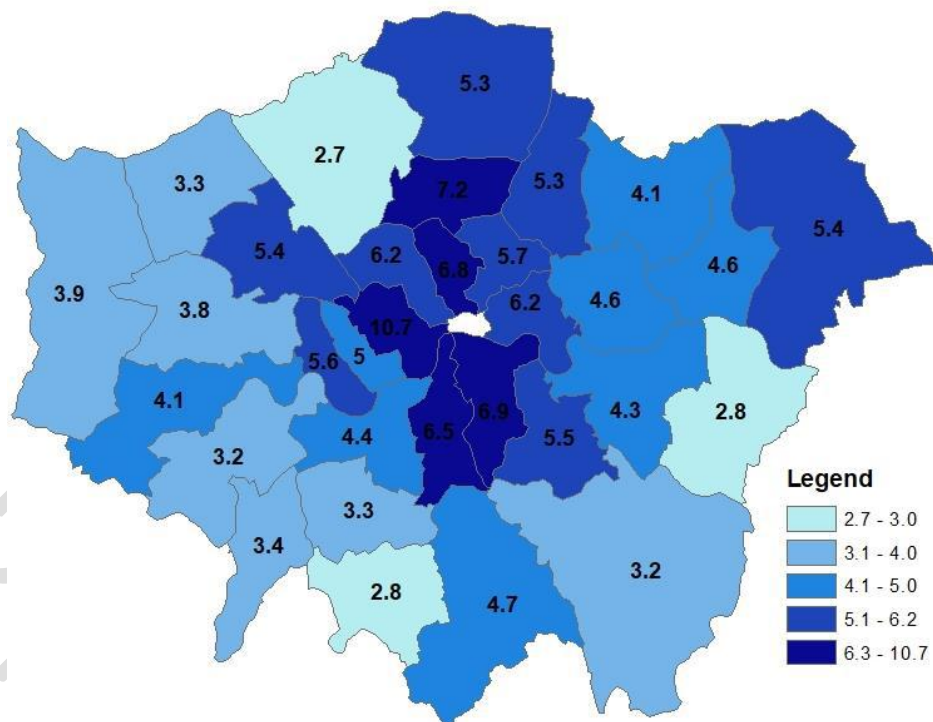
The Enfield picture – serious youth violence

Enfield has a youth population of 42,978 10-19-year olds¹⁵, the 4th largest youth population of any London borough, with around 1/3 of the population being aged 1-19. The youth population is expected to grow by at least 2% in the coming 12 months.

Serious youth violence (SYV) is a significant problem in Enfield. Numbers of victims of SYV have been increasing year on year since 2014, although a reduction has been noted since COVID-19 restrictions began in March 2020. When considering numbers of SYV victims, it is important to note the size of the youth population, how many young people travel into and out of the borough for school, whether the victims/perpetrators are local to the borough, and other factors that increase the number and movement of young people such as transport hubs and the night-time economy.

The number of SYV victims per 1000 population across London in 2018 is shown in Figure 1. Rates have since worsened in some areas. As a rate per youth population, Enfield now has 8.8 victims per 1000, comparable to rates in other London boroughs such as Hackney and Lambeth.

FIGURE 1 RATES OF SYV VICTIMS PER 1000 POPULATION FOR ALL LONDON BOROUGH IN 2018^{1X}

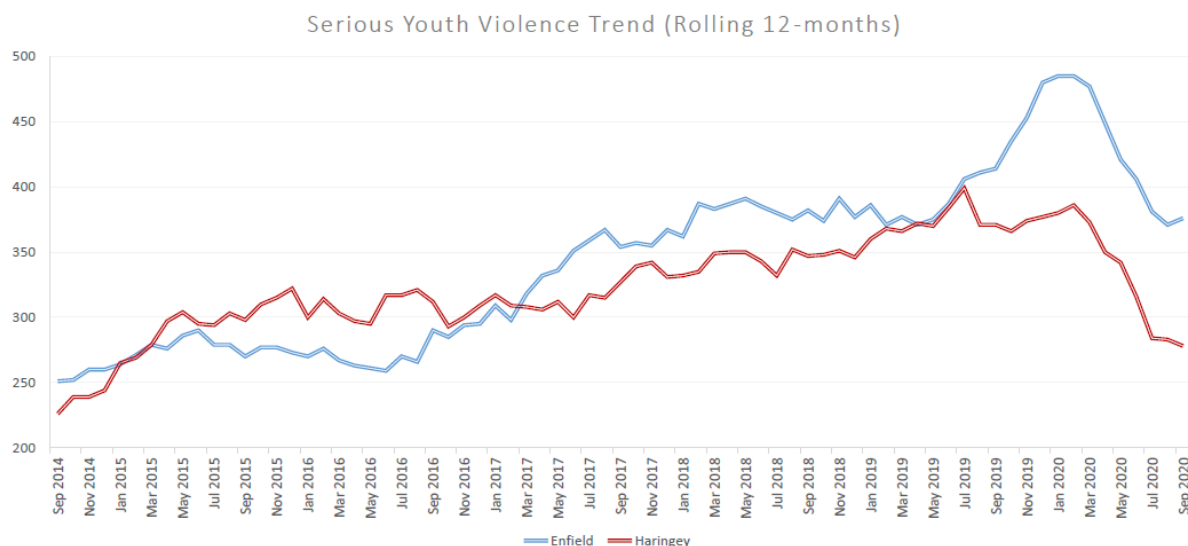


As Figure 2 shows, numbers of SYV victims in Enfield increased from around 250 per month in September 2014 to over 400 per month in September 2019, before peaking to over 450 victims per month between September 2019 and January 2020.

¹⁵ Enfield Borough Council Youth Offer summary report, November 2020.

In the past 12 months, SYV victim numbers have decreased by 10% in Enfield, compared to a 13% decrease in London, largely attributed to COVID-19 restrictions. As restrictions were eased during the summer months, small increases in youth violence have been noted as movement increased and children returned to school.

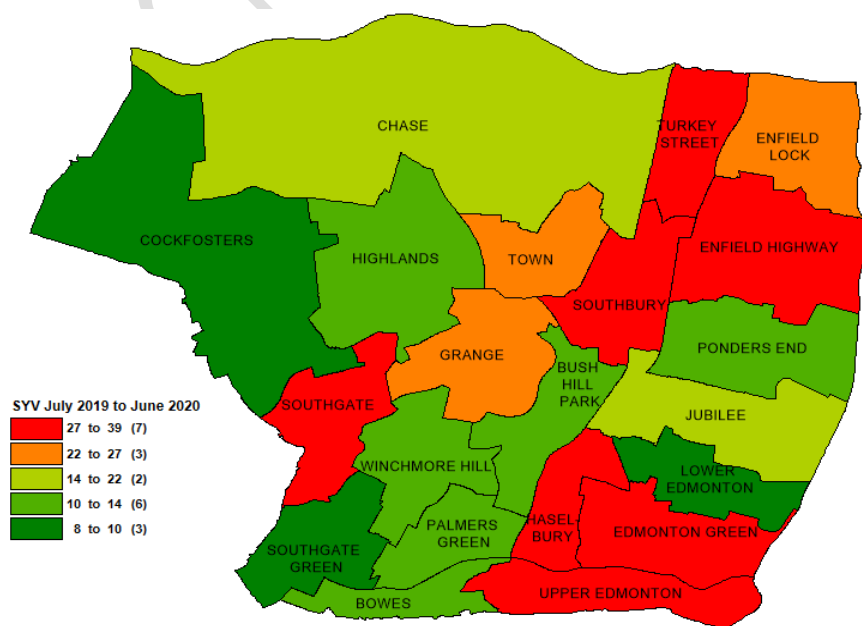
FIGURE 2 SERIOUS YOUTH VIOLENCE VICTIMS OVER TIME (ROLLING 12 MONTHS) FOR ENFIELD AND HARINGEY¹⁶



The overall increase in SYV victims seen during this year reflects longer term trends, with an overall increase of 8.4% in serious youth violence numbers in 2019-20 as compared to 2018-19.

Numbers of serious youth violence victims vary across Enfield borough. Figure 3 shows victim numbers in the 12 months to June 2020. Whilst this shows concentration of violence in some areas, it is important to note that violence is more likely to occur in areas where footfall is highest such as around town centres, parks, transport hubs or on journeys to and from school.

FIGURE 3 NUMBERS OF SERIOUS YOUTH VIOLENCE VICTIMS IN ENFIELD, PER WARD, JULY 2019 TO JUNE 2020



¹⁶ North Area Violence Reduction Group presentation, November 2020

The wards noted to have the highest numbers of SYV victims are the same wards identified in a more recent analysis as being in the top 20% of London wards with highest SYV rates.

Oasis Youth Support collect data on young people under the age of 25, admitted to A&E at North Middlesex Hospital, with the aim of engaging and supporting young people experiencing violence. The overall figures for referrals mirror that recorded in police data shown above.

As seen in Figure 4, of those referred from April 2019 to July 2020, 68.6% (n=341) are male, and 31.4% (n=156) are female. These figures are similar to London-wide figures, where 75% of SYV victims are male and 77% of perpetrators are male.¹⁷ The most frequent age for those admitted was 15 years.

FIGURE 4 PEOPLE UNDER-25 ADMITTED TO NORTH MIDDLESEX HOSPITAL (APR 2019 TO JUL 2020), BY AGE AND GENDER

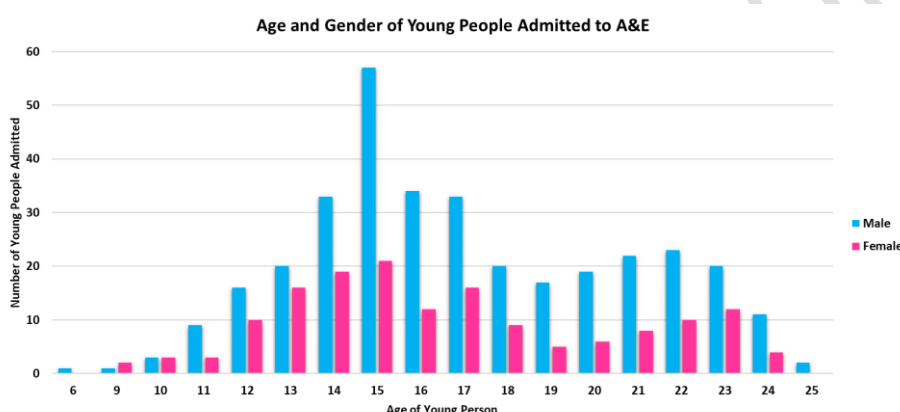
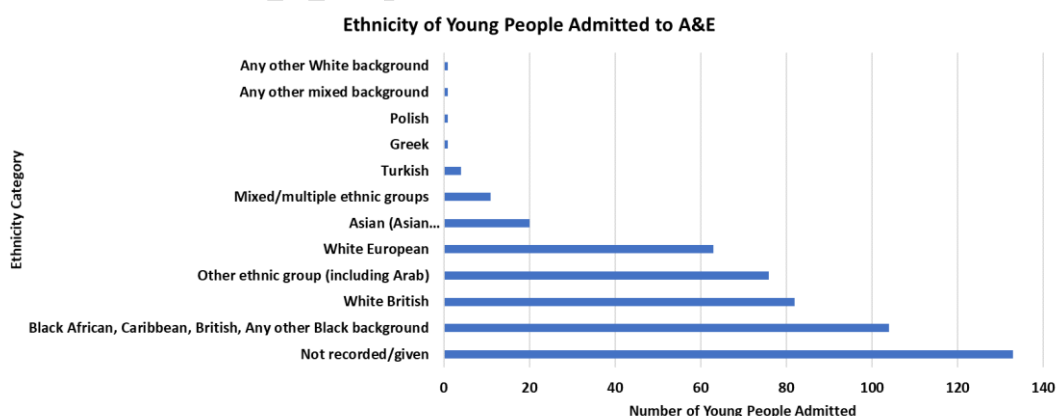


Figure 5 shows that the ethnicity of those admitted to hospital was not recorded in around ¼ of cases but, where recorded, most admissions were in young people from African, Caribbean, British or other Black background, followed by White British, then other ethnic groups.

FIGURE 5 PEOPLE UNDER-25 ADMITTED TO NORTH MIDDLESEX HOSPITAL (APR 2019 TO JUL 2020), BY ETHNIC GROUP



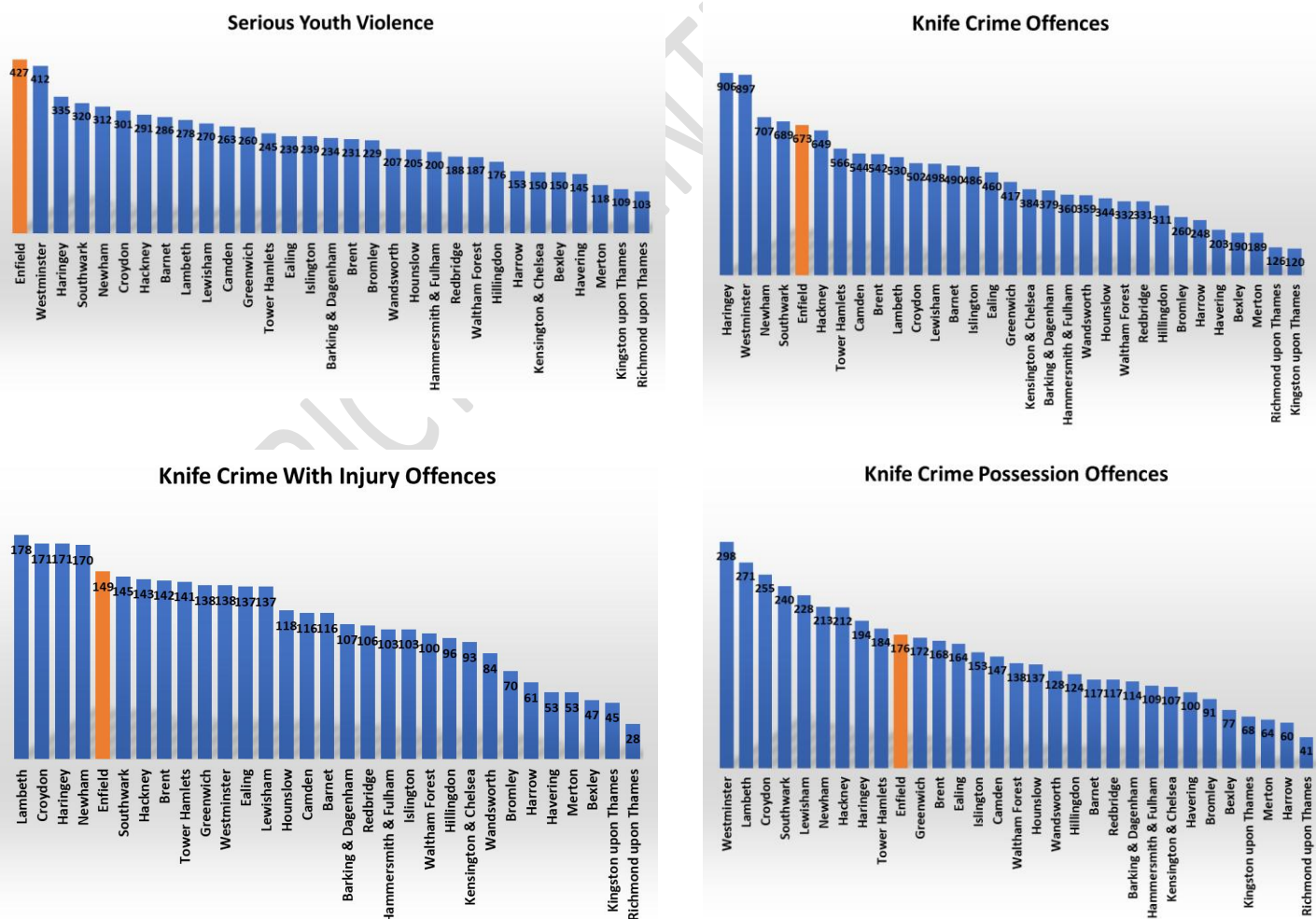
¹⁷ <https://data.london.gov.uk/dataset/a-public-health-approach-to-serious-youth-violence>

Across London, 41% of SYV perpetrators are from a white ethnic background, 25% from a Black ethnic background and 16% from an Asian ethnic background.^{xi} Young Black Londoners are overrepresented as victims and as perpetrators of SYV, although less than 1% are involved in SYV.

Across London, the proportion of hospital admissions involving a sharp instrument or knife injury in those under-25 has increased from 25% in 2013, to 38% in 2017.¹⁸ The same data set showed that domestic violence and abuse featured in 13% of SYV offences, increasing to more than 1/3 of offences where victims were female. Serious wounding offences comprise 59% of SYV offences, and robbery accounted for 33% of SYV offences. 62% of SYV offenders had previously been convicted, cautioned or arrested recently.

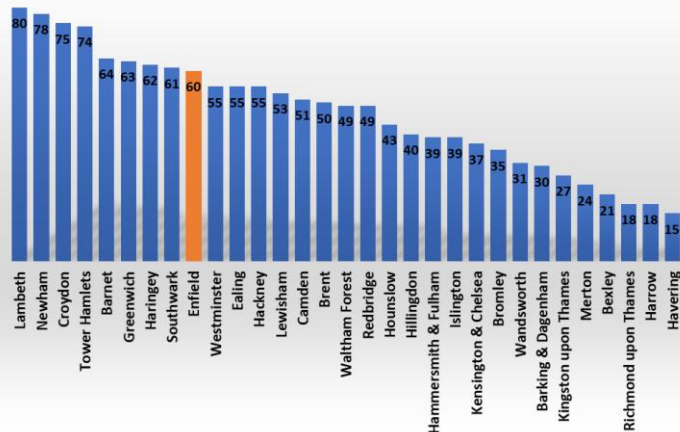
For the year to end of June 2020, the graphs in Figure 6 show data for weaponised crime categories in Enfield, compared to other London boroughs. This shows that Enfield ranks particularly highly in serious youth violence, in knife crime with injury and in gun crime. It should be noted, however, that, unless specified, these figures represent weaponised crime by perpetrators of all ages, rather than just the youth cohort.

FIGURE 6 WEAPONISED CRIME TYPES ACROSS LONDON BOROUGHS (ACTUAL NUMBERS IN YEAR TO JUNE 2020)

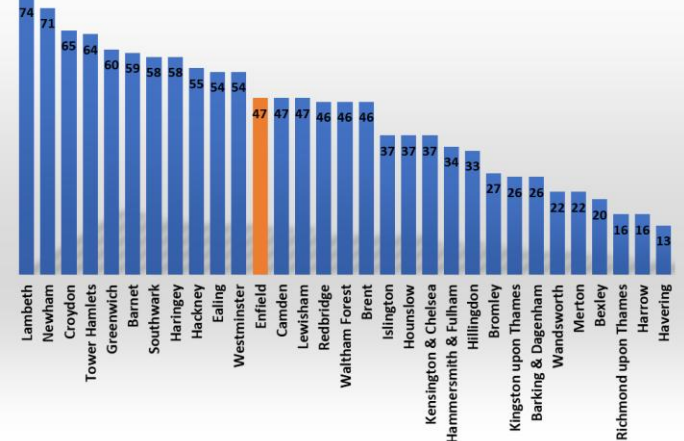


¹⁸ <https://data.london.gov.uk/dataset/a-public-health-approach-to-serious-youth-violence>

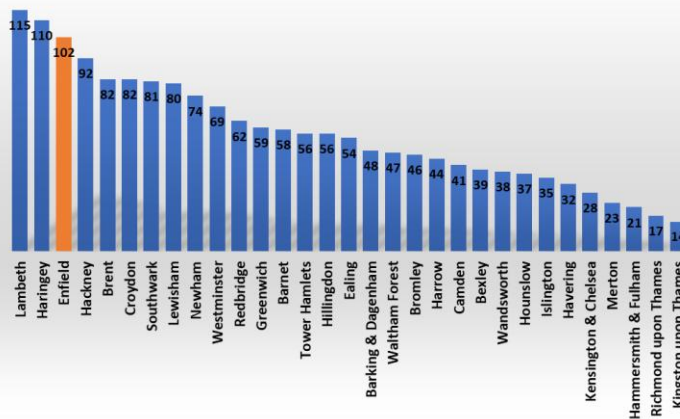
Knife Crime Injury Victims 1-24



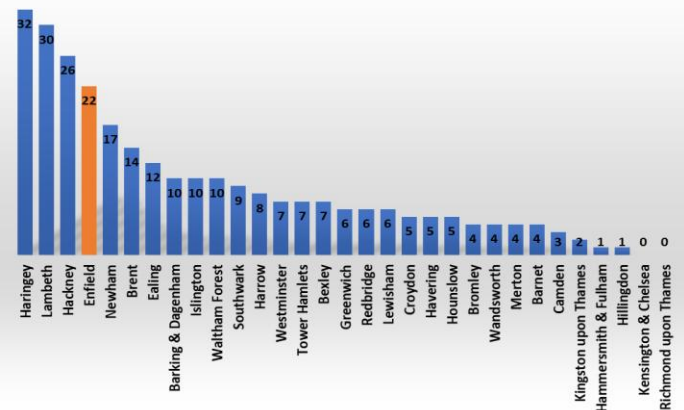
Knife Crime Injury Victims Not DA 1-24



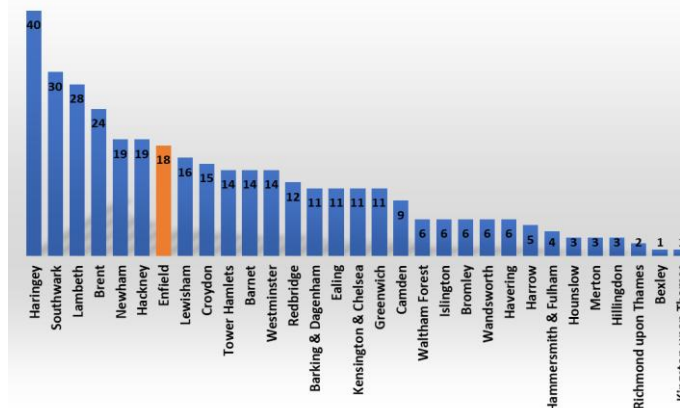
Gun Crime Offences



Gun Crime Lethal Barrelled Discharge Offences



Gun Crime Personal Robbery Offences



Time trends show that, for the year to June 2020, overall knife crime in Enfield increased by 5.7% compared to the previous year, whilst London experienced a reduction of 0.9% over the same period. Knife crime with injury offences in Enfield reduced by 5.1% compared to the previous year, whilst London offences reduced by 7.7% over the same period.

Knife crime injury victims under 24 in Enfield made up 32% (n=47) of all knife crime injury victims with a reduction of 37.3% compared to the previous year. London experienced a reduction in victims in this age group of 11.9% over the same period.

It is anticipated that a significant proportion of the reductions seen can be attributed to restrictions related to the Covid-19 pandemic, and it is noted that levels in June 2020 had quickly returned to levels similar to June 2019.

Whilst overall gun crime numbers fell in the year to June 2020, gun crime lethal barrel discharge offences numbered 22, compared with 15 in the previous year, an increase of 46.7%. During this timeframe, London experienced a decrease of 13.7% for this crime type.

Serious youth violence is known to be connected to exploitation of young people by organised crime groups. Whilst the nature of organised crime groups can be variable, data shows that young people can be exploited for criminal activities such as cross-county selling of drugs or exploited sexually. Young people drawn into crime find it difficult to avoid the grip of exploiters and can find themselves abused by peers or rival gang members.

It should be noted that the information used to inform this report is not all publicly available, and much of it is taken from restricted police sources. Police databases only record reported crimes, so it is likely that there are incidents of violence that are not reflected in this source. In some settings hospital emergency department data or data from voluntary organisations can offer additional insight into violent crime that may not be reported to the police. Hospital data in Enfield has not been found to differ significantly to that of police data in terms of victim profiles or crime types.

Risk factors and protective factors

Evidence from research

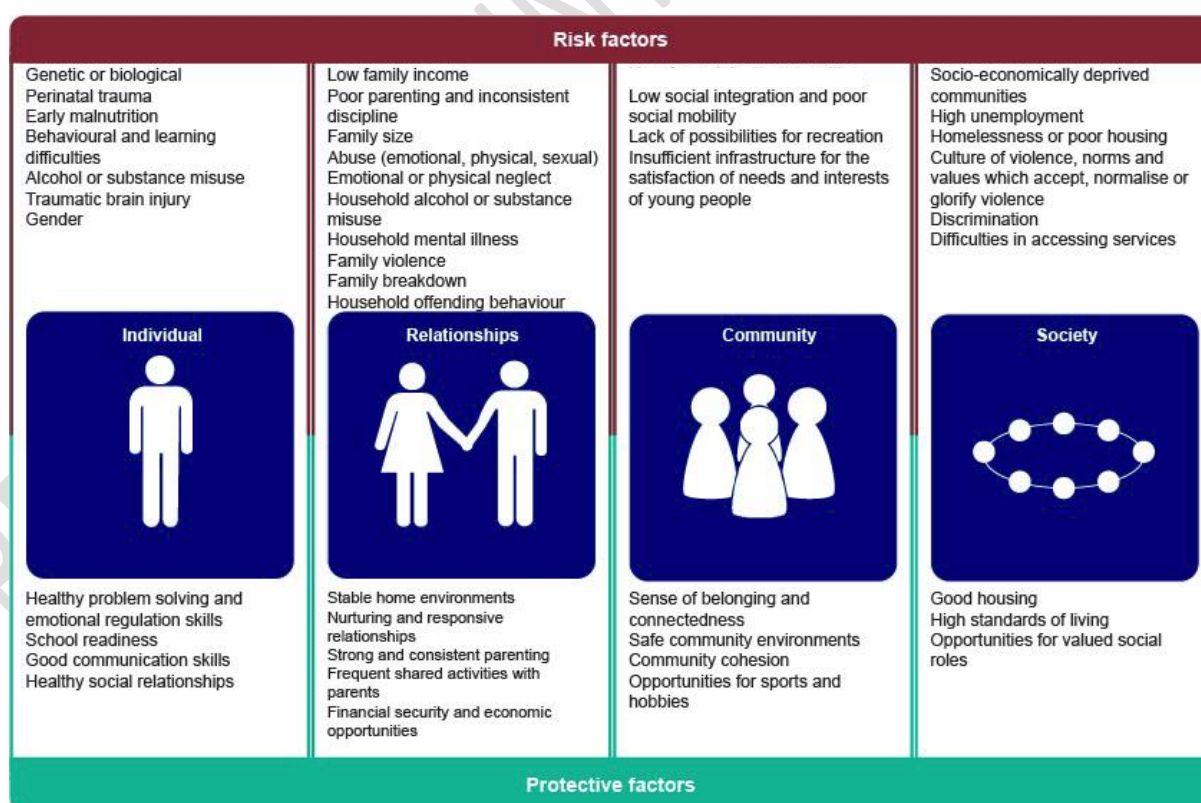
Various pieces of research have sought to identify the factors behind serious youth violence, and some key areas have emerged.

The 2018 Government Serious Violence Strategy¹⁹, discussed the following non-modifiable factors;

- Gender – males commit more serious violence than females; 76% of homicides are committed by males and 87% of weapons users are male
- Age – self reported violence and weapon carrying peaks at age 15
- Ethnicity – evidence linking serious violence and ethnicity is limited when other factors are taken into consideration, but certain ethnic groups are overrepresented in the youth offending cohort and criminal justice system

The strategy identifies risk factors within individual, family, peers, school and community categories, as summarised in Figure 7. This figure shows a continuum for many factors spanning risk to protective. For example, good parenting with nurturing relationships and consistent discipline is protective, whereas poor parenting and inconsistent discipline can become a risk factor.

FIGURE 7 SUMMARY OF RISK AND PROTECTIVE FACTORS FOR YOUTH VIOLENCE²⁰



¹⁹

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/698009/serious-violence-strategy.pdf

²⁰

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/828228/CAPRICO_RN_resource.pdf

The same reports note a crossover between risk factors for serious violence and those for domestic and sexual abuse, suggesting that preventative measures in one area should have benefits across crime types. An association between substance misuse and serious violence was also noted.

The Lammy report highlights a disproportionate number of ethnic minority young people in the youth justice system²¹ and emphasises the need for trust between young people and the criminal justice system. The Youth Justice Board summary (2019) on racial disparity in the youth justice system²² also notes stark disparities in arrest rates, caution rates, conviction rates and rates of custodial sentences, all worse for children of colour, compared to white children.

The Timpson Review²³ on school exclusions (2019) notes that exclusion from school is a marker for being at higher risk of becoming a victim or perpetrator of crime, with 23% of young offenders in 2014 having been permanently excluded from school prior to being sentenced. It is also notable that of those that complete their school in alternative provision, rather than in mainstream school, one-third go on to be not in education, employment or training (NEET).

The Early Intervention Foundation conducted a national review of risk and protective factors for both youth violence and gang involvement, broken down by age group. The strongly associated risk factors for youth violence are summarised in Table 1 below, with bracketed figures showing the age group where the association was identified.

TABLE 1 RISK FACTORS STRONGLY ASSOCIATED WITH YOUTH VIOLENCE, BY AGE GROUP

Individual	<ul style="list-style-type: none"> – Troublesome (7-9; 10-12) – High daring (10-12) – Positive attitude towards delinquency (10-12) – Previously committed offences (7-9) – Involved in anti-social 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)
Family	<ul style="list-style-type: none"> – Disrupted family (7-9; 10-12; 13-15) – Poor supervision (10-12)
School	<ul style="list-style-type: none"> – Low commitment to school (13-15)
Peer group	<ul style="list-style-type: none"> – Delinquent peers ((7-9; 10-12; 13-15)

²¹

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/643001/lammy-review-final-report.pdf

²²

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/822188/JOTC_infographic_2019.pdf

²³

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/807862/Timpson_review.pdf

It is notable that some factors were identifiable in children from as young as 7 years old in this national review.

From the same report, risk and protective factors that were deemed to strongly predict youth violence are summarised in Table 2.

TABLE 2 RISK AND PROTECTIVE FACTORS THAT STRONGLY PREDICT YOUTH VIOLENCE

	Risk factors	Protective factors
Individual	<ul style="list-style-type: none"> – Hyperactivity – Lack of guilt and empathy – Physical violence/aggression – Positive attitude towards delinquency – Previous criminal activity 	<ul style="list-style-type: none"> – Belief in the moral order – Positive/prosocial attitudes – Low impulsivity
Family	<ul style="list-style-type: none"> – Family poverty – Family violence and abuse – Broken home/change in primary carer – Anti-social parents 	<ul style="list-style-type: none"> – Good family management – Stable family structure – Infrequent parent-child conflict
School	<ul style="list-style-type: none"> – Low academic performance – Low commitment to school – Frequent truancy 	High academic achievement
Peer group	<ul style="list-style-type: none"> – Delinquent peers – Commitment to delinquent peers – Peer rejection 	None
Community	<ul style="list-style-type: none"> – Neighbourhood disorganisation – Exposure to drugs 	Low economic deprivation

There are clear areas of crossover in the factors detailed, and many span the continuum noted in the government review.

Another body of evidence looking at factors behind serious youth violence lies in research on adverse children experiences (ACEs), including the factors listed in Table 3. (adapted from ²⁴ and ²⁵)

TABLE 3 EXAMPLES OF ADVERSE CHILDHOOD EXPERIENCES (ACEs)

-
- physical abuse or neglect
 - sexual abuse
 - psychological abuse or neglect
 - witnessing domestic abuse
 - having a close family member who misused drugs or alcohol
 - having a close family member with mental health problems
 - having a close family member who served time in prison
 - parental separation or divorce on account of relationship breakdown
-

²⁴ [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(17\)30118-4/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30118-4/fulltext)

²⁵ <https://www.eif.org.uk/files/pdf/adverse-childhood-experiences-summary.pdf>

Evidence²³ shows that those with more ACEs have worse physical and mental health outcomes compared to those with no ACEs, and the likelihood of being involved in violence is up to seven times higher in those with more than 4 ACEs compared with those no ACEs.

Whilst ACEs and risk factors are clearly important, many individuals that experience these do not go on to commit serious violence, although they may be victims of youth violence. The number of different factors and the complex relationships between them make it difficult to identify exactly which factors are causal and which are just markers.

A VRU commissioned report²⁴, also discusses individual risk factors and ACEs as detailed above and offers some wider factors that influence violence such as;

- deprivation, especially areas with multiple deprivation factors
- social cohesion and trust
- gangs (which are more likely to form in areas of deprivation with poor social cohesion and trust)
- reductions in public spending, especially in areas such as youth services, and where the impact of cuts is felt greatest by the poorest in society
- drug market competition with increased demand for drugs, increased competition to control drug markets, and victimisation and exploitation of young people in this setting, such as in county lines
- reductions in police and wider criminal justice capacity
- perception of weaker public protection and lack of trust and confidence in authorities

A London level analysis of factors associated with SYV²⁶ highlights the factors showing the strongest associations with the rate of SYV were;

- first time entrants to the Youth Justice System
- children in living households claiming out-of-work benefits
- Index of Multiple Deprivation
- long term unemployment rate
- prevalence of emotional and mental health disorders amongst 5-16 year olds
- the rate of looked after children

They go on to note further factors relating to conduct and hyperkinetic disorders, conceptions where the mother is under-18, educational attainment, domestic violence, substance/alcohol misuse, social care referrals and public perceptions about gangs and violence being a problem locally.

Evidence from local data

From the factors identified in the research detailed above, local indicators were identified across 5 thematic areas; crime levels, deprivation and unemployment, education, mental health and substance misuse and social care. These indicators were compared with levels of serious youth violence across the borough.

²⁶ ²⁶ <https://www.bi.team/wp-content/uploads/2020/02/BIT-London-Violence-Reduction.pdf>

For the following data, the source and year is noted below each table. The colour ranking in each table provides a comparison between wards in Enfield, rather than comparison to a particular goal or standard. The worst performing wards are shown in deep red with a colour gradient through to darker green for the best performing wards.

Crime indicators

Table 4 shows rates of different crime types in Enfield wards, with red wards showing highest levels of crime, and green wards showing lowest levels. Some wards, such as Edmonton Green, show clear higher crime levels across crime types, with wards such as Winchmore Hill showing low levels across all crime types

TABLE 4 CRIME INDICATORS IN ENFIELD, BY WARD

	Drug Trafficking per 100,000	Possession of Article with Blade or Point per 100,000	Possession of Firearm with Intent per 100,000	Possession of Firearms Offences per 100,000	Violence with Injury per 100,000	Domestic Violence Offences per 100,000
Lower Edmonton	71	40	0	16	1235	2106
Enfield Lock	85	54	8	8	1099	2344
Upper Edmonton	56	119	14	28	2149	1897
Edmonton Green	213	169	22	37	2203	2431
Haselbury	118	63	0	0	1363	1935
Turkey Street	152	36	9	36	1165	2214
Enfield Highway	90	49	25	0	1716	2430
Ponders End	99	63	18	9	1683	2268
Jubilee	53	62	18	0	1363	1586
Southbury	53	53	26	18	1473	1781
Bowes	16	32	0	16	856	1296
Palmer's Green	48	40	0	8	764	1330
Cockfosters	9	9	0	9	696	1119
Southgate	24	24	0	0	617	837
Chase	48	48	19	10	1211	1707
Southgate Green	26	35	0	9	654	1291
Winchmore Hill	9	0	0	0	472	685
Bush Hill Park	9	17	26	0	519	813
Town	9	51	0	0	938	1049
Highlands	19	9	9	0	1128	987
Grange	9	37	0	0	785	748

*Domestic Violence Offences: Domestic Violence Offences (2019). Source = MET Police data

Drug trafficking Incidences of drug trafficking recorded (2019) Source = MET Police data

Violence with Injury: Incidences of violence with injury offences (2019) consisting of wounding and assault with minor injury. Source = MET Police data

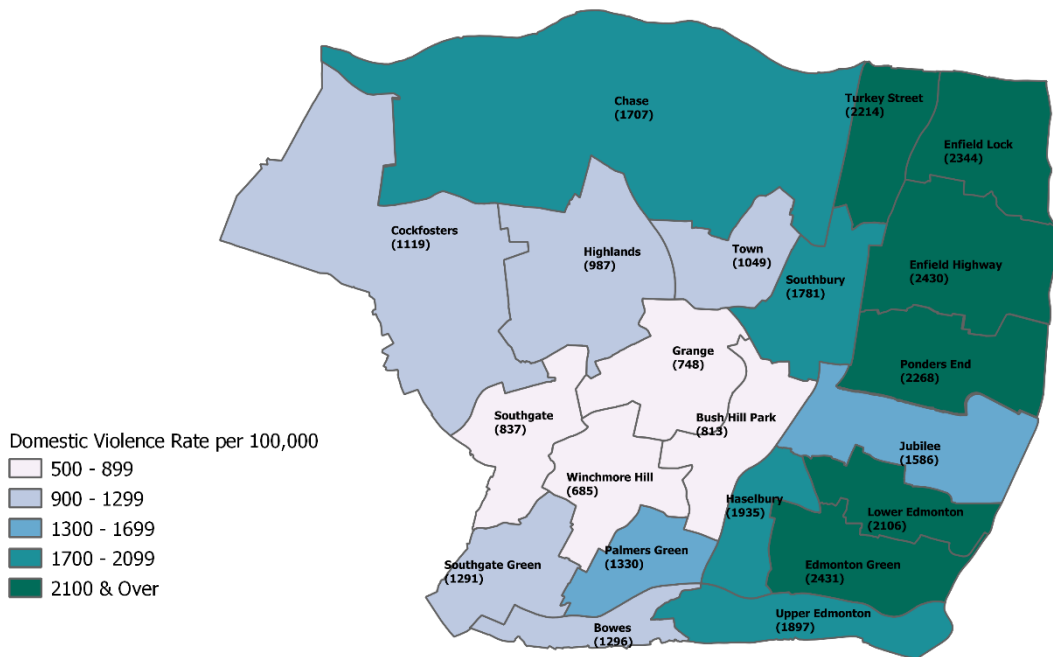
Possession of Article with Blade or Point: Incidences of possession of article with blade or point in a public place (2019) Source = MET Police data

Possession of Firearm with Intent: Incidences of possession of article with a firearm in a public place (2019) with intent of injury/intimidation. Source = MET data

Possession of Firearms Offences Incidences of possession of article with a firearm in a public place (2019). Source = MET Police data

Domestic violence rates are much higher in certain wards and appear to be associated with serious youth violence patterns when comparing Figures 3 and 8. Domestic violence is also listed in the adverse experiences detailed in Table 3 above.

FIGURE 8 DOMESTIC VIOLENCE RATES PER 100,000, BY WARD



Deprivation and unemployment

Figure 9 below shows the Index of Multiple Deprivation (IMD) decile by ward, across Enfield. The distribution of deprivation reflects the geographical distribution of serious youth violence with higher deprivation in those boroughs with greatest serious youth violence victims.

FIGURE 9 INDEX OF MULTIPLE DEPRIVATION DECILE, BY WARD

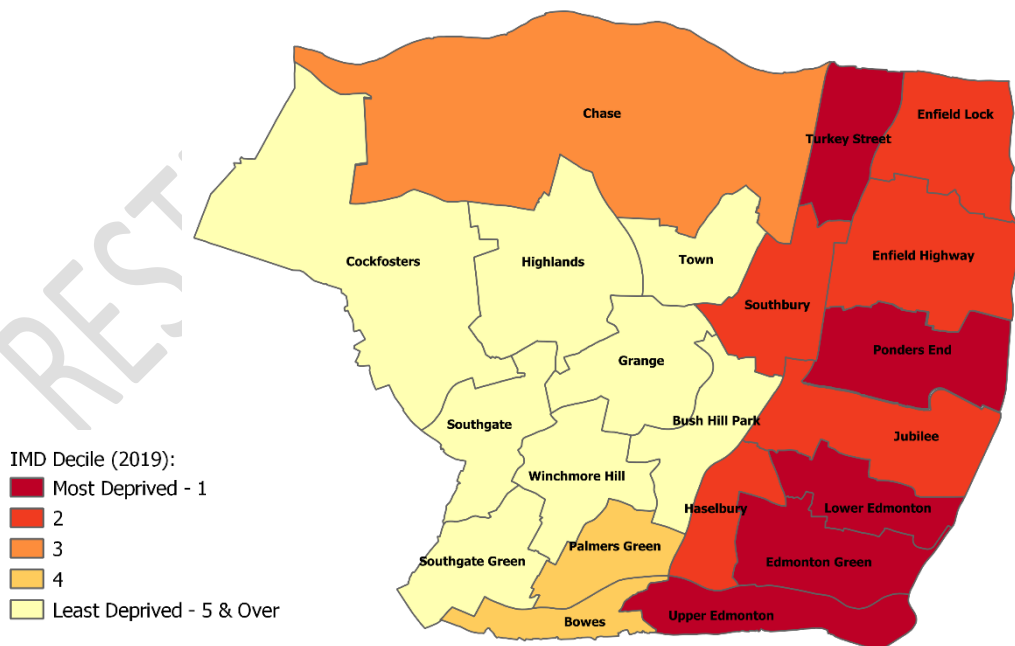


Table 5 shows some key deprivation indicators by ward, across Enfield. Notably, the patterns seen are similar across indicators, with key wards in the east of the Borough emerging as the most deprived, particularly Edmonton and Ponders End. Unemployment figures are also highest for the most deprived wards showing an association between these indicators.

TABLE 5 DEPRIVATION INDICATORS IN ENFIELD, BY WARD

	IMD Decile (2019)	Unemployment	CAB Financial Debt Advice	Household overcrowding indicator	Long-Term Unemployment- rate per 1,000 working age population
Lower Edmonton	1	3%	150	24%	7.78
Enfield Lock	2	3%	177	19%	5.70
Upper Edmonton	1	3%	97	27%	6.42
Edmonton Green	1	3%	172	32%	8.75
Haselbury	2	2%	107	23%	5.74
Turkey Street	1	3%	104	18%	6.37
Enfield Highway	2	3%	113	19%	5.67
Ponders End	1	4%	154	25%	9.76
Jubilee	2	2%	114	21%	5.94
Southbury	2	3%	96	18%	5.70
Bowes	4	2%	38	23%	3.47
Palmers Green	4	2%	51	18%	3.21
Cockfosters	5	1%	18	10%	2.90
Southgate	6	1%	35	14%	2.13
Chase	3	2%	71	16%	4.72
Southgate Green	5	2%	28	13%	2.49
Winchmore Hill	6	1%	24	13%	2.45
Bush Hill Park	6	1%	23	10%	2.98
Town	6	1%	48	9%	2.11
Highlands	5	1%	31	9%	1.89
Grange	6	1%	34	8%	1.87

IMD Decile (2019)

Dimension which places the deprivation scores of individual areas into one of ten groups of equal frequency, ranging from the 10% most deprived areas to the 10% least deprived areas. The Index of Multiple Deprivation (IMD) combines information from seven domains to produce an overall relative measure of deprivation. The domains are: Income; Employment; Education; Skills and Training; Health and Disability; Crime; Barriers to Housing Services; Living Environment. Source = ONS (2019)

Unemployment

% of the working age population claiming out of work benefit. Source = Civica open revenue system

CAB Financial Debt Advice

Number of residents attending and receiving advice from the Citizens Advice Bureau. Source = CAB (Oct 17- Jul 19)

Household overcrowding indicator

The indicator is the proportion of households in a Lower-layer Super Output Area that are classed as overcrowded. Source = English Indices of Deprivation 2019

Long-Term Unemployment- rate per 1,000 working age population

Average monthly claimants of Jobseeker's Allowance who have been claiming for more than 12 months, expressed as a rate per 1,000 of the working age population.

Education indicators

Noting the importance of education indicators in serious youth violence, Table 6 shows the distribution of school absence, school attainment, proportion of Education, Health and Care Plans (EHCP), proportion of fixed term school exclusions and proportion of young people not in education, employment or training (NEET). Permanent school exclusions in Enfield total 15, across 8 different boroughs, although values for this indicator have not been included to protect anonymity.

This table shows opportunities to further reduce fixed term school exclusions in particular wards such as Haselbury and Lower Edmonton, and to address school absence and numbers of EHCPs in wards such as Enfield Lock. In line with low levels of deprivation, many of the wards in the west of the borough show stronger education performance with lower levels of EHCPs, exclusions and young people not in education, employment or training (NEET).

TABLE 6 EDUCATION INDICATORS IN ENFIELD, BY WARD

	Percentage of overall absence	Average school attainment	Number of YP with EHCP's per 100,000	Fixed Term Exclusions per 100,000	Number of NEET Clients per 100,000
Lower Edmonton	4%	59%	4317	5105	394
Enfield Lock	8%	-	5644	3792	267
Upper Edmonton	5%	63%	4182	2544	157
Edmonton Green	4%	66%	4632	4257	143
Haselbury	6%	60%	3596	5330	214
Turkey Street	5%	-	5129	4059	175
Enfield Highway	5%	75%	4218	3977	261
Ponders End	5%	69%	4479	3154	273
Jubilee	6%	55%	4047	4710	189
Southbury	5%	62%	4979	3775	347
Bowes	5%	78%	3397	1195	189
Palmer's Green	3%	67%	4364	1495	183
Cockfosters	5%	63%	3667	1652	99
Southgate	3%	78%	3061	1331	53
Chase	4%	74%	4472	2376	224
Southgate Green	4%	71%	3353	1590	104
Winchmore Hill	5%	84%	2846	972	104
Bush Hill Park	4%	62%	3423	2779	169
Town	4%	73%	4112	1516	146
Highlands	4%	84%	4001	2594	0
Grange	0%	-	3179	1272	141

Percentage overall absence Absence (authorised and unauthorised) for the full 2018/19 academic year. Source = GOV.UK school tables

Average school attainment Percentage of pupils reaching the expected standard in reading, writing and maths (2018/19). Source = GOV.UK school tables

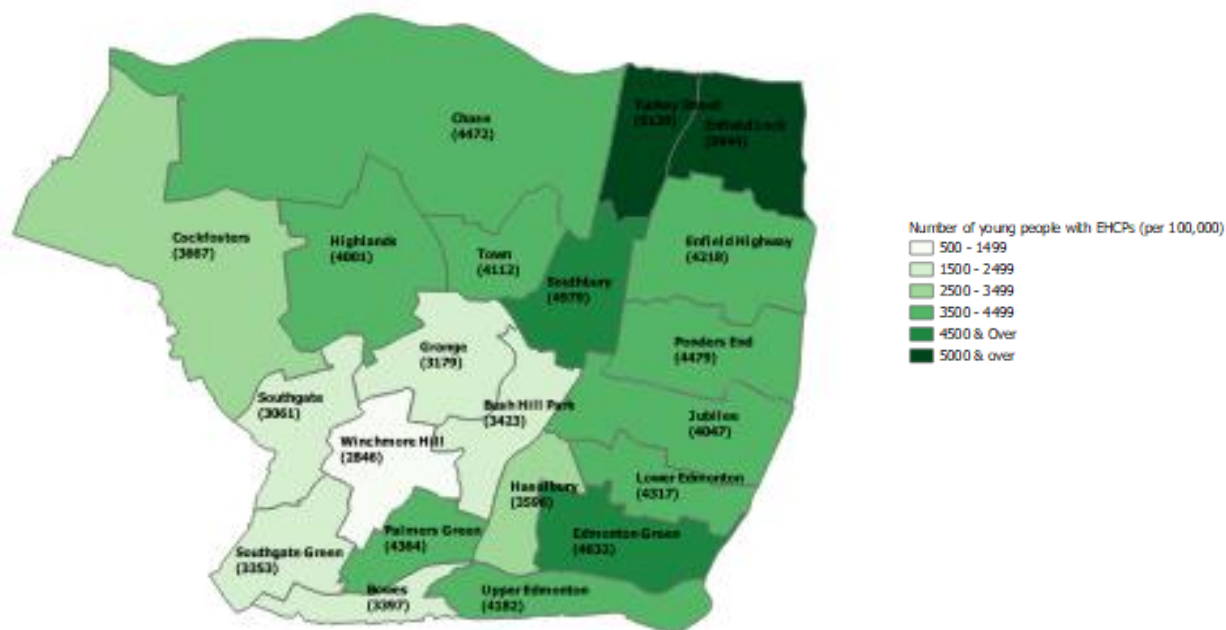
Number of YP with EHCP's Number of young people with Education, Health and Care Plans for special educational needs and learning disabilities. Source = Statutory SEN data collection (2020)

Fixed Term Exclusions Young people excluded from school on a fixed term basis. Source = Schools data for 2018/19 academic year

Number of NEET Clients Young people not in education, employment or training (NEET). Source = IYSS system (2019)

It is notable in Figure 10, that the proportion of young people with EHCP's for special educational needs (SEN) is highest in Turkey Street and Enfield Lock. It would be useful to explore this further with schools to help inform and target work in education to better support these young people.

FIGURE 10 NUMBER OF YOUNG PEOPLE WITH EHCPs PER 100,000



Social Care indicators

Considering the association between serious youth violence and high-risk groups, Table 7 shows social care indicators across Enfield including child protection cases, looked after children, and social care contacts, with Figure 11 showing child protection case rates.

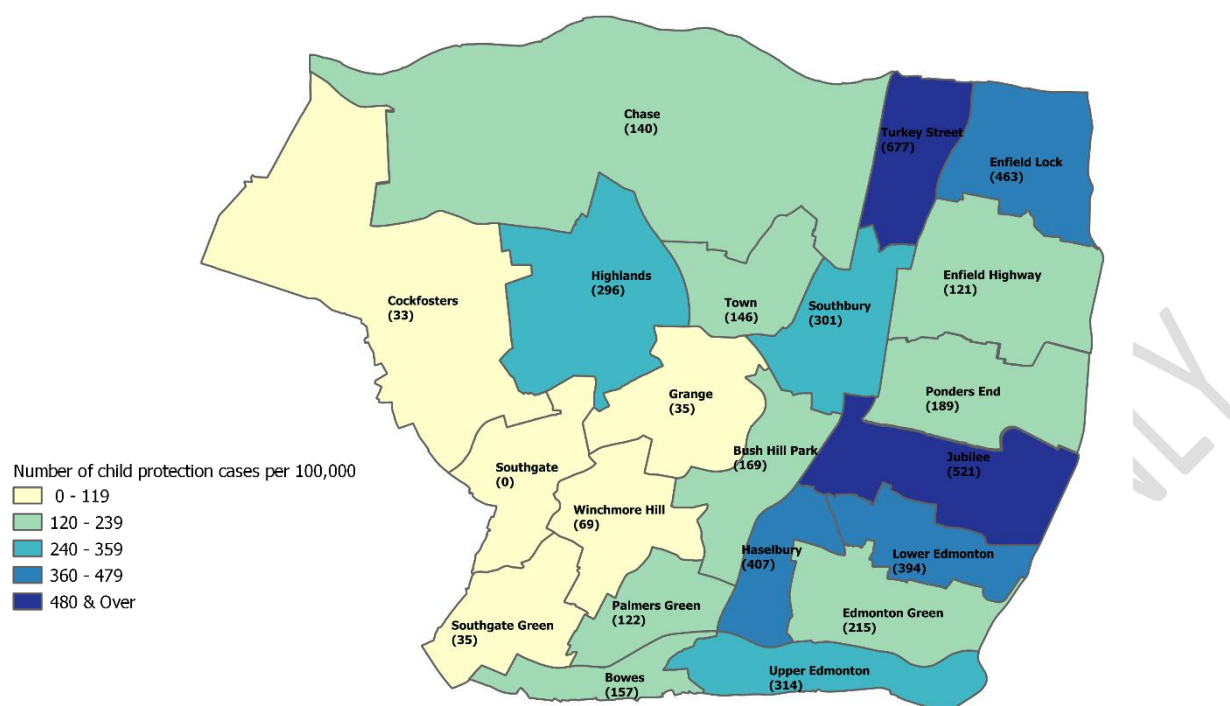
These show high levels of child protection cases, looked after children and social care contacts in Turkey Street and Enfield Lock, with high concentrations of child protection cases also in Jubilee and Haselbury. Similar patterns are seen between wards in the east and west of the borough, as those seen for deprivation and education indicators.

TABLE 7 SOCIAL CARE INDICATORS IN ENFIELD, BY WARD

	Number of CP Cases per 100,000	Number of LAC Cases per 100,000	Number of Social Care Contacts per 100,000
Lower Edmonton	394	113	3622
Enfield Lock	463	427	2759
Upper Edmonton	314	209	2509
Edmonton Green	215	143	2826
Haselbury	407	407	2975
Turkey Street	677	633	3601
Enfield Highway	121	201	2711
Ponders End	189	273	2944
Jubilee	521	213	2154
Southbury	301	324	2918
Bowes	157	189	1604
Palmers Green	122	305	2502
Cockfosters	33	66	1090
Southgate	0	213	1278
Chase	140	224	3382
Southgate Green	35	138	1037
Winchmore Hill	69	243	1631
Bush Hill Park	169	237	1932
Town	146	146	2246
Highlands	296	296	1371
Grange	35	141	1166

Number of CP Cases Young people who recorded being subject to a child protection plan. Source - Liquid logic
 Number of LAC Cases Young people who are categorised as Looked After Children (LAC). Source = Liquid logic
 Number of Social Care
 Contacts Young people who are recorded as social care contacts. Source = Liquid Logic

FIGURE 11 RATE OF CHILD PROTECTION CASES PER 100,000 POPULATION, BY WARD



Mental health and substance misuse indicators

Table 8 shows the distribution of mental health contacts and diagnoses per ward, together with rates of substance misuse in adults. Data for anxiety and depression in adults is show, but data on other mental health disorders, and on mental health and substance misuse in children was not available. The importance of these factors within the households where children live is clear so data for adults were included.

TABLE 8 MENTAL HEALTH AND SUBSTANCE MISUSE INDICATORS IN ENFIELD, BY WARD

	Depression by ward, 2019 - GP contracts (%)	Mood and anxiety disorders indicator	Adult substance misuse (per 100,000)	Adults with children substance abuse (per 100,000)
Lower Edmonton	9%	-1.32	498.8	102.9
Enfield Lock	9%	-1.22	484.2	92.2
Upper Edmonton	5%	-1.39	767.4	132.5
Edmonton Green	8%	-1.10	308.5	36.7
Haselbury	7%	-1.27	603.3	164.5
Turkey Street	8%	-0.97	26.9	0.0
Enfield Highway	9%	-1.05	418.7	98.5
Ponders End	9%	-1.19	764.9	153.0
Jubilee	9%	-0.96	472.2	89.1
Southbury	10%	-0.82	467.3	114.6
Bowes	3%	-1.51	232.0	40.0
Palmers Green	8%	-1.24	406.1	55.7
Cockfosters	6%	-1.07	255.6	44.1
Southgate	7%	-1.33	243.7	40.6
Chase	10%	-0.81	200.3	47.7
Southgate Green	5%	-1.19	139.6	52.3
Winchmore Hill	8%	-1.19	324.0	55.5
Bush Hill Park	9%	-0.98	103.7	17.3
Town	10%	-0.82	1261.8	255.8
Highlands	9%	-0.72	0.0	0.0
Grange	9%	-1.10	411.1	130.8

Depression by ward, 2019 - GP contracts (%)

Mood and anxiety disorders indicator

Adult substance misuse
Adults with children substance abuse

% of residents attending local GP practices with a diagnosis of depression. Source = GP Contracts data (2019)

The mood and anxiety disorders indicator is a broad measure of levels of mental ill health in the local population. The definition used for this indicator includes mood (affective), neurotic, stress-related and somatoform disorders. A higher score for the indicator represents a higher level of deprivation. Source = English Indices of Deprivation 2019

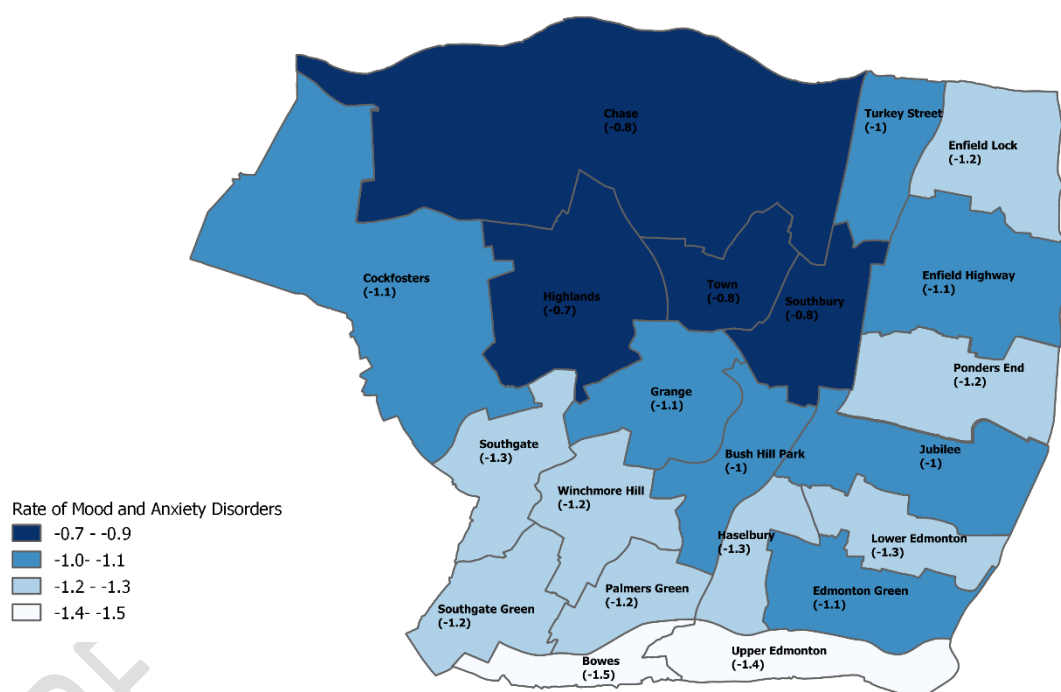
The number of adult residents undergoing treatment for substance abuse. Source = NDTMS (2019)

The number of adult residents undergoing treatment for substance abuse with a child in their household. Source = NDTMS (2019)

Mental health contacts and diagnoses show some association with SYV in wards such as Jubilee and Southbury, but, as Figure 12 shows, rate of mood and anxiety disorders does not show a strong association with SYV patterns. This could be due to less people presenting with mental health symptoms by those in more deprived boroughs due to lack of awareness or different cultural approaches to mental health disorders. It could also represent underdiagnosis in more deprived areas.

Mental health data does not reflect the severity of the mental health disorders and does not reflect conditions such as psychosis. It also does not reflect those with dual or multiple diagnoses, or those with mental health conditions that may exist alongside addiction or substance misuse. Further review of mental health data would be useful to explore.

FIGURE 12 RATE OF ADULTS DIAGNOSED WITH MOOD AND ANXIETY DISORDERS IN ENFIELD, BY WARD



Associations between Indicators

Using the indicators detailed above, an analysis of correlation between each indicator and serious youth violence levels was performed at ward level. The indicators showing the strongest association with serious youth violence in Enfield are given in Table 9 below. The bracketed number indicates the strength of association, where 0.4-0.7 shows a moderate to strong association between the indicator and serious youth violence, with higher values representing a stronger association.

TABLE 9 INDICATORS SHOWING STRONGEST CORRELATION WITH SERIOUS YOUTH VIOLENCE IN ENFIELD

Crime	Deprivation and unemployment	Education	Social care
<ul style="list-style-type: none"> • Drug trafficking (0.6) • Domestic violence (0.6) • Possession of a knife or bladed object (0.5) • Criminal damage (0.6) • Drug possession (0.4) • Public order offences (0.5) 	<ul style="list-style-type: none"> • CAB financial debt advice contacts (0.5) • Household overcrowding (0.5) • Index Multiple Deprivation (0.4) • Unemployment or long term unemployment (0.4) 	<ul style="list-style-type: none"> • Fixed term school exclusions (0.5) • EHCPs (0.5) 	<ul style="list-style-type: none"> • Looked after children (0.6) • Social care contacts (0.5) • Child Protection cases (0.4)

First time entrants and Reoffending Profile

A 2020 analysis of the local youth offending cohort in Enfield²⁷ shows an improvement in % of youth offences receiving an out of court disposal, improving from 27% in 2018/9 to 32% in 2019/20, enabling the youth offending partnership to deal with first time offenders outside of the court process and provide support and interventions to prevent reoffending.

Offence types recorded within the youth offending service include violence, drug offences, robbery and theft, with a reduction in violence offences from 31% in 2018/9 to 27% in 2019/20. The report reflects the connection between crime types, for example of those convicted for a knife offence, around 40% also had convictions for possession of drugs, and a similar proportion had a recorded evidence of gang affiliation.

The youth offending cohort is 83% male, and 59% were 16 years and over. These proportions remain relatively stable as compared to previous years. Ethnicity data shows an overrepresentation of young people from minority ethnic groups, consistent with trends noted in national reports on disproportionality. Unfortunately, recording of ethnicity data is incomplete, but of the completed data, ethnic minority groups represented three times more of the cohort than their white counterparts

Among those young people convicted of weaponised crime or possession or supply of drugs in Enfield in the last year all were noted to have vulnerabilities and risk factors in line with those noted earlier in this document;

- Group / Gang affiliations 17% (n=33)
- Special Education Needs 12% (n=23)
- Mental Health 25 % (n=48)
- Substance Misuse 26% (n=50)
- Social care involvement 19% (n=36)
- Witness to domestic Violence 15% (n=29)
- Sexual Exploitation 7% (n=13)
- Child Criminal Exploitation 23% (n=45)
- Missing/Absconding 14% (n=26)

²⁷ YOS report, Enfield Borough Council, 2020

- Not in Education, Employment or Training (statutory and post-16) 34% (n=66)

From the whole offending cohort, including first time and re-offenders, the number of risk factors experienced is shown in Table 9, with 68% experiencing one or more of the above risk factors;

TABLE 10 NUMBER OF RISK FACTORS EXPERIENCED BY ENFIELD YOUTH OFFENDING COHORT 2019/20

Risk factors	No
0	39
1	51
2	34
3	17
4	21
5	12
6	11
7	7
Total	192

From the 2019/20 re-offending cohort, 19% of young people had reoffended (n=28), committing 84 re-offences between them. The most common re-offences included violence, robbery and drug offences. Notably 100% of the re-offending cohort were from minority ethnic groups, and 36% of re-offenders were looked-after children. This data highlights the need to review the local approach to managing and preventing re-offending.

As a result of reduction of first-time entrants, the youth justice system is now working with young people with much more complex needs and, in some cases, entrenched offending.

Overall, many young people experience multiple risk factors and, in keeping with the ACEs data, present with complex needs, that requires integrated support that crosses the usual boundaries seen in support services. Those young people who experience multiple risk factors or ACEs, or are already part of the offending cohort present our greatest challenge and our greatest opportunity to reduce serious youth violence.

The data presented here shows patterns of risk factors relating to SYV and reveals wards in Enfield where risk factors are especially prevalent. In terms of prioritising work, this data can be used to target work efforts in specific work areas, such as targeting substance misuse work in Ponders End or targeting work around child protection and looked after children in Turkey Street. Certain wards in Enfield carry multiple risk factors and fare poorly in terms of protective factors. These areas with multiple risks should be the focus of prevention work around serious youth violence, and include;

- Edmonton Green – one of the worst affected wards for domestic violence, deprivation, unemployment, EHCPs, social care contacts and fixed term exclusions
- Turkey Street – one of the worst affected wards for domestic violence, deprivation, EHCPs, child protection cases and looked after children
- Ponders End – one of the worst affected wards for substance misuse, NEET, domestic violence, deprivation, social care contacts and unemployment

- Upper Edmonton – one of the worst affected wards for deprivation, substance misuse, firearms possession, poor school attainment and social care contacts.

Evidence from consultations with parents and young people

We conducted a series of local consultations with young people and parents including Enfield Youth Parliament, Young Leaders identified through youth development services, Youth Offending service users, Oasis youth group and adolescent care leavers. We spoke to 46 young people and 11 parents and asked them to identify what they felt were the causes of youth violence.

They identified the following themes;

- A lack of community cohesion, including a lack of community spaces and services
- Poverty and poor housing; some talked of illegal activity, such as selling drugs, as necessary for them to cover daily living costs
- Home and family problems, including domestic violence, criminal or violent behaviour in older siblings and parents, and challenges faced when some families choose not to seek support
- Lack of trusted adults; young people cited a lack of trust in the police. They emphasised a strong sense of trust in youth workers and mentors
- Safety; many young people expressed feeling unsafe and cited this as a reason to carry weapons, which they found easy to buy online. Young people talked of bullying, robbery of personal items when travelling to and from school, and rivalries between groups from different areas (postcode wars)
- School and peers; young people felt that exclusion from school increased the risk of gang involvement and noted the transition from primary to secondary school as a particularly difficult time. Parents also noted challenges in navigating the school system when problems arose, especially if they also faced language barriers
- Mental health; both parents and young people talked about a lack of self-esteem, poor emotional regulation and poor decision-making skills amongst young people, as well as trauma affecting some young people. Many cited a lack of access to mental health services due to long delays in accessing support or not meeting thresholds for support. Special educational needs were also raised as an area lacking support.
- Gang life was perceived by many young people to be glamorous and exciting, and offered them excitement, friendship and popularity. Some felt that the penalties for gang involvement were too lenient. Young people talked of being manipulated into gang involvement or forced into debt to gangs and so forced into violence and selling drugs to repay debts
- Employment, education and training – many felt that opportunities were limited for young people with a lack of positive options for their future
- Social media was cited by many as a key driver of violence and gang involvement. Young people felt they were exposed to violence through music, online rivalry between groups and use of online forums to 'bait' individuals into violent behaviour

Summary

In considering how we can use risk and protective factors to inform interventions, we must consider those factors that are modifiable. Some factors, such as age, cannot be changed, but factors such as access to housing or parental support have the potential for improvement with intervention.

Considering the modifiable risk and protective factors discussed, those where interventions could help to tackle or prevent serious youth violence may be summarised as follows;

- **Poverty and deprivation, including housing and debt;** These risk factors were evident at all levels and strongly associated with serious youth violence
- **Social care, looked after children and safeguarding;** These risk factors were especially evident in London wide and Enfield level data, particularly amongst the youth offending cohort
- **Emotional and mental health;** emotional regulation, good communication and healthy problem-solving skills are protective, whilst low self-esteem, aggression and anti-social behaviour are risk factors. Poor mental health in young people or within the household were also identified in national and London wide data, although the local picture around mental health is less clear
- **Adverse childhood events:** exposure to adverse environments or experiences are proven risk factors; this includes exposure to domestic violence, abuse or neglect within the household, offending behaviour within the household, and family breakdown
- **Parenting and family;** disrupted families and poor parenting and supervision are risk factors, as is household overcrowding and family size. Protective factors include nurturing and stable home relationships and shared activities with parents
- **Education, employment and training;** these are protective factors against youth violence and support social mobility and future employment opportunities. Special educational needs were identified as a risk factor, as is truancy from school, EHCPs and school exclusion.
- **Safe and cohesive communities;** these are protective, together with recreational opportunities for young people. Risk factors include exposure to drugs and gangs, whether locally or through social media
- **Substance misuse;** whether connected to young people or within the household, misuse of drugs or alcohol shows a strong association with gang involvement and youth violence
- **Gangs and illegal activities;** gangs and illegal activities, such as selling drugs, appear to be an attractive option for some young people, especially those with other risk factors and vulnerabilities. Previous offending behaviour shows a strong association with serious youth violence, so once engaged in illegal behaviour, this pattern is difficult to disrupt

Interventions – what should we be doing?

Evidence from research

Four key documents summarise the evidence for interventions to prevent or tackle serious youth violence at a national or international level;

- Violence in London: what we know and how to respond²⁸
- What works to prevent gang involvement, youth violence and crime²⁹
- Adverse childhood experiences: what we know, what we don't know and what should happen next³⁰
- Youth Violence Commission Final Report³¹

These documents present systematic reviews of literature and research and rank each intervention according to the strength of evidence that is available. Much of the research into serious youth violence comes from the United States, and there has been varying success when projects are translated to a UK setting. It is also noted in these reviews that the approach to evaluating the impact of interventions is often not broken down into the components of the intervention, so it is difficult to be certain which aspects of programmes have most impact. That said, these summaries offer the best overview of what has been proven to work in terms of tackling and preventing serious youth violence. Table 11 below, summarises the findings from these four reports under key themes.

The source documents for these interventions detail, in some cases, specific evidence-based programmes that have been shown to be effective. One example is the Incredible Years Children Training Programme which includes a specific set of curriculum activities for primary school aged children that has been shown to be effective in preventing youth violence. Such programmes have been reflected as a generic activity in the Table 11, although each work area should ensure that any programmatic intervention is evidence based and uses best examples of good practice.

The below table shows the scale of evidence to support a preventative approach, focussed on early years support, parenting and education, in accordance with a public health approach. Evidence suggests that an enhanced focus on universal early prevention, together with secondary prevention targeted towards high risk individuals and families will reduce levels of serious youth violence and hence the inputs needed for tertiary services such as enforcement, complex therapeutic interventions and management of offenders.

²⁸ <https://www.bi.team/wp-content/uploads/2020/02/BIT-London-Violence-Reduction.pdf>

²⁹ <https://www.eif.org.uk/report/what-works-to-prevent-gang-involvement-youth-violence-and-crime-a-rapid-review-of-interventions-delivered-in-the-uk-and-abroad>

³⁰ <https://www.eif.org.uk/report/adverse-childhood-experiences-what-we-know-what-we-dont-know-and-what-should-happen-next>

³¹ <http://yvcommission.com/wp-content/uploads/2020/07/YVC-Final-Report-July-2020.pdf>

TABLE 11 SUMMARY OF EVIDENCE-BASED INTERVENTIONS TO ADDRESS SYV (FROM RESEARCH LITERATURE)

Early years, parenting and families	Education	Youth Services	Therapeutic interventions	Partnerships and information	Policing and criminal justice	Other key services
Perinatal screening for mental health and domestic violence in the household	Life skills training – focus on preventing harmful behaviours in 11-14-year olds	Mentoring - modelling good behaviour and providing a person of trust	Trauma focussed CBT for parents or children of any age	Data sharing, especially between police, health department and voluntary sector	Restorative justice activities	Employment skills training
Group programmes for expecting parents	Cognitive behavioural strategies for 7-13-year olds to manage behaviour and anxiety	Life skills such as communication, behaviour management, self-control, healthy problem solving	Multidimensional family therapy for families with children aged 10-18	Engagement of community and young people in all work	CBT for offenders to prevent reoffending	Gang targeted community violence reduction (multi agency)
Antenatal to age 2 home visits targeted at high risk families	School curriculum activities to help manage anxiety and stress in 12-13-year olds	Building aspirations through skills-based programmes	Child-Parent psychotherapy – targeting high risk mothers with preschool children who have experienced trauma or abuse	Using collated data to inform practice	Prison' based education programmes	Drug markets monitoring and analysis to inform risk areas and individuals
Group programmes for families with a preschool aged child	Schools based curriculum designed to improve behaviour in 5-11-year olds	Digital access to improve access to learning and opportunities	Home visiting programme for vulnerable families with children aged 6-36 months		Hot spot policing	Primary care - identify and refer domestic violence cases
Preschool play targeted to high risk children	Group based activities to teach self-regulation and problem-solving skills for 4-8-year olds	Harness faith organisations	Functional family therapy targeted to families with children aged 10-18 with antisocial behaviour or substance misuse		Focussed deterrence programmes	Gangs taskforce approach – coordinated input specific to identify gang members and their families
Individual and group support for parents of children with behavioural problems	Schools based curriculum aimed at building self-esteem and responsibility in 11-14-year olds	Free access for all children to leisure and sports activities locally	Multisystemic therapy families with a child aged 12-17 at risk of going into care due to antisocial or offending behaviour.		Trust building in communities	Victim Support services in reducing the impact of youth violence on victims
Family checks - home visits for families with children aged 2-5	Schools based curriculum addressing behavioural problems in preschool children	Mental health and trauma informed practice training for youth workers	Multi systemic therapy for child abuse and neglect – intensive therapy for families who have been reported to child protection services		Neighbourhood policing	Working with missing children's services to identify crossover with exploitation or county lines (e.g. Rescue and Recovery)

Early years, parenting and families	Education	Youth Services	Therapeutic interventions	Partnerships and information	Policing and criminal justice	Other key services
Individual targeted intervention for families with children aged 3-8 years with behavioural problems	Schools based curriculum addressing behavioural problems in primary school children				Diversions and deflection activities funded and supported by the police	
Group parenting for parents of children aged 3-6 yrs.	Schools based social and emotional learning curriculum for 4-15-year olds				Ongoing review and communication about stop and search locally	
Group parenting programme for parents of 6-12-year olds	Anti-Bullying – whole school approach at primary and secondary levels				Reduction in custodial sentencing	
Individual or group based interventions for families with children of any age following parental divorce or separation	Teacher trauma training aimed at primary school teachers where children may have suffered trauma					
Family based support to families with a child 10 to 14	Safeguarding focal point					
Sure Start – holistic approach to children and families delivered via children's centres	Careers programmes that meet Gatsby standards					
	Schools programmes that share lived experience					
	Zero school exclusions					

RESTRICTED - INTERNAL ONLY

Evidence from local stakeholders

The stakeholders that were interviewed for this assessment, are listed in Annex 1. Many of these stakeholders have a long history of working in Enfield in their various specialist areas. They know their services and service users and have had the opportunity to see changes over time and identify what has worked and what has not worked based on their experience.

Stakeholders were asked what they thought would help to improve serious youth violence in their area of work. Initial suggestions and ideas are detailed in Table 12. Some suggestions were made by more than one stakeholder and some themes came up in multiple interviews, primarily that of funding and the need for a stable and predictable approach to funding to aid programme planning.

Most of the interventions align with the wider evidence base although some suggestions are contradictory. Some of the suggested interventions were beyond the scope of this report, particularly around national policy on drug classifications or sentencing of young offenders. National level suggestions were not included in Table 12.

TABLE 12 SUMMARY OF SUGGESTED INTERVENTIONS FROM ENFIELD STAKEHOLDERS

Early years, parenting and families	Education	Youth services	Partnerships and information	Policing and criminal justice	Other key services
Focus on early intervention identification and services	<p>School nurses - suggested as an opportunity to identify high risk children and refer to other services (e.g. mental health, substance misuse)</p> <p>Shared lived experience with young people in schools to open the conversation about youth violence</p> <p>Continue critical work on prevention of school exclusions</p> <p>Focus on primary school level prevention work – many felt that secondary focus was too late for some young people</p>	<p>Improved access to youth facilities by voluntary sector and youth groups</p> <p>Mentoring services to offer a stable adult and aspirational support for young people</p>	<p>NAVRG to have multi agency tasking/operational groups to compliment strategic approach</p> <p>Improved information sharing and engagement across stakeholders, especially with schools/education and between teams in both the council and the police</p> <p>NAVRG to include more youth services and voluntary sector organisations given their role in violence reduction and prevention</p> <p>Suggestion of a toolkit of resources to facilitate easy communication and referral between organisations</p> <p>Improve referral networks and coordination across work areas including housing, social care, primary care to aid identification of high-risk individuals/families</p>	<p>Improved training of police in criminal exploitation and modern slavery</p> <p>Improved engagement from safer schools' officers, including in primary schools</p> <p>A stronger stance on gang association and anti-social behaviour to act as a deterrent before youth behaviour escalates</p> <p>Stronger drug policy and monitoring of drug related crime as a driver of youth violence</p>	<p>Improved training of social workers in criminal exploitation and modern slavery</p> <p>Serious case reviews to consider early journey aspects and opportunities for improvement in early intervention</p> <p>Local apprenticeships and employment opportunities, including for young people with an offending history</p> <p>Use commissioning frameworks to incorporate new elements into work activities as opportunities arise</p> <p>Expansion of training in trauma informed practice to whole borough inc social workers, teachers, youth workers, etc</p> <p>Use wider factors to identify at high risk individuals through housing, debt, etc (integrated council-based service)</p> <p>Further support to Hidden Harm work to identify and support children in high risk households</p> <p>More contextual safeguarding work – beyond 'traditional' social work into out-of-home and peer risks and in young adult provision (18-25)</p>

RESTRICTED - INTERNAL ONLY

Evidence from consultations with parents and young people

The consultation process noted previously was also used to gather views on what young people and parents thought should be done to prevent and address youth violence.

They identified the following themes;

Community; Many spoke of the need for protective communities, citing after-school community patrols as a positive way to create a safe environment using a community approach. Young people talked about the need for trusted adults outside of the home, citing youth workers or mentors offering useful support during difficult and challenging times

Opportunities, activities and training; all of those consulted spoke of a need for activities to engage young people, provide opportunities and training, and to offer a sense of belonging whether through sports, creative activities, training, leadership activities or cadetships. It was emphasised that activities should be low or no cost and should be widely promoted and easily accessible through a single access point online

Family support; parents felt they would benefit from group support through parents forums or training events to help them to connect better with their children, especially in times of difficulty or crisis. Parent mentors were also suggested for those facing challenges

Policing; It was felt that school police officers needed to be proactive and connect better with young people, with more school police officers in primary schools. Young people suggested trust building activities, such as sports tournaments, between local people and the police. Many felt that more police presence was needed in unsafe areas. Concerns were expressed about racial profiling and stop and search, with training suggested to improve this

School curriculum; it was suggested that the curriculum teach more relevant life skills such as banking or future planning. Some suggested that school exclusions should be prevented with parent/child programmes. Many suggested that violence prevention work should start at primary school, although training for secondary school teachers was also raised. It was suggested to educate young people about trauma, violence and county lines

Mental health; it was felt that more support was needed for young mental health. Young people suggested programmes to help with emotions such as anger management, meditation, group therapy and yoga. Many spoke of a need for multidisciplinary teams to address safeguarding needs with an integrated approach to individual cases

Outreach and gangs prevention; Young people suggested outreach on estates where social workers and youth workers can talk with young people and support with wider issues. Some parents suggested similar approaches had worked in other boroughs. There was also an emphasis on social media, where it was felt that there should be increased monitoring by the police to prevent young people being exposed to violence

Frameworks to tackle serious youth violence

Various national and local documents have developed frameworks to shape work on violence and used these frameworks to present their initiatives and proposals. Two key approaches that are relevant to local government authorities and can inform our work are summarised below.

The 5 Cs approach

This approach is proposed in a document from Public Health England, the Department for Health and Social Care, and the Home Office³². Figure 13 summarises this approach, which is 'place-based' meaning that it can be targeted to a specific area or population, such as Enfield borough.

FIGURE 13 SUMMARY OF THE 5CS APPROACH



The 5 Cs are

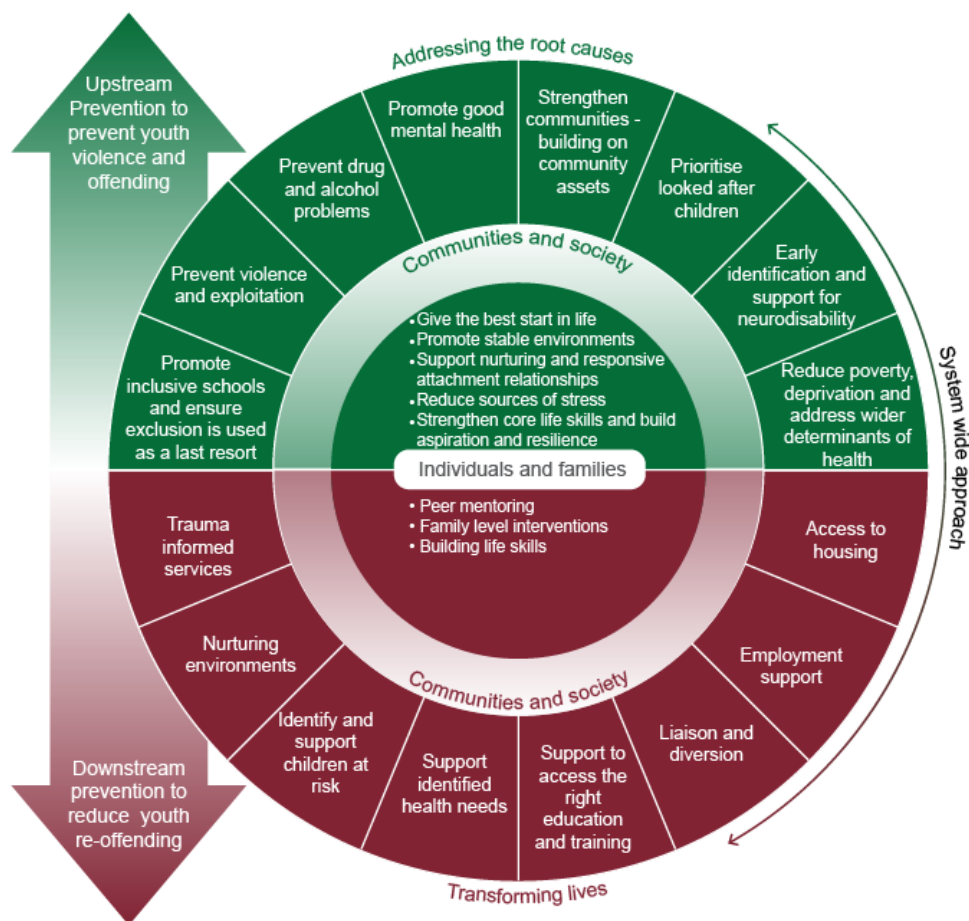
- Collaboration: bringing together local partners, defining and creating a common approach, using data and intelligence to form a shared understanding of issues and opportunities, and collective agreement of governance for operational and strategic work
- Co-production: co-producing an action plan/strategy that spans work areas and working collaboratively
- Co-operation in data sharing and intelligence: identifying data sources, agreeing resources to combine, analyse and use data, establish data sharing agreements and products, use the data to inform work and evaluation interventions
- Counter-narrative: Recognise and identify risk and protective factors, promote upstream universal approaches, identify alternative initiatives and narratives across agencies and communicate these
- Community consensus: Use participatory approaches, map community assets, collaborate with those most at risk, address community level factors

³² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/862794/multi-agency_approach_to_serious_violence_prevention.pdf

The CAPRICORN model

This model comes from a Public Health England report focussed on a collaborate approach to prevent offending and re-offending in children (CAPRICORN)³³ and is summarised in Figure 14 below.

FIGURE 14 THE CAPRICORN MODEL



The upstream (green) intervention areas are viewed as preventive work whereas the downstream (red) intervention areas focus support on those already involved in serious violence to prevent re-offending or mitigate the damage caused by offending.

These two frameworks provide a structure to inform our serious youth violence approach and remind us of the importance of a collaborative and constructive community approach that considers both preventive work and supports those already affected by violence.

Current work in Enfield to tackle serious youth violence

Pan-London monitoring of work in violence reduction is coordinated by the Violence Reduction Unit. Pan-London activities span enforcement and criminal justice, reducing weapon availability, protecting and educating young people, supporting communities and families, supporting victims of crime and offering ways out of crime. Through London level monitoring of this work the Violence Reduction Unit shares examples of good practice to improve the evidence base of initiatives that are effective in tackling youth violence. The action plan of the North Area Violence Reduction Group forms part of this wider violence reduction approach and is monitored and supported as such.

At a pan-London level, the Metropolitan police also have various initiatives ongoing to tackle youth violence. In the area of disproportionality in the criminal justice system and policing, the London Mayor's office has committed to an action plan which includes stricter oversight of stop and search, and developing community led training for police officers as a step towards building trust between local communities and the police.³⁴

To understand the work in Enfield that addresses the risk and protective factors detailed above, we interviewed a range of stakeholders. The current work is summarised in Table 12. This table is not exhaustive but gives a sense of the work in different work areas, and the breadth of activities both within the council framework and in other areas such as policing and voluntary action. The activities span almost all areas of the council provision, through early years, education and youth services, but also includes wider factors such as housing, mental health and debt support. It incorporates policing and enforcement, prevention of reoffending and community safety, as well as looking at community cohesion and trust building. This demonstrates clearly how broad the scope of serious youth violence is and shows how it connects to much of the work that we do in Enfield.

³⁴ <https://www.london.gov.uk/press-releases/mayoral/stop-and-search-to-be-better-scrutinised> Accessed 10/12/20

TABLE 13 EXISTING WORK IN ENFIELD TO TACKLE AND PREVENT SYV

Multiagency committees and statutory frameworks	Early years, parenting and families	Education	Youth services	Community activities	Policing and criminal justice	Youth Offending	Employment and skills	Other key services
– Scrutiny	– Health visitors	– Primary	– Inspiring	– Faith	– Neighbourhood	– Out of court	– Summer	– Substance
– Safer Stronger Communities Board	– Early help	– schools pilot /Amani	– Young Enfield	– Safe havens	– Schools based police officers	– disposals	– Skills based diversionary work	– misuse services
– Safeguarding Board	– Parenting support	– Behavioural support team	– 5 youth centres	– Love your doorstep	– Safeguarding	– Youth rehabilitation orders	– Leadership Academy	– CAMHS
– Health and Wellbeing Board	– Troubled Families/Change and Challenge	– (exclusion prevention)	– Youth development services	– Enfield Voluntary Action – voluntary sector providers	– Safe spaces mapping	– High intervention team	– Youth Enfield	– GP referral
– North Area Violence Reduction Group	– Children’s centres	– Pupil Referral Unit (for excluded pupils)	– Voluntary sector activities	– Op Alliance	– Gangs work	– IOM framework	– Employment service	– Social prescribing link worker
– VYP	– Parents Engagement Network	– Schools based police officers	– Diversionary activities (NEXUS)	– Fearless	– County lines work	– Probation services	– Prevention of reoffending	– A&E / Oasis – work with those affected by violence
– ETYEB	– Child protection and family support service	– Schools based violence prevention leads	– St Giles Trust	– Disproportionality work aligned with Mayor’s office	– Teachable moment in custody			– Victim support
– MACE	– ABC Parenting	– Trauma informed programming training	– Youth portal – one stop shop for all youth activities					– Housing
– MASH		– School nurses	– Young Leaders					– Citizen’s Advice Bureau and debt support
– GPG			– Summer University					– Community safety plan
– LAC & Leaving Care			– Targeted inputs in hotspot crime areas					– integrated work looking at ACEs
– Domestic Abuse service								
– Education								
– Housing								

Gaps Analysis

This section puts together what we know so far in terms of needs and interventions;

Needs

- Factors identified in the research
- Factors identified in local data analysis
- Factors identified in local consultations

Interventions

- Interventions identified in the research
- Interventions identified by local stakeholders
- Interventions identified in local consultations

Analysis of gaps

- Summary of existing work in areas related to SYV
- Comparison of existing work with needs and solutions identified

A summary of interventions identified are detailed below in Table 13 using the same themes as in previous tables and organised into primary (universal prevention), secondary (targeted to high risk groups) and tertiary (support for those already affected) interventions.

Interventions shaded in green are actions or services that already exist in Enfield and meet the current needs around serious youth violence in Enfield. These services should review their work and align it within the 5Cs framework detailed above. Specific note should be given to services, such as the NEXUS programme that works to prevent school exclusions but has time limited funding. A review of funding and plans for existing programmes would help to improve continuity and sustainability.

Interventions shaded in orange are actions or services that exist in part but may need further development to improve their impact with regard to serious youth violence. An example is antenatal screening, where some screening is done but home visits are not conducted, offering an area for improvement to prevent serious youth violence. The activities shaded orange should be reviewed to identify gaps and specific improvements in line with this report's data and findings.

Interventions shaded red are new activities or services that require more input and may require additional resources or development.

TABLE 14 SUMMARY OF ACTIVITIES AND IDENTIFICATION OF GAPS IN ENFIELD

Themes	Primary prevention – addressing root causes (universal provision)	Secondary prevention – managing risk factors (targeted provision)	Tertiary prevention – reducing effects of violence (targeted provision)
Statutory provisions and training	Provision of statutory referral services with appropriately trained workers	Training of youth workers, social workers, teachers, police and mentors (all those in contact with children) in; – Contextual Safeguarding – Identification of risk factors – Mental health – Trauma informed practice – CCE, CSE, Modern Slavery	Youth offending statutory provision
		Safeguarding procedures	Reparations mechanisms
		Enhanced support for families identified as high risk	Programme for prevention of reoffending
		Support/training for primary care colleagues in identification and referral of children/families identified as high risk	
Early years, parenting and families	Antenatal screening for mental health and domestic violence – at pregnancy booking appointment, health visitor pregnancy review for high-risk parents, perinatal support	Early identification and appropriate referral of high-risk children and families	Targeted support for households with either a young offender or other offending behaviour with children in the household
	Parenting support throughout 0-5 years	Targeted support from antenatal to school age for children and families identified as high risk, due to eg; – Adverse childhood experiences – Mental health support – Drug and alcohol services – Behavioural problems in children – SEN – Unstable housing – Poverty or unemployment in the family – Families with parental divorce/separation	
	Home visits and family checks (universal)		
	Children’s centres for community activities		
	Preschool provision of community activities, play centres, community-based activities		
Education	School nurses with appropriate training to identify and refer children at high risk	Early identification and appropriate referral of high-risk children and families	Targeted support for households with either a young offender or other

			offending behaviour with children in the household
	Primary school curriculum to cover behaviour, offer shared experience, violence prevention activities, life skills such as social and emotional learning, anti-bullying	Targeted support for those with risk factors	Education provision in youth offending institutions
	Secondary school curriculum to cover behaviour, mental health support, life skills such as social and emotional learning, aspirational learning, employment skills, offer shared experience, violence prevention activities, anti-bullying	Targeted prevention of school exclusions	Education provision for young people on court orders and not in mainstream school
	Appropriate career planning	Specific school-based interventions focused on mental health, behavioural support, bullying, diversion activities	Mentoring for offenders or those on offending orders
		Digital access support	
		Mentoring	
		Teachers trained in trauma informed practice	
		Safeguarding focal points in schools with capacity to participate in safeguarding activities and panels	
Youth services	Community based facilities available for youth activities at low or no cost	Early identification and appropriate referral of high-risk children and families	Targeted support for households with either a young offender or other offending behaviour with children in the household
	Activities for young people including life skills, aspirational activities, creativity, sports and physical activity, employment skills	Targeted support for those with risk factors	Targeted interventions for young offenders, particularly in mental health, behavioural support, bullying, diversion activities, life skills and employment skills
	Mentoring – providing a trusted adult	Complimentary activities to prevent school exclusions	Mentoring
	Harness potential of community and faith organisations in supporting young people	Specific interventions focused on mental health, behavioural support, life skills, bullying, diversion activities	Trauma informed therapy activities for children and families with a child protection plan

	Provide access to sports and leisure facilities at low or no cost	Trauma informed therapy for children and families with child protection plans, at risk of care, offending history or other significant risk factors	
	Centralised information point for young people to access out of school activities and provisions	Home visits and support for children and families with significant risk factors	
		Digital access support	
		Mentoring	
Services for older children	Detailed career planning	Identification and appropriate referral of high-risk children and families	Targeted support for households with either a young offender or other offending behaviour with children in the household
	Local apprenticeships and work experience	Targeted support for those with risk factors	Targeted interventions for young offenders, particularly in mental health, behavioural support, bullying, diversion activities, life skills and employment skills
	Employment skills training	Specific interventions focused on mental health, behavioural support, bullying, diversion activities	
	Life skills training (money management, interviews, communication, problem solving, etc)	Digital access support	
		Mentoring	
Policing and criminal justice	Schools based police officers working on community engagement, trust building and education at both primary and secondary levels	Early identification and appropriate referral of high risk children and families	Restorative justice programmes
	Neighbourhood policing in coordination with other services such as social workers, housing, community groups	Hotspot and targeted policing	Interventions at point of arrest/ charge/ conviction with a view to preventing reoffending
	Community trust building activities	Monitoring of drug related gangs and activity	Engagement with CSE, CCE, county lines and modern slavery frameworks
	Police funded diversionary activities for young people eg cadets	Training in and engagement with CSE, CCE, county lines and modern slavery frameworks	Focussed deterrence work eg with gangs
		Improved engagement with looked after children, missing children and other vulnerable groups	
		Continued review of stop and search activities locally	

Other key services	Adequate, stable housing for children and families	Support for mental health in the child or household	Gangs partnership working
	General provision of antenatal services, mental health services and physical health services	Support for drug and alcohol misuse in the child or household	
	Safer environments	Support for domestic violence or other forms of abuse in the child or household	
Partnerships and information	Sharing information across agencies and work areas to coordinate all statutory services	Development of a central toolkit of resources to aid referral – accessible to all stakeholders	Use serious case reviews to adapt and improve services
	Engagement of young people and their families in all activities that affect them	Sharing information across agencies and work areas to coordinate all targeted services	Establish mechanisms for sharing information relating to high risk children and families across work areas
	Use data to inform practice by establishing data sharing arrangements to allow data to inform support to young people and their families	Tasking groups to tackle specific work areas relating to serious youth violence eg community mapping exercise	
	Inclusion of voluntary sector organisations, youth services and primary health contacts in networks for reducing serious youth violence		
	Annual review of data and adaptation of plans to meet changing needs		

Recommendations

This document shows the breadth of risk and protective factors associated with serious youth violence in Enfield. The scope of evidence-based interventions is broad and spans Enfield Borough Council and partners across the third sector, the National Health Service, the police, and schools.

As the 5Cs and CAPRICORN models show, interventions to tackle serious youth violence should be coordinated and developed across partnerships with a shared goal. Interventions should span primary, secondary and tertiary levels.

The financial climate and increasing demands on local authorities require careful use of existing resources and openness about the challenge of resourcing new interventions and ideas and expanding existing work. There should be careful targeting of existing resources and the best use made of existing community assets, maintaining a focus on resourcing as work is developed and reoriented to meet the needs of young people in Enfield.

The gaps identified offer examples of the detailed work that is needed to develop a detailed action plan, informed by this assessment. The action plan should be developed with all partners in accordance with the frameworks provided, allowing a focus on detail in each work area whilst remaining integrated to the overall approach.

The recommendations from this document are intentionally broad as future work lies in a detailed identification of gaps in each service and developing a shared approach to address these gaps. Many of these recommendations align with those made in other documents, particularly the Enfield Community Safety Plan and the Enfield Poverty Commission Report, which already go some way to beginning the detailed work required to drive these recommendations forward.

Main recommendations

1. Serious youth violence is everyone's business

Factors relating to serious youth violence span all aspects of life in Enfield from housing and employment to education and policing. As the impact of serious youth violence is felt widely, so the opportunities to reduce this impact are also broad. Working across departments and partners and developing a shared vision of how to tackle serious youth violence will allow us to broaden our approach.

2. Prevention is the best approach

Focussing on prevention allows us to tackle the problem of serious youth violence before it becomes more complex and engrained. If resources are refocused towards prevention, this should, in time, reduce the burden of complex tertiary level work. Prevention offers the best opportunity to young people and families, with benefits beyond the youth violence agenda

3. Early intervention is key

Intervening early offers the best chance of preventing serious youth violence. Identifying young people at risk and supporting protective factors offers an opportunity to support families with

targeted, integrated support. Much of the necessary support is already available within Enfield and careful targeting of resources provides an opportunity for the greatest impact. Early intervention also allows a wider offer to more young people and families before needs become more complex

4. Respond to local needs using local data to inform our work

Given the data shown in this document, the connections between ACEs and other risk factors offer the opportunity to identify the factors that are most important in Enfield and focus our resources towards these. Geographical areas of focus are also shown in the data allowing us to target our efforts where they are needed most.

5. Coordinate actions and resources to develop a SMART action plan

The greatest impact from interventions lies in a coordinated approach. A detailed action plan is needed to span the breadth of partners engaged in serious youth violence work. Having a shared vision and sharing information and resources across partners, allows for more integrated services and best use of resources. Coordination of efforts and monitoring and evaluation of work done offers an opportunity to continue to improve and develop good practice, a key element of a public health approach

These recommendations should allow Enfield Borough Council to meet its obligations under the forthcoming Police and Crime Bill

Conclusion

This needs analysis has summarised the current situation regarding serious youth violence in Enfield. The risk and protective factors identified in national level research have been explored in the Enfield context and some detail given to which factors are most important in Enfield. The evidence for interventions to address serious youth violence have been summarised and explored with local stakeholders, parents and young people.

Gaps in existing services and areas for development have been identified, but work remains to use this analysis to inform an action plan, developed with partners using local data to prioritise resources and interventions. The focus for this plan should be around prevention and early intervention and there is a need for continued coordination and engagement across Enfield to meet the recommendations detailed.