Violence Needs Assessment Interim Report

Introduction

The Violence Needs Assessment (the 'VNA') is designed to provide a foundation to the work of Swindon Community Safety Partnership (CSP) in preventing and reducing serious violence in the borough. It incorporates quantitative analysis of crime, health and other datasets, a review of literature and existing good practice, qualitative research with professionals involved in existing services and a gap analysis of existing service provision.

The focus of this needs assessment is on child and young people age up to 25 years old as they are most at risk of violence and offending.

Background

The Home Office (2018) has reported that overall crime level in England has decreased and the numbers of violent crime is down by 69% since 1995. However, homicides and violent crimes involving knives/sharp instruments have risen since 2014. These data also indicate greater increases in the number of victims/perpetrators of violent crime aged under 18 years than those aged over. However, the same trend did not replicate in Swindon and the number of perpetrator of violent crime aged under 18 years remains similar in the last 5 years

The number of offences involving knives recorded by police in England and Wales in 2019 was the highest on record. There were 45,627 offences involving knives or sharp instruments recorded by police in 2019, a 7% rise year on year, and 49% higher than 2011 when comparable records began. Crime figures clearly show that it is not only London and other major cities that are being affected by recent increases in serious violence. Similar trend was recorded in Swindon with the highest number of offences involving the use of weapon (866 cases) seen in 2019, which is 35% higher than the 2016. However, there was an 11% reduction in number of offences involving weapons in 2020.

There is a clear need for a concerted action across the UK, including the many communities now affected by violence (Home office, 2018). Many argues that tackling serious violence is not only a law enforcement issue, it requires a multi-agency approach involving a range of partners and agencies such as education, health, social services, housing, youth and victim services with a focus on prevention and early intervention. Actions should be guided by evidence of the problems and what works in tackling the root causes of violence.

To do this, we must bring organisations together to share information, data and intelligence and encourage them to work in concert rather than in isolation. Swindon is committed to a public health approach to preventing and tackling violence.

Public Health Approach to Preventing Violence

Violence has long been recognised as a significant concern for public health because of the ill-health and suffering that it causes. Violence has sometimes been compared to a disease – a complex preventable problem that can be understood and addressed by using some of the techniques more usually applied to disease control (WHO, 2002).

Public health approaches provide a framework that seeks to understand what causes violence and responding with population based interventions to prevent or reduce violence, identifying and addressing the 'root causes', evaluating evidence for effective intervention and implement these intervention and monitor their effects (Figure 1). It requires 'system leadership', to join up the action and to shift the emphasis on picking up the pieces to upstream prevention by addressing the "root causes" of violence.

1. Surveillance

What is the problem?

Define the violence problem through systematic data collection.

2. Identify risk and protective factors

What are the causes?

Conduct research to find out why violence occurs and who it affects.

4. Implementation

Scaling up effective policy and programmes

Scale-up effective and promising interventions and evaluate their impact and cost effectiveness.

3. Develop and evaluate interventions

What works and for whom?

Design, implement and evaluate interventions to see what works.

Source: WHO, 2017

Figure 1: Public Health Approach to Violence

Method

Approach

This VNA seeks to build a picture of "what we know" about the reality of violence in Swindon and the prevalence of underlying risk factors that may make proportion of Swindon community more susceptible or less resilient to violence.

- **Who is at risk of violence**

  Identify risk and protective factors for involvement in violence from an evidence review based on national and international literature and qualifying these factors in the local population.

- **Swindon local picture: crime and health statistics**

  Analysis of relevant service datasets, particularly crime and health data in order to understand the patterns of violence within the borough and provide some insights/trends about victims, offenders in relations incidents of violence.

- **Violence Prevention Survey for Professionals in Swindon**

  A mix method survey to explore professionals' views on violence prevention and collate information of existing services/interventions available in Swindon. This is conducted via an online questionnaire for professionals/key stakeholders involved in providing services, which contribute towards the violence prevention agenda in Swindon.

- **Violence Prevention Interventions & local service mapping**

  Summary of the Early Intervention Foundation report "*What works to prevent gang involvement, youth violence and crime*" and the findings of our local service mapping exercise on existing violence prevention interventions provided in the Borough of Swindon.

Who is at risk of violence?

This section reports on the risk and protective factors that make a person more likely to be involved in violence and the prevalence of these factors in Swindon.

There are multiple individual and environmental factors that make a person more likely to be involved in violence. Similar risk factors are implicated in being either a victim or a perpetrator of violent crime and an individual can be both simultaneously. On the other hand, a protective factor is something that decreases the potential harmful effect of a risk factor. Additionally, risk factors and protective factors could be at opposite ends of the same continuum. For example, good parenting is a protective factor and poor parenting is a risk factor.

Although risk and protective factors can be found in every area of a child or adolescent's life, their effects may be exerted differently at different stages of development depending on individuals' circumstances. Public Health England (2019) has summarised the risk and protective factors related to victimisation or perpetration of violence in Figure 2.
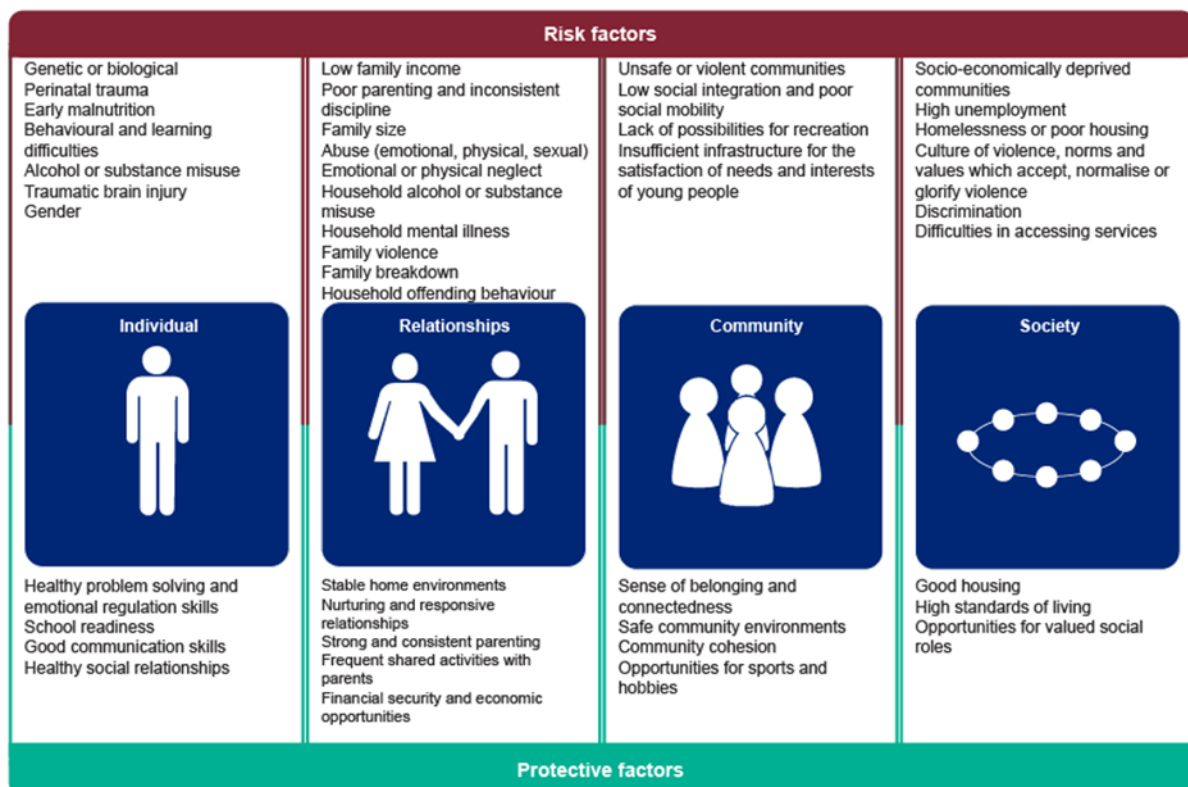

Figure 2: Risk factors that increase the likelihood of violence and protective factors that mitigate against perpetration or victimisation of violence (11-16 years)

The public health approach for violence prevention seeks to utilise the life course approach to identify risk and protective factors, starting before birth and identifying points along the child's development were they maybe more vulnerable and there maybe opportunities to intervene to reduce risk factors and enhance protective factors.

Groups of people most likely to suffer violence are also people who are very likely to be affected by other factors that cause illness or poor health. For example:

- The risk of experiencing violence as a victim or as a perpetrator is much greater in people who are living in deprivation
- The effects of violence is strongly related to inequalities, with the poorest fifth of society suffering rates of hospital admissions for violence five times higher than those of the most affluent fifth

Exposure to violence as a child makes individuals more likely to be involved in violence in later life. Early life experiences play a large role in an individual's future, and the risk of violence is shaped by childhood exposure and experience. Children can be at greater risk of maltreatment if they are born to parents that are young, single, who suffer from mental ill health or substance abuse, or have violent relationships (Bellis et. al., 2012). The links between these early life risk factors and child abuse can arise from poor bonding between parents and children, and poor parenting skills and resources.

Here are some key headlines of risks and protective factors for violence crime in Swindon and data are from PHE fingertip tools unless specified otherwise:

Negative experiences at home

According to the PHE fingertip tool, Wiltshire Police (covering both Swindon and Wiltshire) had the highest domestic abuse related incidents and crimes records (22.0 case per 1,000 population) in the South West in 2018/19. Additionally, Swindon has a high number of children in care (69 vs. 56 per 10,000 children aged ≤ 18), children who started to be looked after due to abuse or neglect (19.8 vs. 14.6 per 10,000 children aged ≤ 18 and children in needs (1023 vs. 596 per 10,000 children aged ≤ 18) compared to South West Region average (Figure 3).

Children in need: Rate per 10,000 children aged <18 2017/18   Crude rate - per 10,000

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	→	753,840	635		634	637
South West region	↑	65,373	596*		-	-
Isles of Scilly	↑	49	1,343		993	1,775
Swindon	↑	5,108	1,023		995	1,052
Torbay	↓	2,455	966		928	1,005
Bristol	↑	7,252	772		754	790
Plymouth	↓	3,968	757		734	781
Poole	→	1,996	661		633	691
Somerset	↓	6,832	621		606	636
Gloucestershire	↑	7,691	606		592	619
Dorset (Cty)	→	4,154	541		524	557
North Somerset	↓	2,278	527		506	550
Bath and North East Somerset	↓	1,858	523		499	547
Cornwall	–	5,570	520		507	534
South Gloucestershire	↑	2,908	500		482	519
Wiltshire	→	5,222	495		481	508
Bournemouth	↓	1,742	484		462	507
Devon	↓	6,290	435		424	446

Figure 3: Children in need statistics 2017/18   Source: Children in need statistics
https://www.gov.uk/government/collections/statistics-children-in-need

Evidence (Bellis et. al. 2014) indicates that those involved in perpetrating violence have frequently been victims of violence themselves. Adverse childhood experiences (ACEs) are events that lead to an increased risk of children and young people experiencing damaging impacts on health, or other social outcomes, across the life course. The more risk factors (e.g. ACEs) experienced by young people, the greater the likelihood of participation in youth offending. In England and Wales, about half of adults experienced at least one Adverse Childhood Experience (ACE) as a child.

The Swindon Multi-agency Domestic Abuse Strategy (2019) provided a snapshot of the prevalence of domestic violence and child protection plan in Swindon. On the 31st March 2019, there were 316 Swindon children had Child Protection Plans with 100 identified as having domestic abuse within the family; and 352 children were looked after, with 29 having domestic abuse as a factor. 129 children with both a Child Protection Plan and looked after had domestic abuse within the family.

The relative high prevalence of negative childhood experience, it would suggest that children and young people in Swindon is more likely to become victims as well as perpetrators of violent crime.

School Exclusion

The Serious Violence Strategy, the cross-party Youth Violence Commission (YVC) and the All-Party Parliamentary Group on Knife Crime suggest that young people excluded from mainstream education are at greater risk of youth violence.

Swindon has a higher number of secondary school fixed period exclusion rate (10.2 per 100 pupils) in 2016/17 comparing to both South West and England Average (*Figure 4*). Additionally, Swindon has a lower proportion of pupils (56.7%) is calculated by taking the total number of pupils achieving 5 or more A*-C grades at GCSE or equivalent including English and mathematics GSCEs in 2015 compared to the South West region (58.4%) and in England (57.8%).

Compared with benchmark: ■ Better   ■ Similar   ■ Worse   ■ Not compared

Fixed period exclusion due to persistent disruptive behaviour: rate per 100 school aged pupils 2016/17   Proportion - %

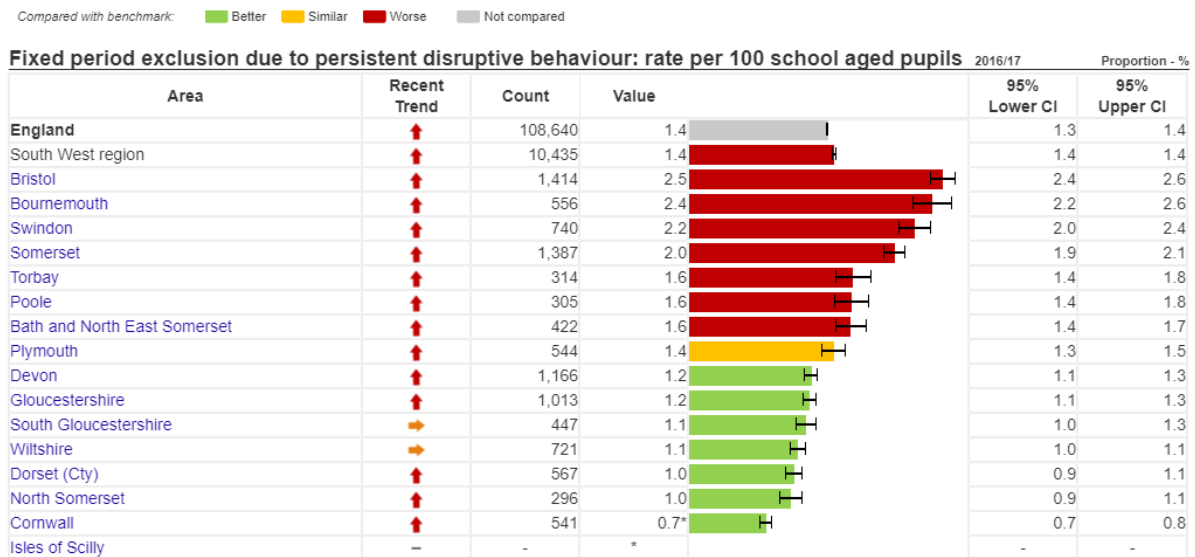| Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	↑	108,640	1.4		1.3	1.4
South West region	↑	10,435	1.4		1.4	1.4
Bristol	↑	1,414	2.5		2.4	2.6
Bournemouth	↑	556	2.4		2.2	2.6
Swindon	↑	740	2.2		2.0	2.4
Somerset	↑	1,387	2.0		1.9	2.1
Torbay	↑	314	1.6		1.4	1.8
Poole	↑	305	1.6		1.4	1.8
Bath and North East Somerset	↑	422	1.6		1.4	1.7
Plymouth	↑	544	1.4		1.3	1.5
Devon	↑	1,166	1.2		1.1	1.3
Gloucestershire	↑	1,013	1.2		1.1	1.3
South Gloucestershire	→	447	1.1		1.0	1.3
Wiltshire	→	721	1.1		1.0	1.1
Dorset (Cty)	↑	567	1.0		0.9	1.1
North Somerset	↑	296	1.0		0.9	1.1
Cornwall	↑	541	0.7*		0.7	0.8
Isles of Scilly	−	-	*		-	-

Figure 4: Fixed period of exclusion due to persistent disruptive behaviour 2016/17 Source: Department for Education School Census

Exclusion and lack of adequate alternative education can perpetuate issues of low achievement, creating disadvantage in the labour market and increasing the perception of a lack of opportunities, which may lead to individuals engaging in crime.

Area of Deprivation

Poverty and inequality could significantly affect children's future development and life chances. These long lasting effects are associated with a wide range of serious problems in later life, such as mental ill-health, drug and alcohol misuse, and an increased risk of being either a perpetrator or a victim of violence in adulthood (Public Health England, 2019). A previous knife crime report (Home affairs Committee, 2009) suggested that living in an area with low aspirations and reduced employment opportunities was a risk factor for involvement in violent crime.

Although Swindon is less deprived than the average Upper Tier Local Authority in England, there are pockets of deprivation in Swindon and several localities are in the most deprived 10% nationally (Figure 5). These may account for the reason why these localities in Swindon experiencing disproportionally high violence crime (for example: Park North, Eldene, Gorse Hill, Penhill and Pinehurst area).
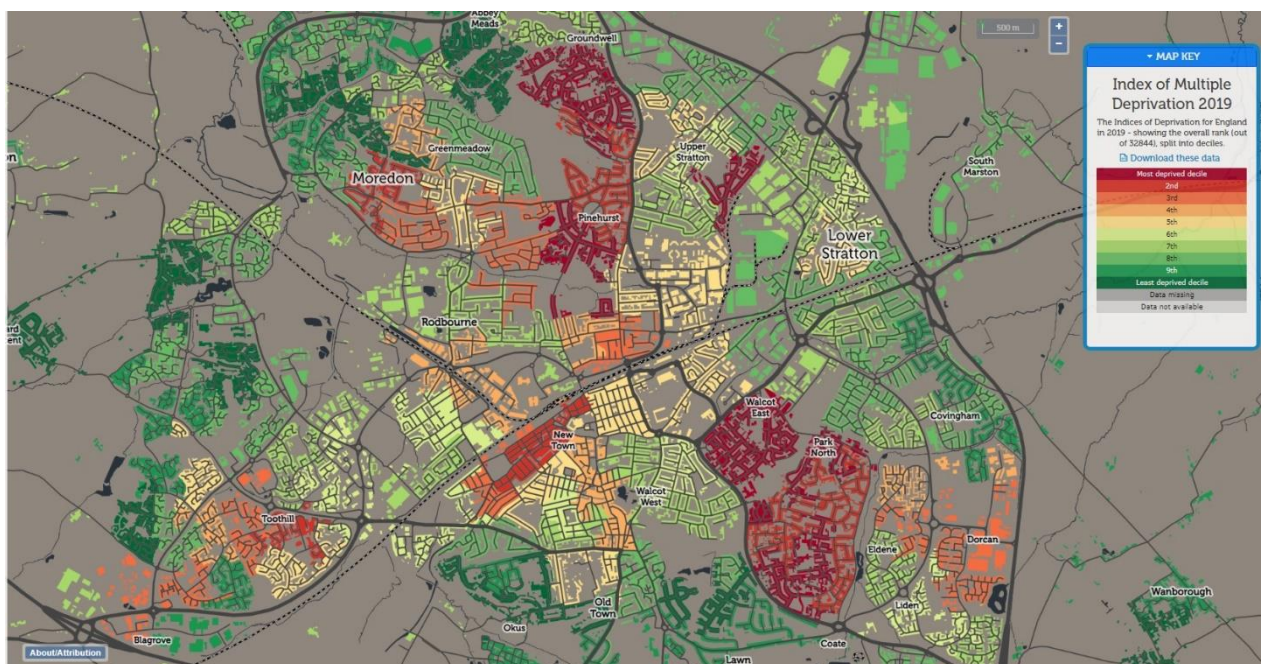
Figure 5: Distribution of IMD 2019 in Swindon

Disability

Children and adults with mental health problems or intellectual disability are more likely to be at risk of violence. They are more vulnerable to violence because of dependence, exclusion, and other factors. Disabled children are three times more likely to suffer physical/sexual violence than non-disabled children are (Jones et. al. 2012). Furthermore, they are vulnerable to neglect or abuse within institutional settings.

In Swindon, 10,775 people, between 18 and 64, are estimated to have a moderate disability and a further 3,200 to have a severe disability. Furthermore, in 2017/18, 8.0% of children assessed by children's social care as in need of a service are disabled. Of these, 18% have mobility impairments, 4.6% hearing impairments and less than 4% have a visual impairments (Swindon JSNA, 2018/19).

This would suggest that Swindon has a lower proportion of children in needs with a disability recorded comparing with the national figure of 12% at 31st March 2019 (Department of Education, 2019).

Mental Health

Poor mental health is associated with violence. Children of a mother with depression are five times more likely to have conduct disorder compared to children whose mother is not depressed, and conduct disorder is a risk factor for adult violent behaviour (Melzer at. al., 2003).

Mental health disorders are highly prevalent among male and female members of gangs. A recent study from the Centre for Mental Health found that more than one quarter of female gang members had a suspected diagnosable mental health problem. 30% were also identified as self-harming or at risk of suicide and 30% had sleeping or eating problems. The same research also found that the more risk factors a young person accumulates, the more likely they are to be identified as members of gangs. Young women involved in gangs were three times more likely to have health and social problems compared with average youth justice entrants (Khan et. al., 2013).

There is a relationship between personality disorders and violence, and personality disorders are often found among young violent offenders (Freestone et. al. 2013). The prevalence of personality disorders among the prison population is far higher than in the general population, particularly among young offenders (Coid et. al., 2006). People with psychiatric disorders are more likely to be involved in violence if they had conduct disorders as children (Hodgins et. al.,2008).

According to Swindon mental health JSNA 2018/19, there are an estimated 16,900 females and 10,700 males with common mental health problems of a level likely to benefit from identification and possible intervention. Data from GP registers indicates that in 2017/18, Swindon had 18,580 people with diagnosed depression (10.1% of adults). The 2018 data showed that Swindon had a higher proportion of school pupils with social, emotional and mental health needs compared to England average (3.22% vs. 2.39%) (Figure 6).

School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (School age)

2018   Proportion - %

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	–	193,657	2.39		2.38	2.40
South West region	–	21,279	2.87		2.83	2.90
Torbay	–	845	4.26		3.99	4.55
Plymouth	–	1,585	4.09		3.89	4.29
Devon	–	3,537	3.58		3.47	3.70
Swindon	–	1,094	3.22		3.03	3.41
Poole	–	601	3.11		2.87	3.36
Somerset	–	2,083	2.99		2.87	3.12
Bristol	–	1,667	2.85		2.72	2.99
Bournemouth	–	638	2.72		2.52	2.93
Cornwall	–	1,939	2.66*		2.55	2.79
Bath and North East Somerset	–	718	2.66		2.48	2.86
Dorset (Cty)	–	1,388	2.48		2.36	2.61
Wiltshire	–	1,631	2.39		2.28	2.51
South Gloucestershire	–	920	2.35		2.20	2.51
North Somerset	–	701	2.32		2.16	2.50
Gloucestershire	–	1,932	2.22		2.13	2.32
Isles of Scilly	–	-	*		-	-

Figure 6: School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs   Source: Local Authority tabulations- Primary, Secondary and Special Schools: Number and percentage of pupils with special educational needs by primary type of need

Furthermore, Swindon has the highest level of directly standardised rate for emergency hospital admission for intentional self-harm in the South West (368.0 cases) and it is significantly higher than England average of 192.6 cases (Figure 7).

Emergency Hospital Admissions for Intentional Self-Harm `New data` 2019/20   Directly standardised rate - per 100,000

Area	Value		Lower CI	Upper CI
England	192.6		191.5	193.8
South West region	264.2		259.8	268.6
Swindon	368.0		342.7	394.6
Somerset	323.4		307.7	339.7
Bristol	314.3		298.3	330.8
South Gloucestershire	308.9		288.9	330.0
North Somerset	280.6		257.3	305.5
Torbay	280.0		249.8	312.8
Wiltshire	254.6		240.1	269.8
Plymouth	244.0		225.4	263.6
Devon	230.1		219.2	241.4
Bath and North East Somerset	224.2		203.5	246.5
Cornwall	207.8*		195.4	220.7
Gloucestershire	187.7		176.9	198.9
Bournemouth	-		-	-
Dorset (Cty)	-		-	-
Isles of Scilly	*		-	-
Poole	-		-	-

Figure 7: Emergency Hospital Admission for Intentional Self-Harm   Source: Hospital Episode Statistics (HES), NHS Digital, for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2019, Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to Public Health England Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health England. Analysis uses the single year of age grouped into quinary age bands, by sex.

Substance misuse

Substances misuse (including alcohol and illicit drugs) is associated with a higher risk of becoming a victims/ perpetrator of violent crime. According to What about Youth survey in 2014, Swindon had a similar level of drug use. Furthermore, based on the data available at PHE fingertip tool, the successful completion of drug treatment rate is comparable with the England average in 2019 (Figure 8).
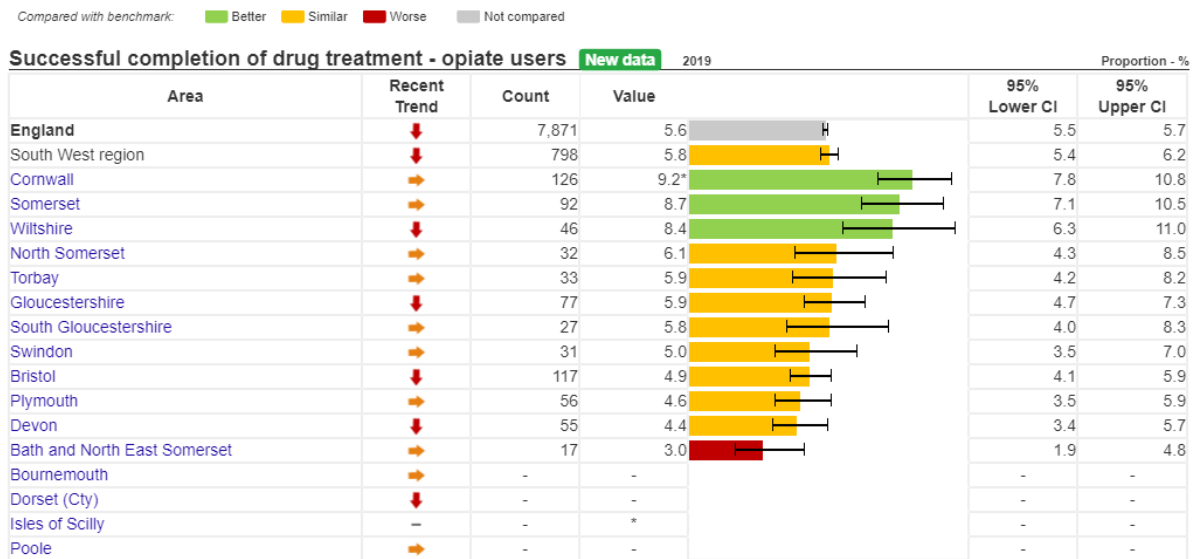
| Compared with benchmark: | ■ Better | ■ Similar | ■ Worse | ■ Not compared |

Successful completion of drug treatment - opiate users `New data` 2019   Proportion - %

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	↓	7,871	5.6		5.5	5.7
South West region	↓	798	5.8		5.4	6.2
Cornwall	→	126	9.2*		7.8	10.8
Somerset	→	92	8.7		7.1	10.5
Wiltshire	↓	46	8.4		6.3	11.0
North Somerset	→	32	6.1		4.3	8.5
Torbay	→	33	5.9		4.2	8.2
Gloucestershire	↓	77	5.9		4.7	7.3
South Gloucestershire	→	27	5.8		4.0	8.3
Swindon	→	31	5.0		3.5	7.0
Bristol	↓	117	4.9		4.1	5.9
Plymouth	→	56	4.6		3.5	5.9
Devon	↓	55	4.4		3.4	5.7
Bath and North East Somerset	→	17	3.0		1.9	4.8
Bournemouth	→	-	-		-	-
Dorset (Cty)	↓	-	-		-	-
Isles of Scilly	—	-	*		-	-
Poole	→	-	-		-	-

Figure 8: Successful completion of drug treatment   *Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the National Drug Treatment Monitoring System*

However, in terms of alcohol misuse, according to PHE England (2019), Swindon has a higher number of admissions to hospital where the primary diagnosis is an alcohol attributable cause (849 cases per 100,000 aged standardised population) compared to the England average (664 cases per 100,000 aged standardised population). Additionally, Swindon has a lower successful completion rate for alcohol treatment compared to both South West region and nationally (*Figure 9*).

It is expected the level of alcohol misuse may have been increased during this COVID-19 pandemic which would mean people in Swindon is more likely to experience violence in the near future.

Compared with benchmark: ▇ Better ▇ Similar ▇ Worse ▇ Not compared

Successful completion of alcohol treatment `New data` 2019

Proportion - %

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	⬇	28,677	37.8		37.5	38.2
South West region	➡	2,374	34.9		33.8	36.1
South Gloucestershire	➡	72	45.6		38.0	53.3
Somerset	➡	193	38.3		34.2	42.6
Cornwall	⬆	468	38.1*		35.5	40.9
Gloucestershire	➡	271	37.4		33.9	41.0
Wiltshire	➡	194	37.3		33.3	41.5
Plymouth	➡	107	33.3		28.4	38.7
North Somerset	➡	93	32.3		27.2	37.9
Swindon	➡	78	31.5		26.0	37.5
Torbay	⬇	113	29.6		25.2	34.3
Devon	⬇	159	28.9		25.2	32.8
Bristol	➡	136	28.6		24.8	32.9
Bath and North East Somerset	⬇	65	23.0		18.5	28.3
Bournemouth	⬆	-	-		-	-
Dorset (Cty)	➡	-	-		-	-
Isles of Scilly	–	-	*		-	-
Poole	➡	-	-		-	-

Figure 9: Successful completion of alcohol treatment   Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the National Drug Treatment Monitoring System

Swindon local picture: how much violence is here?

This section outlines the local picture for violence. It summarised findings from reported crime from Wiltshire Police statistics and health service data, to describe the pattern of violence in the borough.

Incidence of reported violent crime

In England, homicides and crimes involving knives/sharp instruments have risen since 2014. These data indicate greater increases in the number of victims/perpetrators of violent crime aged under 18 years than those aged over. However, the same trend did not replicated in Swindon and the number of perpetrator of violent crime aged under 18 years remains similar in the last 5 years (Figure 10).
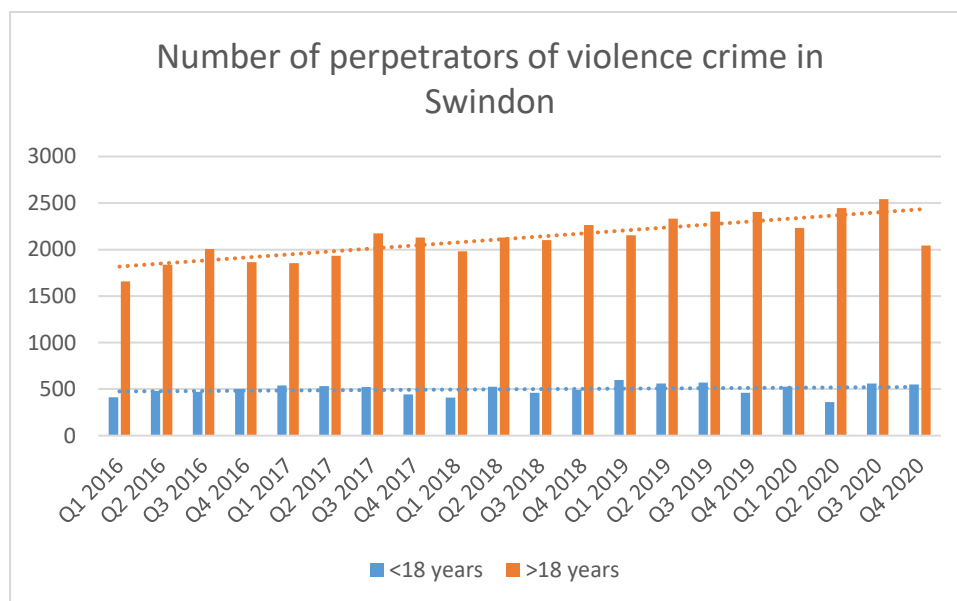
Figure 10: Number of perpetrators of violence crime in Swindon

The Office of National Statistic has produced an indicator "violence offences per 1,000 population" which allow comparison between different local authority areas (*Figure 11*). In 2019/20, Swindon has 26.3 violence offences per 1,000 population, although it is slightly higher than South West England region (24.2 cases per 1,000 population), it is lower than the overall England average (29.5 cases per 1,000 population).

Violent crime - violence offences per 1,000 population 2019/20   Crude rate - per 1,000

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	↑	1,569,006	29.5*		29.5	29.6
South West region	↑	135,504	24.2*		24.1	24.3
Plymouth	↑	9,595	36.5*		35.7	37.2
Torbay	↑	4,819	35.5*		34.5	36.5
Bristol	↑	16,088	34.7*		34.2	35.3
Swindon	→	5,834	26.3*		25.6	27.0
North Somerset	↑	5,548	25.9*		25.3	26.6
Dorset	–	-	25.3*		24.9	25.6
Bournemouth, Christchurch and Poole	–	-	25.3*		24.9	25.6
Somerset	↑	13,559	24.2*		23.8	24.6
Gloucestershire	↑	13,758	21.7*		21.4	22.1
Cornwall	↑	11,758	20.8*		20.4	21.2
Bath and North East Somerset	↑	3,937	20.5*		19.9	21.1
South Gloucestershire	↑	5,547	19.6*		19.1	20.2
Devon	↑	15,237	19.2*		18.9	19.5
Wiltshire	↑	9,460	19.0*		18.6	19.4
Isles of Scilly	→	21	9.5*		5.9	14.6

Figure 11: Violence offences per 1,000 population   Source: Figures calculated by PHE's Population Health Analysis Team using crime data supplied by the Home Office and population data supplied by Office for National Statistics (ONS).

The total number of violent crime reported in the Swindon (Figure 12) remains stable over the last 5 years. This indicated the increase in the total number of violence reported by Wiltshire Police could be linked an increase in other parts of the Wiltshire Police catchment area.
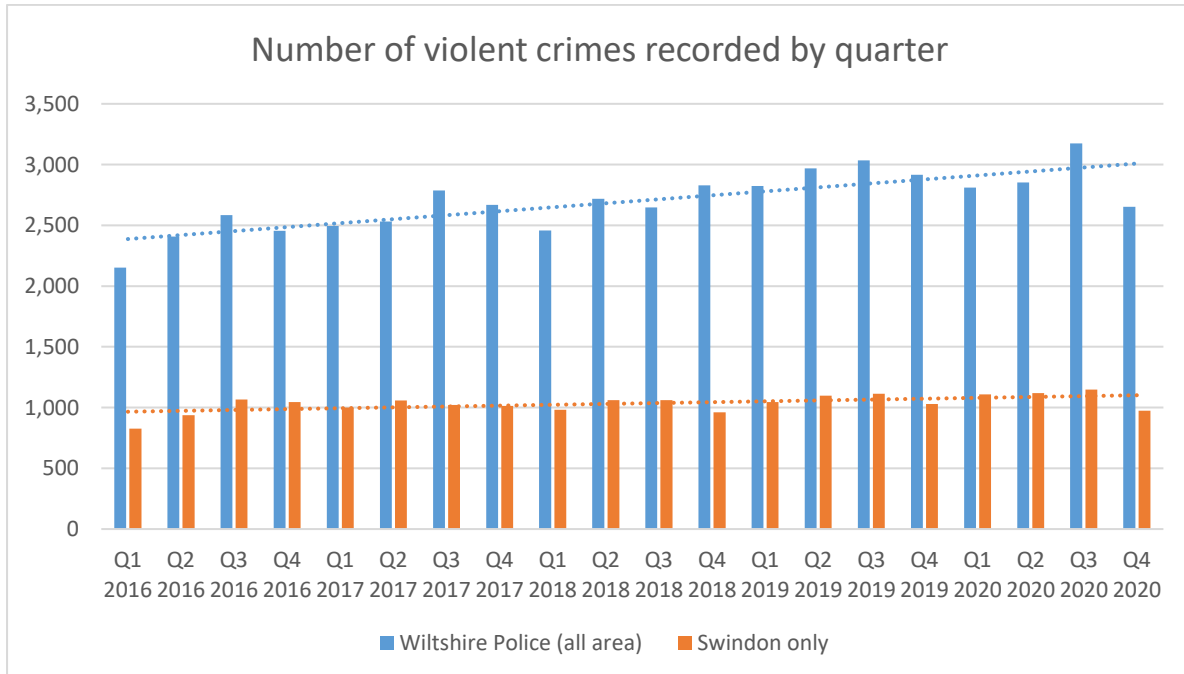
Figure 12: Number of violent crime recorded by Quarter   Source: Wiltshire Police Business intelligence unit

Characteristic of the violent crime victims in Swindon

The data provided by Wiltshire Police Business intelligence unit shows that between January 2016 to December 2020, there were 24,906 of victims of "violence against the person" in Swindon.

For these cases, victims aged range from 0-104 years old with a median age of 30 years old which is similar to the median age for all victims recorded by Wiltshire Police (30 years old) in the same period. Additionally, Majority of victims aged >25 years old (60.0%) which is similar to the finding across the whole of Wiltshire Police catchment area in the same period.

12,173 of these violent crime victims in Swindon suffered from injuries, which account for 48.8% of all recorded violence against the person. Victims aged between 10-25 were more likely to suffer an injury compared to victims in the other age groups in Swindon.

Some key characteristics of victims of "violence against the person" between 2016-2020 are summarised in *Table 1* below:

Table 1: characteristic of victims of "violence against the person" in Swindon (2016-2020)

Age group	Number of victims	Number of victims with injury	Proportion of victims with injury
< 10 years old	1,359	626	46.4%
10-15 years old	2,377	1,318	55.5%
16-25 years old	5,668	2,885	50.9%
>25 years old	14,131	6,553	46.4%

Characteristics of offenders

Between January 2016 and December 2020, there were 20,673 offenders of "violence against the person" recorded in Swindon. Offenders in Swindon ages ranged between 10 to 97 years old with a median age of 30 years old. Although majority of the offenders were in the older age group (>25 years old), the proportion of young offenders (<25 years) is statistically significant higher in Swindon than the wider Wiltshire Police catchment area (39.4% vs. 37.7%).

49.9% of these violent crime offenders caused injuries to their victims (which equate to a total of 10,403 counts of injuries) between 2016-2020. Offenders in the 15-25 years old age group were most likely to cause injuries to their victims compared to the other aged groups (Figure 13).
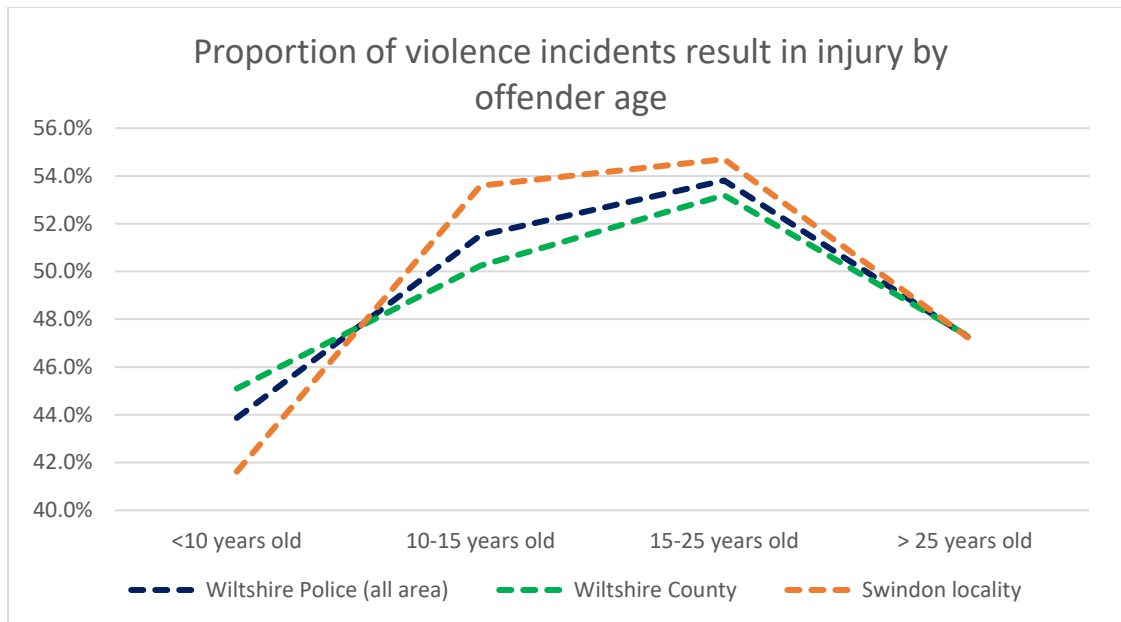
Figure 13: Proportion of violence incidents results in injuries by offenders' age

Further sub-group analysis of these "violence against the person" cases reported in Swindon between 2016-2020 indicated that 1,790 of these incidents involved the use of a weapon. This accounts for 49.1% of all incidents involved the use of weapon in the whole of Wiltshire Police catchment area within the same period. The highest number of offences involving the use of weapon (866 cases) was recorded in 2019, which is 35% higher than the figures in 2016 (641 cases). However, the number of offences involving the use of weapon in 2020 was reduced to 768 cases which equals to a 11% reduction from the previous year.

The youngest offender involved in the use of weapons in Swindon was only 10 years old and the median age of offenders involved the use of weapon in Swindon is 23 years old. Offenders aged between 10-25 years accounts for around 55% of the offences linked to the use of weapons.

51.4% of these violent crime involved the use of weapon were classified as "the use or threat to use a knife or blade" which accounts for the 912 cases.

This demonstrates that young people aged 10-25 years were more likely to use weapons and involved in the use of threat to use a knife or blade. Table 2 summaries the different crime sub-categories involving the use of weapon in Swindon between 2016 and 2020.

Table 2: Summaries of crime sub-categories involving the use of weapon in Swindon

Sub-category of crime	Count	Percentage
Violence without Injury	215	12.0%
Violence with Injury	449	25.1%
Possession of Weapon Offences	533	29.8%
Public Order Offences	274	15.3%
Rape and other sexual offences	6	0.3%
Possession or trafficking of drugs	18	1.0%
Robbery	143	8.0%
Shoplifting/theft/Burglary	104	5.8%
Arson	1	0.1%
Stalking and Harassment	23	1.3%
Others (including vehicle offences)	24	1.3%
Total	**1790**	**100.0%**

Violent crime - hospital admissions for violence

This indicator measures the number of emergency admission episodes in patients with a recording of violent crime. It captures both severity and prevalence of violence resulting in injuries that required emergency hospital admission.

Based on the Hospital Episode Statistics, Swindon has a similar rate in terms of the number of admissions for violence per 100,000 standardised population to the South West and lower than the England average in 2019/20 (Figure 14).
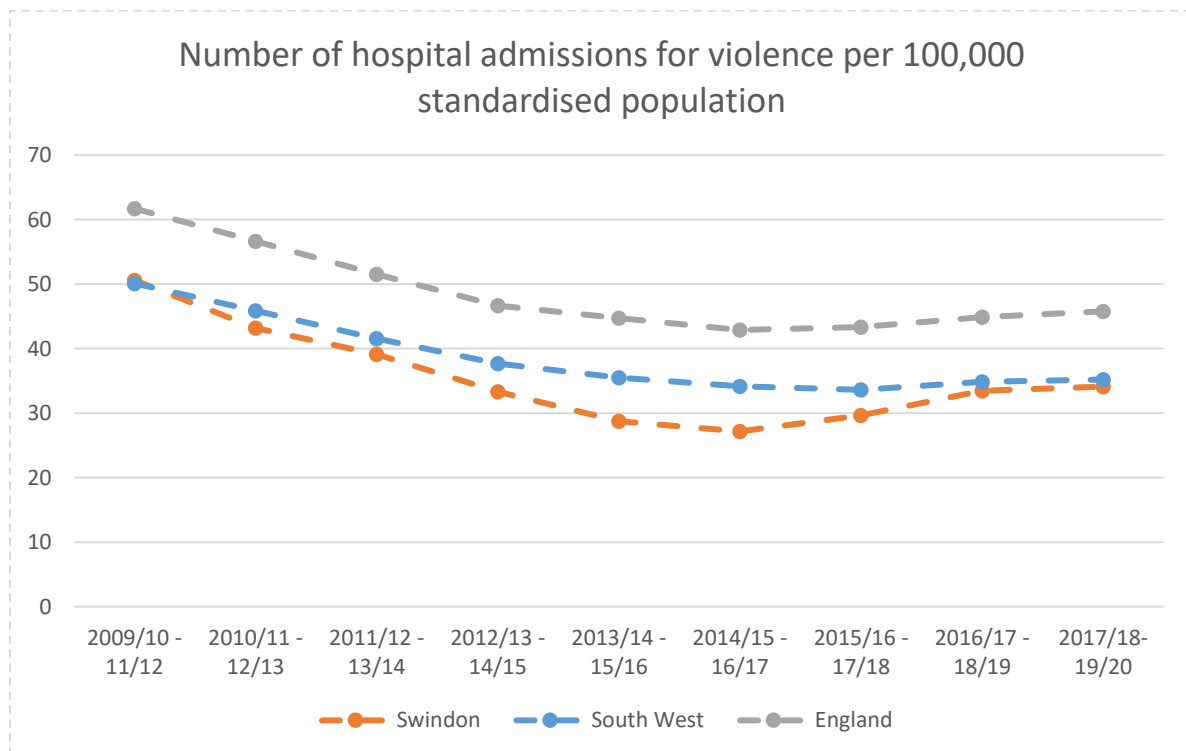
Figure 14: Number of hospital admissions for violence per 100,000 standard population. Source: HES data and ONS mid-year estimate

Violence Prevention Survey for Professionals in Swindon

This section describe the findings of a violence prevention survey conducted in Swindon in 2020/21 to gather the perceptions of professionals who were providing/involved in the commissioning of violence prevention services in Swindon.

Background

The online survey was opened for 4 weeks (30th December 2020 to 28th January 2021). Convenience/ snowballing sampling techniques were used to recruit participants. Invitations were sent to stakeholders who were identified by the Head of Public Protection in Swindon Borough Council directly. Additionally, invitations to participate were also shared via the circulation lists of the Swindon CSP, the Swindon Safeguarding Partnership (SSP) and the Swindon Healthy School Programme. All invited participants were encouraged to share the survey with their colleagues and other relevant stakeholders.

Key findings

Participants

There were 43 completed survey responses, 7 were not providing/involved in the commissioning of violence prevention services in Swindon and their responses were excluded from this analysis.

Half of the completed responses came from employee of Swindon Borough Council. Other participants are from Wiltshire Police (27.8%), Probation Services (11.1%), NHS/Health Sector (5.6%), voluntary sector (2.8%) and private sector (2.8%). Figure 15 summarised the distribution of respondents employing organisations in those who had completed the survey.

Twenty respondents (55.6%) indicated that their main role in their organisation were in a strategic capacity, fourteen respondents (38.9%) indicated that their main role were in an operational capacity, while two participants (5.6%) indicated that they were involved in both operational and strategic role in their organisations.

Respondents' employing organisation

Legend: ■ NHS ■ Probation Services ■ SBC ■ Voluntary sector ■ Wiltshire Police (including OPCC) ■ Private sector
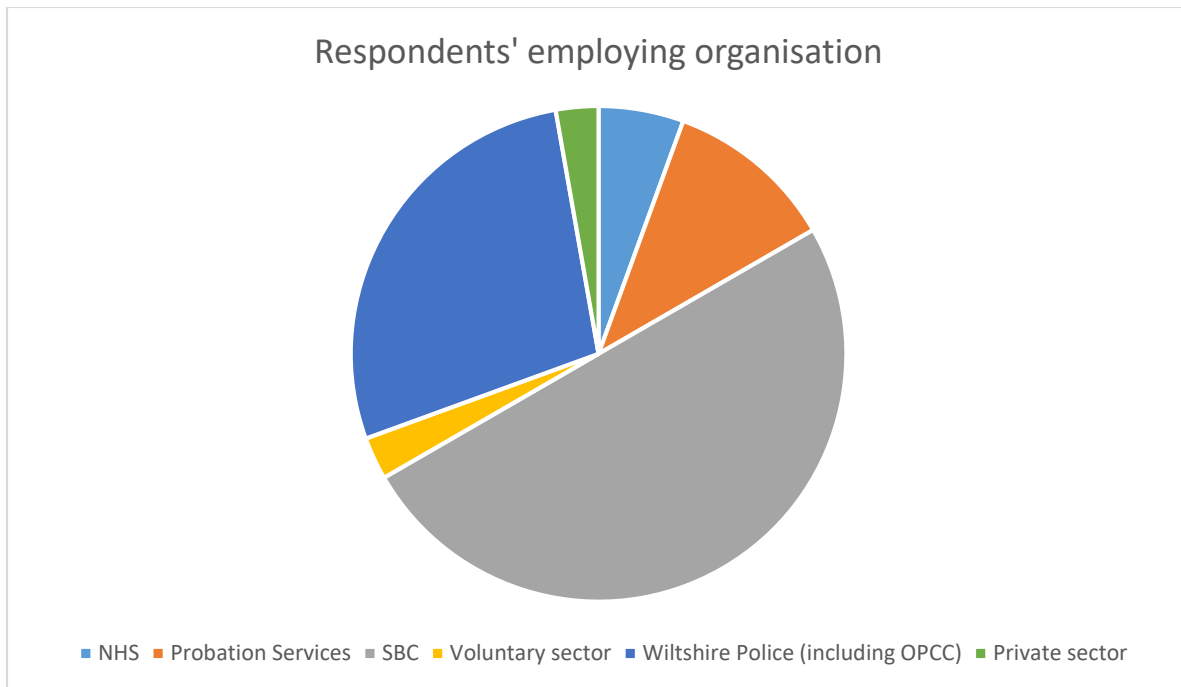
Figure 15: Survey respondents' employing organisation

Definition of violence prevention

Based on the responses in the survey, a significant number of respondents describe violence prevention as the act of preventing harm from individual, group or community to another through early interventions within the community. Some respondents suggested that it could be achieved by addressing some adverse factors that increase the chance of someone being a victim or perpetrator of violence.

Additionally, some respondents suggested that violence prevention is related to how to prevent a single episode of violence and could be prevented by education and training to staff to identify both human and environmental triggers for escalation of behaviour to violence and the use early interventions(including de-escalation technique) to address those specific triggers at the time of crisis.

Respondents had also described some common form of violence including both physical (with or without the use of weapons), verbal and intimidation while other believed that violence prevention is a difficult concept to describe (i.e. it is situational).

It is interesting to find that although a significant proportion of respondents mentioned about the use of early intervention to address adverse factors, majority of the interventions described in this

question were closely link to criminality and focusing on the secondary prevention (i.e. targeting individuals following their initial contact with the police or criminal justice system).

Current service provision in Swindon

Respondents had listed a total thirty-seven services that contribute towards the violence prevention agenda in Swindon. Majority of the respondents were unable to name more than five services that contribute towards the local violence prevention agenda in Swindon in their responses, and only Police and probation services were named more than ten times by all respondents.

It is worth noting that respondents from a certain sector (such as children services) often described similar services in their responses. This indicated that professionals may not be aware of the full range of available services which contribute towards the local violence prevention agenda in Swindon. Example of services listed are summarised in Table 3.

Table 3: Example of current services deemed to be contributing towards the violence prevention in Swindon

SBC	Police	Charity	Others (including health services)
Youth Engagement Team	Frontline officers	Independent domestic violence advisor(IDVA)	Probation services
Youth Offending Team	Bobby Van	The Nelson Trust	AWP/ Oxford health (Mental health)
Social Workers	Other polices operations (such as Ops Sceptre)	Swindon Women's Aid	Turning point (substance misuse)
Housing Team	Early intervention team	Domestic violence support services	Counselling services
Children Services		Youth for Christ	IPROVEFIT
School Nursing and Health visitors	Multiagency safeguarding hub (MASH)	Victim Support	Local communities
Education			Housing Associations
Licensing			Schools

In terms of quality of existing services, a large proportion of respondents stated that they could not comment on the quality and effectiveness as there was limited information about what services are available. Additionally, they have also indicated that is difficult to assess the quality of the services.

Challenges and Barriers identified by professionals

Respondents identified that lack of awareness of what services are available and the lack of clarity in terms of referral pathways/ criteria were the two biggest challenges in accessing other violence prevention initiatives in Swindon.

Insufficient resources in terms of both funding and staffing were also been identified as a barrier in accessing other violence prevention initiatives in Swindon. Combined with well recognised organisational barriers (such as data sharing agreements), the different interpretations of "urgency" across different organisations. This could lead to significant delays and long waiting time in referrals to other violence prevention initiatives.

Respondent suggested that the model and approach to provide violence prevention initiatives needs to be a balance between universal and targeted provision. It was identified in the response that the services needed to be tailored to the needs of individuals and deemed acceptable by service users and family. There is also a need to avoid negative labelling of individuals or specific geographical area as this may lead to stigmatism.

How does a successful violence prevention programme in Swindon will look like?

The final question of the survey is to gather the views of respondents on what a successful violence prevention programme does will look like. Their responses are analysed and summarised using three components of the Donabedian Model of service evaluation (Structure, Process and Outcomes) in Table 4 below.

Table 4: How does a successful violence prevention programme in Swindon will look like (Using the Donabedian model)

Structure	- Single point of contact for each individual agency to improve the link between frontline services - Life course approach to address some adverse factors early to prevent violence from happening - Single strategy for all agencies to cover short-, medium and long-term actions. Clear and cohesive objectives for all services - Improved funding and resource available and consider joint commissioning of services - Strength based vs place based approach – the balance between targeted intervention and negatively focus on an area as danger zone
Process	- Improved inter-agency referral and communication. Promote information sharing (especially around risks) - Clear objectives at all level (strategic, tactical and operational) - Develop early interventions (before a crime) - Improved awareness of services available to encourage join up working - Collaborative working of all partners (including the VCSE sector partners) - Widen education programme for young people – consider the use of incentive to engage the services - Joint training for all professionals to identify people who are at higher risk of being victims or perpetrators in violence - Sharing of performance data and using local data more intelligently – Dashboard for violence prevention - Improved ongoing support for individuals
Outcomes	- Reduction in police call out/ contact related to violence - Reduction in violence incidents - Reduction in knife crime - Reduction in ED attendance/hospital admission related to assault - Reduction in the number of exploited children and vulnerable adults - Increase in the successful completion of alcohol and drug treatment - Reduce stigmatisation (individual as well as geographical area) - Changes in attitude

Violence Preventions Interventions and local service mapping

What does the evidence say?

The Early Intervention Foundation was commissioned by the Home Office to produce a brief overview of the international literature on effective and ineffective approaches aiming to prevent gang involvement and youth violence and to identify specific preventative programmes with a good evidence based (O'Connor and Waddell, 2015).

The report was published in 2015 and divided into two main components: an initial literature review and a rapid evidence review of programme. The initial literature review grouped the different approaches of preventing gang involvement and youth violence into the following six categories:

- Community Engagement, data sharing and partnership building have a role in prevention efforts
- Deterrence and Discipline-Based approaches aim to deter youth from criminal behaviour via scare tactics (e.g. prison visits) or militaristic programme.
- Family-Focused programme include home visiting, parent training and family therapy. They recognise that creating changes in young people is difficult when they have complex home lives, and therefore take into account family level risk and protective factors.
- Gang-Specific approaches aim to prevent young people from becoming involved in gangs and to help them find ways out if they do
- Mentoring programmes: typically involve an older or more experience person offering support and guidance to a young person over time
- Skills-Based programmes involve demonstration, practice and activities that aim to develop young people's abilities to control their behaviour and/or participate in prosocial activities

The literature review summarised that skills based and family focused programmes are among those most well-evidence approaches to preventing you violence while gang specific programme, mentoring programmes, community engagement, data sharing and partnership buildings are promising approach with only limited evidence. On the other hand, deterrence and discipline-based approach is consistently reported as ineffective and may even make things worse, particularly for at risk or delinquent youth.

In the rapid evidence review of programmes component of this review, sixty-seven programmes were identified as having robust evidence base to prevent gang involvement, youth violence or associated problems such as youth offending, conduct disorder and delinquency. Fifty-four of these

programmes had been assessed as effective, whilst thirteen were classified as ineffective or had harmful effect. These interventions were divided into three main categories by their target population:

- Universal programmes for children and young people including school curriculum & skills based programmes; Parent/family training programmes; School-wide climate change programmes and classroom management programmes.
- Targeted programme for youth at risk of violence or offending including: Parent/family training & home visiting; School curriculum & skills-based programmes; Combined school & family programmes and "Other" programmes.
- Targeted programme for youth and those at high risk involved in crime & violence including: Family-focused & therapy-based programmes; Trauma-focused & therapy based programmes and "Other programmes.

Local Services Mapping

A mapping exercise was completed as part of this needs assessment to collate information about existing violence prevention interventions provided in Swindon in March/April 2021.

Due to the ongoing COVID-19 pandemic, the mapping exercise was conducted remotely. Stakeholders were contacted and asked to provide information on the current violence prevention interventions that they were providing and those which they were aware of.

A standard template was used to collate the service information including:

- Name of the intervention
- Access/referral pathway
- Target audience
- Brief description of the intervention
- Categories (based on their targeted population as per the EIF report)
- Funding information
- Other comments

There are thirty-four violence prevention interventions were reported by stakeholders that are currently being provided by a range of providers in Swindon including Swindon Borough Council, Wiltshire Police, NHS service providers, National Probation Service, Charity and Private Sector.

Interventions targeting youth and people who are at high risk involved in crime and violence account for the largest proportion (44%) of services available (15 out of 34 interventions). This is followed by interventions targeting youth and people who are at risk of violence and offending (10 out of 34 interventions) and the universal interventions for children and young people only account for 26% of interventions currently available in Swindon.

A large proportion of the referral pathways relies on young people and individuals who are already known the social services and/or came into contact with the police or criminal justice systems before they could be referred into appropriate interventions. This would suggest the access for these preventative interventions may be insufficient to protect youth and people who are at risk of violence or offending and early intervention opportunity may be missed.

Additionally, the majority (8 out of 9 interventions) of the universal interventions are provided in schools (with the exception of the Borough-wide CCTV/safety camera scheme). This would mean if a young person/individual who is excluded from school and/or not in education might not have access to these universal interventions provided in schools. We need to consider how universal interventions could be delivered in the different settings in the future.

Furthermore, several stakeholders indicated the funding arrangement for their interventions are short-term only (i.e. less than 12 months) or even only on an ad-hoc basis. This may affect the long-term sustainability of these interventions to be continued in Swindon and limit the providers' desires in investing and the development of these services.

Finally, we cross-referenced the reported intervention with a similar exercise completed by Wiltshire Police Early Intervention Team completed in 2018. We noted that a significant number of interventions reported in the previous mapping exercise were not included in our mapping exercise. This could be related that the stakeholders may not be aware of our current service mapping exercise or previous interventions are no longer available. Nevertheless, this result echoes findings in our professional survey that indicated professionals in Swindon may not aware of violence preventions interventions services available locally and our recommendation that a central depository/directory of services to improve multiagency working in terms of violence prevention.

Summary of key findings

The number of violent crimes reported in Swindon remains stable over the last 5 years and the rate of the violence offence per 1,000 population for Swindon in 2019/20 is lower than the overall England average. Violent crime remains a high priority for members of the Swindon CSP due to its serious nature and potential life-changing consequences for those involved.

Our local data identified some individual and environmental factors that would benefit from improvement (including negative experience at home, school exclusion, deprivation etc.). Early interventions that address these local risk and protective factors could reduce the number of people involved in violence in Swindon.

The result from the survey of professionals indicated that there are significant difference in the definition of violence among professionals and it is vital for the Swindon CSP to clearly define the remit and the focus of the next phase of this violence needs assessment. Additionally, the result of the professional survey highlighted some potential quick wins for this project and described the partners' visions of what a successful violence prevention programme in Swindon will look like.

The local service mapping identified gaps in violence prevention interventions available in the Borough of Swindon. Although, there are a range of violence prevention interventions available in Swindon, significant proportion of these interventions only accept referrals for individuals who are known to social services or have encountered the police or wider criminal justice system. Furthermore, the majority of universal interventions on violence prevention are provided in the school settings which may limit their reach and opportunities to intervene early with

Finally, due to the COVID-19 pandemic and the implementation of national lockdown, the planned public and young people engagement process for the violence prevention strategy was postponed. This would need to be considered and public engagement should be an essential part the development of our long term Swindon Violence Prevention Strategy and future violence prevention services to ensure public voices and inputs are included.

Recommendations and next steps

1. Members of the Swindon CSP are asked to note the findings for this violence needs assessment

2. Members of the Swindon CSP and its tackling violence sub-group are asked to consider and utilise the information from this violence needs assessment to inform the development of the Swindon long-term Violence Prevention Strategy. Particular attention should be to the following sections in the report:
   - Gaps analysis for existing violence prevention interventions available in the local service mapping exercise
   - "How a successful violence programme in Swindon will look" in the professional survey
   - Rapid evidence review by the Early Intervention Foundation on effective interventions in violence prevention

   These would enable the CSP to develop a multiagency approach for violence prevention in Swindon to ensure full range of evidence-based violence prevention interventions are provided by commissioned services with sustainable funding.

3. Members of the CSP are asked to provide their continued support on the principle of implementing a multiagency network/hub for violence prevention similar to the Home office model of violence prevention unit (Home office, 2020) to improve multiagency working.

4. Information collated from the existing local service mapping exercise to form the basis of the Youth Intervention Virtual Forum (to be held on the 24th – 27th May 2021). This would enable a full directory of violence prevention interventions for Swindon to be developed. The Wiltshire Police Early Intervention Team will liaise with the Swindon Borough Council to ensure the full directory is being upload onto Swindon Local Offer homepage following the event.

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