

Westminster Health  
& Wellbeing Board

RBKC Health  
& Wellbeing Board

|  |   |
|--|---|
| <b>Date:</b>                                 | 3 <sup>rd</sup> July 2019   |
| <b>Classification:</b>                       | <b>General Release</b>  |
| <b>Title:</b>                                | <b>Taking a Public Health Approach to Tackling Serious Youth Violence</b>   |
| <b>Report of:</b>                            | Deputy-Director of Bi-borough Public Health,<br>Executive Director of Children's Services,<br>Executive Director of City Management and<br>Communities  |
| <b>Wards Involved:</b>                       | N/A   |
| <b>Financial Summary:</b>                    | N/A   |
| <b>Report Author(s) and Contact Details:</b> | Katrina McLarty, Public Health Business Partner<br><a href="mailto:kmclarty@westminster.gov.uk">kmclarty@westminster.gov.uk</a><br>Debbie Arrigon, Public Health Business Partner<br><a href="mailto:darrigon@westminster.gov.uk">darrigon@westminster.gov.uk</a> in consultation with<br>Children's services and community safety. |

**1. Executive Summary**

- 1.1 Violence is defined by the WHO as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation. Serious youth violence has been coined to capture significant violent crimes committed by youths up to the age of 25.
- 1.2 Youth violence is influenced by risk factors at different levels and at different life stages of an individual. It is important that prevention efforts include the targeting

of children at an early stage to prevent initial involvement, prevent escalation and to mitigate harmful outcomes.

- 1.3 Crime and safety is one of the primary concerns of young people living in Westminster and Kensington and Chelsea.<sup>1-2</sup> Data indicates a concerning number of incidents of youth violence in both boroughs; Westminster has seen a large increase in all incidents since 2015 although both boroughs have seen a recent decline in the numbers of people accessing the Youth Offending Service following involvement in serious youth violence/incidents involving a weapon. It is important to note however that Police/YOT data will represent only part of the picture given not all incidents will be reported. This underlines the importance of sharing and reviewing data from different sources.
- 1.4 There is a need to integrate what we know about the increase in instances amongst the cohort of 18-25-year olds, including what we know about their patterns of behaviour/ history and any services they have accessed. This will assist our thinking about the services we might need across the partnership to tackle serious youth violence.

## **2. Key Matters for the Board**

- 2.1 This paper provides the board with an overview of activity occurring across Westminster City Council and the Royal Borough of Kensington and Chelsea to tackle serious youth violence (SYV) and provides points for discussion for the Board to consider in defining their role in contributing to addressing the issue. It highlights the importance of prevention alongside early intervention and proposes a framework for the Board to consider the different elements of action required at this strategic level.

## **3. Background**

- 3.1 Violence is defined as “the intentional use of physical force or power, threatened or actual, against another person or against a group that results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation”<sup>3</sup>.
- 3.2 For each young person killed, many more sustain injuries requiring hospital treatment. Beyond deaths and injuries, youth violence can lead to mental health problems, such as post-traumatic stress disorder, depression, anxiety disorders and a wide range of psychological dysfunction and increased health-risk behaviours, such as smoking, alcohol and drug use, and unsafe sex. These are problems and behaviours that can persist throughout adolescents into adulthood and can greatly impact an individual’s long-term health and wellbeing.

---

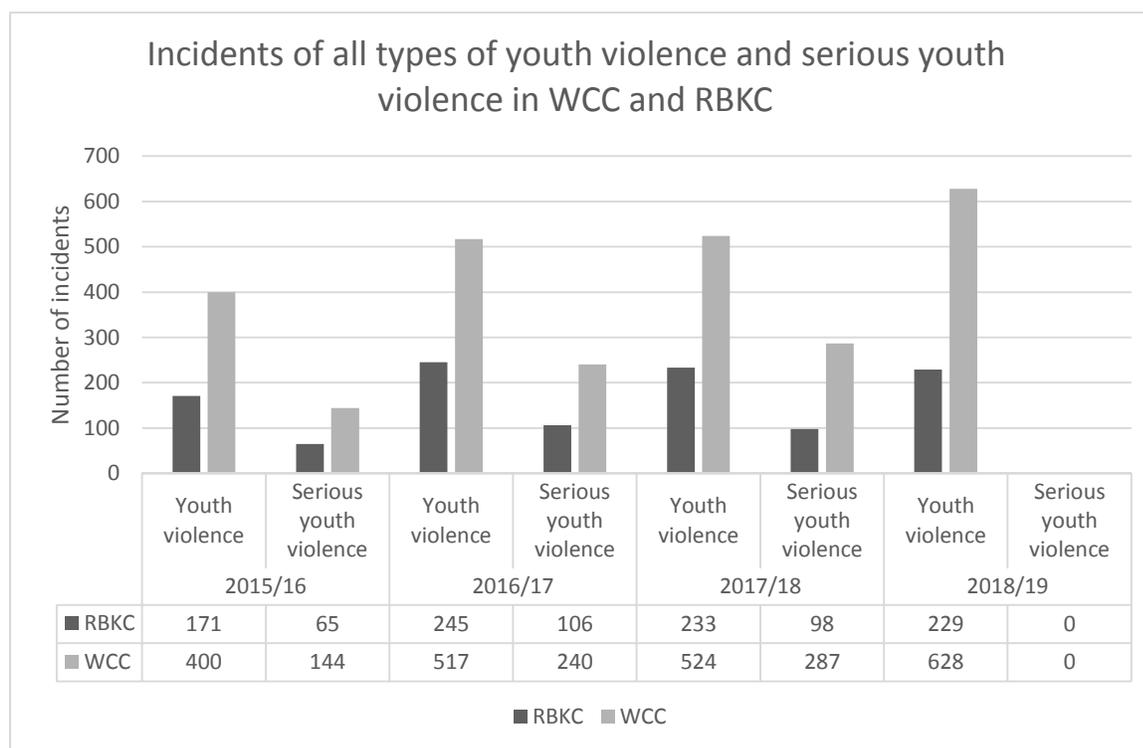
<sup>1</sup> RBKC Youth Services Review

<sup>2</sup> Annual Public Health Report - Our Health, Our Wellbeing: young people growing up in Kensington and Chelsea, and Westminster, 2017 - 2018

<sup>3</sup> Preventing youth violence: an overview of the evidence. WHO 2015

- 3.3 Youth violence results in greatly increased health, welfare and criminal justice costs; reduces productivity; decreases the value of property in areas where it occurs; and generally, undermines the fabric of society. Accordingly, effective youth violence prevention programmes can improve a broad range of health, education and social outcomes, leading to potentially substantial economic savings.
- 3.4 Exposure to violence in early childhood and adolescence can lead to engaging in other types of violence, including further youth violence, child maltreatment and intimate partner violence. Youths who have perpetrated or suffered violence during childhood are three times more likely to perpetrate violence later in their life, and children who witnessed parental violence are more likely to perpetrate youth violence <sup>3</sup>.
- 3.5 Youth violence and its consequences not only change the life of the immediate victim, but also affect their family members and friends. Relatives and close friends of youth violence victims are significantly more likely to show symptoms of depression; negative behaviours directed towards the environment, such as disobeying rules, physical aggression, vandalism, or threatening others, and drug use and harmful use of alcohol
- 3.6 Wider social and economic consequences include educational underachievement. Youth violence perpetration and victimisation are related to low academic achievement. Those who are involved in youth violence show lower educational performance and are more at risk of school dropout or truancy.
- 3.7 There are many different data sources relating to serious youth violence. Some data relates to number of incidents whereas other data gives us an indication of number of victims or perpetrators engaged with services. There may be more than one perpetrator or victim involved in each incident or multiple incidents involving one perpetrator. This is important context for interpreting the data and level of need in the boroughs.
- 3.8 It should be noted that Police data may only represent the tip of the iceberg and ideally should be considered alongside data from other sources including A&E. Underreporting to Police may occur due to victims who suffer in silence or community fear may be present. This emphasises the importance of data sharing to better understand the magnitude and characteristics of the issue and harm associated.

3.9 Youth violence statistics from the Mayor’s Office of Policing and Crime relates to the victim of a crime who is aged 19 or less. The figure below shows the incidents of all types of youth violence in both boroughs and of these, how many constitute serious youth violence (where the victim is 1-19 and has been subject to the most serious violence or weapon enabled crime, i.e. murder manslaughter, rape, wounding with intent and causing grievous bodily harm).<sup>4</sup> Please note that data for 2018/19 is not available as this measure is no longer recorded separately to youth violence.



3.10 In the last year knife crime has increased by 52% in Westminster compared with a 1% increase across the Metropolitan Police Service (MPS) as a whole. 20% of all knife crime in Westminster was with injury compared with 29% across the MPS. There were 199 knife with injury victims over the last year in Westminster, 90 were aged under 25 the vast majority (88) were not linked to domestic abuse<sup>5</sup>.

3.11 In the last year knife crime has increased by 24% in Kensington and Chelsea compared to the previous year, with a total of 326 offences recorded. This compares to a 16% increase in Knife Crime with injury. The weekend of Notting Hill Carnival has a significant impact on the monthly volume of knife crime with seasonal peaks in August as a result<sup>10</sup>.

<sup>4</sup> Mayor’s Office of Policing and Crime, 2019

<sup>5</sup> Safer Neighbourhoods Board – London Datastore, GLA, 2019

3.12 Although relatively rare, the under 25s murder rate in London has been increasing since 2016. 154 people were killed in 2018 which was London’s highest homicide total since 2008. More than a fifth of victims were children and teenagers, with 18 victims of stabbing. As of 3 March 2019, there have been at least 13 murders in London of which five were aged 19 or under. Fatal stabbings are the most common cause of under 25s murders in London <sup>6</sup>.

3.13 The following table displays data from the Youth Offending Services showing the number of those under 18 who had committed a violent offence and what proportion of these involved the possession of a knife, blade or other offensive weapon <sup>7</sup>.

| <b>Borough</b> | <b>2016/17</b>                          |                           | <b>2017/18</b> |                           | <b>2018/19</b> |                           |
|----------------|---|---------------------------|----------------|---------------------------|----------------|---------------------------|
|                | <b>Total number of violent offences</b> | <b>Involving a weapon</b> | <b>Total</b>   | <b>Involving a weapon</b> | <b>Total</b>   | <b>Involving a weapon</b> |
| RBKC           | 76                                      | 27                        | 50             | 21                        | 35             | 14                        |
| WCC            | 99                                      | 34                        | 84             | 27                        | 60             | 18                        |

---

<sup>6</sup> London violence article in the Independent, 3/3/19

<sup>7</sup> WCC and RBKC Annual Youth Offending Reports

#### 4. Risk Factors for Youth Violence

4.1 The causes of youth violence are complex and multifactorial. A risk factor is a “characteristic that increases the likelihood of a person becoming a victim or perpetrator of violence, or of a place having high rates of youth violence”<sup>8</sup>. The table below outlines the risk factors associated with SYV by ecological level and developmental stage<sup>11</sup>. These risk factors are influential at differing developmental stages from conception and early infancy 0-1 year, through to early adulthood 18-29 years. This recognition of a life course approach emphasises the importance of prevention and early intervention.

| <b>Ecological Level</b>                 | <b>Risk Factors</b>   | <b>Developmental stage* (Years old)</b> |
|---|---|---|
| Individual risk factors                 | Attention deficit, hyperactivity, conduct disorder or other behavioural disorders | 1 - 18                                  |
|   | Male sex  | 0 - 29                                  |
|   | Genetic factors   | 0 - 29                                  |
|   | Low intelligence  | 0 - 29                                  |
|   | Involvement in crime and delinquency  | 10 - 29                                 |
|   | Low academic achievement  | 1 - 14                                  |
|   | Parental drug use   | 0 - 11                                  |
|   | Illicit drug use  | 11 - 29                                 |
|   | Harmful use of alcohol  | 11 - 29                                 |
|   | Child maltreatment  | 0 - 18                                  |
|   | Unemployment  | 14 - 29                                 |
| Family and close relationships          | Poor parental supervision   | 1 - 18                                  |
|   | Harsh and inconsistent discipline by parents                                      | 0 - 14                                  |
|   | Divorce of parents  | 0 - 18                                  |
|   | Teenage pregnancy   | 0 - 1                                   |
|   | Parental depression   | 0 - 18                                  |
|   | Family history of antisocial behaviour  | 0 - 18                                  |
|   | Unemployment in the family  | 0 - 18                                  |
|   | Harmful alcohol use during pregnancy  | 0 - 1                                   |
|   | Delinquent peers  | 11 - 29                                 |
|   | Gang membership   | 11 - 29                                 |
| Bullying perpetration and victimization | 8 - 18  |   |
| Community and society                   | Access to alcohol   | 0 - 29                                  |
|   | Illicit drug markets  | 0 - 29                                  |
|   | Harmful use of drugs  | 3 - 18                                  |
|   | Access to weapons   | 0 - 29                                  |
|   | Poverty   | 0 - 29                                  |
|   | Inequality  | 0 - 29                                  |

\* Developmental stages: Conception and early infancy 0-1 year; infancy 1-3 years; childhood 4-11 years; early adolescence 12-14; late adolescence 15-18 years; early adulthood 18-29 years.

<sup>8</sup> Preventing youth violence: an overview of the evidence. WHO 2015

- 4.2 However, not all young people classed as high risk will ultimately engage in violence so it is also important to consider the 'protective factors' that may reduce the likelihood of involvement in youth violence including high resilience and self-esteem; low levels of impulsiveness; pro-social attitudes; close relationships to parents and stable family structure; intensive parental supervision; medium socioeconomic status; strong ties to school; satisfactorily educational attainment and aspirations; having positive social connections and non-deviant peers; and living in a non-violent neighbourhood with low economic deprivation<sup>9</sup>.
- 4.3 This is corroborated by analysis of the cohort of young offenders working with the youth offending team. It highlights family disruption, school attendance and substance misuse as significant contributory factors in criminal behaviour. There are also a higher number of boys engaging in criminal behaviour as are young people from black and minority ethnic backgrounds.

## **5. Approaches to Addressing Serious Youth Violence**

- 5.1 A 'Public Health' approach is a multi-agency, whole system approach to SYV, looking at the root causes, wider and contextual influences of health and crime. Prevention and early intervention are key as well as working with a wide range of partners as part of a long-term, integrated multi-agency approach rather than taking a procedural justice response which deals with the consequences.
- 5.2 At its core a public health approach is an acknowledgement that no issue relating to violence has a single aspect or cause and that no single agency, service or organisation has all the answers.
- 5.3 A 'Public Health' approach has 6 broad criteria:
- It is focused on the whole population but may prioritise targeting the individuals, families and communities most at risk of becoming involved in youth violence It is established with and for communities
  - It is not constrained by organisational, professional, service or sector boundaries but requires an integrated approach to achieving shared outcomes
  - It is focused on prevention, addressing the root causes of youth violence as well as early intervention with high risk groups
  - It requires a long-term commitment to action and an acknowledgement that return on investment may take years
  - It is based on data and intelligence
  - It is rooted in evaluation and evidence of effective practice
- 5.4 Changing a culture of violence takes time, as does strengthening collaboration and commitment from partners within Local Government, Police, the wider criminal justice system, health and voluntary sector organisations.

---

<sup>9</sup> Preventing youth violence: an overview of the evidence. WHO 2015

5.5 In September 2018 the Mayor of London launched the London Violence Reduction Unit (VRU). This Unit will bring together specialists from health, police, local government, probation and community organisations to tackle violent crime and the underlying causes of violent crime. This approach will draw on learning from other public health approaches to tackling violence.

## **6. Key Stakeholders**

6.1 No issue relating to violence has a single cause or solution. A whole-system approach is required for long-term violence prevention and reduction which involves integrated multi-agency working.

6.2 Key partners to tackling this issue include:

- Children and Family Services including Early Help and the Youth Offending Team and the Integrated Gangs and Exploitation Unit
- Public Health
- Education including schools
- Metropolitan Police Service
- Community Safety
- Community groups and organisations
- Voluntary sector including St Johns and uniform volunteer services
- NHS including A&E departments and CCGs
- Housing
- Resident Associations
- Sports & Leisure Services
- Employment Services
- Regeneration Team
- Charity Sector - Youth Providers

6.3 Owing to the nature of the issue, internally Community Safety and Children Services have been leading a council-wide response. The next part of this paper will elaborate on their approaches and actions proposed.

## **7. Current Activities to Address SYV by the City of Westminster**

7.1 **Task Group:** Established a SYV Task Group in June 2018. The group feeds into the Safer Westminster Partnership through the Youth Crime Prevention Partnership. The Task Group is focused on understanding the drivers behind SYV in the borough, in order to provide appropriate strategic and tactical responses, as well as empowering our communities to help reduce SYV.

7.2 **Whole-system Workshops:** Public Health facilitated three workshops with the Task Group. The key objectives of these sessions were to explore what a public health approach to SYV could look like in Westminster and to collectively capture what we are currently doing that aligns to this approach and discuss what more could be done to shape an action plan.

- 7.3 **Prevention Matrix:** A Prevention Matrix was produced which maps current activity and opportunity areas at key points for prevention. The five key themes were; schools, community, parenting, mental health and engagement. The Task Group decided to pilot the proposed approach and the identified evidence-based interventions in Church Street. A scoping meeting took place in February 2019 with a range of council and community partners to gain support and develop a programme plan. Work is currently ongoing to develop preventative education sessions in primary and secondary schools and sessions with young people during the school summer holidays; training in schools for professionals and linking in opportunities for young people with the Church Street Regeneration programme.
- 7.4 **Community Engagement:** A SYV Community Engagement Officer post has been created and recruited to. Their remit is to develop an engagement strategy on this issue and to build effective relationships with local people to provide greater insight into the local community and give them an opportunity to influence the council's work. The position will be split between Community Safety and the IGXU.
- 7.5 **Influencing VRU:** Linked into MOPAC and the development of the Violence Reduction Unit in order to understand the potential implications for Westminster once it is fully functional.
- 7.6 **Integrated Gangs and Exploitation Unit (IGXU):** In Westminster the IGXU is a multiagency team across the Police, Community Safety and Children's Services, Mental Health and employment services in response to a rising rate of gang involvement, county lines, and resulting crime and serious youth violence. It aims to intervene and get disenfranchised young people diverted away from gangs and criminality and keep young people from hurting each other. This long-term solution to serious youth violence, already goes some way in adopting a public health approach.
- 7.7 Children's Services in Westminster have taken a key role in the prevention of serious youth violence including the provision of the following services:
- **The Youth Offending Team (YOT):** has a multiagency partnership set up under the direction of the crime and disorder act, which includes representatives from social services, police, probation education and health. The aim of this team is to work with young people and families to address factors that lead to offending. The YOT is overseen by the YOT management board (the Youth Crime Prevention Partnership).
  - **The Multi-Agency Safeguard Hub (MASH):** brings together key professionals to facilitate early better-quality information sharing analysis and decision making to safeguard vulnerable children more effectively.
  - **Early Help:** aims to achieve outcomes for children and families and a key area of delivery is the prevention of crime and serious youth violence. Early Help can make a significant contribution to the prevention of youth crime thanks to their close links to universal providers, which enables the early identification of need. "Prevention of crime" is a referral criterion for Westminster's targeted Early Help team. As part of this, the team undertakes one-to-one work with young people and their families.

- **Emerging Family Hubs:** are important community assets where families can access a range of support.
- **#MyWestminster Staying Safe Programme:** sees partnership working (including Metropolitan Police Service, Young Westminster Foundation, Avenues Youth Project, Marylebone Bangladesh Society, Red Thread, Victim Support) to support 50 young people at risk of crime and rolling out capacity-building programme to youth workers.
- The service hosted a **Youth Providers Roundtable** in April 2019 to discuss how, together with partners, we can help young people fulfil their potential and offer them the right mix of services to inspire young people and support them to achieve their ambitions.
- **A school inclusion pilot** was recently launched to tackle increased exclusions as a way of reducing youth crime. This has three components; 1) trauma-informed training for staff, 2) a dedicated team of Early Help Family Practitioners led by a family therapist, and 3) one-to-one or group mentoring for each child.
- **Children's Social Care** provide a range of support to children in need and their families. In Westminster, social care practitioners use a systemic practice model to develop relationships with children, young people and their families so as to work with them to build strengths to tackle and resolve identified difficulties.

7.8 In both boroughs, Public Health commission the Healthy Schools programme, the Health Visiting Service and the School Health Service which play key roles part in earlier intervention and prevention, for example supporting Personal, Social and Health Education (PSHE) in schools and signposting to parental support.

## 8. Current Activities to Address SYV by RBKC

8.1 **Managing Risk:** A monthly multi-agency Serious Youth Violence Case Management meeting provides a risk and needs led response to identifying and safeguarding young people who may be drawn into violent offending. Sharing of information and developing collaborative plans between organisations, and with young people and their families, lies at the foundation of this approach.

8.2 **Targeted Interventions:** A new targeted outreach service, attached to the Council's Early Help Service, will identify and support young people to access mental health and wellbeing services and safeguard them from involvement in crime or being exploited. This service will align to other outreach programmes in the borough such as those provided by the St Giles Trust which seeks to engage young people and young adults living violent offending lifestyles and the work of the Integrated Gangs and Exploitation Unit. They will work alongside schools, housing providers and the police to identify individuals and groups of concern and support them to access appropriate services from substance misuse, mental health, employability, family support, and sports. This will include those young

people and young adults who do not meet mental health thresholds and may be on the edge of gang offending and serious youth violence. The project will support young people at risk of street offending outside of core service delivery times. It will reduce the severity and frequency of violent offending and risk of victimisation. Contextual safeguarding and community safety problem solving will inform the delivery model.

The St Giles Trust are commissioned to deliver the Violence Reduction Street Outreach Service which seeks to engage young people and young adults living an entrenched violent offending lifestyle and to support them to stop offending. This service works collaboratively with other youth services working with vulnerable young people in our communities.

The MOPAC funded Another Way Project, delivered by the Harrow Club, engages with young people involved in, or at risk of, criminality between 10pm – 2am Mondays and Fridays in north Kensington.

- 8.3 **Priority Setting:** RBKC commissioned an independent review of its community safety services in September 2018 with the aim of identifying outcomes to be achieved in 2019-2022 and to make recommendations on how to deliver these outcomes. Tackling SYV, gangs and knife crime was identified as a key outcome and a delivery plan has been developed within the Building Safer Communities report.
- 8.4 **Engaging Communities:** Raising the awareness of violence, gangs and knife crime and the services to support young people and families is part of the RBKC public health informed approach. This includes the multi-agency 'One Life No Knife' anti-knife crime programme which engages young people and their families in positive activities whilst communicating anti-knife crime messages. A programme also exists for parents and careers who are concerned about knife crime and require support and advice.

## 9. Planned Joint Activities to Address SYV in the Bi-Borough

Going forward a joint approach between Children's Services, City Management & Communities (WCC) and Environment & Communities (RBKC) and Public Health should include, and consider, the following:

### 9.1 Collaborative / Partnership Working

- A collaborative approach across whole Council (and with partners) including colleagues from housing, tenancy support and economy/regeneration to focus intervention efforts earlier and across the life course.
- A focus on post 16 sector education, training and employment including City of Westminster and Kingsway Colleges. Acknowledging that many of these young people are multi-borough residents.

- Health Partners need to be identified and round the table – a named GP champion would be highly beneficial.

## **9.2 Evidence and Intelligence**

- To support continued work to map current activity and identify opportunities for action.
- Heightened evidence and insight is required on which to base our assumptions. Recognition that we need a coherent proactive approach, not responding to latest incident.
- Enhanced understanding of the national and regional picture through Government, GLA and their Violence Reduction Unit.
- Undertaking a light touch JSNA to understand the existing evidence around violence in under 25's.

## **9.3 Youth Provision and Parental Support**

- Under 18's is very important in this agenda, but evidence is telling us that the current increase in crime and gaps in provision are for 18 plus year olds. Youth crime including knife crime for under 18's is reducing locally and has done for last 3 years.
- Political steer and evidence-based targeting of additional youth services funding (£500k has just been announced for youth services).
- Strategic diversionary activities for 16 – 24 year olds (as above).
- A review of what is on offer regarding information and support for parents and families, we know what is there for families with children, but what might be possible for families affected by SYV without under 18-year olds.
- Transition at each stage, into adulthood is particularly important for this agenda and under-developed currently.
- Building communities for local young people is incorporated into planning and commissioning.

## **9.4 Community Engagement**

- Mapping existing community support and groups needs to be done, to develop our understanding and relationships with these groups to support resilience.
- To review the Church Street pilot and consider implications for action at scale.
- "Fear of crime" is a significant issue and therefore messaging about what the issues are and what we are doing about it is crucial.
- Coordinated joint community engagement.
- Explore feasibility of the expansion of the Community Champion model to support this agenda.

## **10. Opportunities for the Health and Wellbeing Board to Consider**

- 10.1 A strategic and whole systems approach to serious youth violence adopted by the Health and Wellbeing Board could helpfully focus on four areas of work:

- **Clear leadership** defined and whole system action plan and accountability.
- **Surveillance** to define and monitor the magnitude, characteristics and drivers of youth violence in Westminster and RBKC and a commitment to data sharing where relevant.
- **Prioritising prevention alongside support services** given what we know about the causes and solutions to serious youth violence.
- **Localising implementation and continuous improvement** - developing interventions and evaluating what works for our residents.

#### 10.2 Clear Leadership:

- To ensure that all Board member organisations have a strategic approach to tackling the root causes of serious youth violence and clear accountability in a shared action plan. This is particularly important given the Home Office consideration of there being a new legal duty to support a multi-agency approach to preventing and tackling serious youth violence.
- To lead on engaging health partners including NHS A&E departments and support defining their contribution to this agenda. This may be a strategic oversight role to ensure that all partners have a strategic approach and action plan.
- To ensure that there is good awareness of best practice in other local authority areas in London and beyond and that opportunities for regional and national partnership working are identified.
- To strengthen the governance between the Health and Wellbeing Board, the Safer Kensington and Chelsea/ Westminster Partnerships, the Safeguarding Adults Board and the Safeguarding Children's Board to ensure that the responses are joined up and effective. Options to consider could include quarterly update reports as a standing item at each meeting, the creation of a shared Board or Chairs of the respective Boards to meet systematically.

#### 10.3 Surveillance:

- To consider what information that is needed to fully understand and monitor serious youth violence; the risk and protective factors as well as short and long term health and wellbeing consequences.
- To consider where that data lies, how it could be gathered and shared by Health and Wellbeing Board members.
- To support and oversee the development of the upcoming bi-borough Youth Offending (and those at risk of) JSNA and implementation of its recommendations.

#### 10.4 Prevention and Service development:

- To look strategically at mental health service provision across the system and ensure it meets needs in this context.

- To explore and support options for the broader application of social prescribing e.g. in secondary care and A&E.
- To support the inclusion of violence reduction and prevention within the review of the Healthy Child Programme (0-19).
- To support the inclusion of violence reduction in existing services e.g. the role NHS dentists can play in recognising signs of violence, peer support models that are well established for instance smoking cessation (how can they apply to violence reduction).
- To involve young people in service design and addressing challenges in the system e.g. services for young people, SEN provisions, exclusions, crime, policing.

#### 10.5 Localising implementation and continuous improvement

- Whilst there are a range of community-led youth activities available, there is a need to better understand what the right provision for young people is to divert them off the streets and ensure what is available is appropriately targeted in a joined up, consistent approach across the boroughs.
- To consider opportunities for wider street presence of outreach workers on the streets to engage young people in their own environments (partially addressed in RBKC by new Community Safety project).

**If you have any queries about this Report please contact:**

**Contact Officer:** Sarah Crouch, Deputy Director of Public Health

**E-mail:** [scrouch@westminster.gov.uk](mailto:scrouch@westminster.gov.uk)

#### **BACKGROUND PAPERS:**

WHO. (2015). Preventing youth violence: an overview of the evidence. Geneva: World Health Organization.

[https://apps.who.int/iris/bitstream/handle/10665/181008/9789241509251\\_eng.pdf;jsessionid=B1A137DE3BB9BAE340D9AFF92920E8D0?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/181008/9789241509251_eng.pdf;jsessionid=B1A137DE3BB9BAE340D9AFF92920E8D0?sequence=1)

LGA. (2019). Breaking the cycle of youth violence: case studies.

[https://www.local.gov.uk/sites/default/files/documents/15.56%20Youth%20Violence\\_02.pdf](https://www.local.gov.uk/sites/default/files/documents/15.56%20Youth%20Violence_02.pdf)

London Councils. (2018). Briefing note for SYV Seminar. London: London Councils.

Public Health England. (2015). Protecting people and promoting healthy lives in the West Midlands.

<https://www.londoncouncils.gov.uk/node/34119>

## **Glossary of Terms**

*Integrated Gangs Unit (IGXU)*: a specialist unit that works with young people aged 10 to 24 years in Westminster, and are either involved in, or at risk of becoming involved in, youth violence, child exploitation, sexual exploitation and gang related activities

*Serious youth violence*: violent crimes committed by youths up to the age of 25.

*The Mayor's Office for Policing and Crime (MOPAC)*: are responsible for delivering the Mayor's Police and Crime plan for London.

*The Mayor's Violence Reduction Unit (VRU)*: brings together specialists from health, police, local government, probation and community organisations to tackle violent crime and the underlying causes of violent crime.