

Written evidence submitted by Khulisa (BYC009)

[Khulisa's contribution to the Youth Select Committee's call for written responses to the Inquiry into Knife Crime.](#)

About Khulisa

We are a national, award-winning charity that places wellbeing at the heart of support for young people. We work with young people and adults in schools, prisons and in the community, who are vulnerable and at risk of exploitation and exclusion. Our programmes effectively target the emotion & social support needs of the most vulnerable, volatile and violent young people; drawing on robust evidence that improved social and emotional wellbeing lies at the heart of a multitude of positive life outcomes.

Khulisa – which means ‘to nurture’ in Zulu – represents our South African heritage and sister charity, as well as our core belief that everyone – no matter their background – has capacity to learn and grow, which is why we practice and preach unconditional support to socially excluded people who want to make a change in their lives.

We believe that schools, prisons, communities and government need a much more joined-up approach to help people escape the vicious cycle of social exclusion and crime, which is why we are Britain's only charity committed to delivering support for young people, training the professionals who work with them and researching ‘what works’ at all key stages of the criminal justice system, which gives us an unrivalled breadth of expertise in and evidence of what works.

With this, we are pushing for policy changes, so that we better support our schools, prisons and communities to reduce social exclusion and crime, and create a more harmonious and prosperous society.

Are there any prominent trends in the statistics on:

a) who commits knife crime b) who are the victims of knife crime?

Our experience as practitioners, together with our own research, has enabled us to identify a number of risk factors associated with having an increased risk of violence and/or weapon carrying. These are listed below:

1. Adverse Childhood Experiences:

The bulk of young people we work with have experienced trauma due to Adverse Childhood Experiences (ACEs) which prove to be the root cause of their challenging behaviour. ACEs generally fall into three categories:

- **Abuse:** physical, verbal and emotional abuse
- **Neglect :** physical and emotional neglect
- **Household adversity** mental illness, having a family member in prison, domestic violence

New research also adds poverty as a form of adverse childhood experience ([Hughes, 2018](#)). We understand that there is an intention to also add peer victimisation and racism to reflect today's societal issues.

Not everyone who experiences ACEs goes on to commit (or be the victim) of violent crime, however, the evidence shows that these early childhood traumatic experiences can often cause destructive behaviours and if left unattended and unmanaged, be displayed in the form of violent crime. ACE's affect our brain's processes during our early childhood development & attune us to react to the adverse circumstances we experience. This in turn often leaves individuals more prone to making more impulsive, poorer decisions and reacting more (often violently) to our surroundings. Research shows:

- *Compared with people with no ACEs those with 4 or more ACEs are **14 times more likely to have been a victim of violence over the last 12 months and 15 times more likely to have been a perpetrator in the same time period** ([NHS Wales, 2015](#)).*

2. Age:

Young people aged between 15 and 19 years old represent over 10% of victims of violence against the person offences, despite constituting little over than 5% of the general population and make up 35% of all perpetrators of violent crime ([The Office of National Statistics, 2017](#)). We also know from that 78% of incidents of violence against children (aged 10 to 15) were perpetrated by someone in their own age group ([The Office of National Statistics, 2017](#)). Research also suggests that the peak age for a young person carrying a knife is 15 years old ([Home Office, 2018](#))

Young people aged between 11 and 15 years old make up half of all our participants across our three pathways (in schools, prisons and in the community) and 91% of our participants. In school. . We intervene at this high risk transition point, in the hopes of preventing them being exploited into knife-crime related activity; and specifically, to help young people learn new coping mechanisms to manage their anger and develop executive functioning skills (like planning, making decisions, managing time, communicating effectively with others). These basic skills can have a positive impact on their behaviour, sense of self-worth and confidence - skills which are proven to increase young people's life outcomes and divert them away from engaging in violent crime ([Moffitt et al, 2011](#)).

3. School exclusion:

The recently published Timpson Review, cited evidence which suggests exclusion as a marker for being at higher risk of being both a victim and/or perpetrator of crime ([Timpson Review, 2019](#); [London Assembly Education Panel, 2019](#)).

Exclusions increase the risk that young people are removed from positive influences & exposed to more negative life outcomes: only 1% of excluded children gain the five good GCSEs required to be accepted in post-16 training and apprenticeships ([Centre for Social Justice, 2019](#)) with research suggesting that school exclusion is the single biggest predictor of crime and anti-social behaviour ([Education Committee, 2019](#)).

In fact, insofar as knife crime is concerned, research suggests almost a quarter of children who say they had carried a knife in the previous year had been expelled or suspended from school, only 3% of children who said they had not carried a knife had been excluded ([Ministry of Justice, 2018](#)).

Khulisa's programmes are designed to prevent a young person's exclusion from school and/or to promote their reintegration into mainstream education. This approach is rooted in evidence which shows interventions which increase young people's social and emotional skills are most effective for young people who display problem behaviours ([Early Intervention Foundation, 2015](#)). We work directly with the most disruptive pupils within the school environment; helping them to understand and identify the root causes of their antisocial and disruptive behaviour in the classroom. There is growing evidence confirming that interventions increasing young people's social and emotional skills are most effective for young people who display problem behaviours ([Early Intervention Foundation, 2015](#)).

Is the Government strategy to combat knife crime doing enough to effectively: a) prevent b) intervene c) sentence those committing knife crime d) rehabilitate those cautioned or sentenced for knife crime?

Given the nature of our work in schools, prisons & in the community, Khulisa is best placed to answer parts a, b and d of this question. We do not currently work with young people cautioned for knife crime, nor do we have experience in sentencing young people who commit knife crime.

Prevention and intervention

Khulisa supports the Serious Violence Strategy's call for a multi-agency approach to reducing youth violence; which brings together public, private and third sector bodies and supports awareness building of the social and financial impact of Adverse Childhood Experiences (ACEs) to tackle this, through early intervention.

We also support the recognition that punitive measures are likely to be less effective than

preventative support, and that restorative and diversionary practices should be used as an alternative to criminal justice responses where appropriate.

Having said that, we believe that the Government's commitment to early intervention is not matched by the actions proposed to tackle violent crime. Many of the initiatives proposed by the Government in the strategy are a continuation of ongoing government policies.

While the Serious Violence Strategy's £40m of investment in serious violence initiatives as well as the £200 million Youth Endowment Fund are welcome, this funding is unlikely to be substantial enough, on its own, to address the scale and complexity of the issue, especially in the context of the broad funding cuts we have seen over recent years. In many cases, it only signals a continuation of ineffective short-term funding cycles which do not provide an opportunity to address the deep seated root-causes of violent crime. In fact, rather than creating an enabling environment for charities and the public sector to collaboratively provide wrap-around support to young people at risk of knife, and other serious, crime, all too often, charities are competing for small pots of short-term funding which does not improve long-term outcomes for young people.

Furthermore, we have concerns that the strategy does not always direct the dedicated resources towards the most efficient solutions, targeting young people too late - addressing the costs of late intervention already accounts for £17 billion of government spending ([Early Intervention Foundation, 2018](#)). We would like to see long-term funding directed at evidence-based initiatives which support the development of young people's social and emotional well-being as a preventative measure - instead of the current plan which appears to be focusing only on older children through targeted interventions, when behaviours are already entrenched.

Given the rise in school exclusions - up 67% since 2012/13 ([Children's Commissioner, 2019](#)) - more children are spending time outside school and more prone to negative influences. School-based interventions are one of the most cost effective and proximate to a young person's everyday life. However, cuts to funding mean that only 3% of local authorities plan to commission these initiatives ([Localis, 2017](#)). We also know that social and emotional education for young people enhances their ability to understand and manage their behaviour and develop the resilience to avoid risky situations ([Early Intervention Foundation, 2015](#)).

We also believe this Government's strategy on knife crime needs to take a Contextual Safeguarding Approach ([Firmin, 2015](#)) in order to be effective. Children cannot be considered in isolation - the connections at peer, school and neighbourhood level are critical (particularly for exposure of wider exploitation activities - ie county lines, sexual exploitation). It's imperative that we approach this as a systemic issue and make the connections between groups of children and identify wider initiatives to keep young people safe. The current system of making one-way referrals to increasingly stretched social care teams is insufficient for an epidemic like knife-crime. This requires multi-lateral partnership working across all stakeholders at a neighbourhood and partner level. Education and support for young people, parents, carers, teachers, as well as identifying contextual risks that

propagate crime is a key component of closing the gaps between the youth justice system, schools and the voluntary and community sectors.

Despite this, there is no mention of this type of systemic approach and very little attention based on the social and financial returns that these types of approaches could have in the Serious Violence Strategy.

Rehabilitating those sentenced for knife crime

Khulisa's programmes aim to empower young people with the skills, understanding and resources they need to develop their own alternatives to violence, bridge divides and build stronger and safer communities.

We work with the most high-risk young people in prisons and in the community:

- 83% of our participants in prison are in prison for offences involving violence, criminal damage and drug offences
- 60% are referred on to our flagship '*Silence the Violence*' programme because of their violent behaviour in prison

While we do not have much evidence specific to the rehabilitation of young people convicted of knife crime, our 10 years' experience (and the existing evidence) working with young offenders and ex-offenders has taught us that government efforts to rehabilitate offenders are largely ineffective.

The Chief Inspector of Prisons' latest report finds that efforts to address increasing violence, coupled with overcrowding, have in some cases reduced the time prisoners spend outside their cells, with prisoners on the most restricted regimes spending as little as 30 minutes out of their cells a day ([HM Chief Inspector 2018](#)). This is "leading to frustration, boredom, greater use of illicit substances and often deteriorating physical and mental health." Even where activity places were available, there was still a widespread failure to use them all. This year, ***60% of prisons inspected failed to use their activity places effectively, leaving prisoners without work, education or training.***

With the lack of rehabilitative support, aimed at addressing the root causes as a context, young people leave prison with fewer choices and less opportunity than when they first entered the criminal justice system - inevitably ***69% percent of prisoners on short sentences are reconvicted within a year.***

Nationally, the Chief Inspector of Prisons reported,

"we were very disappointed to find that in far too many cases prisoners were being released without proper support in finding accommodation, dealing with benefits and finance or finding work."

The statistics support this::

- Only 17% of ex-offenders are in PAYE employment a year after release ([Ministry of Justice, 2018](#))
- People cannot make a claim for Universal Credit until they have been released from prison. Concerns have been raised that this is placing people into unnecessary hardship on release ([Huffington Post, 2018](#))
- 1 in 7 who left prison in the year to March 2018 were homeless. This increases to more than 1 in 5, for those serving a prison sentence of less than 6 months ([Ministry of Justice, 2018](#))

It is our experience that these negative outcomes are in part due to:

- a) failure to take account of the vulnerabilities of a high proportion of those in our prisons - *90% of the prison population are estimated to have mental health problems, personality disorders, or substance misuse problems* ([Center of Mental Health, 2016](#))
- b) failure to provide both necessary practical and financial support by the prison staff who look after them

Given the high prevalence of neurodevelopmental disorders (impairing cognitive, emotional and communicative functions) and people with deeply entrenched complex needs in the criminal justice system, we believe that government efforts would be more effective if more was done to improve social & emotional skills education for prisoners before release, to enable them to engage with pro-social choices post release.

As trauma informed practitioners, we also know that prison staff are struggling to manage the impact of their roles (vicarious trauma, compassion fatigue etc) let alone support those in their care. Prison staff need to understand how trauma impacts young people, otherwise they may struggle to understand the behaviour that presents, let alone provide effective rehabilitation. Given that 40% of prisons do not offer existing staff any mental health awareness refresher training ([House of Commons, Committee of Public Accounts, 2017](#)), this has to be a priority if government efforts are to be effective and we are to stem the flow of young people through the revolving (prison) door.

Does the Government's Serious Violence Strategy strike the right balance between preventative and punitive action?

Despite the rhetorical importance placed on early intervention, we do not believe that the Serious Violence Strategy strikes the right balance between preventative and punitive action.

As outlined above, by focusing on providing interventions at 'teachable moments' when a child has already been a victim or perpetrator of violence, the Serious Violence Strategy does not focus enough on the most effective forms of preventative action.

Is treating knife crime as a public health issue an effective approach?

We believe strongly in the preventative potential of a public health approach. We know from both Scottish and other international examples that diagnosing the problem, analysing underlying causes, examining what works and developing solutions is one of the most effective means of reducing violence.

In Chicago, for example - where the murder rate exceeded the combined total of murders in New York City and Los Angeles - the city's public health initiative (Cure Violence and the Ceasefire project) supports ex-offenders as "violence interrupters"; who are embedded within the community and can be available to calm down a conflict before it escalates, as well as being part of the first-response team to neighbourhood gun violence. The relationships these 'interrupters' develop, with the most high-risk individuals in the community, enable them to prevent retaliation by providing mediation before conflicts escalate and more lives are lost. By responding to every shooting and organising the community to spread positive norms, studies show that in areas where this Cure Violence programme operates, shootings are much less likely to generate retaliatory violence. Similarly, in New York where the programme was expanded from 5 neighbourhoods to 20, the city saw its lowest level of gun violence in 3 decades (see [Cure Violence](#)).

Based on these results, we believe a public health approach - bringing together statutory agencies with both voluntary and community sector - is needed to identify and address the root-causes of knife crime (and other related challenging and criminal behaviour, such as county lines and sexual exploitation), as the first step towards breaking the cycle of violence in young people's lives.

That is why we are part of a public health coalition in partnership with [Street Doctors](#) and [Redthread](#) (with the support of [The Better Community Business Network \(BCBN\)](#)) to support young people at three high risk transition points in their lives. Each partner has committed to diverting young people away from crime and violence in their community by:

1. Supporting young people with social and emotional education in schools
2. Equipping young people at highest risk of violence with emergency first aid skills and the confidence to use them
3. Empowering young people to consider how their lives could be different after a violent incident, providing resources and resilience to make positive changes

How do differences in young people lives (e.g. geographic location, education, mental health, household income and socioeconomic background) make them more vulnerable to being involved in knife crime?

Please refer to our answer to the first question.

Is fear a motivator for young people who carry knives? What causes this? What can be done to address it?

Based on our experience of working with young people on our 'Face It' programmes in schools, pupil referral units and other community settings; we believe fear is the biggest motivating factor for young people who carry knives. We explore beliefs about carrying knives using innovative exercises and, the majority of young people confirm they carry knives to protect themselves and because 'they have to'. It has been normalised to do so within young people's culture. Many of the young people we work with are not yet in gangs, but due to conflict with others in their neighbourhoods, they carry knives for self-defence. Association with someone, particularly a family member(s) who is involved in gang activity increases the likelihood of them becoming a potential victim.

Many would rather risk the consequences, being caught in possession and a jail term, or even worse, inflicting harm or causing death, rather than walk the streets without carrying protection. This is how real the fear is for many young people. In our experience, so many young people carry knives but never intend to use them, yet end up faced with a situation where someone confronts them with a weapon & they are panicked into using the knife to avoid this attack. The consequences of course can be devastating for them and their families.

We need to work with young people to explore the root causes of knife-carrying behaviour. Knife arches in schools, knife awareness talks in the community, school assemblies, stop and search are all useful interventions; but they are short-term remedies, addressing the issue far too late in the process - rather than a longer term sustainable strategy that addresses the root causes of serious violence.

ACE's, social deprivation, lack of provision (education, support, social care, social housing etc) and other emotional and psychological unmet needs are factors that impact young people's choices to join gangs and commit crime.. These are the areas that urgently need addressing. When we explore the roots of gang association with young people, especially in YOI's, we always receive logical responses - , '... to help my mother pay the bills,; ... because I didn't finish school,; .. I don't have qualifications and can't get a job; because my dad wasn't around and I don't didn't have a positive role model; ... the gang showed me belonging; ... the gang were my family, they showed me love.'

Until we can offer young people positive choices and alternative mechanisms to meet their needs during the important developmental stage of adolescence, we will continue to lose young people to knife crime and associated exploitation.

Is there any evidence that gang culture, social media and/or music impact young people's involvement in knife crime?

The content in all of the above-mentioned mediums is a portrayal of the disenfranchised lives so many young people are experiencing socio-economically. This is their means of expression, to tell their story, to encourage us all to wake up and realise the fear evoked in young people that drives their decision to carry a knife out of fear of being attacked.

Drill music, for example, receives a lot of negative media attention, and is often cited as a cause for the increase in knife crime. To date, there appears to be no research or statistics, finding drill music to be associated with a rise in knife crime. Violent music genres have existed for generations (rock and roll and punk also received significant negative media attention). It acts as a medium for young people to describe what life is like for them, day to day. Videos posted on social media, (eg. YouTube) don't encourage young people to pick up a knife, they pick up a knife in response to what they hear and witness with their own eyes on the streets of their community, as a survival instinct. For many young people, their neighbourhood resembles a battle ground. As in all wars, there are those who get caught in the crossfire and become innocent victims and those, for whom victimisation comes in the form of exploitation in all its' forms.

Is there a correlation between young people being excluded, or not getting enough support from, education and involvement in knife crime?

Please see our response to the first question.

What could be done to make young people less likely to a) carry knives b) commit knife crime?

Knife crime – as with all crime – must be viewed within the context of a number of interrelated individual, family, social, biological and environmental factors. Many of the young people we work with, who are incidentally the demographic most likely to be involved in and become victims of knife

crime, experience complex and multiple disadvantage. As already stated, these experiences are invariably the cause of their destructive behaviours and if left unattended and unmanaged, continue to deepen and entrench their feelings of exclusion from society.

Given what we know about the link between vulnerability, Adverse Childhood Experiences (ACEs) and academic attainment, it's clear that a traumatised child becomes a dysregulated child, who's disruptive behaviour is often misinterpreted. **No traumatised and highly disruptive child sustains education or employment** unless they learn to self-regulate and are co-regulated by those supporting them during their formative years in education.

That's why, we help young people to understand and identify the root causes for their behaviour; so often linked to dysfunctional attachment, issues with identity and belonging and what the Children's Commissioner terms as the 'toxic trio' (domestic abuse common place at home, parents with both substance abuse and mental health issues).

Our programmes empower young people to **improve their emotional literacy**, so as to be able to **identify their unmet needs and seek help through non-violent and appropriate means**. As a result, children are better able to:

- Identify individual triggers (for anger, conflict etc.) and alternative responses, to ultimately help **improve capacity for concentration and focus during lessons**
- **develop executive functioning skills** (planning, making decisions, paying attention, prioritising, remembering, problem-solving) – this can have a **positive impact on behaviour, sense of self-worth and confidence**.

We aim, by early intervention in school, to prevent young people committing more serious crime and instead, enable them to fulfil their potential in a mainstream or AP education environment. Our results in these areas indicate that we are helping steer young people away from involvement with knife-crime:

- **Improved emotional well-being:** *63% of young people in schools* reported an increase in emotional well-being after the programme
- **Improved behaviour:** In schools, *98% of participants report a positive impact on behaviour* – With 57% demonstrating a 'significant improvement'
- **Reduced aggression:** In prison, *90% of participants reported a reduction in violent tendencies*
- **Reduced reoffending:** *Only 7% of our participants go on to reoffend*

With this as a context, we believe we will only deter young people from carrying and using knives, through early intervention and emotional support. This is critical for those pupils who are demonstrating disruptive behaviour. We need to include rather than exclude them, socially and from school, in order to make contributing to society an attractive option for them. Furthermore, in order to sustain emotional health, resilience and personal agency throughout adolescence, there is a need to provide trauma informed training and reflective practice for professionals who work with

young people (to reduce the likelihood of compassion fatigue and to safeguard professional wellbeing). These factors help maintain sustainable nurturing environments for both young people and the staff in schools, prisons and wider social care/criminal justice partners. These professionals are so often providing critical role model behaviour for these young people and need support with the levels of vicarious trauma that they are consistently witnessing. Being a 1st-responder to a knife victim wearing a school uniform is an image none of us sign up for when we pursue a career in social care or the teaching profession.

Are there particular groups of young people who are overlooked by current prevention strategies?

The Children's Commissioner's Vulnerability Report ([Children's Commissioner, 2018](#)) identified 2 million children in England who live in families with substantial complex needs - defined as the toxic trio (domestic abuse common place at home, parents with both substance abuse and mental health issues). Of these, 1.6 million children have no established recognised form of additional support. The majority of our participants fall within this category - they have sustained multiple Adverse Childhood Experiences (ACEs) and are socially excluded as well as excluded from school. These young people are left out of many statutory and voluntary prevention strategies and are one of the highest risk groups in both primary and secondary school.

With school exclusions rising in primary schools - the number of primary pupils being expelled each year has doubled since 2011 ([The Guardian, 2019](#)). We believe a greater focus needs to be placed on building young people's social and emotional well-being in primary school before behaviour is entrenched.

However, in order for these initiatives to be successful, funding for provision alone is not enough. We need an emphasis on whole-school approaches to improving the well-being of both young people and the staff who work with them; if we are to improve outcomes for young people overlooked by current prevention strategies.

What examples are there for whole community approaches to intervention?

Khulisa advocates for the development of strategic partnerships that support longer-term outcomes, as no one organisation can tackle a complex issue like knife crime alone. That's why we are committed to providing longer-term, holistic support for the young people we work with and to achieve this, we have developed strategic multi-agency partnerships which allow us to draw on the collective skills of the sector.

We have already cited one example above ([The Better Community Business Network](#)) in our earlier response (*Is treating knife crime as a public health issue an effective approach*). Another example, where we're seeking to maximise our network in pursuit of a more strategic community led approach is our membership of a project convened by 'Safer Harrow' (Harrow's CSP). The project was borne out of the 2018 *'This Is Harrow'* research partnership which showed that children and young people in Harrow lack positive activities and opportunities to keep them out of trouble; quality and respectful relationships with peers and adults to support them to make better decisions; and support services that they can rely on outside of the support offered in school.

In response, to this research, this project (supported by the Home Office, Early Intervention Youth Fund) brings together the police, council, schools, expert local voluntary and community organisations, youth workers, parents and carers with the wider community. Acknowledging that at-risk young people have complex and overlapping needs, the project targets the most at-risk young people with preventative interventions that directly address the main drivers of serious violent crime in Harrow. Through these partnerships (with Khulisa, Ignite, WISH and Synergy Theatre Project), the project will reach 20 schools and community / youth centres in 'hotspot' areas across Harrow. This project has given us a unique opportunity to share information, and develop local solutions that consider contextual safeguarding for a community safety issue; ultimately bringing the community around the most at-risk young people.

How effective are positive role-models in deterring young people from gang and criminal activity?

Given what we know about the link between ACEs and involvement in crime, experience as well as research has taught us the buffering effect of positive role models in deterring young people from gang and criminal activity.

Young people who have sustained Adverse Childhood Experiences (ACEs) often miss out on key neurodevelopmental stages, their brain growth stunted because of the trauma they sustain in childhood. Many of the most violent young people we work with are stuck in the stage of their development when the traumatic event occurred. This means we are often faced with a teenager who behaves like a much younger child, despite their size and seemingly mature stature. ([British Psychological Society, 2015](#)).

As human beings, we do not fully develop our executive functioning skills until we are in our 20s ([Lamb et al., 2013](#)). With this as a context, it's easy to see how - in the absence of knowing how to self-regulate emotions - for these young people violence is an automatic hyper-arousal response.

Research shows that supportive relationships with adults are one of the most effective protective factors against the effects of ACEs ([NHS Wales, 2018](#)). This is because nurturing relationships with

adults support young people's social and emotional development - this helps young people learn, enhances and improves their attachment style, helps form stable relationships & helps manage their feelings ([Forster et al., 2017](#)).

That is why we train professionals who work with young people on how to manage behaviour effectively, understand the brain/body dynamics of social-emotional development & employ these tools and techniques to respond to young people appropriately; as well as managing their own self-care, to safeguard themselves and those in their care.

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