

## Written evidence submitted by RedThread (BYC012)

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

1. At Redthread, we see violence as both a health and a public health issue. We also strongly believe this issue should not be limited to discussing knife crime or knives; all forms of violence - domestic violence, non-weapon enabled assault, sexual violence - are linked by their root causes and should therefore be treated in the same way.

2. By seeing all violence as a health issue, and not a moral one, we recognise that the people exhibiting violent behaviour as well as those affected by violence have a health problem. Understanding violence as a health issue acknowledges that exposure to violence in formative years at home or in the community is a key indicator of becoming caught up in a cycle of violence later in life. Violence is contagious and should be treated as a contagious disease; analyse the causes, diagnose the problem, look at what works to treat the symptoms and develop solutions.

3. We see public health as looking at with the health and wellbeing of populations and the objective of public health is to create safe and healthy communities around the world. The public health approach to any issue includes medicine, epidemiology, sociology, psychology, criminology, education and economics. We also see a public health approach as including health, education, social services, justice and policy. Each sector has an important role to play in addressing the problem of violence and, collectively, the approaches taken by each have the potential to reduce violence.<sup>1</sup> At Redthread, we think this is particularly relevant to this question as the understanding of a public health approach currently in the UK seems to focus more on this concept of multi-agency working, than Public Health England being the main driver in delivering the approach.

4. Public health approaches are traditionally characterised in terms of three levels of prevention: Primary prevention; approaches that aim to prevent violence before it occurs, secondary prevention; approaches that focus on the more immediate responses to violence, and tertiary prevention; approaches that focus on long-term care in the wake of violence, such as rehabilitation and reintegration, and attempts to lessen trauma or reduce the long-term disability associated with violence.<sup>2</sup>

5. We see the following two examples as successful public health approaches to tackling violence and contributes to our reasoning for thinking the public health or health lens to the issue of violence is essential.

6. The Movement towards Violence as a Health Issue, coordinated by Cure Violence, consists of over 500 individuals representing more than 150 organisations in the US dedicated to activating the health and community response to violence. The Initiative, which began in July of 2015, is led by Former Surgeon General Dr. David Satcher, Former Dean of Johns Hopkins School of Public Health Dr. Al Sommer, and CEO/Founder of Cure Violence Dr. Gary Slutkin. The Movement implements health approaches to tackling violence into all sectors in communities across the world. For example, in Minneapolis, a comprehensive strategy was designed by city agencies, community, civic and business groups and hundreds of young people. Initial findings suggest that the adoption of the model in 20 neighbourhoods with highest rates of

<sup>1</sup> Who.int. 2019. Who.int. [Online]. [21 June 2019]. Available from: [https://www.who.int/violence\\_injury\\_prevention/violence/world\\_report/en/chap1.pdf](https://www.who.int/violence_injury_prevention/violence/world_report/en/chap1.pdf)

<sup>2</sup> Who.int. 2019. Who.int. [Online]. [21 June 2019]. Available from: [https://www.who.int/violence\\_injury\\_prevention/violence/world\\_report/en/chap1.pdf](https://www.who.int/violence_injury_prevention/violence/world_report/en/chap1.pdf)

violence correlated with a decrease of 57% in individuals under 18 involved as those arrested or suspected in violent crimes while killings of people under 24 fell by 76%.<sup>3</sup>

7. Scotland has also adopted a public health approach to tackling violence. This includes prevention activity such as education and early intervention, secondary prevention work in hospitals and appropriate law enforcement. The Violence Reduction Unit (VRU) was established by Strathclyde Police in 2005 as a reaction to the extremely high levels of violent crime in Glasgow, and it was the first major initiative of its kind in the UK to adopt a public health approach. The VRU's aims were to reduce violent crime and behaviour, achieving long-term societal and attitudinal change by working with agencies in fields such as policing, health, education and social work. This programme has been highly successful in driving down violence in Glasgow and has since been adopted across all of Scotland.

*8. We spoke to young people themselves to answer the next four questions, as we feel very strongly that they are the experts in their own lives. The answers to these questions are a combination of speaking to directly young people Redthread have met in hospitals across the UK and feedback from an evidence session hosted by the [All-party Parliamentary Group \(APPG\)](#) on Knife Crime of which Redthread is the co-secretariat alongside Barnardo's. The APPG is chaired by Sarah Jones MP. The full report will be published later in the year.*

### **What motivates young people to carry knives?**

9. "It's really easy and you've only got to go into your kitchen drawer and there is a knife there."

"It's just a trip to the kitchen then you can literally just grab it."

"You've just got to stick up for yourself because they come more than one... they come in like groups, so say if you got caught on your own you'll get stabbed or shot or anything."

"It's a shield, it's confidence as well...if you go out onto the street where anything can happen to you the knife gives you a sense of confidence."

"Carrying something and actually using it is two different things. They might be in the situation where their mental state isn't the best and they feel like 'this is the only way I'm going to be able to survive to see tomorrow'."

"You know they are not carrying the knife to use it, just carrying it so it's a confidence thing. It boosts you up and I feel like alright I'm safe because if someone comes to me I have this."

"Having a difficult family life."

"Self-protection and reputation."

"Fear, peer pressure, stigma."

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<sup>3</sup> Violenceepidemiccom. 2019. Violenceepidemiccom. [Online]. [21 June 2019]. Available from: <http://violenceepidemic.com/movement>

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

10. "Yes fear is factor definitely. I think young people get into the wrong crowds and get in trouble with the wrong people and then they are scared of the consequences so they carry knives to protect themselves."

"Yes because people have the mentality that if they don't have a knife and other people do, then they will be caught off-guard. Offering more fitness related classes and self-defence classes."

"I don't feel protected; when I'm out I don't feel protected. Nothing's protecting me, if someone came up to me and started fighting me, what am I going to do?"

"When you step out your house it feels like you might have to defend yourself. It's a sad world we live in init?"

"People carry knives for fear of other people carrying knives and to also promote gang culture using it as a status, education and uniting people as a collective would help avoid knife crime."

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

11. "Yes I think especially music, with people in the music industry talking about drugs, knives and gangs can influence young people."

"Yes. For example music these days, rappers are talking about stabbing man up and getting guns out. It's also about reputation of who's the biggest drug dealer. From where you're seeing your favourite artist talking about walking round with a strap, it makes it seem right or ok for young people."

"I just think personally that the way of life has gone for me, like the things you see on TV, advert, music, if you can see it so easily and go about it day to day as if it's normal how do you expect it to be? Knife crime is just a fashion."

"When they (young people) see everybody showing all the bling bling they think "well why can't I have that". But they know that they can't afford it that they don't have the training, they don't have the education, they don't have the opportunities that others do but they have a right to have a life and to have those things so how do I get those things."

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

12. "People my age haven't got anything to do... If you don't go to school, or you are not in any education you are on the streets doing what you want to do and nothing is stopping you from doing that."

"Yes I do think there is a link."

"That's a tricky one. But because you're made to feel different if you're kicked out of school and not like you're a mainstream kid. More time in PRUs you get "challenged" kids so you're always wary of watching your back which can lead you to carrying a knife for protection."

"I've got ADHD. They (teachers) would tell you things like 'go and sit down in Starbucks in the quiet area'. But what's the point because that's not fun and that is not where my friends are. And then to a certain extent they start punishing you, saying you can't play football and stuff if I don't do this and that. It's not going to make me come into college anymore."

“Since they kicked me out I’ve got time on my hands to do more crime, commit more crime, when I’m out of college there is more time out of college with my friends who have also been kicked out who are also doing wrong things, who are also selling drugs, who are also carrying knives.”

“Busy minds are vital in keeping young people out of trouble.”

“Yes. When I was excluded from school and went to a unit I felt worse than everyone else and that made me get more involved in bad things because I didn’t feel like I was a part of the mainstream anymore.”

**Are there examples of local initiatives which have worked well to prevent young people being victims or/and perpetrators of knife crime?**

13. Hospitals are anchor institutions in our communities - we all have to attend our local hospital at some point in our lives.

14. Every year thousands of young people find themselves in hospital A&E departments as the victim of serious youth violence, but we acknowledge that this distinction is somewhat blurred, with many young people being a victim and a perpetrator. Redthread’s Youth Violence Intervention Programme (YVIP) acknowledges this unique opportunity by embedding youth workers in hospitals to intervene with these young people. The teams meet the young patients as soon as they can: in the A&E waiting room, on the ward, or even in the resuscitation bay. Redthread believes that in this moment of intense crisis, when the young person is nursing a serious injury in the daunting environment of a busy hospital, often alone, can be a catalyst for self-reflection and pursuing positive change – a ‘teachable moment’

15. Redthread teams build rapport with the young people, mentor and advise them, and support them to make long-term positive plans to break away from cycles of violence and offending. Problems include exclusion from education, employment or training, a lack of stability in housing, mental health concerns, unstable relationships and reprimands due to criminal activity. Redthread capitalise on its partnerships to ensure long-term work and change is possible for each young person. The teams make well-judged referrals on their behalf, and accompany them to initial meetings to ensure transition is smooth. This work disrupts the cycle that can too easily lead to devastated communities and an exhausted healthcare and justice system.

16. Our youth workers provide a single point of advocacy and support, guiding the young person through the process and enabling them to pursue positive changes. The intervention is relatively short-term but intensive. Our focus is on empowering young people and helping them to value their own potential, so that they can utilise their own personal resources and resilience to overcome crises in their lives. The youth workers also support and signpost family members and friends, it is not just the victims who are traumatised by violence, but their networks and communities too. This process of holistic support, guidance and education enables young people to break away from the cruel victim-perpetrator cycle of violence make healthier, more positive choices and lead happier more fulfilling lives.

17. Our programmes currently run in London’s Major Trauma Centres, Queen’s Medical Centre in Nottingham, Queen Elizabeth and Heartlands Hospitals in Birmingham and Homerton University Hospital. More widely, Hospital-based Violence Intervention Programmes across the UK and internationally are going from strength to strength. In 2015 Redthread set up the UK’s national network Hospital-based Interrupting Violence Exchange (HIVE) to bring together a number of other organisations that have set up their own hospital-based programmes inspired by the YVIP model. HIVE members include The Navigators and Oasis Youth, St Giles Trust and we hold regular teleconferences and meet once a year for an annual symposium. In the US the National Network for Hospital-based Violence Interruption Programmes (NNHVIP) brings together similar, innovative programmes.

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

18. In the Appendix of the NHS Long Term Plan, in the section 'How the NHS Long Term Plan supports wider social goals' there are two notable references to NHS provision for young people caught up in cycles of violence.

*12. We will invest in additional support for the most vulnerable children and young people in, or at risk of being in, contact with the youth justice system. The development of a high-harm, high risk, high vulnerability trauma-informed service will provide consultation, advice, assessment, treatment and transition into integrated services. This will provide support to, and help to address the complex and challenging needs of vulnerable children and young people.*

*13. The NHS also supports the justice system to provide healthcare support to victims. Across England, 47 sexual assault referral centres currently provide health support for people who have been a victim of sexual assault. We will expand provision to ensure survivors of sexual assault are offered integrated therapeutic mental health support, both immediately after an incident and to provide continuity of care where needed.<sup>4</sup>*

19. We think more clarification is needed as to what the additional support offered in part 12 will entail. Furthermore, these two paragraphs focus solely on victims of sexual assault and young people in or at risk of being in contact with the criminal justice system. We'd like to know what support within the NHS will be available to young people who fall out of these two categories – for example young people who are randomly attacked, are not at risk of being caught up in the criminal justice system but are nonetheless traumatised by their experience and in need of support. We believe more needs to be done to support all victims of violence within the NHS.

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<sup>4</sup> Nhs long term plan. 2019. NHS Long Term Plan. [Online]. [21 June 2019]. Available from: <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>