

Written evidence submitted by Street Doctors (BYC021)

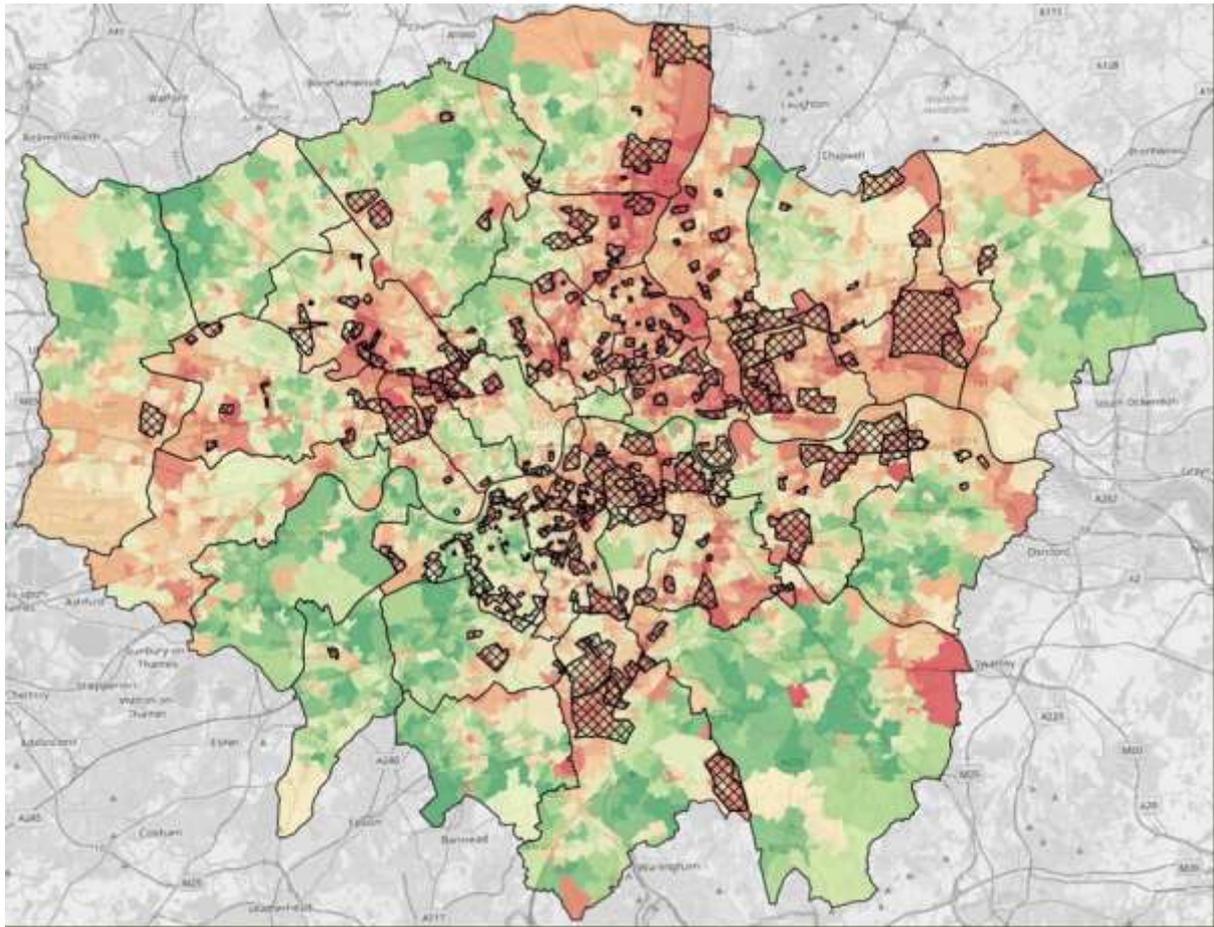
1. Are there any prominent trends in the statistics on a) who commits knife crime b) who are the victims of knife crime?

StreetDoctors undertakes a comprehensive annual review of publicly available data to analyse prevalence and trends of youth violence in order to guide our expansion. Our final report from 2018 is included with this submission and explores the youth violence data available up until June 2018.

Additional analysis presented at the StreetDoctors annual conference in November 2018 shows the violent crime hotspots in London boroughs (the cross hatched fields) overlaid onto the indices of multiple deprivation (IMD) which are shown as red, amber and green, with red being the greatest levels of deprivation. As is clear from the map there is a distinct correlation between the two with the majority of violence concentrated in areas with high levels of deprivation. The indices of multiple deprivation are intended to offer multidimensional information on material living conditions in an area or neighbourhood based on a 'lack of' living necessities causing an unfulfilled social or economic need, relative to the rest of the country.

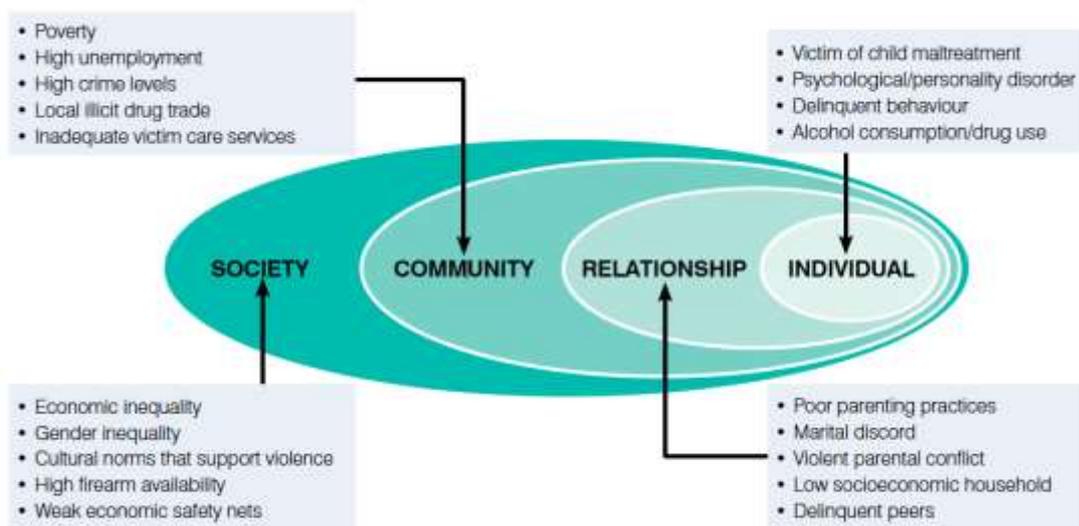
The domains of deprivation included in the indices are employment, education, skills and training, health deprivation and disability, crime, barriers to housing and services, access to services, housing, physical environment.

Whilst it recognised that causation cannot be inferred from this map alone, StreetDoctors experience of working with delivery partners across the UK and engaging with over 4000 'at risk' young people a year would support the theory that the two are intrinsically linked.



This analysis is supported by the cross cutting risk factors for violence as outlined by the World Health Organisation in 2004 which we have utilized in our strategic plan 2018-22 and very much echo our narrative and evidence from our work with young people.

Figure 4.1: Some cross-cutting risk factors for violence



Adapted from World Health Organization, 2004

In addition

Health and Crime statistics:

- 📄 2018 was the worst year for knife deaths among young people in 10 years.
- 📄 One in four victims of knife deaths in 2018 were men aged 18-24.
- 📄 1 in 20 young people know someone who carries a weapon, and in many areas that figure is much higher.
- 📄 Police recorded knife crime has risen by 36% between 2013/14 and 2016/17.
- 📄 The public health impact of violence:
 - 2.5 million violent incidents in England and Wales each year
 - £2.9 billion is the estimated annual cost of violence to the NHS
 - £29.9 billion is the total estimated cost of violence to society each year
- 📄 But behind these statistics there is also the huge cost to individuals, families and communities, through loss of life and the physical and psychological trauma caused by youth violence.

For StreetDoctors these figures indicate:

- 📄 That violence continues to be a significant issue for young people.
- 📄 Targeted work with young people, who are at most risk of being both perpetrators and victims of violence, may be most effective in reducing violence overall.
- 📄 There is a longer term public health benefit to early and prompt intervention to prevent violence becoming habitual and embedded behaviour for young people.

References to above statistics:

1. <https://www.theguardian.com/uk-news/2018/nov/29/surge-in-young-knife-deaths-amid-police-cuts-and-climate-of-fear>
2. <https://www.bbc.co.uk/news/uk-42749089>
3. Population Estimates Analysis Tool, Mid-2015. Pivot-table analysis, Office of National Statistics
4. Serious Violence Strategy, April 2018, Home Office, (2018) (<https://www.gov.uk/government/publications/serious-violence-strategy>)
5. Protecting People, Promoting Health: a public health approach to violence prevention for England. A WHO Collaborating Centre for Violence Prevention Liverpool John Moores University. Mark A Bellis, Karen Hughes, Clare Perkins and Andrew Bennett. (October 2012)

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

StreetDoctors are an active member of the Standing Committee for Youth Justice (SCYJ) and have contributed to policy submissions addressing sentencing and rehabilitation.

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

A recent large-scale study into the public health impacts of violence¹ revealed:

- 📄 There are 2.5 million violent incidents in England and Wales each year. They result in 300,000 emergency department attendances and 35,000 emergency admissions into hospital.
- 📄 Violence is estimated to cost the NHS £2.9 billion every year. This figure underestimates the total impact of violence on health as, for instance, exposure to violence as a child can increase risks of substance abuse, obesity and illnesses such as cancer and heart disease in later life. The total costs of violence to society are estimated at £29.9 billion per year.

2. Bellis, Hughes, Perkins, Barnett (2012) *Protecting People, Promoting Health – A Public Health Approach to Violence Prevention for England* <http://www.cph.org.uk/wp-content/uploads/2012/11/ProtectingPeoplePromotingHealthAPublicHealthApproachToViolencePreventionForEngland.pdf>

- 📄 Much like many infections, violence is contagious. For instance, exposure to violence, especially as a child, makes individuals more likely to be involved in violence in later life.
- 📄 Violence shows one of the strongest inequalities gradients with emergency hospital admission rates for violence being around five times higher in the most deprived communities than in the most affluent.
- 📄 Violence impacts on mental well-being and quality of life, prevents people using outdoor space and public transport and inhibits the development of community cohesion.
- 📄 Violence prevention is a critical element in tackling other public health issues.

There is an increasing body of research that demonstrates the experiences we have during infancy are fundamental to our life chances. Adverse Childhood Experiences (ACEs) (for example, emotional, physical and sexual abuse, neglect, witnessing domestic or partner violence) are associated with the development of a wide range of harmful behaviours including smoking, excess alcohol use, drug taking, risky sexual behaviour, violence and crime². Young people who have experienced 4 or more ACEs as children are 10 times more likely to be involved in violence by adulthood.

StreetDoctors has long advocated for viewing violence as a public health issue, an approach that is beginning to gain ground in the UK. As a growing movement of young health professionals StreetDoctors is in a strong position to make the case for it to be viewed as such, alongside other health professionals, youth organisations and community and political leaders.

For StreetDoctors a public health approach:

- 📄 Recognises that young people need to be at the heart of solutions and seeks to actively engage with them in designing, developing and delivering interventions.
- 📄 Sees education as vital – targeted work with young people who are at most risk of being affected by violence may be most effective in reducing violence overall. Giving young people information about the medical consequences of violence; essential lifesaving skills and the confidence to use them, can be both lifesaving and lifechanging.
- 📄 Acknowledges the longer term public health benefit to early and prompt intervention in order that violence does not become habitual and embedded behaviour for young people.
- 📄 Is trauma-informed; the reasons why young people get involved in violence are complex, and we need to understand that violence is often a response to trauma. As much as young people may be perpetrators of violence they may also be victims, are often both, and need to be treated holistically.
- 📄 Reframes violence as something which affects us all. The psychological and emotional impact on individuals, families and communities directly affected by violence are devastating but even if we are only on the peripheries of it, violence erodes community safety and neighbourly trust.
- 📄 Involves challenging the normalisation of violence.
- 📄 Working collaboratively with others – no single organisation can solve this issue on its own. Partnership at a local, regional and national level is vital in order to utilise a range of different interventions to stop the transmission of violence. To effect longer-term change collaboration is needed with grassroots community organisations working together with a range of actors across the public, third, health, social and political sectors.

² <https://www.cdc.gov/violenceprevention/acestudy/index.html>

7. 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?

See question 1

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

The StreetDoctors model is a key intervention in the range of 'Vaccinations against Vi5+olence'. These make up the 'solving youth violence jigsaw' in terms of effective preventative interventions. Our model teaches young people at highest risk of being affected and / or involved in youth on youth violence what to do if on the scene of a medical emergency. StreetDoctors' teaching is simple, clear, interactive and inclusive. Typically, two to three volunteer medical students or junior doctors teach two 60-90 minute sessions to 6-12 young people:

📄 **Session 1 – What to do when someone is bleeding** includes the immediate management of bleeding, how the body works, blood flow and major organs, how to call an ambulance, why it is important to call an ambulance and discussions around the medical consequences of violence and willingness to help.

📄 **Session 2 - What to do when someone is unconscious** includes the recovery position and compressions-only Cardiopulmonary Resuscitation (CPR). Young people rehearse scenarios - calling an ambulance, applying pressure to a wound, CPR and the recovery position - so that they are ready to act in an emergency.

Our methods work by:

📄 **Equipping young people with the practical skills to save lives when and where most needed.** When someone is stabbed or collapses it is vital they receive treatment quickly. The more blood lost, the lower the chance of survival. People tend to panic and fail to undertake basic tasks such as calling for help. We teach young people what to do: that they can save lives by calling an ambulance and delivering simple first aid immediately, before professional help arrives.

📄 **Changing attitudes and increasing confidence and aspirations to reduce likelihood of violence.** Young people are encouraged to think of themselves as responsible individuals who can make a positive difference in their community. They have the ability to use first aid skills if needed and can save lives. Training is delivered by medical students and junior doctors who treat young people as peers and are non-judgmental. Teaching is an opportunity to build positive relationships between high-risk young people and young medics in a mutually beneficial partnership.

The benefits of StreetDoctors Approach

StreetDoctors brings the following strengths:

📄 Our intervention is brief but potentially significant – we give young people the information and practical skills they need in order to be able to act when someone is bleeding or unconscious.

📄 We discuss the medical consequences of violence, supporting young people to recognise that there is no 'safe place to stab someone', a belief that is widely held amongst the young people we teach. We also talk through young people's willingness to act and their concerns about getting involved. We treat young people as trainee 'life-savers' with the potential to make a positive contribution to someone else's life.

- 📄 Our teaching is memorable, straightforward, fun, interactive and practical – we get young people on their feet practicing what to do.
- 📄 StreetDoctors volunteers are non-judgmental and friendly – we frame violence as a public health issue for young people.
- 📄 Our teaching is carried out by trainee medical professionals and targeted at those young people who are at an increased risk of violence.
- 📄 We are youth led – most of our volunteers are under 25 and are therefore young people themselves. (Research into desistance highlights the effectiveness of peer teaching and the importance of relevant role models).
- 📄 Our volunteer delivery model means that we are cost –effective and provide excellent value for money. Most of our funds go directly to supporting delivery.
- 📄 Finally and most importantly the passion, enthusiasm and dedication of our volunteers is to make a difference to the lives of young people at risk of violence.

Our impact

In 2018, StreetDoctors healthcare volunteers taught over 4000 young people in 16 cities across the UK - our highest ever annual reach. In post-session evaluations young people demonstrated that:

- 85% would be willing and able to act if first aid is needed
- 94% know what to do when someone is bleeding or unconscious
- 94% understand the consequences of violence

16. Are there any examples of intervention schemes that have successfully rehabilitated young people who have been cautioned, reprimanded or sentenced due to knife crime, back into the community, education and/or employment?

StreetDoctors have successfully delivered the StepWise programme in HMPYOI Wetherby.

StepWise is a peer education programme which enables young people at risk of violence to learn, share and teach emergency lifesaving skills. Young people are provided with first aid accreditation, career guidance and co-facilitate sessions alongside medical volunteers. Underpinned by StreetDoctors core ethos of reducing mortality and morbidity amongst young people, StepWise offers personal development through peer education, career development and first aid accreditation.

Feedback from staff at HMYOI Wetherby has highlighted that young offenders can often suffer from low confidence or poor literacy skills which may inhibit their ability or willingness to engage in learning activities. Many may also have had a negative experience of formal education which for some may have resulted in their permanent exclusion. One of the strengths of the teaching sessions delivered by the healthcare volunteers is that they adopt a kinaesthetic learning style in which learning takes place by the participants carrying out physical activities, rather than listening to a lecture or watching demonstrations. The interactive nature of the sessions forms a common thread across the Stepwise programme and has been valuable in helping to retain the interest and engagement of the young people.

External evaluation of the teaching at HMPYOI Wetherby shows that it had a significant impact across all intended outcomes including understanding the medical consequences of violence, a willingness to act in a medical emergency, a sense of achievement, confidence to deliver first aid training to peers and likelihood to carry or use a weapon.

“People might carry the knife. You only end up using it for something stupid. Now everyone is using a knife. They are messing about now everyone is carrying. Kids are carrying. That is what we need to make clear to young kids. That is not just you that is getting involved. What about the impact on the family? But also your own family. You are in prison and that kid is dead. It is all the families as well that get the impact. All due to one stupid mistake. There are horrible videos showing what kids like this can do to a whole family and I think what if that was my mother? Or imagine that was your father? Stabbing someone it does not end there. We all got a round to thinking twice about why we are carrying knives. I do not want to go back to the old system it was just brutal. And now I would just rather not put myself in that situation”

Young person serving a violence related sentence in HMPYOI Wetherby

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