

## Youth Violence Commission

### Briefing Note for 11 December Evidence Session on Themes of 1) Public Health Approach to Violence Reduction and 2) Mental Health Issues in Young People

The 11 December evidence session will cover two themes; 1) the public health approach to reducing violence and 2) mental health issues in young people (in so far as they relate to the remit of this Commission). The two issues are linked, hence the Commission's decision to consider them at the same session.

**Key areas for the Commission.** The Commission is particularly keen to hear from practitioners, experts and young people. The questions asked, will include:

What do we know about “what works” in terms of adopting a public health approach to violence reduction? Are the lessons learned transferable to different localities?

What are the main challenges to adopting a public health approach – are these more to do with people and perceptions, for example, or rather resources and logistics?

From your experience, to what extent might exposure to violence at a young age be a contributing factor in mental health issues?

And, conversely, to what extent might mental health issues contribute to youth violence?

What policy developments would you like to see as a result of the Government's recent Green Paper on Mental Health Services for Children and Young People?

How can schools play a greater role in the identification and/or prevention of ACEs and mental ill-health in children and young people and are teachers well placed to take on board this extra responsibility?

#### Public Health Approach to Violence Reduction

Most national and local public health approaches to violence are based on the framework advocated by the World Health Organisation (WHO) in its 2002 World Report on Violence and Health.<sup>1</sup> WHO's public health approach (PHA) positions violence as a disease, one which is enabled by society. The PHA sets out to tackle the societal causes and to prevent violence from happening in the first place, rather than focus on punishing bad behaviour, as

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<sup>1</sup> [World report on violence and health](#), World Health Organisation, 2002

is often the case in systems that predominantly use the criminal justice system. The PHA recognises that this approach will require collaboration and joint working between different organisations. To fully understand the causes behind violence, the WHO's report provides an 'ecological' model, comprising of four layers of analysis: the **individual**, the **individual's relationships**, an **individual's community** and **wider society**.

The literature shows that many organisations in several countries have adopted (or tried to adopt) a PHA approach to violence reduction and whilst each programme or initiative may have distinct and localised elements, many of them share common features, such as:

- an emphasis on changing social norms around violence
- collaboration across several organisations and agencies
- involvement of the wider community
- reduction of the accessibility of alcohol
- introduction of life skills training at primary level
- a zero-tolerance approach to offending alongside support for change

In the UK, the PHA has been lauded at regional and local level. In 2012 the Centre for Public Health in England (Liverpool John Moores University)<sup>2</sup> published a guide promoting a public health approach, which had the support of the NHS and Department of Health. In Wales, Public Health Wales, in partnership with the Commonwealth, published a policy toolkit for preventing violence<sup>3</sup> which drew on the WHO's definition of a PHA. In NI, the Department of Health, Social Services and Public Safety talked about prevention strategies with a public health approach in its 2016 publication on Domestic and Sexual Violence.<sup>4</sup> And in Scotland, the establishment of the Violence Reduction Unit (VRU) has been transformative.

A decade ago Glasgow was branded the murder capital of Europe. Strathclyde Police needed a new approach. In January 2005 the force established the Violence Reduction Unit (VRU). Influenced by the WHO's 2002 report, the VRU became the only police force in the world to adopt a public health approach to violence. The unit teamed up with agencies in the fields of health, education and social work. The aim was to create long-term attitudinal change in society rather than a quick fix. The VRU also focused on enforcement seeking to manage individuals who were involved in violent behaviour. In April 2006 the unit's remit was extended nationwide creating a Scottish centre of expertise on tackling violent crime in all its forms. The VRU consists of researchers, police officers, civilian staff and former offenders. More than a decade on from the formation of the VRU, whilst there is recognition of more work to do, recorded crime in Scotland is at a forty-year low. The VRU remain committed to its public health approach to violence and are the only police members of the WHO's Violence Prevention Alliance.

In Oct 2017 a team representing the Youth Violence Commission undertook a fact finding visit to the VRU and its projects. The findings of that visit will also inform this session.

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<sup>2</sup> [Protecting people, Promoting health: A public health approach to violence prevention for England](#), Centre for Public Health (Liverpool John Moores University) 2012

<sup>3</sup> [Preventing violence, promoting peace](#), Commonwealth and Public Health Wales, 2017

<sup>4</sup> [Stopping Domestic and Sexual Violence and Abuse in Northern Ireland: a seven year strategy](#), NI Department of Health, Social Services and Public Safety and Department of Justice, 2016

## Mental Health Issues and Young People

As a public health approach requires numerous agencies to work together, including mental health organisations and experts. The WHO 2002 report (above) mentions this explicitly and a 2012 Department of Health publication<sup>5</sup> on the public health approach to violence prevention also addresses mental health issues and highlights several organisations like the charity MACUK<sup>6</sup> who have worked with young people involved with, or affected by, violence.

Unfortunately, there is a lack of UK data on young people and mental health issues, so it is difficult to assess exactly how many people are affected but what is known includes;

- the data that does exist indicates that at least 1 in 10 young people experience mental ill-health of some type
- there is currently no statutory support provided in schools for young people with mental health issues
- in its October 2017 review of children and young people's mental health services, the Care Quality Commission (CQC) highlighted problems of variation in quality, lack of skills and training, poor collaboration between agencies and stated that “..too many children and young people have a poor experience of care and some are simply unable to access timely and appropriate support.”
- the Government has commissioned the CQC to carry out a major thematic review of children and adolescent mental health services, with input from Ofsted.
- less than 1% of the NHS budget is spent on children's mental health and according to NHS England, only one in three young people with diagnosable mental health problems will get the help they need.
- Theresa May has acknowledged the need for improvement in mental health services for children and young people and Jeremy Hunt has described Child and Adolescent Mental Health Services (CAMHS) as the weakest area of NHS provision.

A 2002 literature review of mental health needs of young offenders concluded that young offenders are at risk of having higher than usual rates of mental health issues and that **“How these young people are defined and treated by society is an important part of the equation, and social exclusion is an underlying theme, particularly for the 16-18 age group”**<sup>7</sup>

On 24 October 2017 the Government published its response to the Education and Health Select Committee's report of its inquiry on the role of education in children and

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<sup>5</sup> [Protecting people, Promoting health: A public health approach to violence prevention for England](#), Department of Health, 2012

<sup>6</sup> <http://www.mac-uk.org/about-us/>

<sup>7</sup> [https://www.mentalhealth.org.uk/sites/default/files/mental\\_health\\_needs\\_young\\_offenders.pdf](https://www.mentalhealth.org.uk/sites/default/files/mental_health_needs_young_offenders.pdf)  
Mental Health Foundation, May 2002

young people's mental health<sup>8</sup> and it is planning to publish, by the end of 2017, a Green Paper on Children and Young People's Mental Health. It is likely that the key themes of the Green Paper will include: a focus on prevention, recommendations for provision of support in clinical settings but also in schools and the wider community, calls for greater partnerships between schools and professional mental health services.

Of particular interest to this Commission is an understanding of the impact of Adverse Childhood Experiences (ACEs) on a young person's subsequent development, behaviours and long-term outcomes. Whilst most service provision should take into account an individual's early years' experiences, very little analysis exists on:

- the extent to which ACEs are systematically considered by all agencies involved with a young person experiencing difficulties of some kind,
- exactly how ACEs can impact on an individual's life chances
- the effectiveness of interventions based on ACEs.

Parliament's Science and Technology Committee is currently welcoming written submissions for its inquiry "Evidence-based early interventions" in which it will consider many of these issues. The deadline for submissions is 8 December 2017.<sup>9</sup>

## Appendix

[World report on violence and health](#), World Health Organisation, 2002

[Protecting people, Promoting health: A public health approach to violence prevention for England](#), Centre for Public Health (Liverpool John Moores University) 2012

[Stopping Domestic and Sexual Violence and Abuse in Northern Ireland: a seven year strategy](#). NI Department of Health, Social Services and Public Safety and Department of Justice, 2016

[Routine Enquiry into Adverse Childhood Experiences](#), Public Health England, Feb 2016

[Preventing violence, promoting peace](#), Commonwealth and Public Health Wales, 2017

[Early Intervention](#) Commons Library briefing paper, June 2017

[Children and Young People's Mental Health](#), Government Green Paper, December 2017

[Violence and Intentional Injuries: Criminal Justice and Public Health Perspectives on an Urgent National Problem](#), Mark H. Moore, Deborah Prothrow-Stith, Bernard Guyer and Howard Spivak, 1994

[D.J. Williams and P.D. Donnelly, Is violence a disease? Situating violence prevention in public health policy and practice](#), November 2014

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<sup>8</sup> <https://publications.parliament.uk/pa/cm201719/cmselect/cmeduc/451/451.pdf> October 2017

<sup>9</sup> [Science and Technology Inquiry into Early Years Interventions](#)



## **The Youth Violence Commission – Background**

Following a debate in Parliament, a Cross Party Commission was launched in 2017 to examine the root causes of youth violence in England, Scotland and Wales. The Commission is consulting young people and working with academics and practitioners to better understand how serious violence manifests itself in many young people's lives. The Commission has the support of MPs from across political parties, but it is not funded by Government, nor is it an All Party Parliamentary Group. It will produce a written report with policy recommendations to address serious, youth violence issues.

### **Commissioners**

- Vicky Foxcroft, Chair of the Commission, Labour Lewisham Deptford
- Chuka Umunna, Labour Streatham
- James Cleverly, Conservative, Braintree
- Mark Field, Conservative, Cities of London & Westminster
- Chris Stephens, SNP, Glasgow South West

### **Evidence Sessions**

The Commission will run several Evidence Sessions to gather views and insights of experts, practitioners and young people. The first three of these will be:

- 16 October 2017: Youth and Community
- 11 December 2017: Public Health and Mental Health
- 26 February 2018: Education, Employability and Pathways

Further sessions will take place in 2018, including on the following themes:

- Policing
- Media, music and brands

### **Safer Lives Survey**

The Safer Lives Survey will be conducted in January/February 2018 and will ask young people about the levels of violence that they are exposed to in their everyday lives. It will be the first national survey of young people's views on these important issues. It will provide an underlying evidence base for the Commission and will ensure that young people's views are central to its work. A second stage, to include an online version, is being considered for later in 2018.

### **Scotland – sharing good practice**

The Youth Violence Commission is in contact with the Violence Reduction Unit (VRU) in Glasgow. This has included a fact-finding visit in early October 2017. The VRU is a police and government unit which tackles violence by working with partners to achieve long-term societal and attitudinal change. The VRU's adoption of a public health approach to violence has had outstanding positive outcomes.