Serious Violence Duty

Strategic Needs Assessment

For Walsall

April 2023

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Introduction

Every year across the World millions of women, men and children suffer non-fatal forms of violence, including child maltreatment, youth violence, intimate partner violence, sexual violence, and abuse of older people, with many people suffering violence in multiple forms. The impact from violence contributes to life-long ill-health and ultimately early death (WHO, 2022).

The association between early exposure to violence and major causes of adulthood mortality has long been recognised. More recent evidence documents the biology of violence, demonstrating that traumatic stress experienced in response to violence may impair brain architecture, immune status, metabolic systems and inflammatory responses. Early experiences of violence may confer lasting damage at the basic level of nervous, endocrine, and immune systems, and can even influence genetic alterations of DNA (Hoeffler and Fearon 2014).

In addition to death, physical injury and disability, violence can lead to stress that impairs the development of the nervous system and immune system, leading to ill-health in later years. People who are exposed to violence are at increased risk of a wide range of immediate and life-long behavioural, physical and mental health problems, including being a victim and/or perpetrator of further violence. Violence can also undermine the social and economic development of whole communities and societies (WHO, 2022; Bellis 2012). The wider social, emotional and financial impact to families, friends and communities for people who have been affected by violence is enormous. Therefore, violence has a far wider reaching impact to society.

Violence is not an inherent part of the human condition. It can be predicted, it can be prevented but it is also complex. Risk and protective factors all inter-act. Data-driven and evidence-based approaches have produced intelligence and strategies that can prevent violence, and include interventions at individual, close relationships, community and societal levels (WHO, 2022).

When we look at the pyramid of violence, we can see the pathway from biased attitudes, into acts of bias, through to discrimination, bias motivated violence and ultimately genocide. Therefore, it is important that we consider and address each part of this pyramid to ultimately reduce violence.

There are many types of violence (Figure 1.1). Whilst one strategy, one organisation or one community may focus on one 'type' of violence, there are many inter-dependencies and substantial overlap.

It is acknowledged that people living in the most disadvantaged areas have the greatest impact from violence, especially victims, who are often subject to multiple types of violence. Therefore, inequality is a large factor in violence. It is critical that we focus on equality and equity to ensure that we reduce inequalities.

Preventing violence is wider than focusing on violence alone. It is about ensuring that there is good emotional wellbeing, resilient communities, engagement and cohesion. As well as good employment, good education and supportive and nurturing environments to flourish. There are many studies that provide evidence determining our risk and protective factors. Understanding these factors means we can develop and adopt new public health-based approaches to violence. Such approaches focus on stopping violence occurring in the first place by reducing known risk factors and promoting the known protective factors throughout the life course. It should be noted that these factors are correlated indicators and not causal factors.

Figure 1.1 Pyramid of violence

Source: McMahon & Banyard, 2012

The Serious Violence Duty (SVD) was introduced by government through the Police, Crime, Sentencing and Courts Act 2022, to commence on 31st January 2023. The duty places several requirements upon local areas and includes agreeing a local partnership arrangement to lead on the duty, agreeing a definition of serious violence, having consistent data sharing, analytical processes to produce a Strategic Needs Assessment, and production of a Strategy to set out how the duty will be implemented locally.

The responsible authorities, also known as 'duty holders', in the Serious Violence Duty are:
- The police
- Fire and rescue authorities
- Justice organisations (youth offending teams and probation services)
- Health bodies (Integrated Care Boards)
- Local authorities

Educational institutions, prisons and youth custodial institutions will be under a separate duty to co-operate with duty holders, but they are not duty holders.

The Duty does not specify a 'lead' organisation or person to coordinate activity or prescribe a structure within which specified authorities are expected to work, however, for Walsall, it has been agreed that the lead partnership will be the Safer Walsall Partnership (SWP). There are key requirements for the duty holder authorities to fulfil together:
- Undertake an evidence-based analysis of the causes of serious violence in their area (and have effective data sharing to enable this)
- Develop a strategic needs assessment based on the analysis
- Develop and implement a strategy with solutions to prevent and reduce serious violence in their area, which will need to be reviewed every year

Walsall's strategic needs assessment is important for all of us. By sharing information, we can identify our needs and assets for our communities and understand local trends. We can intervene appropriately, whether that is through a universal approach, targeted or components of both, to prevent violence and strengthen our assets. We have combined national, regional, and local intelligence, using both data and listening to the voices of our communities to develop this assessment.

Bringing intelligence on violence together into one place provides a multi-agency lens approach and a better understanding on the levels of violence across the borough. In doing so, strategic priorities and planning can be refreshed and refocused. This enables collaborative solutions to be found, which will align to the West Midlands Violence Reduction Partnership needs assessment and other assessments that have been undertaken in partnership (West Midlands Violence Reduction Partnership (westmidlands-vrp.org)).

To ensure compliance with the Serious Violence Duty, every local authority, police, fire and rescue, justice organisation and health bodies must submit their needs assessment to the Home Office. In Walsall specified authorities have come together to create a joint strategic needs assessment which will be submitted to the Home Office on behalf of Safer Walsall Partnership.

Governance

Safer Walsall Partnership has a well-established and robust governance with its own website: Home | Safer Walsall Partnership and is chaired by Walsall Police Commander Chief Superintendent. This Partnership oversees the planning and implementation of the Borough's community safety strategy and action plan, being based on Walsall's Strategic Assessment. The Walsall Violence and Harm Prevention, a sub-group of Safer Walsall Partnership, has accountability and responsibility for this Serious Violence Duty Strategic Needs Assessment. To ensure delivery of the Assessment a multi-agency delivery group was established and a data task and finish group. It is intended that this report will be submitted to the Home Office.

Aim and Objective

The aim of this strategic needs assessment is to provide an overview to our communities and partners about our knowledge and understanding of violence across Walsall and, the risk and protective factors linked with violence. This assessment will be used to refresh the Safer Walsall strategy and enable us to refresh and revise our action plan for violence prevention.

A public health approach to violence prevention underpins this assessment, considers what the data tells us, listens to the voice of local people and communities, assesses the published evidence and gathers good practice from other areas and within Walsall.

Our objectives are to:
- Understand what a public health approach to violence prevention means and how it can be applied in practice
- Improve our knowledge and understanding of violence across Walsall, considering the prevalence and incidence of the various types of violence by person, place and over time, and the impact of violence by those affected so that we can mitigate and support better
- Improve our knowledge and understanding of our community assets and where there are opportunities to enhance and strengthen these further
- Determine the gaps in our knowledge and understanding and make recommendations for future action.
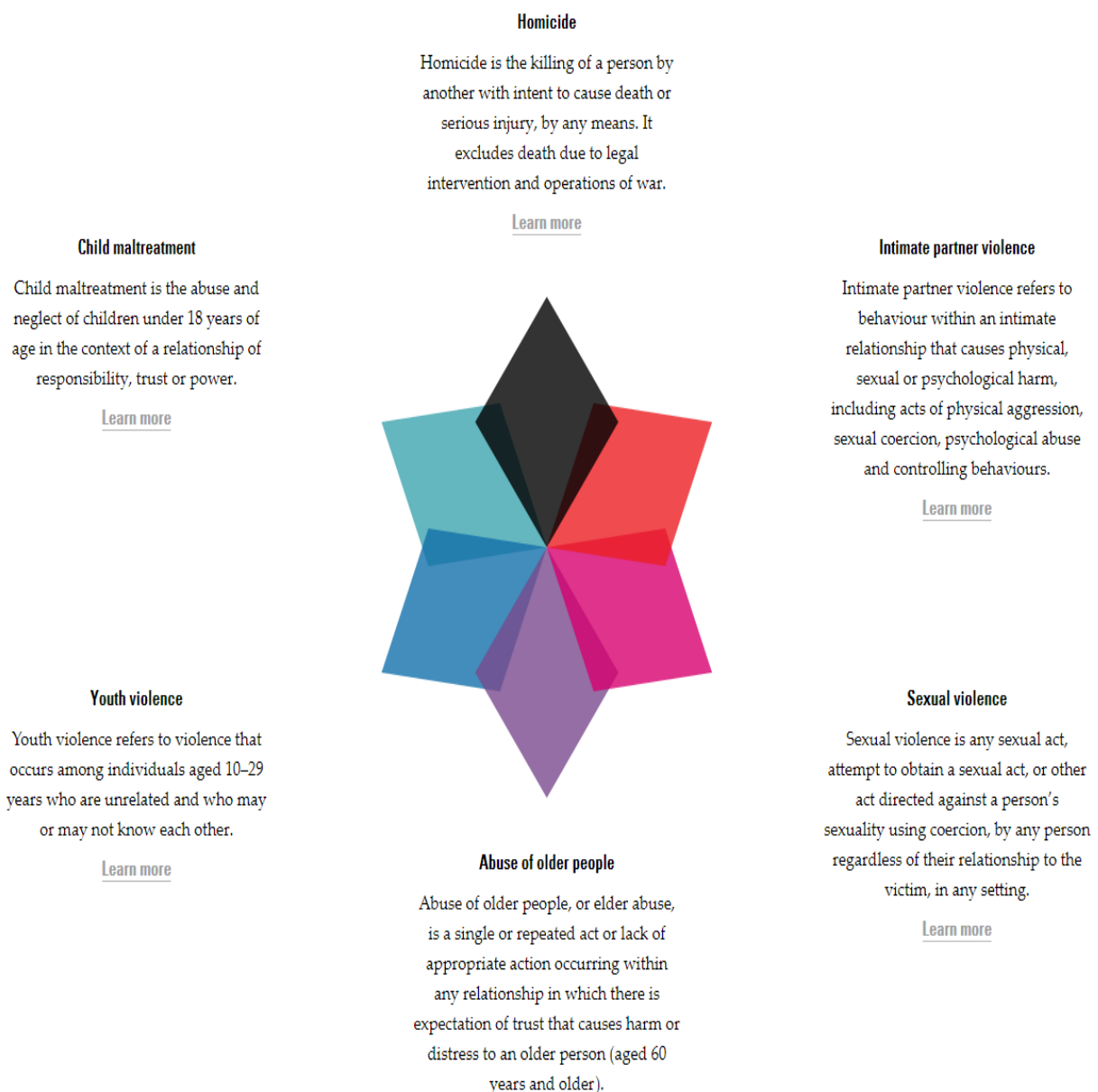
Definitions

Violence is defined by the World Health Organization (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."*

Figure 1.2 outlines the types of violence as defined by WHO. Violence appears to be defined by each category but are many inter-dependencies. As our intelligence builds, there is growing evidence that many perpetrators of violence were often victims of violence too. We know that relationships, both positive and negative, have significant impact on violence.

Figure 1.2 Type of Violence as defined by the World Health Organization (WHO)

Homicide

Homicide is the killing of a person by another with intent to cause death or serious injury, by any means. It excludes death due to legal intervention and operations of war.

Learn more

Child maltreatment

Child maltreatment is the abuse and neglect of children under 18 years of age in the context of a relationship of responsibility, trust or power.

Learn more

Intimate partner violence

Intimate partner violence refers to behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours.

Learn more

Youth violence

Youth violence refers to violence that occurs among individuals aged 10–29 years who are unrelated and who may or may not know each other.

Learn more

Sexual violence

Sexual violence is any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting.

Learn more

Abuse of older people

Abuse of older people, or elder abuse, is a single or repeated act or lack of appropriate action occurring within any relationship in which there is expectation of trust that causes harm or distress to an older person (aged 60 years and older).

Source: WHO Website, [Violence Info – A global knowledge platform for preventing violence (who.int)](who.int)

It is important to be aware of the different definitions of violence when reviewing the data and literature. For example, the Youth Endowment Fund survey of children and young people used the following definition of violence:

By violent crime, we mean the use of force or threat of force against another person or people, for example, punching someone, threatening someone with a weapon, or mugging someone. This also includes sexual assault, which is when somebody intentionally touches someone in a sexual way without their consent.   *YEF, 2022*

They also included the following types of violence: robbery, physical assault sexual assault, weapons offences. It should be noted that the Crime Survey for England and Wales (CSEW) does not include sexual violence in their violence crimes' definition.

The Government's Serious Violence Strategy (2018) defined serious violence as:

Specific types of crime such as homicide, knife crime and gun crime and areas of criminality where serious violence or its threat is inherent, such as gangs and county lines drug dealing. It also includes emerging crime threats faced in some areas of the country such as the use of corrosive substances as a weapon.

It was recognised that a broader definition of violence was required if a public health approach to tackling and preventing serious violence was to be implemented (PHE, 2019).

The Police, Crime, Sentencing and Courts Act 2022 (the PCSC Act) does not define serious violence for the purposed of The Duty 2022. The Serious Violence Duty, 2022 states that:

'Specified authorities will need to work together to identify the kinds of serious violence that occur in their areas as far as possible.'

The Duty 2022 goes on to state:

'In determining what amounts to serious violence in their local area, the specified authorities must take into account the following factors listed in Section 13 (6) of the PCSC Act:
> *a) the maximum penalty which could be imposed for any offence involved in the violence*
> *b) the impact of the violence on any victim*
> *c) the prevalence of the violence in the area*
> *d) the impact of the violence on the community in the area.*

It should be noted that terrorism is not included. Violence is not limited to physical violence against the person. Specified authorities should consider whether the types of violence included amounts to serious violence in their area, in accordance with the factors above. In The Duty violence includes: *Domestic abuse; Sexual abuse; Violence against property; Threats of violence.*

In considering serious violence, The Duty 2022 outlines that there should be a focus on:
- Public space youth violence including homicide (i.e., youth violence in public spaces)
- Violence against the person which may include both knife crime and gun crime, and areas of criminality where serious violence or its threat is inherent, such as in county lines drug dealing.

The Duty 2022 allows local flexibility when defining serious violence to include (but not limited to):
- Alcohol related violence
- Criminal exploitation
- Modern slavery
- Violence against women and girls, including domestic abuse
- Sexual offences
- Male and LGBTQ+ victims.

Safer Walsall Partnership values the opportunity to ensure a comprehensive definition is used that includes all forms of violence, which is important when considering the interplay between various types and from place-based and time-trend perspectives. Therefore, for the purposes of this strategic needs assessment, the WHO definition will be used, whilst taking into account the Serious Violence Duty Statutory Guidance (2022) as outlined above.

Scope and Approach

This needs assessment enables us to identify and quantify the extent of violence that takes place across Walsall as well as looking at potential causes and drivers of violence and our protective factors for violence. The assessment highlights those who are at most risk of violence, either as victims or perpetrators, uncover hotspot locations and help to improve understanding of trends. The findings in this needs assessment should be used as the evidence base to produce the local Serious Violence Duty Strategy, which will outline the approach that will be taken to addressing the issues highlighted within this report.

When developing needs assessments, it is important to understand national drivers and inter-dependent agendas. This ensures the focus and approach is right for Walsall and enables links to be made so that duplication is avoided and gaps are prevented.

Regional and Local Partnerships and Strategies

West Midlands Violence Reduction Partnership
Strategic Needs Assessment - West Midlands Violence Reduction Partnership (westmidlands-vrp.org)
Strategic Needs Assessment that seeks out current understanding of the data and evidence from a range of sources that reveals patterns, trends and hotspots in the extent and the risk of violence in West Midlands. The report includes a substantive section on criminal exploitation through the county lines drug distribution model. It introduces the Risk Index, which allows us to focus attention on the people and the neighbourhoods that are most at risk of violence.

Walsall 2040 Strategy
Walsall 2040 Strategy informs the long-term plan for Walsall Borough, its partners and all residents. Community safety features high in the priorities, which were fed back through public engagement as this is a priority for our local residents.

Safer Walsall Partnership
Safer Walsall Partnership has a strategy and multi-agency Board to ensure strategic vision and direction is set and priorities are implemented. There are seven priorities that have been agreed with partners, all of which have their own strategy, needs assessment, partnership group. This ensures that there are strong multi-agency plans in place to cover the breadth and depth of Safer Walsall Partnership's agenda and avoiding silos.

The seven priority groups that report to the Safer Walsall Partnership are:
1. Strategic Violence and Harm Prevention
2. Combating Alcohol and Drug Misuse
3. Youth Justice
4. Domestic Abuse
5. Offending and RE-offending
6. CONTEST
7. Strategic Commissioning

The Youth Justice Board has an agreed strategic plan for 2022-25. The Domestic Abuse Strategy and needs assessment (2021) are being refreshed and are due to be published 2023.

Walsall All Age Exploitation Strategy, 2021
This strategy was developed to prevent violence and exploitation, reduce the harm caused and improve health and wellbeing across Walsall Borough. As part of this strategy, the West Midlands Police received funding from the Home Office to establish a West Midlands Violence Reduction Partnership (VRP) in 2019. Through this strategy a number of interventions were commissioned through Safer Walsall Partnership

Children and Young People 2040 Strategy
The Children and Young People 2040 strategy is to be developed by the Walsall Children's Alliance, with a focus on two key priorities, (i) First 1001 days (Best Start in Life) and (ii) Exclusions.

Walsall has a Neglect Strategy and Early Help Strategy linked with the children's agenda, as well as an outcomes framework. The Outcomes Framework has a priority regarding crime prevention and tackling crime. Further, the local exploitation strategy highlights clear links with the violence agenda. There is also a Youth Justice plan and All Age Exploitation Strategy.

Housing and Homelessness Strategy
Walsall's Housing and Homelessness Strategy, 2023-2028 has recently been refreshed and is due to be considered by Cabinet in March 2023. The strategy has a number of key objectives including preventing homelessness, meeting the needs of young people, securing accommodation and supporting people who are homeless, and ending rough sleeping.

Drug and Alcohol Strategy
Walsall's Drug and Alcohol Strategy, 2023-2028 is being refreshed and is currently out for consultation. The key areas of strategic commitment relate to: prevention and early intervention, engaging underserved communities, improving pathways, treatment and recovery, crime and safety and, horizon scanning and innovation.

National Strategies and Duties

Serious Violence Duty 2022
Serious Violence Duty - GOV.UK (www.gov.uk)
To ensure that preventing and reducing serious violence is a priority for Community Safety Partnerships (CSPs).
National guidance, produced December 2022, sets out effective partnership working, advice on data sharing, information on monitoring and inspection and advice on working with the voluntary and community sector and young people.

Serious Violence Strategy 2018
Home Office – Serious Violence Strategy, April 2018 (publishing.service.gov.uk)
To break the deadly cycle of violence that devastates the lives of individuals, families and communities. Sets out how Government will respond to serious violence.
Consolidates the range of import work already being taken forward and renews government's ambitions to go further. Focus is not solely on law enforcement but also partnerships across a range of sectors including our communities.

Domestic Abuse Act 2021 Domestic Abuse Act 2021 - GOV.UK (www.gov.uk)
Prioritising prevention: Reduce the amount of domestic abuse, domestic homicide, and suicides linked to domestic abuse, by stopping people from becoming perpetrators and victims to begin with. Supporting victims: Help all victims and survivors who have escaped from domestic abuse feel that they can get back to life as normal, with support for their health, emotional, economic, and social needs.

Pursuing perpetrators: Reduce the amount of people who are repeat offenders and make sure that those who commit this crime feel the full force of the law.
A stronger system: Improve the systems and processes that underpin the response to domestic abuse across society. Included is the Tackling Domestic Abuse Plan, 2022.

Tackling violence against women and girls' strategy
Tackling violence against women and girls strategy - GOV.UK (www.gov.uk)
Increase support for victims and survivors, through ensuring they have access to quality support appropriate to their needs (as measured through increased funded support services).
Building on the increases we have seen in reporting to the police for some of these crimes, we want an increase in the number of perpetrators brought to justice.
The Government's long-term fundamental ambition must be nothing less than to reduce the prevalence of violence against women and girls. Cross-Government approach that complements wider work across Government to tackle other key priorities, including homicide, serious violence, and neighbourhood crime.

A collaborative approach was taken to ensure a broad and inclusive methodology was employed. There is also a range of quantitative (data that can be counted or measured in numerical values) and qualitative (descriptive data that is not expressed numerically) data. For qualitative data, there have been many learning exercises and look back exercises across Walsall that has explored the lived experiences, the pathways and the opportunities to understand both risk and protective factors, especially for our younger population. Information from national and local surveys have also been used to obtain wider understanding of people's perception as well as levels of violence, especially for those who do not report violence.

Data included in this needs assessment has been taken from several sources, as listed below (Table 1.1). Datasets are available at different levels depending on the data source, with some indicators at upper tier authority level and some at lower super output area level. If there are only West Midlands level data, and indeed at upper tier local authority level, then masking of inequalities can occur. There is often a time lag of data, especially from national sources but even local data. Due to this there are limitations to the data, for example not all fields of data are captured at source, changes in definitions or recording of data changes over time, some levels of data are too small to present due to confidentiality. Also, correlation does not mean causation.
It is important that the data we use is as complete, accurate and high quality as possible. There are audits that are undertaken to assess the quality of the data recorded and also inspections and assessments take place. However, the data are only as good as the source data. If there are missing information, it is not possible to analyse such intelligence.

Table 1.1 Sources of data used within the Serious Violence Duty Strategic Needs Assessment

Crime Survey for England and Wales	West Midlands Police
Police Recorded Crime	West Midlands NHS Integrated Care
Ambulance Data	Local Surveys
Office for Health Improvement and Disparities	Local Authority, Children's early help, education & attainment, children's social care, & Public Health
Office for National Statistics	Local Case Reviews
Census 2021	
National Surveys	
National Reviews	
Universities	

It should be acknowledged that different datasets use different definitions for violence. Therefore, not all figures and trends are comparable, and direct comparison is not possible. Appendix B sets out a glossary of abbreviations and glossary of definitions.

There is a national definition for domestic abuse. However, people are not arrested for 'domestic abuse' but rather the specific crime that they have carried out, i.e., physical abuse, sexual abuse, financial abuse. Therefore, on police records, the mention of 'domestic abuse offences' includes all crimes with a domestic flag added by police officers. As such, both violent and non-violent offences are captured. Domestic abuse flagged offences may occur both in public or in private, and offending can be driven by the same underlying causes as other types of violence and therefore has been included in all analysis.

For police recorded crime (PRC) the last four years of data have been used where possible. This includes the calendar years 2019, 2020, 2021, and 2022.

The impact of Covid-19 and the restrictions that were put in place to prevent the spread of the virus since March 2020, changed people's behaviours which had an impact on violence. It is too early to tell what the full impact Covid-19 has had on violence and whether any change, positively or negatively, is sustained. Therefore, care must be taken when interpreting trend data.

Chapter 2

Taking a Public Health Approach to Violence Prevention
And
Understanding Walsall's Population

Introduction

Violence is of public health importance, affecting many people's lives through death, injury and harmful effects on neurological, cardiovascular, immune and other biological systems. Victims and perpetrators of violence have higher prevalence of adverse childhood experiences. They often show high-risk behaviours such as unsafe sex, harmful alcohol and drug use and smoking, all of which contributes to lifelong ill health and premature mortality (WHO VRU 22-26).

Violence is a major cause of ill health and poor wellbeing and is strongly related to other socio-economic inequalities. The most deprived fifth of areas in England have hospital admission rates for violence five times higher than those of the most affluent fifth. Violence affects individuals and families through to communities and our wider society. The financial impact of violence cannot be under-estimated and has a significant impact on our health services, criminal justice system and wider economy (Bellis et al., 2012).

Due to the complexity of violence, the biggest opportunity to reduce and prevent violence is to have a whole-system approach that is led by our communities (LGA, 2018). It is necessary to first understand the situation, using local data and evidence, and then to address the risk factors and thereby prevent people from being involved in violence, and support those who are victims and those who witness violence. No one agency can resolve this issue alone and no one agency's data can provide enough intelligence (Bellis et al., 2012). There is a need to bring our intelligence together to enable clearer and more comprehensive understanding of the situation and for shared ownership of outcomes and solutions.

The Safer Walsall Partnership provides strategic leadership on violence prevention, working across agencies and communities to gather and consider evidence and to target intervention to reduce both prevalence and impact as well as ensuring universal provision. Together, we focus on preventing all types of violence and in all settings, recognising the inter-dependencies and the generational trauma. This includes childhood adversity, youth violence, intimate partner violence, rape or sexual assault by strangers, abuse of older people as well as violence in institutional settings such as schools, work places and prisons. There is a strong emphasis on preventing youth violence and violence against children.

The World Health Organization (2017a) defines a public health approach to reducing violence as:
'Seeks to improve the health and safety of all individuals by addressing underlying risk factors that increase the likelihood that an individual will become a victim or a perpetrator of violence.
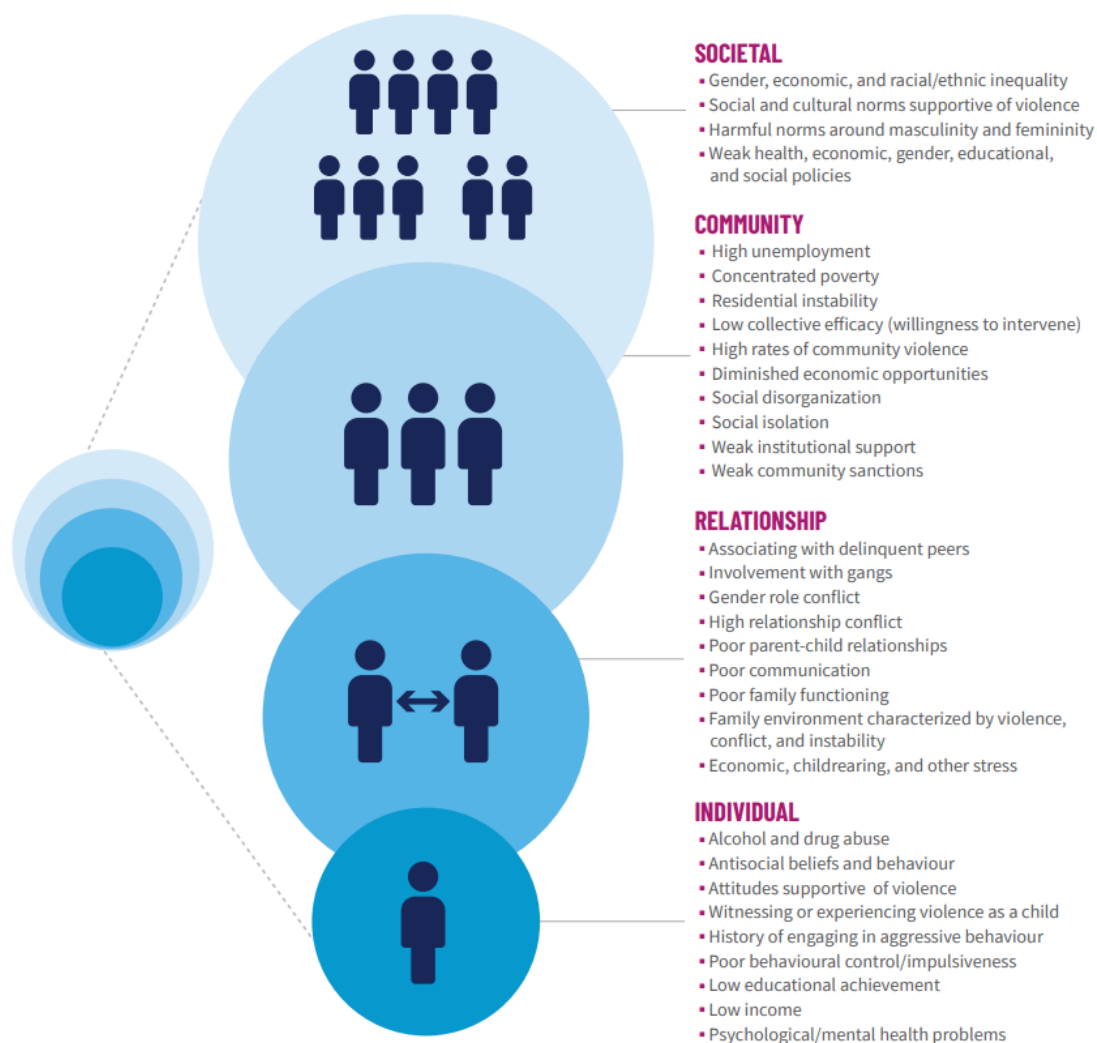
By definition, public health aims to provide the maximum benefit for the largest number of people. Programmes for primary prevention of violence based on the public health approach are designed to expose a broad segment of a population to prevention measures and to reduce and prevent violence at a population-level'.

The WHO suggests an analytical framework, separating the different types of violence, the nature of the problem and the action required to deal with it but also identifies and emphasised the common features and linkages between the different types of violence which leads to a holistic approach to violence prevention (PHE, 2018). The WHO's violence prevention work, which Safer Walsall Partnership has adopted, is based on the following approaches and principles (WHO VRU 22-26): Social Ecological Model; Public Health Approach; Evidence-based practice; Human rights; Life course approach; Multisectoral approach. Here, we look at each component separately.

1. Social Ecological Model

Preventing violence requires a population approach, which looks at the needs and assets of the whole population. This enables us to get a better understanding as why some population groups are at greater risk of violence than others and how we can mitigate against it. It is important to look across the social ecology model, which has four levels (Figure 2.1; WHO VRU 22-26).

Figure 2.1 Social ecological model for understanding and preventing violence

SOCIETAL
- Gender, economic, and racial/ethnic inequality
- Social and cultural norms supportive of violence
- Harmful norms around masculinity and femininity
- Weak health, economic, gender, educational, and social policies

COMMUNITY
- High unemployment
- Concentrated poverty
- Residential instability
- Low collective efficacy (willingness to intervene)
- High rates of community violence
- Diminished economic opportunities
- Social disorganization
- Social isolation
- Weak institutional support
- Weak community sanctions

RELATIONSHIP
- Associating with delinquent peers
- Involvement with gangs
- Gender role conflict
- High relationship conflict
- Poor parent-child relationships
- Poor communication
- Poor family functioning
- Family environment characterized by violence, conflict, and instability
- Economic, childrearing, and other stress

INDIVIDUAL
- Alcohol and drug abuse
- Antisocial beliefs and behaviour
- Attitudes supportive of violence
- Witnessing or experiencing violence as a child
- History of engaging in aggressive behaviour
- Poor behavioural control/impulsiveness
- Low educational achievement
- Low income
- Psychological/mental health problems

Source: World Health Organization Violence Prevention Unit: Approach, objective and activities

2. Public Health Approach

Public Health is defined by the Faculty of Public Health (2016) as:

> *'The science and art of promoting and protecting health and wellbeing, preventing ill-health and prolonging life through the organised efforts of society'.*

What is important from this description is the systematic changes and whole system approach to improving outcomes by taking a public health approach. Therefore, public health aims to provide the maximum benefit for the largest number of people, what is often referred to as a 'population approach'. By considering populations rather than just individuals, the focus shifts to prevent health problems at scale, extend better care into a wider population reach and improve safety to greater number of people.

By changing policy and strategy as well as implementing interventions at a universal through to targeted approach, it is possible to gain a greater reach. All of which is based on evidence, data, and intelligence. Having a public health approach offers practitioners, policymakers and researchers a stepwise guide that can be applied to planning programmes, policies and investigation (WHO VRU 22-26).

The public health is based on evidence that violent behaviours and its consequences can be prevented. There are four-steps (Figure 2.2) that provides a framework to organise prevention at all levels of the social ecology model, from community, through entire societies, to regional and global levels (WHO VRU 22-26)

Figure 2.2 Steps of the public health approach
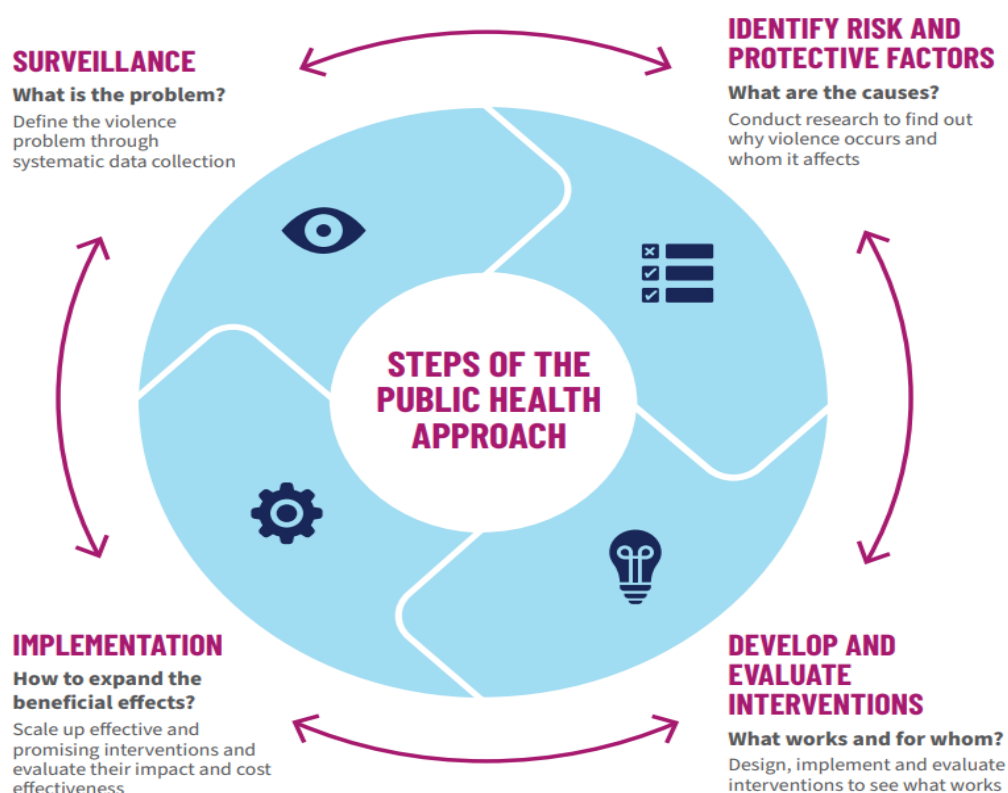
Source: WHO Violence Prevention Unit: Approach, objectives and activities, 2022-2026

When we consider the public health approach, we come from the premise that prevention is better than cure and that there are three stages of opportunities to prevent violence:

i. *Primary*
   Prevent violence before it starts. This should reduce people's tendency for violence. Primary prevention of conditions for violence should be our main objective.

ii. *Secondary*
   Provide support early, when violence is happening and we work together to mitigate further escalation and to stop it becoming established, often called Early Intervention. This involves early warning and intervention, de-escalation and conflict handling, alongside effective planning. This should lower the chances of those involved in violence being involved again.

iii. *Tertiary*
Looking to find ways to help people move away from a life of violence and includes criminal justice and enforcement and holding people account for their actions. It involves response, treatment and rehabilitation as well as reconstruction and resolution. It is also to ensure that those affected by violence get the support that they need.

In addition to the levels of violence prevention as described here, there are also types of interventions to address violence:

Universal, which is aimed at the general population

Targeted selected, which is targeted at those more at risk from the impact of violence

Targeted indicated, which is targeted at those who use violence (LGA, 2018).

By considering the three stages of prevention and the types of interventions, we can work together to develop a range of policies and interventions across the life course and across our communities (Bellis, 2012).

3. Evidence-based Practice

Good scientific evidence is essential to a public health approach to violence prevention. Using data to understand violence better, taking an evidence-based approach to ensure that interventions and response strategies to prevent violence, are based on scientific evidence and are likely to work, which also take cultural considerations into account (WHO VRU 22-26).

Through this needs assessment we aim to critique the evidence, analyse the data and understand our community models. This ensures that the Safer Walsall Partnership serious violence strategic needs assessment is grounded in data and evidence.

4. Human Rights

Violence prevention and response strategies and interventions must be compliant with relevant conventions, including the convention on the Rights of the Child and the Convention of the Elimination of Discrimination against Women and other international and regional human rights instruments (WHO VRU 22-26).

New learning from brain science, psychology and public mental health fields needs to be applied in developing violence prevention strategies, humanitarian aid and conflict resolution. Discussion of power differences is important and can be part of recognising our common human and civil rights.

5. Life course approach

Policies, plans and interventions for preventing and responding to violence need to take account of health and social needs at all stages of the life course, including pregnancy, infancy, childhood, adolescence, adulthood and older age (WHO VRU 22-26).

It is important that we understand how violence impacts on each stage of the life course, i.e., domestic violence starts or gets worse during pregnancy through to the long-term impact of adverse childhood experiences and the inter-generational relationships. This is so that we can prioritise the best evidence to break the cycles of violence and deprivation. As we start to understand more and more about our brain's development, and the impact that childhood adversity and trauma has, together with understanding the long-term health and social poor outcomes, we can start to develop even more joint solutions.

6. Multisectoral approach

A comprehensive and coordinated response for preventing and responding to violence requires partnership and collective action with multiple public sector partners, i.e., health, education, employment, justice, housing, social development and other sectors, as well as civil society organisations, faith-based organisations, academia and the private sector, as appropriate to the country situation (WHO VRU 22-26). Partnerships with our communities and other organisations is essential so that we develop and implement a whole-system, whole-community response.

It is important that through partnership working we take an asset-based approach, recognising all the strengths and resources – natural, human, educational, economic and environmental – available to a community to improve its security and health. Safer Walsall Partnership has a strong and well-established communities-led ethos and drive and is well connected across the communities of Walsall.

Understanding Walsall's Population

Walsall was originally a small market town which has grown into an industrial town, renowned for saddle-making and leatherworks. Walsall is a metropolitan borough consisting of a mix of urban, suburban and semi-rural communities. Covering 40 square miles, it is located to the north-west of Birmingham, and is one of the four local authorities that make up the Black Country sub-region, alongside Dudley, Sandwell, and Wolverhampton. Walsall town centre lies at the heart of the borough surrounded by Aldridge, Bloxwich, Brownhills, Darlaston and Willenhall district centres.

Green spaces are very important to residents, who want to see better maintenance to preserve such spaces. In the 'We Are Walsall' survey (2022) all residents stated that they enjoyed using green spaces and many cited it as the top activity to do in Walsall. Respondents stated that they wanted to see better care taken of benches, play areas and skate parks where vandalism and graffiti is prevalent. They put their message across in relation to improving green spaces as a long-time ambition, with wanting to improve facilities within parks so that sustainability is achieved over the next 18 years at least (We Are Walsall Survey, 2022).

Residents in Walsall want to see their town centre become 'a hub of activity' and re-energised. They want the role of town centres to be more of a central hub of activity for restaurants, bars, clubs, cinemas and other activities like mini golf, bowling and paintballing rather than the more traditional shopping centres that they had become. Such drive and vision helps create a positive and inclusive place to live and visit. Young people also wanted to see 'more exciting' places to visit in the town centre (We Are Walsall Survey, 2022). Young people said that they tended to find things to do outside of the borough, often visiting Birmingham.

Walsall Metropolitan Borough Council is made up of 20 wards (Table 2.1) and see Profiles - Walsall Insight (walsallintelligence.org.uk) for more detail. With full voting rights, Walsall Metropolitan Borough Council is part of the West Midlands Combined Authority, which was established in 2016.

Walsall's education system is made up of 8 nursery schools, 85 primary schools, 19 secondary schools, 7 special schools, 3 pupil referral units, 7 independent schools, 23 sixth forms and one further education college (Walsall College).

Walsall has 81 state-funded (also referred to as 'maintained') schools. These are 8 nursery schools, 63 primary schools, 2 secondary schools, 6 special schools and 2 pupil referral units. There are 40 academy schools, which includes 22 primary schools, 17 secondary schools and 1 special school. One school is a pupil referral unit. Overall, 17 of these schools have received an 'inadequate' or 'requires improvement' Ofsted report to date, 83 have received a 'good' Ofsted report and 21 have an 'outstanding' Ofsted report.

Table 2.1 Wards within Walsall

1	Aldridge Central and South	11	Palfrey
2	Aldridge North and Walsall Wood	12	Pelsall
3	Bentley and Darlaston North	13	Pheasey Park Farm
4	Birchills Leamore	14	Pleck
5	Blakenall	15	Rushall-Shelfield
6	Bloxwich East	16	Short Heath
7	Bloxwich West	17	St Matthew's
8	Brownhills	18	Streetly
9	Darlaston South	19	Willenhall North
10	Paddock	20	Willenhall South

With close links to local universities, Walsall College's higher education university level courses have been developed with a range of employers, giving access to local facilities and tuition from industry professionals.

In relation to the NHS, the integrated care system (ICS) for the Black Country includes the following trusts and specialised services:
- Black Country Healthcare NHS Foundation Trust
- Dudley Integrated Healthcare NHS Trust
- Sandwell and West Birmingham Hospitals NHS Trust
- The Dudley Group NHS Foundation Trust
- The Royal Wolverhampton NHS Trust
- Walsall Healthcare NHS Trust
- West Midlands Ambulance Service NHS Foundation Trust

West Midlands Police is the second largest police force in the country, covering an area of 348 square miles and serving a population of almost 2.8 million. The region sits at the very heart of the country and covers the three major centres of Birmingham, Coventry and Wolverhampton as well as other authorities including Walsall. Her Majesty's Prison service (HMP) covering the West Midlands area is shown in Figure 2.3.

West Midlands Fire and Rescue Service (WM FRS) is the second largest in the country, serving the same area as West Midlands Police and covers seven local authority areas of: Birmingham, Coventry, Dudley, Sandwell, Solihull, Walsall and Wolverhampton. WM FRS covers just over 1.1 million homes and 101,000 non-domestic properties. The highly trained staff aim to deliver the best fire, rescue and risk reduction services putting their communities at heart. The WM FRS has produced 'Our Plan' which shapes how services are delivered and how resources are located and used to reduce risk and vulnerability.

Figure 2.3 West Midlands Probation Unit map.

Source: West Midlands Probation Service

West Midlands Combined Authority, including Walsall, recognises the importance of the night-time economy (NTE) for the prosperity of the region. The NTE covers a wide range of activities in both town and city centres, taking place between the hours of 18:00 and 06:00. The NTE includes retail, culture and leisure, transport, accommodation, as well as activities that support these sectors such as security and supply chains. In addition, there are a number of sectors operating on a 24-hour basis such as health and social care, logistics and manufacturing, therefore forming part of the wider NTE. Walsall's Town Centre Masterplan aims to offer recommendations on measures the council and its partners could take to enhance the night time and evening experience. There are currently 45,164 employees in the night-time industries in Walsall (ONS IDBR).

Demographics

A short summary of Walsall's population is presented here, outlining its demographics (i.e., gender, age, ethnicity) and deprivation levels alongside the prevalence of violence. More information about Walsall can be found in its Joint Strategic Needs Assessment (JSNA): JSNA - Walsall Insight (walsallintelligence.org.uk).

According to the Office for National Statistics (ONS) mid-year estimates (2020), Walsall has a population of 286,716, which is expected to increase by 5.9% over ten years. Figure 2.4 shows the population pyramid for Walsall.

Whilst the population that is expected to see the greatest growth over the years is the older population, Walsall has a very young population. There has been a 6% decrease in births in Walsall between 2011 and 2021 (3,746 to 3,529). The number of reception pupils in Walsall schools has increased by 2.46% (from 3,579 to 3,667) between 2013 and 2023.

Figure 2.4 Mid-year estimates, population distribution by gender and age, 2020

Source: ONS mid-year estimates, 2020

Table 2.2 shows the age distribution across Walsall compared with West Midlands, and national figures. Compared with England and Wales, Walsall has:
- Higher proportion of younger people, under 18 years
- Similar proportion of working age, 18-54 years
- Lower proportion of older people, 65 years and above

Table 2.2 Age distribution for Walsall, West Midlands, England and Wales

		Under 10	10-17	18-24	25-34	35-44	45-54	55-64	65+
Walsall	Numbers	37,615	30,659	22,596	37,325	36,501	36,392	33,569	49,649
	%	13.1	10.7	7.9	13.0	12.7	12.7	11.7	17.3
West Midlands	Numbers	378,588	314,642	283,984	403,162	386,704	368,531	323,938	456,583
	%	13.0	10.8	9.7	13.8	13.3	12.6	11.1	15.7
England and Wales	Numbers	6,727,484	5,650,632	4,941,826	8,026,939	7,761,139	7,875,411	7,524,453	11,133,945
	%	11.3	9.5	8.3	13.5	13.0	13.2	12.6	18.7

Source: Census 2021

Understanding age and gender profile is important from a violence prevention perspective. This is because most victims and perpetrators (sometimes referred to as offenders or suspects) of recorded violence are younger people. The Crime Survey for England and Wales showed that younger people aged 18 to 24 years (3%) and 25 to 34 years (2.9%) were more likely to be victims of violent crime than older people aged 64-74 years (0.6%) and 75 years and over (0.2%). A similar pattern for age was observed in data from the Home Office Data Hub. Younger adults were also

more likely to be victims of violent crimes recorded by the police in the year ending March 2022. Young people are most at risk of experiencing violence, and most likely to experience multiple forms of interpersonal violence (Violence Prevention Wales, 2022). From a gender perspective, men are more likely to be victims of violent crime than women (2.2% of men compared with 1.6% of women). Although this measure is expected to underestimate the number of female victims (CESW, 2022). Women are five times more likely to be victims of sexual violence and abuse compared with men.

Walsall is a culturally diverse borough and our minority ethnic groups have seen substantial increases over time: from 23.1% of the borough's population in 2011 to 32.6% in 2021. People of Indian, Pakistani and Bangladeshi background form the largest minority ethnic groups and there is now a small Eastern European population who make up about 1.6% of our residents. White British still comprise the largest ethnic group at approximately 67.4% of the borough's population (Figure 2.5). A quarter (25.8%) of primary school pupils have English as an additional language (EAL; January School Census 2023). For more information on Walsall's ethnic profile visit: Diversity - Walsall Insight (walsallintelligence.org.uk).

Figure 2.5 Top 15 largest Minority Ethnic Population Groups, Walsall, 2021
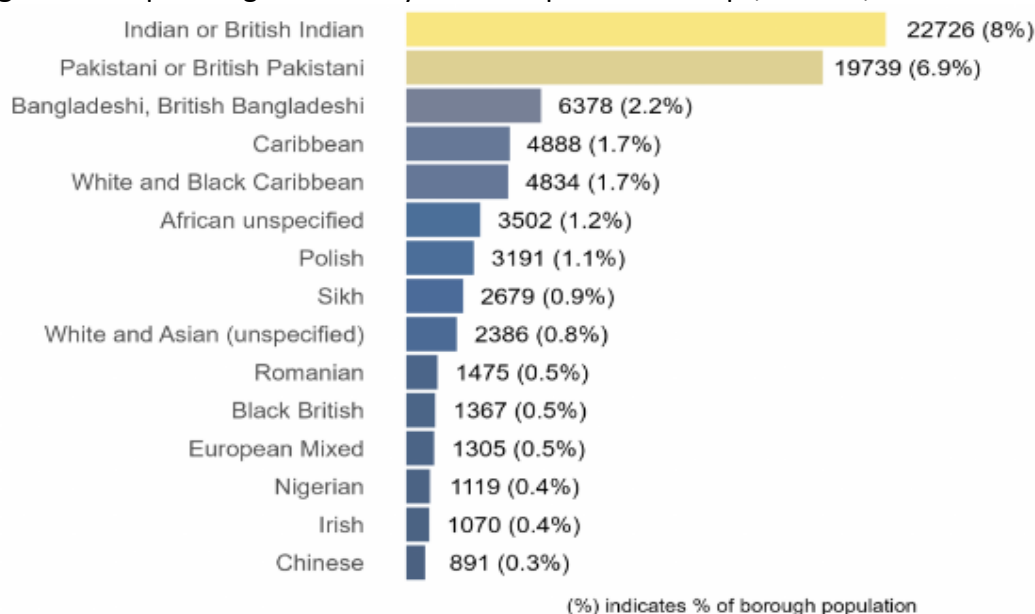
Source: Census, 2021

Evidence indicates that ethnicity itself is not a risk factor for violence. There is very little, if any, relationship between ethnic category and involvement in violent crime, drug use, gang involvement, property offences and antisocial behaviour (Stott et al, 2021). Evidence shows that there is no statistical difference between different ethnicities with respect to prevalence of serious youth violence.

National evidence shows that there is over-representation of Black and Asian Minority Ethnic groups for arrest, prosecution and conviction statistics (Stott et al., 2021). A national survey shows over-representation of Black children being a victim or witnessing violence (YEF, 2022).

There are large faith communities across Walsall, including those of no religion. Faith communities change by age, reflecting Walsall's diverse and vibrant community Figure 2.6). People who are aged 80 years and above are most likely to be Christian (over 80%) with less than 10% being of no or other religion. In contrast, about a third of young people identify as Christian, a third as no religion and nearly a fifth as Muslim.

Figure 2.6 Religious composition by 10 year age groups in Walsall.
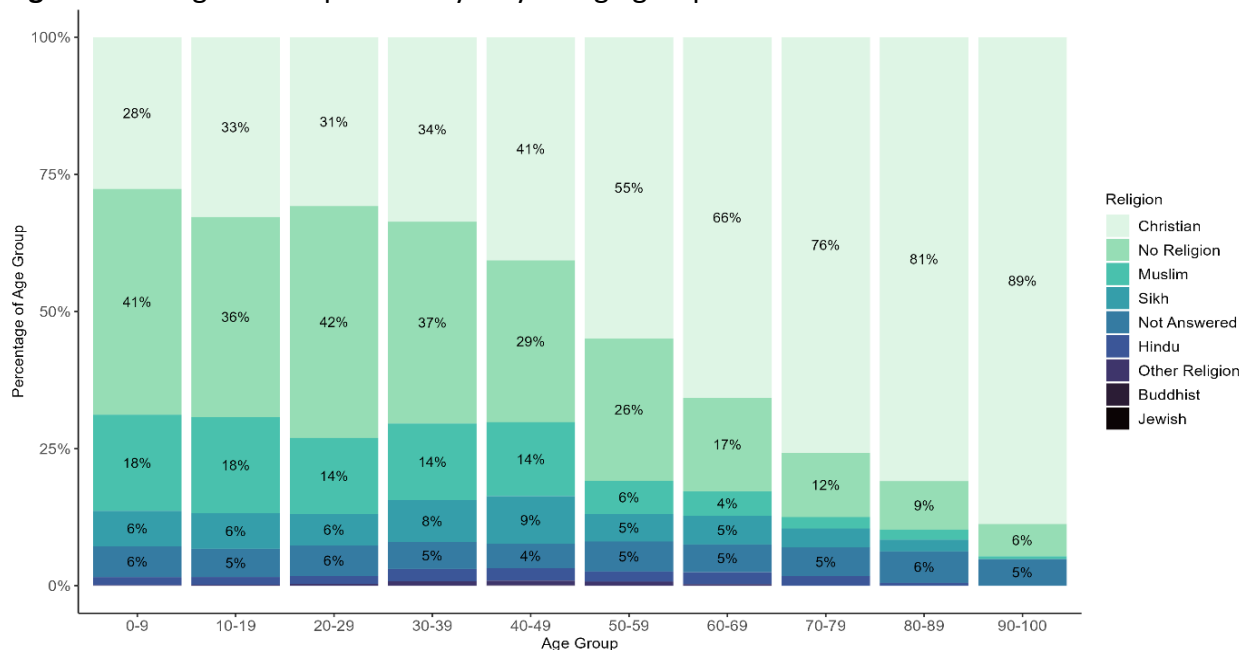
Source: Census, 2021

Deprivation

Life expectancy is lower for both males (77.8 years) and females (82 years) living in Walsall compared to England (79.8 year and 83.4 years respectively). There are wide variations across the borough, with males living 8.4 years longer in the most affluent area (82.9 years) compared with the most disadvantaged (74.5 years). A similar but larger pattern is observed for females with a 10.7-year gap between the most advantage and disadvantaged areas. For more information about life expectancy visit: JSNA - Walsall Insight (walsallintelligence.org.uk)

In Walsall, 44 of the 167 (26.3%) lower super output areas (LSOAs) are amongst the most deprived 10% in England. In contrast, only 6 (3.6%) LSOAs are in the area is in the least deprived area (Figure 2.7). Walsall is the 25th most deprived English local authority out of 317 and has very high levels of deprivation. There are areas of extreme deprivation, with central and western areas typically much more deprived than eastern areas, although pockets of deprivation exist even in the more affluent parts of the borough.

Living in poverty has serious negative impacts on our health, social, emotional and mental development, behaviour and educational outcomes. Children who are born into poverty are more likely to experience a wide range of health and social problems including poor nutrition, chronic disease, toxic stress, developmental delay and mental health problems (Office of Disease Prevention and Health Promotion, 2022). People who experience poverty in their childhood are more likely to experience poverty in adulthood, which contributes to the generational cycle of poverty.

Figure 2.7 Deprivation levels across Walsall, by decile
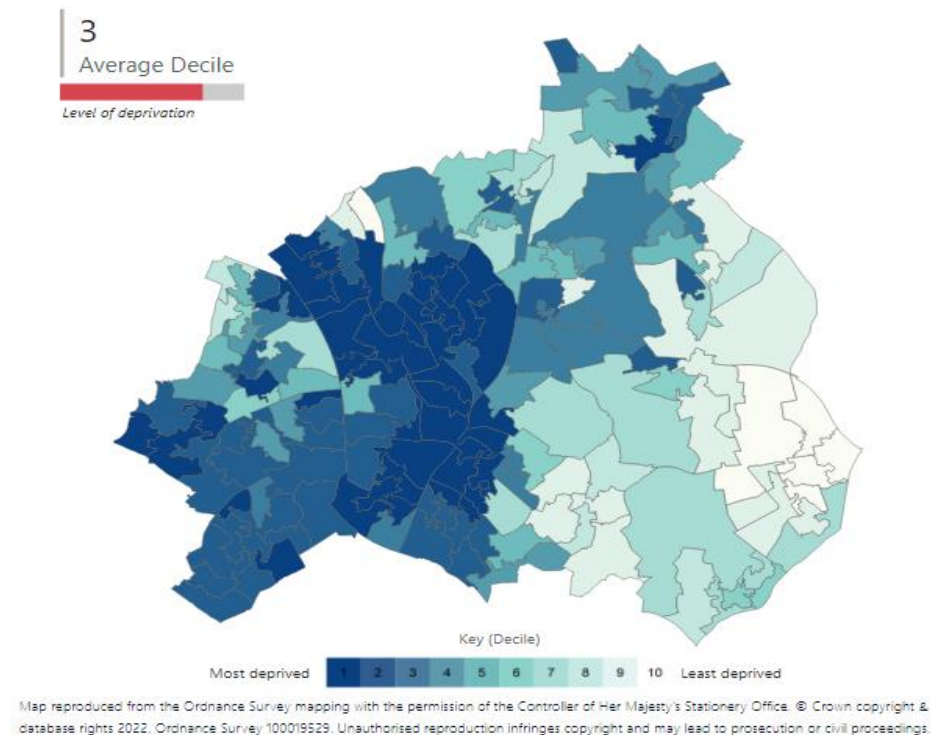
Source: Ministry of Housing, Communities and Local Government, 2019

One in three (29.9%) of children aged under 16 years in Walsall are living in low-income families, which is much higher than the national average of 20.1%. A higher proportion of primary school pupils were entitled to free school meals in Walsall (20.8%) compared to the national average of 14.5%. More detail about deprivation in Walsall can be found here: Deprivation - Walsall Insight (walsallintelligence.org.uk)

Deprivation levels are important to understand and contextualise from a violence prevention perspective. We know from the evidence that violence prevalence is higher in more disadvantaged areas. We also know that those who live in the most disadvantaged areas suffer the greatest from the impact of violence. Therefore, it is expected that in areas such as Walsall the prevalence of violence and its impact will be higher compared with other areas.

The Crime Survey for England and Wales (CESW, 2022) showed that those living in the most deprived areas of England were more likely to be victims of violence with injury than those living in the least deprived areas (1.2%, compared with 0.5%); they were also more likely to be victims of stranger violence (2.2%, compared with 0.2%).

Violence

Violence affects the lives of millions, with long-lasting consequences. Nationally, crime has fallen rapidly over the last 20 years, although there have been recent increases in homicides, gun crime and knife crime across England and Wales.

Fortunately, homicides, knife and gun crime remain low in numbers compared with other types of crime and violence, accounting for about 1% of all recorded crime. However, whilst such violence is perpetrated by a minority, those individuals do considerable harm (PHE, 2019). The impact of serious violent crime on society is significant. There are huge costs to individuals, families and communities through loss of life, the trauma caused through both physical and psychological injuries suffered as well as the psychological costs and the fear of violence.

Since its peak in the mid-1990s, violent crime has seen substantial reductions as recorded by the Crime Survey for England and Wales (CSEW; Figure 2.8). Compared with pre-coronavirus pandemic (March 2020) to current data (March 2022), the total crime for persons aged 16 years and over has reduced by 10% to 9.1 million offences. Overall theft decreased by 20% during this time-period, and fraud has returned to pre-coronavirus pandemic levels. Other crimes have seen an upward trend, since the removal of social restrictions, though they remain below pre-coronavirus pandemic levels (ONS, 2022). It is currently too early to say whether decreases in most crime types occurring during the pandemic will come to represent a sustained change in the long-term trends (ONS, 2022).

Figure 2.8 Crime estimates from the Crime Survey for England and Wales ending December 1981 to September 2022. *England and Wales, annual estimates*
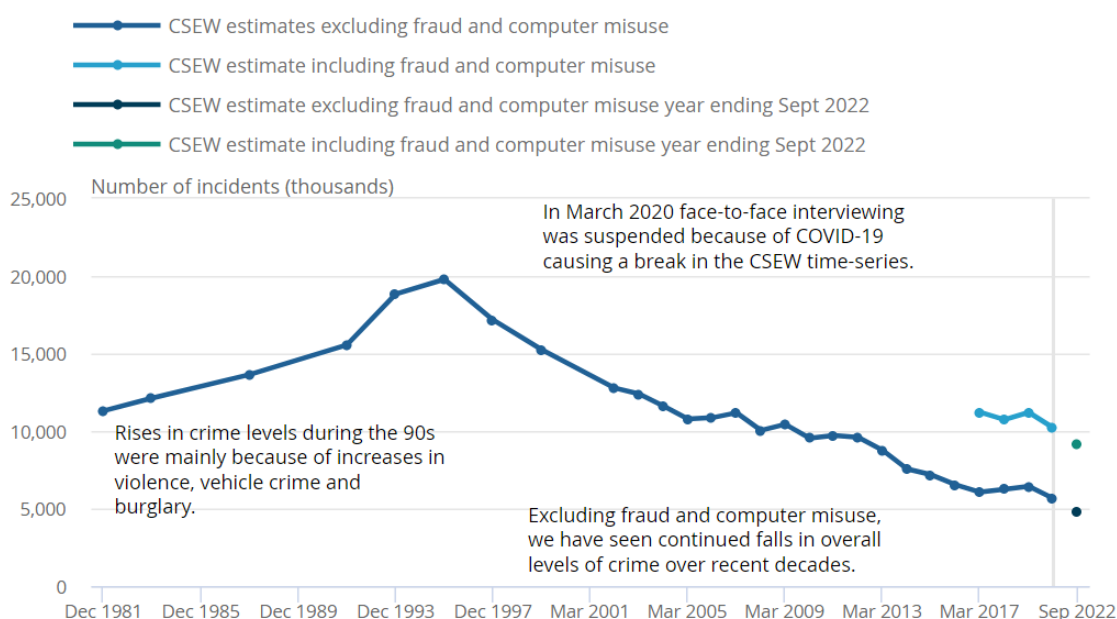
Source: Crime in England and Wales - Office for National Statistics (ons.gov.uk)

Police recorded crime[12] in England and Wales exceeded pre-pandemic levels. There were 6.6 million crimes recorded by the police, which is 10% higher than before the pandemic. During national and local restrictions, police-recorded crime fell to 5.8 million offences.

It should be noted that police recorded crime (PRC) and CSEW are different records, producing different numbers. The PRC provides a better measure than CSEW for higher harm but less common types of crime and violence, whereas the CSEW is a good measure for trends over time and includes unreported crimes.

Over time, the numbers for first time offenders are reducing nationally and across Walsall (Figure 2.9). Walsall has lower rates compared with England and lower than West Midlands, although the difference is not significant.

Figure 2.9 First time offenders (10 years and above) per 100,000

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper CI
England	↓	82,791	166		165	167
West Midlands region	↓	7,752	148		145	151
Stoke-on-Trent	↓	538	242		222	263
Sandwell	↓	529	188		172	204
Wolverhampton	↓	416	183		165	201
Telford and Wrekin	↓	276	175		155	196
Coventry	↓	558	168		154	182
Herefordshire	↓	286	164		146	184
Birmingham	↓	1,563	160		152	168
Walsall	↓	387	157		141	173
Warwickshire	↓	693	134		124	144
Worcestershire	↓	682	128		119	138
Dudley	↓	356	125		113	139
Staffordshire	↓	944	119		112	127
Shropshire	↓	336	114		102	127
Solihull	↓	188	98		85	113

Source: Office for Health Improvement and Disparities

Source: Your indicator lists - OHID (phe.org.uk)

Nationally, police recorded violence against the person increased to 2.1 million offences by September 2022. This is a 21% increase compared with pre-pandemic levels (1.8millon offences in March 2020). Violence with injury was 7% higher (580,542 offences) than levels recorded pre-pandemic (540,503, March 2020) ONS, 2022).

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[1] Police recorded crime includes crimes against people, households and businesses in both residential and non-residential settings, such as non-domestic burglary, societal crimes such as drug taking, and crimes against children. Police recorded crime volumes are higher than those committed against individuals only.

[2] Note, in published crime statistics, violence crime as measured by the CSEW and PRC differ. This includes large volume crimes such as stalking and harassment, which the survey does not publish in its main estimates of crime but are in the police figures. In 2022, stalking and harassment accounted for a third (34%) of all police recorded violence (ONS, 2022).

Police recorded violent crime in Walsall has fluctuated over time (Figure 2.10). The reduction in March and April during 2020 correlates with the Covid-19 restrictions which then started to steadily increase. The number of serious violent crimes increased the most during 2021 and whilst high in 2022, the numbers have started to slowly reduce from July 2022 onwards and are back to 2019 figures.

Figure 2.10 Serious Violence Crimes by date first committed, Walsall, all ages, numbers
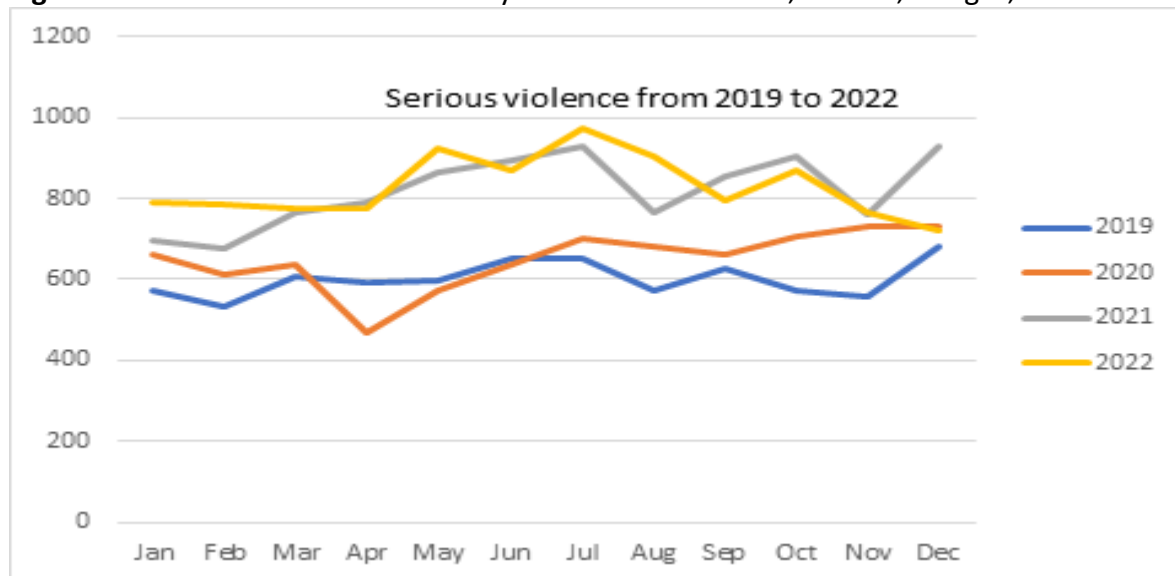
Source: WMP, 2022-23

Walsall has a violent crime rate of 49.5 per 100,000 population (all ages) in 2021/22, which is significantly higher than the national rate of 34.9 per 100,000 population and the fourth highest in the West Midlands region, behind Birmingham, Wolverhampton and Sandwell (Figure 2.11).

Figure 2.11 Violent crime, rate per 100,000 population, persons, all ages

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	↑	1,976,318	34.9*		34.9	35.0
West Midlands region	↑	247,815	41.6*		41.4	41.7
Birmingham	↑	70,624	61.9		61.5	62.4
Wolverhampton	↑	16,164	61.1		60.2	62.1
Sandwell	↑	18,000	54.7		53.9	55.5
Walsall	↑	14,186	49.5		48.7	50.3
Coventry	↑	17,431	45.9		45.3	46.6
Stoke-on-Trent	→	11,470	44.7		43.9	45.5
Dudley	↑	13,966	43.3		42.6	44.0
Telford and Wrekin	↑	7,435	41.0		40.1	42.0
Solihull	↑	7,662	35.2		34.4	36.0
Herefordshire	↑	5,634	29.1		28.3	29.9
Worcestershire	↑	17,302	28.9*		28.5	29.4
Warwickshire	↑	16,145	27.7*		27.2	28.1
Shropshire	↑	7,649	23.5		23.0	24.0
Staffordshire	→	20,322	23.0*		22.7	23.3

Source: OHID's Population Health Analysis Team using Home Office crime data and ONS population data

Source: Your indicator lists - OHID (phe.org.uk)

When we consider violent offences, differences occur by wards (Figure 2.12). St Matthew's ward has a significantly higher rate of recorded offences when compared to other wards. Primarily, this is due to the town centre location and the number of late-night bars, restaurants and food take away establishments. This figure shows where the violent offence takes place, rather than where the suspect lives. The location of violent offences broadly mirrors the picture seen for deprivation.

Figure 2.12 Rate per 100,000 population of violence offences by ward, Walsall, 2019 to 2022, all ages, all persons. Walsall's district centres also shown.
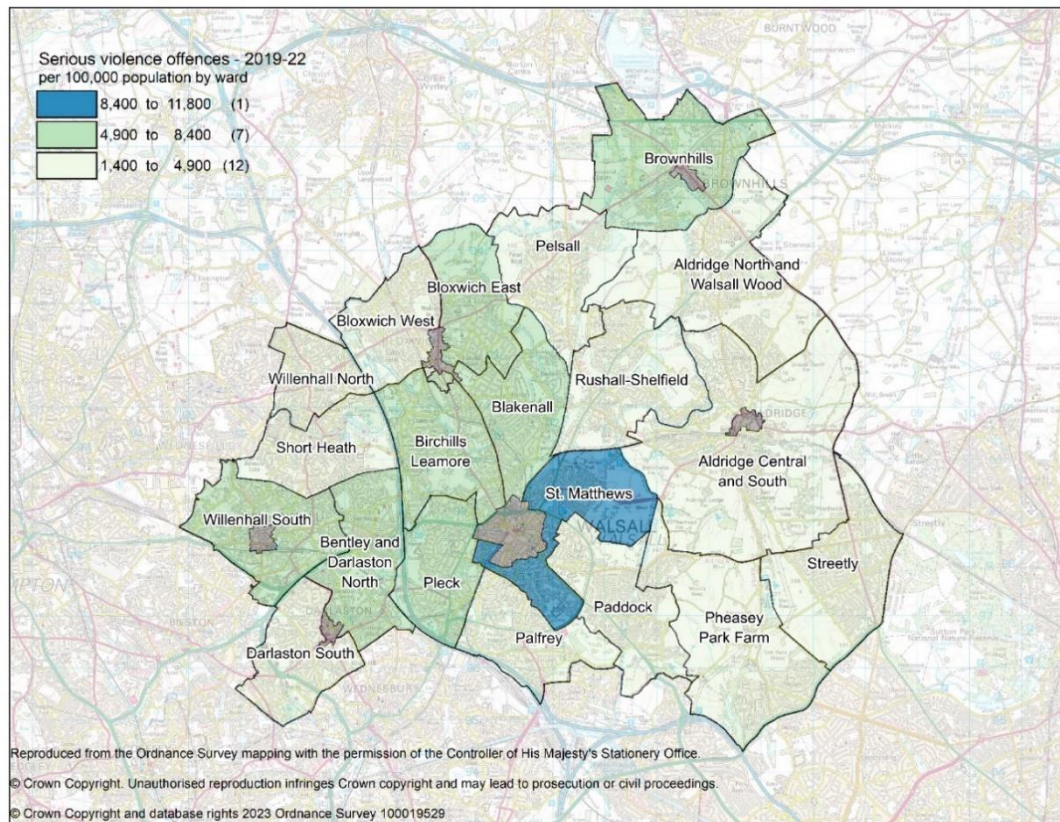
Source – West Midlands Police, 2019 to 2022

Police recorded data defines:
- *'Violence without injury'*, which includes less serious offences, such as those where no injury was sustained.
- *'Violence with injury'*, which includes a range of offence types such as assaults, grievous bodily harm (GBH), malicious wounding.

Three of the most prominent offences, which make up 81% of all 'Violence with Injury' are:
- Assault with Injury (s.47)
- Assault occasioning actual bodily harm
- Assault with Injury (s.20) - Malicious wounding: wounding or inflicting grievous bodily harm and Malicious Wounding.

Over the past four years 'Violence with Injury' has fluctuated (Figure 2.13). It has remained reasonably steady for 'domestic' criteria compared with 'non-domestic' (Figure 2.14). 'Domestic' is a police flag indicator where there is evidence that it is a domestic incident whereas 'non-domestic' police indicator means that there is no evidence of the incident being domestic and is outside of the family environment. The sharp reduction for non-domestic rates in 2020 and then

sharp increases from the lowest reporting in February 2021 mirrors the timescale for when Covid-19 restrictions were in place, i.e., non domestic violence with injury reduced when social restrictions were in place.

Figure 2.13 Violence with injury over time, Walsall, all ages
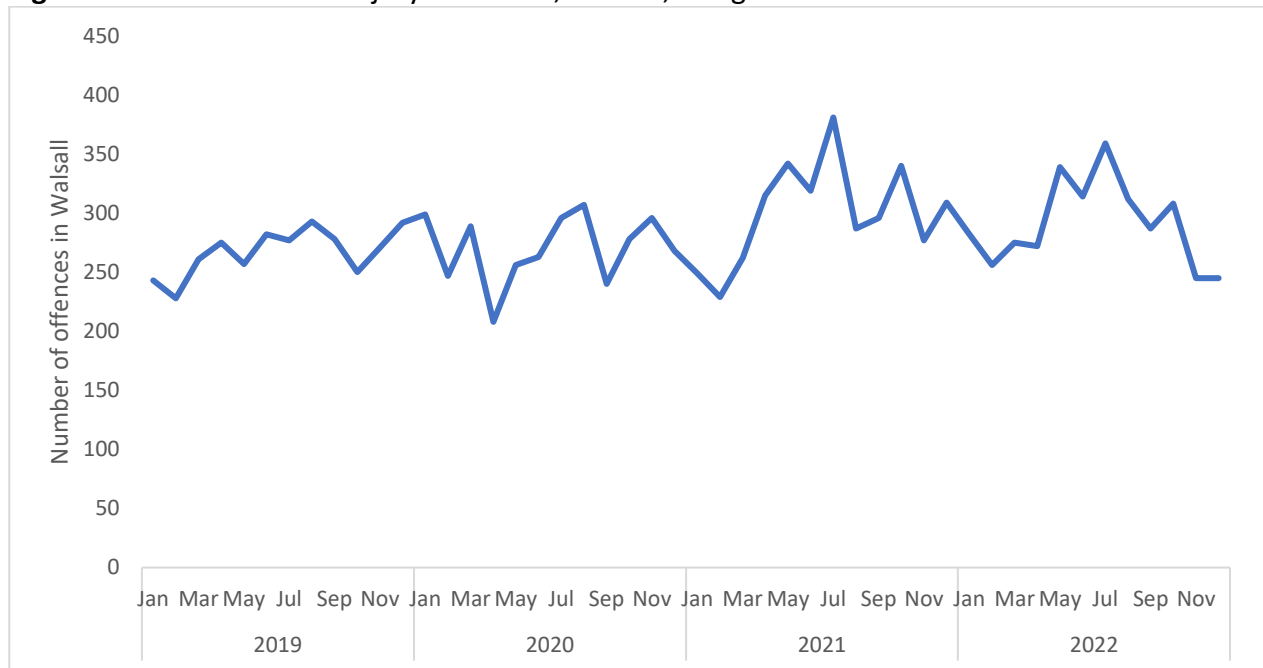
Source data: Data from WMP, 2019 to 2022

Figure 2.14 Violence with injury over time, by 'domestic' and 'non domestic', Walsall, all ages
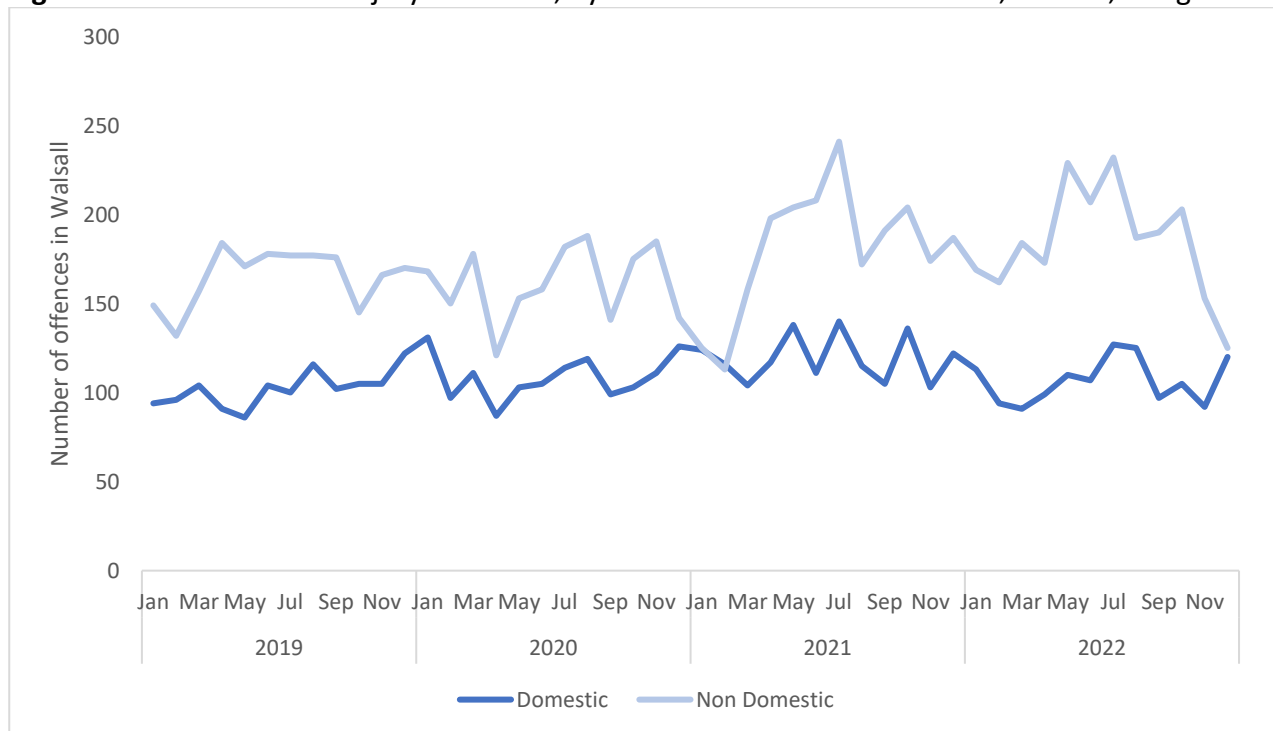
Source data: Data from WMP, 2019 to 2022

Recorded incidents of 'Violence with Injury' (January 2019 to December 2022) aggregated to neighbourhood level is shown in Figure 2.15, which is where the incident took place. The darker the shading shows higher numbers of 'Violence with Injury offences and shows that most incidents take place in the Town Centre area and other areas where people socialise. The key shows the number of incidents recorded in this four-year period.

Figure 2.15 Violence with Injury, Incident Location, Walsall, all persons, all ages
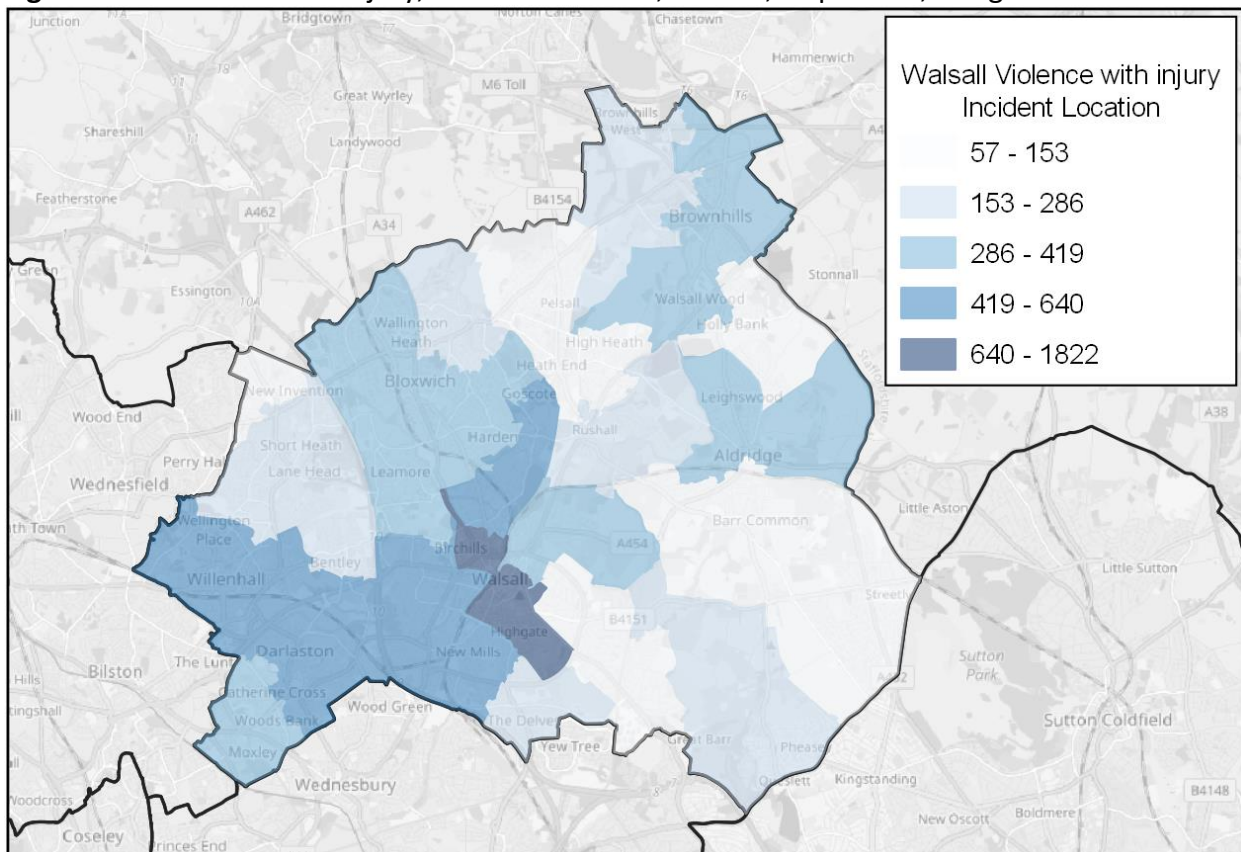
Source: WMP

Many incidents related to violence go unreported to the police. In some cases, these incidents will be serious enough for victims to seek help from health agencies, including general practice (GPs), urgent care centres, minor injury units of Emergency Departments (previously known as Accident and Emergency departments) and in some cases, an ambulance may be called.

For Walsall, the hospital admissions rate for violence including sexual offences was 38.8 per 100,000 (all ages). This rate is slightly lower than national, 41.9 per 100,000 and slightly higher than West Midlands, 37.7 per 100,000 (Figure 2.16). This makes Walsall statistically similar to England and the West Midlands. Regionally, the areas with the highest hospital admissions for violence are Birmingham, Wolverhampton and Sandwell.

Figure 2.16 Hospital admissions rate per 100,000 for violence including sexual offences, all persons, all ages, West Midlands region

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	–	71,043	41.9		41.6	42.3
West Midlands region	–	6,740	37.7		36.8	38.6
Birmingham	–	2,340	63.7		61.1	66.4
Wolverhampton	–	415	50.1		45.4	55.3
Sandwell	–	485	47.6		43.4	52.1
Coventry	–	540	44.0		40.2	48.1
Walsall	–	330	38.8		34.7	43.3
Stoke-on-Trent	–	300	38.3		34.0	42.9
Solihull	–	225	37.0		32.3	42.2
Dudley	–	305	32.8		29.2	36.7
Telford and Wrekin	–	145	27.8		23.5	32.7
Warwickshire	–	460	27.5		25.1	30.2
Worcestershire	–	390	23.5		21.2	26.0
Staffordshire	–	550	22.0		20.2	24.0
Shropshire	–	170	20.0		17.1	23.3
Herefordshire	–	90	17.6		14.1	21.7

Source: Your indicator lists - OHID (phe.org.uk)

Over time, Walsall's hospital emergency admission rate for violent crime has mirrored the national trend, which is a slow reduction in admissions (Figure 2.17). Using more recent data, 2018/19 to 2020/21, there were 330 admissions for this period, of which 15 individuals presented at least twice. A higher percentage of males (81.5%) presented compared with females (18.5%). A fifth of people admitted to hospital did not have ethnicity recorded (18.5%). Of those who did, 77% were White British; 5.2% were Indian and 4.5% were Pakistani. A higher proportion for those admitted, were aged between late teenage years and 50 years of age.

Figure 2.17 Hospital emergency admission rate for violent crime for England (Black Line) and Walsall (blue line), per 100,000 per 3-year rolling rates
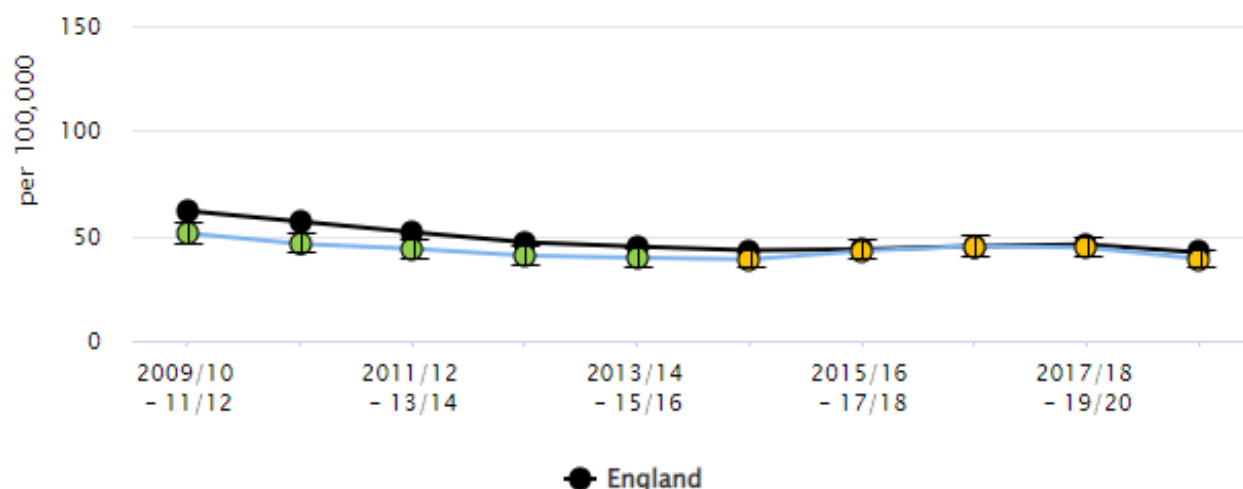
Source: Emergency Admissions data, 2009-2020

Across Walsall there were approximately 1,300 call outs to the Ambulance service due to assault over a three-year period (October 2019 to September 2022). Figure 2.18 shows the geographical spread of the hospital admission rate for violence across Walsall. *Please note*, the map shows where the person lived, not necessarily where the incident took place.

Nationally, a continued decrease in the number of hospital admissions for assault by a sharp object was observed up until September 2022 (3,856 admissions). This was 19% lower than pre-pandemic levels, where there were 4,769 (March 2020) and 5% lower than September 2021 (4,059 admissions) (ONS, 2022).

Figure 2.18 Three-year rolling emergency hospital admission rates per 100,000 for violence, 2018/19 to 2020/21 by middle super output area (MSOA), Walsall.
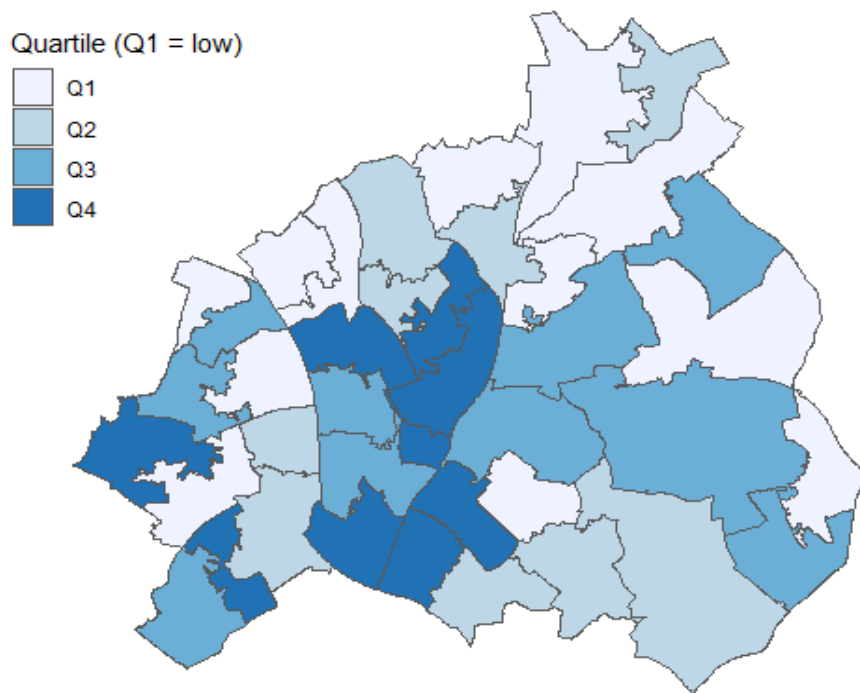
Contains OS data © Crown copyright and database right 2023
Source: Emergency admissions data, 2009-2020

Since 2008/09 there was a steady reduction in hospital admissions for all assaults and for assaults under 25 years (Figure 2.19). During 2020/21, there was a sharp reduction, reflecting the Covid-19 pandemic lockdown and restrictions. And 2021/22 has seen hospital admissions increase back up again, but still lower than 2008/09 levels.

However, hospital admissions for assault by sharp objects has increased since 2008/09. A sharp reduction was seen in 2020/21, reflecting the Covid-19 lockdown and restrictions and has since increased once the restrictions were lifted. However, the 2021/22 remain lower than the peak observed in 2018/19 (Figure 2.20).

Figure 2.19 Hospital admissions for assault by volume, Walsall, all ages and under 25 years of age,
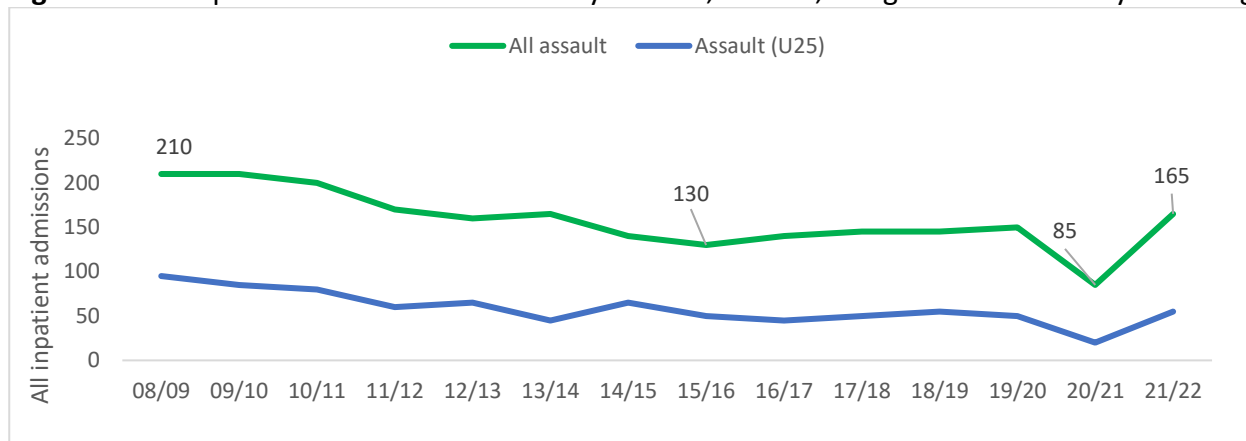
Source: Hospital Episode Statistics (HES), NHS Digital provided by OHID, LKIS Midlands

Figure 2.20 Hospital admissions for assault by sharp object, by volume, Walsall, all ages
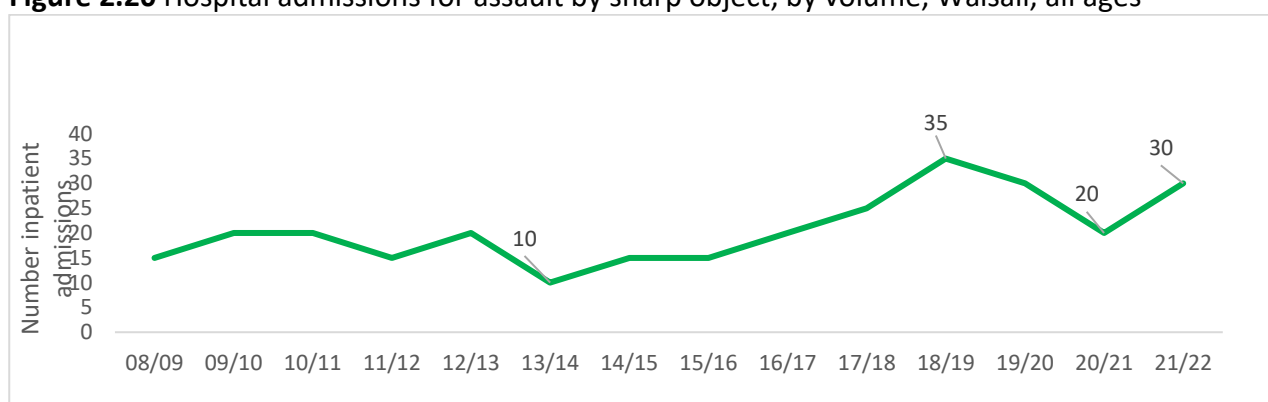
Source: Hospital Episode Statistics (HES), NHS Digital provided by Office for Health Improvement and Disparities (OHID): LKIS Midlands

This chapter has provided an overview of Walsall, its demographics, its levels of deprivation and the overall pattern of violence using police and hospital admissions data. Given Walsall's position, a higher than national average of violence is expected, especially for violence impacting on children and young people. It is also important to understand the inter-generational factors, and the following chapters will look at violence from a life-course perspective.

The Cambridge Crime Harm Index (CCHI) is the first system that measures the seriousness of crime harm to victims, and not just the number of officially recorded crimes. All crimes are not created equal in the harm that they cause. For example, homicide is more times more harmful than shoplifting, but in crime statistics, offences are counted by number and therefore they appear to be equal in their seriousness. This has led to the proposition of a 'Harm Index' to measure how harmful different crimes are in proportion to others and adds a larger weight to more harmful crimes (e.g., homicide, rape and grievous bodily harm with intent), distinguishing them from less harmful types of crime (e.g., minor thefts, criminal damage and common assault).

Practically, the adoption of a harm index can allow targeting of the highest-harm places, the most harmful offenders, the most harmed victim, and can assist in identifying victim offenders. Experimentally, the use of a harm index can add an additional dimension to the usual measure of success of failure, by considering harm prevented as well as reductions in prevalence or frequency. For the police, the index could allow them to invest scarce resources in proportion to the harm of each offence type.

Figure 2.21 below shows the harm rate per 1,000 residents in Walsall by ward. The highest rate occurs to the centre of the borough, which is symptomatic with the main town centre, its core retail business and late night time economy. Some of the higher rates link with areas of high deprivation, Blakenall and Birchills Leamore wards in particular.

Figure 2.21 Cambridge Crime Harm Index (CCHI) by wards, Walsall
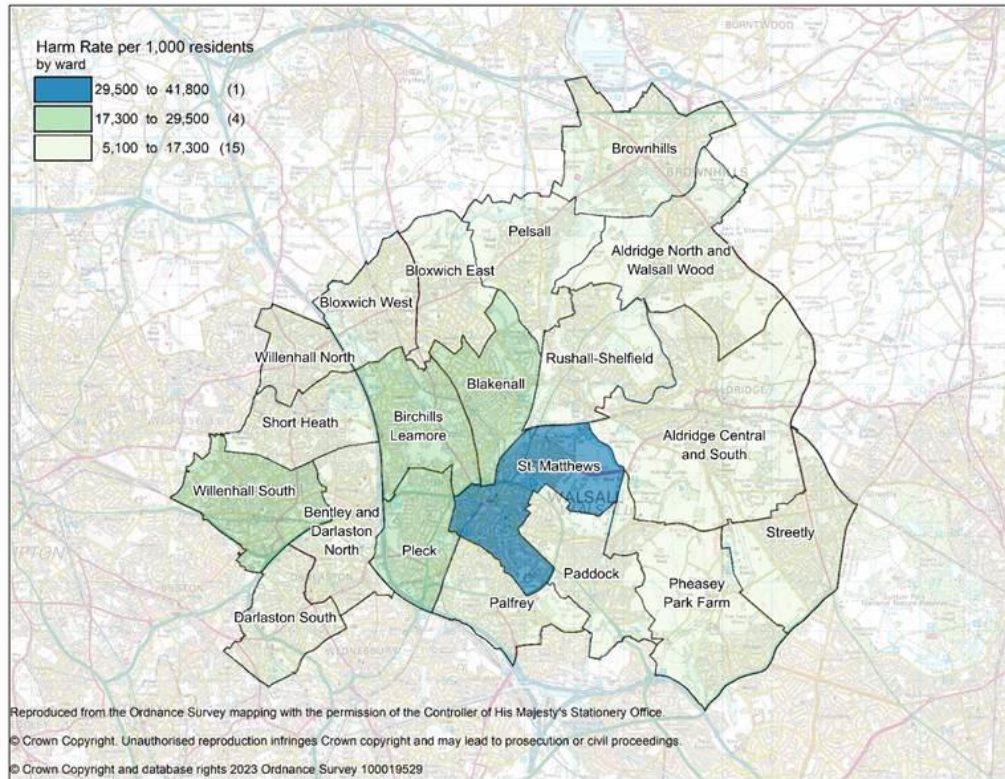
Source: Cambridge Crime Harm Index (CCHI)

Chapter 3

Life Course Approach

3.1 Pregnancy & Early Years

3.2 Children & Young People

3.3 Adulthood & Community

3.1 Pregnancy & Early Years

Science tells us that a child's experience from conception through their first five years will go on to shape their next 50. It tells us that the kind of children we raise today, will reflect the kind of world we will live in tomorrow. It tells us that investing in the start of life is not an indulgence, but economically, socially, and psychologically vital to a prosperous society.

Jason Knauf, CEO of the Royal Foundation, December 2020

A person's cognitive, emotional, and physical development is set during the 1,001 days from conception to age two. It's a time of rapid development and when babies are most vulnerable and are impacted by relationships (Gov.uk, 2021). The love, care and nature that a baby experiences in this period are particularly important, as is preventing adverse experiences, which can have lasting consequences. Adverse outcomes are often long term, but they can be prevented through early intervention (Gov.uk, 2022). However, having high exposure to adversities makes it harder for the child to emotionally regulate especially because they often lack the positive adult support that is needed. As part of Walsall Children and Young People's Strategic Alliance Board, a needs assessment for the 1,001 days was commissioned. This needs assessment enabled strategic priorities to be set across the partnership.

Children living in poverty

Around one in four families in the UK are thought to be single parent families. Whilst 1 in 3 children live in poverty, this increases to 1 in 2 for children living in single-parent households. This can be because of several reasons, such as low maintenance payments for children, high childcare costs and the absence of a second income. 45% of single parents, of which 90% are women, are living in poverty (Women's Budget Group, 2019). Single parents are twice as likely to live in poverty than married or co-habiting parents (Government, 2021). In Walsall, 14% (15,968) of families are lone parents with dependent children (Census 2021). At the end of the academic year 2022, there were 59 school girls registered with the Teenage Pregnancy team.

In Walsall, there are 68,970 young people aged between 0 and 17 years, which is 24.2% of the total population, and is projected to increase to 71,091 by 2025. Two fifths (39%) of children live in poverty after housing costs, an increase of 10% since before the cost-of-living crisis. The proportion of children who are in receipt of free school meals varies by locality:
- North Locality, there are 32% (4,516) giving a rate of 283.5 per 1,000 population 0-17
- East Locality, there are 16% (2,204) giving a rate of 122.7 per 1,000 population 0-17
- South Locality, there are 21% (3,034) giving a rate of 175.4 per 1,000 population 0-17
- West Locality, there are 27% (3,838) giving a rate of 212.7 per 1,000 population 0-17

There are significantly more children in Walsall who are in receipt of free school meals compared with national figures. For primary school, the gap between free school meals in Walsall and national is 10.0%. For secondary school the gap in free school meals between Walsall and national is 9.3% and is increasing.

Children in Care and Early Support

The life chances for children who are taken away from their families and put into care are poor, with increased risk of teenage pregnancy, poor educational achievement, substance misuse and mental health problems. This comes at a high cost, both emotionally and financially. In 2017-18,

council spending on children's social care amounted to almost £8.8 billion (116 in Government, 2021). Nationally, children's social care spending has increased year on year since 2012 and the number of children being taken into local authority care remains at an all-time high. As of March 2020, just over 80,000 children were in care, an increase of 2% from the year before (Government, 2021).

In 2018, Walsall's rate per 10,000 of children referred to social services was 778 compared with 553 for England. By 2021, Walsall's rate was 487 per 10,000 children referred to social services compared with 494 for England, being lower than national and local comparators for the first time.

Walsall's rate of Children In Care per 10,000 remains unchanged in 2021 at 97. In comparison the England rate is much lower at 67. West Midlands has increased by 3 to 85.

A Child In Need is defined under the Children Act 1989 as a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of children's social care services, or the child is disabled. Walsall's rate of children in need per 10,000 children aged under 18 years has significantly declined since 2019. The rate decreased by 134,90 and has declined in 2021 by a further 28.00. Walsall has been below the national average and local comparators for the past two years (Microsoft Power BI).

A child becomes the subject of a child protection plan if they are assessed as being at risk of harm, at an initial child protection conference. There is a year-on-year decline in the rate of child protection plans in Walsall, dropping by a further 5.50 from 34.80 in 2020 to 29.30 in 2021. This is a considerably lower rate when compared to statistical neighbours and the England average and is the lowest rate for Walsall seen since 2013.

As of March 2021, 203 children and young people were subject of child protection plans across Walsall. Of these, 31% (63) were aged 12 years and over. Girls on a child protection plan are more likely to be adolescents than boys (54% versus 46%). The needs for adolescents tend to be based on behavioural concerns, mental health issues, including self-harm and school concerns are more prevalent for girls, whereas for boys it is more likely to be special educational needs and educational concerns.

In Walsall over the past two years, there has been significantly more demand for both early help and social care in the North Locality than in any other area. Per 1,000 children in the locality there were 19% more requests for early help, 15% more MASH contacts and 25% more social care referrals than in the West which had the second highest and 70% more requests for early help, 84% more MASH contacts and 113% more social care referrals than in the East which had the lowest (Figure 3.1).

For Early Help, a third (35.2%) of requests are for children aged 10-15 years compared with 32.5% for children aged 0-5 years and 10% of all contacts are for those young people aged 16 years and above. This pattern of older children being slightly more likely to be referred to Early Help than their younger peers is visible across all areas but is more visible in the East and the South where there is less need in general (Figure 3.2). Over a two-year period (2019/20-2020/21) there were 9,058 contacts made to Early Help in Walsall. The most common presenting needs at contact with Early Help are:
- Domestic Abuse of the parent/carer (19.9% of all contacts)
- Mental health condition of the parent/carer (15% of all contacts)

- Emotional wellbeing of the child (10% of all contacts)
- Challenging behaviour of the child (15% of all contacts)
- Domestic Abuse of the child (9.4% of all contacts).

At contact, domestic abuse for both parent/carer and child is identified, whereas mental health of the child and learning disabilities of the child are more evident at assessment.

For social care contacts, children are generally more likely to be younger when referred (40.3% of social care contacts are for children aged 0-5), although they are more likely to be older in East and South where 41% of children with social care contacts in each locality are aged 10 or over compared with 37% in the North and West (Figure 3.3). The top three factors for social care support are support for (i) domestic abuse, (ii) abuse or neglect, (iii) emotional abuse, abuse and neglect.

Long term placement stability is based on children in care living in the same placement for at least two years or are placed for adoption and their adoption and their adoptive placement together with their previous placement lasts for at least two years. The percentage of children in care in Walsall having long-term placement stability has increased by 1% from 66% in 2020 to 67% in 2021. Despite this upward trend from 2019 Walsall remain below local comparators and the England average. The gap to national has widened from 2% in 2020 to 3% in 2021.

Figure 3.1 Number of Early Help contacts by wards, Walsall, Year
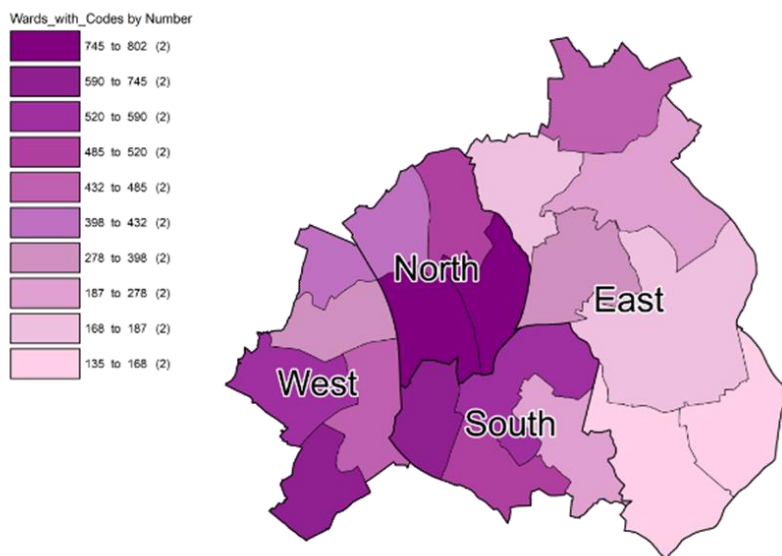
Source: Children's Services, Walsall Council

Figure 3.2 Number of multi-agency safeguarding hub (MASH) contacts by wards, Walsall, Year

MASH Contacts per 10,000 0-17
- 3,580 to 4,320 (3)
- 3,460 to 3,580 (3)
- 3,080 to 3,460 (3)
- 3,070 to 3,080 (2)
- 1,990 to 3,070 (4)
- 1,100 to 1,990 (5)
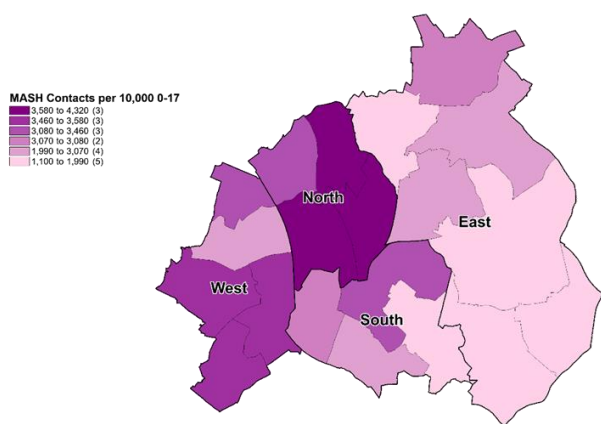
Source: Children's Services, Walsall Council

Figure 3.3 Number of Social Care Referrals by wards, Walsall, Year

Referrals per 10,000 0-17s
- 1,350 to 1,760 (4)
- 1,250 to 1,350 (2)
- 1,150 to 1,250 (3)
- 1,140 to 1,150 (2)
- 710 to 1,140 (4)
- 280 to 710 (5)
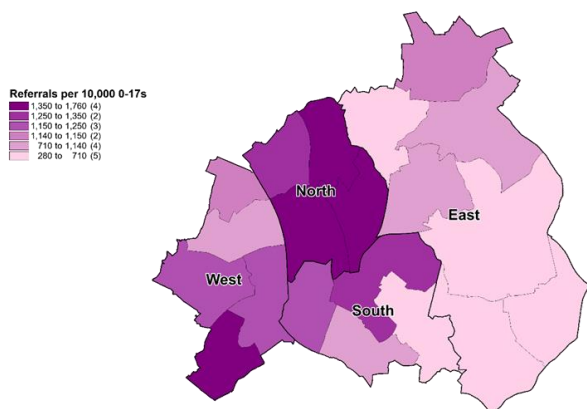
Source: Children's Services, Walsall Council

Domestic Abuse in Pregnancy

Whilst pregnancy can be a time of great happiness and joy, it can also be a time when domestic abuse can start for the first time get worse if there is already domestic abuse within the household. It is estimated that almost one in three women who suffer abuse, experience abuse for the first time whilst they are pregnant. This makes domestic abuse the most common health problem for women during pregnancy. Domestic abuse is a pattern of assault and coercive behaviour, and can be emotional, physical, psychological, financial and/or sexual. There were 1,911 police reported incidents in one year for women aged 16-49 for Walsall in 2022.

Domestic abuse brings many risks for both the pregnant women and their unborn baby, including infection, premature birth, miscarriage, injury and death. Domestic abuse can also affect a women's mental health and wellbeing as well as aggravate existing health problems or chronic pain conditions. One of the side effects of domestic abuse is stress and anxiety, which can affect the way babies grow and develop (both in utero as well as post birth), resulting in long term negative outcomes for babies. Women who are being abused often worry about how competent they will be as a mother and their ability to love and protect their baby.

It is important to disclose if domestic abuse is taking place, including during pregnancy. It must be remembered that domestic abuse is not the fault of the victim/survivor, and ensure that people are supported and encouraged to report their experience to someone, whether that's a health professional, the police, or a charity. Furthermore, the Domestic Abuse Act 2022 ensures that all children under 18 years of age, including babies, are recognised as victims of domestic abuse in their own right when they see, hear or experience domestic abuse and are related to either the victim or the perpetrator.

In Walsall, between January 2019 and December 2022 West Midlands Police data[3] show that:
- Domestic abuse accounted for 16% of all crimes recorded
- Domestic abuse accounted for60% of all homicides
- 18,692 victims of domestic abuse were recorded by West Midlands Police who live in Walsall (all age, all persons)
- 21,698 number of crimes recorded where the crime took place in Walsall[*]
- 69% of all domestic abuse victims were female
- 74% of all domestic abuse suspects were male

Early Help received 621 referrals of children aged under 19 years to support families due to domestic abuse.

Babies are completely reliant on their parent/caregivers and later development is heavily influenced by the loving attachment babies have to their parents/caregivers. Parental conflict can impact on the mental health of the baby as well as other adverse childhood experiences and other traumatic exposures. Conversely, having a loving, nurturing and stable environment where babies are able to feed, be loved and cared for results in positive outcomes. Therefore, it is important that parents and/or carers get the right type of support to help them give their babies the best start for life (Government, 2021) and early years interventions to promote warm, loving, supportive parenting are essential if we are to prevent a life of violence further down the line. The role of midwives, health visitors, school nurses and wider support is so important during this stage of development. The mental health and wellbeing of mums, dads, partners, and carers is also important for the development of the baby. Poor mental health can impact a parent/caregiver's ability to bond with their baby. This is why it is important that parents and carers have their own needs met so they can meet the needs of their baby (Government, 2021) and may include support for housing or financial concerns.
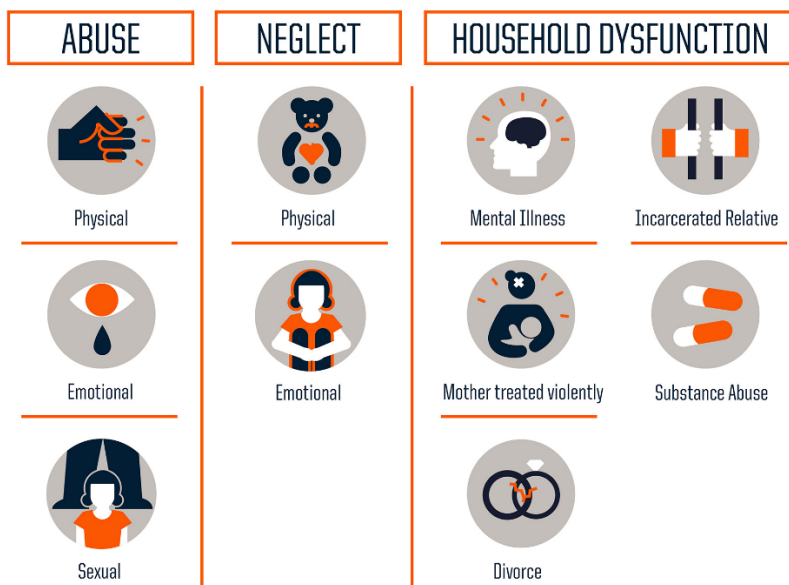
Adverse Childhood Experiences
Adverse childhood experiences (ACEs) are traumatic events which result from direct and indirect abuse (see Figure 3.4). It is well evidenced that chronic stress in early childhood, whether it is caused by repeated abuse, severe maternal depression or extreme poverty, has a negative impact on a baby's development. Without the protection of adult support, toxic stress becomes built into the body by the processes that shape the architecture of the developing brain. This has long-term consequences for learning and a baby's future physical and mental health (Gov.uk, 2021).

It is important that when we consider violence prevention we consider from pregnancy and right across the life course, investing in early years development as well as supporting families and caregivers, including family members who may be living elsewhere such as prison.

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[3] *Number of crimes and number of victims differ. This is because the address of the incident location is used for the crime, whereas the victim's home address is used for victims.*

Figure 3.4 Types of adverse childhood experience

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
Physical	Physical	Mental Illness	Incarcerated Relative
Emotional	Emotional	Mother treated violently	Substance Abuse
Sexual		Divorce	

Source: Centre for Disease Control and Prevention. Credit: Robert Wood Johnson Foundation

Childhood adversity is unfortunately common and data from UK population surveys has found:

- In *England*, just over half (53%) of the adult population have at least one ACE and nearly a tenth (9%) have four or more ACEs (Bellis, 2014)
- In *Wales* just over half (53%) of the adult population have at least one ACE and over a tenth (14%) have four or more ACEs (Bellis, 2016)
- In *Scotland* nearly three-quarters (71%) of the adult population have at least one ACE and 15% have four or more ACEs (Scottish Health Survey 2019)
- In *Blackburn with Darwen* just over half (53%) of the adult population have at least one ACE and just over a tenth (12%) have four or more ACEs (Bellis et al, 2012).
- In *Bolton* just over half (53%) of the adult population have at least one ACE and just over a tenth (11%) have four or more ACEs (Ford et al, 2022).

Whilst northern areas have similar prevalence for at least one childhood adversity (53%) when compared to England's figure, the prevalence of four or more ACEs increases in Northern areas compared with national. Scotland and Wales also have higher ACE prevalence compared with England, mirroring deprivation levels.

ACEs occur across the whole of our society although it is more prevalent in different settings and for specific groups of people. For example, people who have an addiction, such as drugs (including prescribed medication), alcohol, tobacco, gambling and those who are homeless have much greater exposure to childhood adversity than those without addiction. Children who attend alternative provision, those who are in the youth justice system, and who are in the care system are more likely to have been exposed to trauma and adverse childhood experiences. It is estimated that for children whose parent is incarcerated, they are 67% more likely to have also witnessed domestic abuse. ACEs are also more prevalent where families are poor, isolated, or living in deprived circumstances (EIF, 2020). Even when deprivation is taken into account, a dose-response relationship between ACEs and poor health and social outcomes in adulthood remains.

Research consistently shows the associated risk of poor adult health and social outcomes (EIF, 2020). Compared with adults who have no ACEs, adults who experienced four or more ACEs in early childhood are:

- 4.9 times more likely to have memory impairment
- 4.7 times more likely to have depression
- 2.3 times more likely to get cancer
- 2.1 times more likely to have a cardiovascular disease
- 3.5 times more likely to have a sexually transmitted infection

The dose response relationship exists even when deprivation is considered (Bellis et al, 2012).

In a national study, compared to adults with no ACEs, adults experiencing four or more ACEs in childhood are:

- 2 times more likely to binge drink
- 3 times more likely to be a current smoker
- 5 times more likely to have had sex under 16 years
- 7 times more likely to involved in recent violence
- 11 times more likely to have used heroin or crack
- 11 times more likely to have been incarcerated   (Bellis et al., 2014).

ACEs can also have a behavioural impact, leading to increased risk of illicit drug use, suicidal ideation, violence perpetration and school absenteeism (BMJ, 2020). Adverse experiences are also linked to such issues as criminal activity and school expulsions (114 in Government, 2021).

Bellis et al (2014) estimated that if a person had no ACEs, then problems could be reduced by:

- 16% smoking
- 33% Early Sex
- 59% Heroin/Crack
- 15% Binge Drinking
- 60% Violence

Since the mid-1990s, research has consistently found that a significant proportion of children in the justice system have experienced ACEs (Gray et al, 2021). And equally, there is a dearth of positive influences on these young people's lives too.

It is only in the more recent years that ACEs have become much more 'mainstream' in the various conversations, assessment and understanding (Grey et al, 2021). A USA study found a cumulative impact and that for every additional ACE a child suffered, there was an increased risk of violence perpetration.

The higher rates of substance misuse among adult survivors of child abuse and neglect may, in part, be due to victims using substances to self-medicate from trauma symptoms such as anxiety, depression and intrusive memories caused by an abusive history.

These costs soon add up. In 2016, the Early Intervention Foundation calculated that £655 million was spent on school absence and expulsion and £5.9 billion was spent on youth crime and anti-social behaviour during that year. Overall, £16.6 billion was spent on 'late interventions' by the public sector in England and Wales in 2016 (Government, 2021). Further, the Youth Violence Commission Final Report, Serious Youth Violence in England and Wales generated a total economic and social cost of £1.3 billion in 2018-19. This is a rise of over 50% since 2014/15.

Walsall Council's Youth Justice Service and Childhood Adversity
Research that looked at the extent of abuse, loss, trauma and attachment of 17 young people who are known to the Walsall Youth Justice Service (YJS) was commissioned by West Midlands Combined Authority (2019).

When adverse childhood experiences (ACEs) were assessed by looking through the case files, two-thirds (64%) of the young people were found to have had 4 or more ACEs. The most common ACE was loss of a parent or parents, with 64.7% stating this ACE. The next three most common ACEs, occurring in 47% of the cohort was emotional abuse, parental substance abuse and living in poverty/free school meals. Physical abuse, emotional neglect, household violence was reported in case files by 40% of the young people. Interestingly, no respondents identified imprisoned household members. This may be how the question was interpreted, i.e., current imprisonment rather than ever been in prison.
Of the young people who had lost a parent, only five (29%) were still in contact/living with their father, the remaining twelve 71% had no contact with their father. However, eight (47%) were living with their mother and seven (41%) had regular contact with their mother. None (0%) of young people were living with both birth parents. This is in stark contrast to population level data where 56% young people aged 12-16 years were living with both birth parents, and for children in low-income households, this figure was 35%.

Where recorded, two-thirds of young people lived in deprived areas. At least seven of the children (41%) had previously or were currently living with families with current or previous criminal behaviour from parents or siblings.

Large family size is a recognised indicator of offending. From the case storyline, the average sibling group size was 3.8 children. The average household size in England and Wales in 2021 was 2.4 people per household, the same as 2011 and the average number of children born to a woman is below two.

There were other types of childhood adversity and trauma that were found within the study. This included radicalisation within a family; trafficking; criminal exploitation; witnessing the near death of a parent and being left abroad without parents; possible substance abuse during pregnancy and the impact of immigration.

> *Economists now assert on the basis of the available evidence that investment in early childhood is the most powerful investment a country can make, with returns over the life course many times the size of the original investment.*
> *The WHO's Commission on the Social Determinants of Health, 2007.*

3.2 Childhood & Young People

Violence against children and young people is a public health, human rights, and social challenge with devastating and costly consequences. Its destructive effects harm all children and young people, impacting families, communities, and nations, and reaches across generations (Hoeffler and Fearon 2014). In response to the increasing recognition of the scale, consequences, biology and costs of violence against children and young people, there is real commitment to its prevention (Hoeffler and Fearon 2014).

Youth violence is understood as violence either against, or committed by, a child, adolescent, or young person. Youth violence impacts on individuals, families, communities and society (RCPCH, 2020) and can include a range of acts from bullying and physical fighting to more severe sexual and physical assault to homicide (WHO, 2020). When it is not fatal, youth violence and violence against children and young people, has a serious, often lifelong, impact on a person's physical, psychological and social functioning. Health and social outcomes are worsened through increased exposure to violence (RCPCH, 2020). Fear of violence can lead people to change their behaviour, which perpetuates the cycle of violence. It is important to understand people's perception regarding violence and their feelings of safety alongside the data (YEF, 2022). For the purposes of this chapter, youth violence also includes violence against children and young people.

The World Health Organization and the United National define adolescence as individuals in the 10-19 age group and 'youth' as the 15–25-year age group, while 'young people' cover the age range 10-24 years. A study stated that an expanded and more inclusive definition of adolescence is essential for developmentally appropriate framing of laws, social policies and service systems. Rather than age 10-19 years, a definition of 10-24 years corresponds more closely to adolescent groups and popular understandings of this life phase and would enable facilities to extend investments across a broader range of settings.

Youth violence is harmful and can have serious impacts on health and wellbeing across the life-course and may include mental health problems, anxiety, depression and trauma; injury or death; communicable disease and linked with risk behaviours for non-communicable diseases; early pregnancy and reproductive health issues (Figure 3.5).

Children and young people can be victims of violence, witnesses to violence or perpetrators of violence. The causes are complex, and the foundations are often set out through their early years. It is important that a whole system approach to reducing youth violence recognises the impact of events much earlier in life. This must include upstream interventions, early years investment, family support and contextual safeguarding.

Nationally, the YEF (2022) survey found a higher proportion of teenage children reported to be a witness of violence than being a victim. Just over one in three (35%) of teenage children witnessed violence. When combined with the number of victims, the total number of children who reported direct experience of violence in the last 12 months rises to 39%.

Figure 3.5 Direct and indirect outcomes of Youth Violence
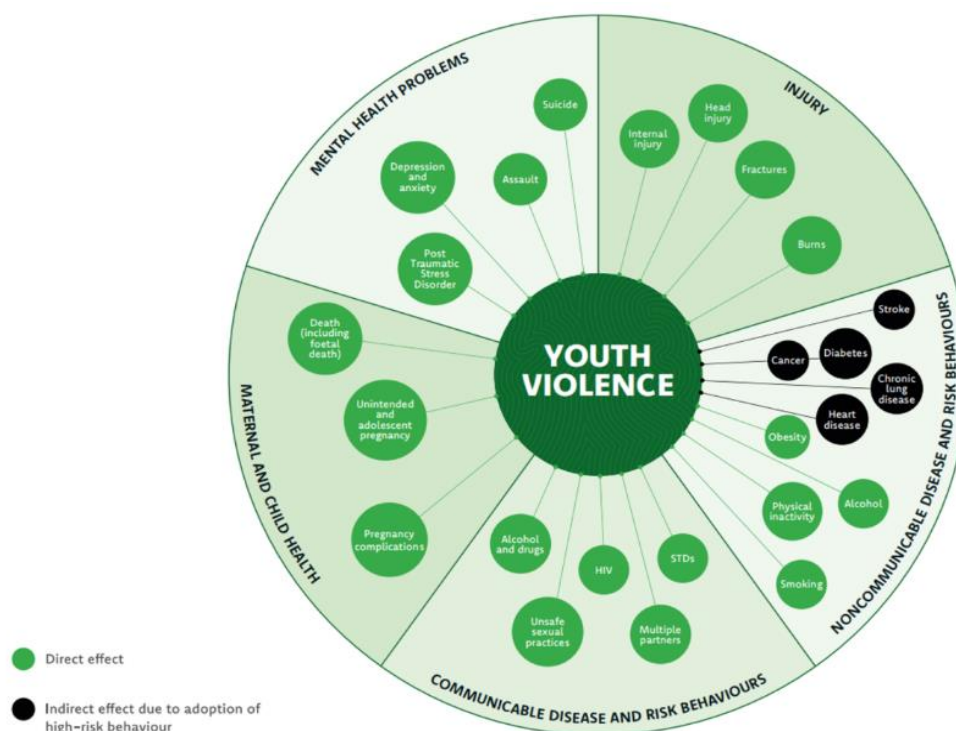
Source: Youth Violence | Violence Prevention Unit (violencepreventionwales.co.uk)

Age of criminality as defined within England and Wales is 10 years of age. This means that children under 10 cannot be arrested or charged with a crime. There are other interventions that can be undertaken with children under 10 who break the law. Children aged between 10 and 17 years of age can be arrested and taken to court if they commit a crime although they are treated differently from adults and are:

- Dealt with by youth courts.
- Given different sentences.
- Sent to special secure centres for young people, not adult prisons.

Young people aged 18 years and above are treated as an adult by the law. If they are sent to prison, they will be sent to a place that holds 18- to 25-year-old, not a full prison (Age of criminal responsibility – GOV.UK (www.gov.uk)).

There are many reasons why not all violence against children comes to the attention of official agencies. It may be because the young person feels that they cannot tell anyone, not even their family, or that the individual or their family fear repercussions. It is usually only when the violence is so severe that the police, social services and/or ambulances are called. Young people may not always understand the various types of violence that is being inflicted upon them, as violence may be 'normalised' within their home, their friendship group, or indeed their communities. Many professionals do not usually ask the child directly about specific types of violence, or they may not associate the behaviour being played out as a consequence of violence that is taking place in the home, between friends or families, or in their communities. Global evidence reveals that the self-reported prevalence of child sexual abuse victimisation is more than 30 times higher than official reports, and self-reported physical abuse victimisation is more than 75 times higher. Therefore, self-reports are considered essential measurement tools and are important for informing preventative opportunities to end violence against children and to end youth violence (Hoeffler and Fearon 2014).

Education

There is a known causal relationship between education and crime, in that positive education engagement has a crime-reducing impact. Low educational achievement, alongside low commitment to school and school failure are well evidenced risk factors for violence. Whereas good school readiness, engagement with education and academic achievement are identified protective factors against involvement in violence.

Factors that correlate with both involvement in crime (as victim or perpetrator) and school attendance and exclusion are deprivation, special education needs (particularly social, emotional, and mental health), social care involvement and/or looked after status.

From a national survey, a large proportion of children and young people said that they are absent from school because of their concerns about violence. The survey found that 14% young people were absent from school because they felt 'unsafe'. A further 14% said that they struggled to concentrate in lessons due to worries about violence and 27% victims of violence said they had skipped school due to safety concerns (YEF, 2022).

In the UK, children must legally attend school from the age of five. However, most children start school full-time in the September after their fourth birthday. This means that they will turn 5 during their first school year (School admissions: School starting age - GOV.UK (www.gov.uk)). When a young person leaves secondary school, at age 16 years, they can choose to attend (usually until they are 18 years of age):

- Further education or training such as school or college
- Work-based learning, such as an apprenticeship
- Work or volunteer (for 20 hours or more a week) while in part-time education or training.

There are two types of exclusion: Fixed period (suspended) and permanent (expelled). A fixed period exclusion, i.e. suspension, is where a child is temporarily removed from school. They can only be removed for up to 45 school days in one year, even if they have changed school. Permanent exclusion means the child is expelled. The local council must arrange full time education from the sixth school day.

The risks associated with exclusions are clear. They include isolation from peers, a sense of rejection as well as long-term risk of exclusion from other opportunities to achieve or succeed. There is also increased risk of exploitation for the young person, which has increased risk for a lifetime of crime and violence.

In Walsall, children starting school, i.e., age 4-5 years, are less likely than their peers to be 'school ready', with the gap between Walsall and peers increasing. In Walsall, girls perform better than boys, although girls' performance fell more than boys in 2022, and by a higher amount than girls nationally and regionally. By Key stage 4 (the two years of school education which incorporates GCSEs and other examinations in maintained schools in England, known as Year 10 and Year 11), children studying in Walsall have begun to close the gap with their regional and national peers.

A higher proportion of children and young people in Walsall have English as an Additional Language (EAL) compared with national figures. A slightly lower proportion of children with EAL achieved a good level of development when compared with children whose first language is English. However, from phonics onwards, children with EAL achieve better than those with English as a first language, with the gap increasing as children progress.

The proportion of children with an education health care plan (EHCP) and special education need (SEN) support in Walsall is increasing. Whilst the proportion of EHCP is lower than national figures, the proportion of children with SEN support is in line with national levels.

Across Walsall there were 1,455 incidents of fixed term exclusions (suspensions) and 53 incidents of permanent exclusions in the 2021/22 academic year. This gives Walsall an exclusion rate of 4.0 per 1,000 school age population, which is lower than the national rage of 4.25 per 1,000 school age population. *Note,* this is not the number of children excluded and/or suspended, but the number of exclusions and/or suspensions that have been given.

Suspensions and permanent exclusions have reduced over time nationally, regionally and locally (Figure 3.6). The overall suspension rate is slightly reduced in Walsall in the last academic year, 2020-21 (rate of 2.89 per 1,000 0-17 years) compared with 2019-20 data (2.98) whereas it increased slightly across West Midlands and nationally. Primary school suspensions continue to reduce slightly in Walsall and have remained static in the past two years nationally and regionally. In Walsall, secondary school suspension rates remain static over the past two years and have increased slightly nationally and across West Midlands. Permanent exclusion rate in secondary schools is decreasing nationally and Walsall's lower rate shows a plateau in the past two years. Primary school permanent exclusions continue to reduce (Figure 3.6).

Higher rates are when the young person is in secondary school, although there are still substantial numbers in primary school. Up to the age of 11 years (when children leave primary school and transition into secondary school) there were 358 exclusions and/or suspensions recorded across Walsall. Of these recordings, there were 28 exclusions and/or suspensions for children aged 4 years and below and 29 for children aged 5 years [this data refers to 2018-19, pre Covid and the recommended reference year due to the Covid impact].

The exclusion rate (both permanent and fixed) differs by location. The highest proportion of permanent exclusions is within the North Locality, which has an exclusion rate of 4.3 per 1,000 population. The second highest rate is the West, with 3.4 per 1,000 population followed by the South, being 2.3 per 1,000 population and the lowest number in the East with 2.2 per 1,000 population (all are 3-year rolling average rate per 0-17-year population, 2017/18-2020/21). This means that permanent exclusions in the North are almost double those in the East (Figure 3.7).

Fixed term exclusions (suspensions) follow a slightly different pattern to that seen for permanent exclusions. Whilst the highest rate continues to be in the North, with a rate of 97.6 per 1,000 children, the second highest is East, with a rate of 54.8 per 1,000 and the South has a rate of 43.5 per 1,000. The lowest rate of exclusions is within the West of the Borough, being 33.4 per 1,000. The reasons for the geographical differences in permanent and fixed term exclusions is unclear.

Like national trends, males are more likely to be excluded and/or suspended in Walsall compared with females. In total, 79% of permanent exclusions and 75% of suspensions across Walsall are received by boys (this data also refers to 2018-19, pre Covid).

Locally, young people who receive free school meals are more likely to be excluded and/or suspended compared with those who are not eligible, reflecting national trends. Three-quarters (76%) of permanent exclusions are received by children in receipt of free school meals and half (48%) of pupils who receive a fixed term exclusion are in receipt of free school meals.

Figure 3.6 Suspension and permanent exclusion rate per 1,000 children and young persons, Walsall, West Midlands, Statistical Neighbours and National
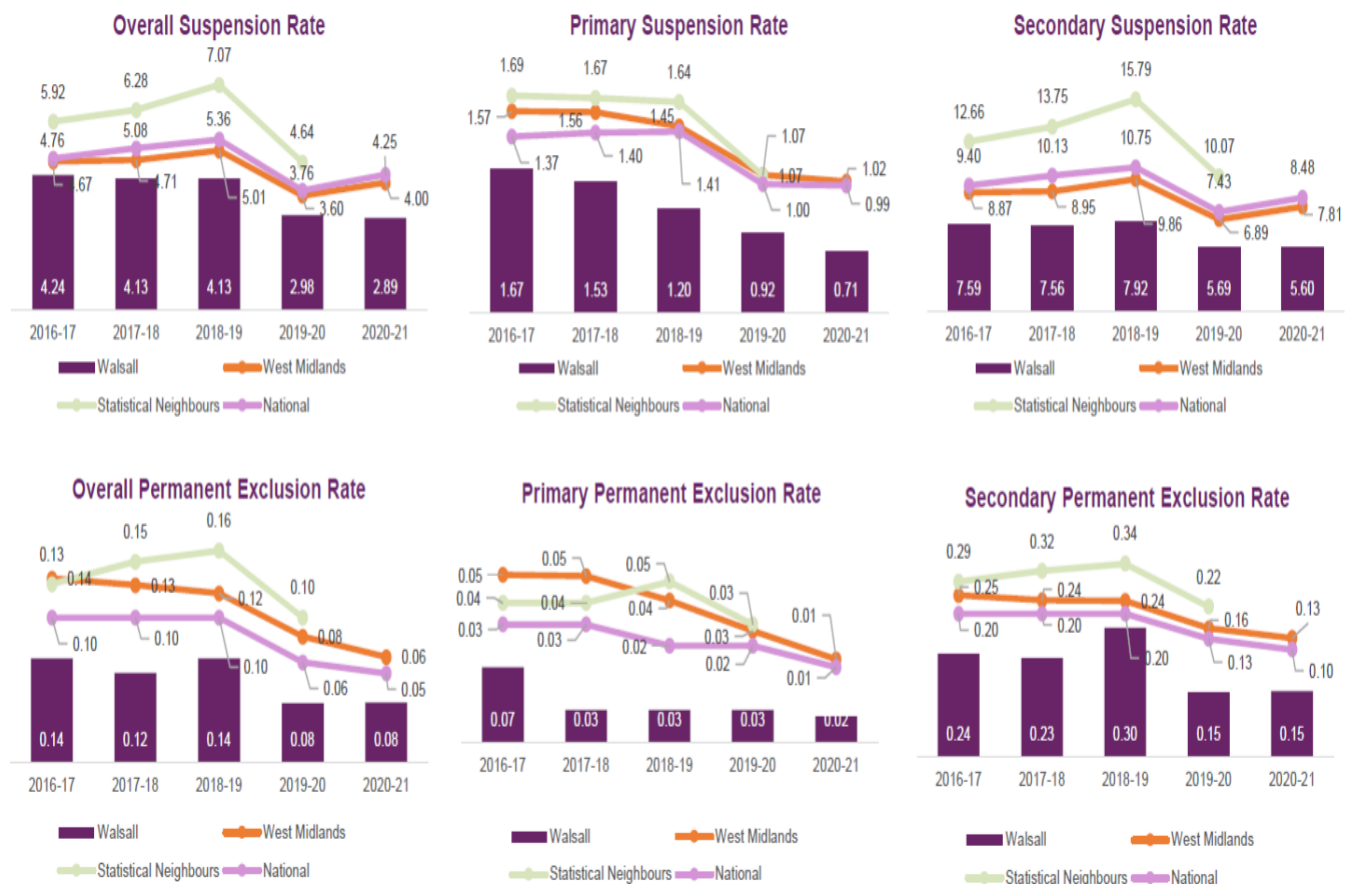
Source: Permanent exclusions and suspensions in England, Academic Year 2020/21 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)*, 2016-2021 academic years*

Figure 3.7 Fixed and permanent exclusion rate per 1,000 age 0-18 years, Walsall, boys and girls
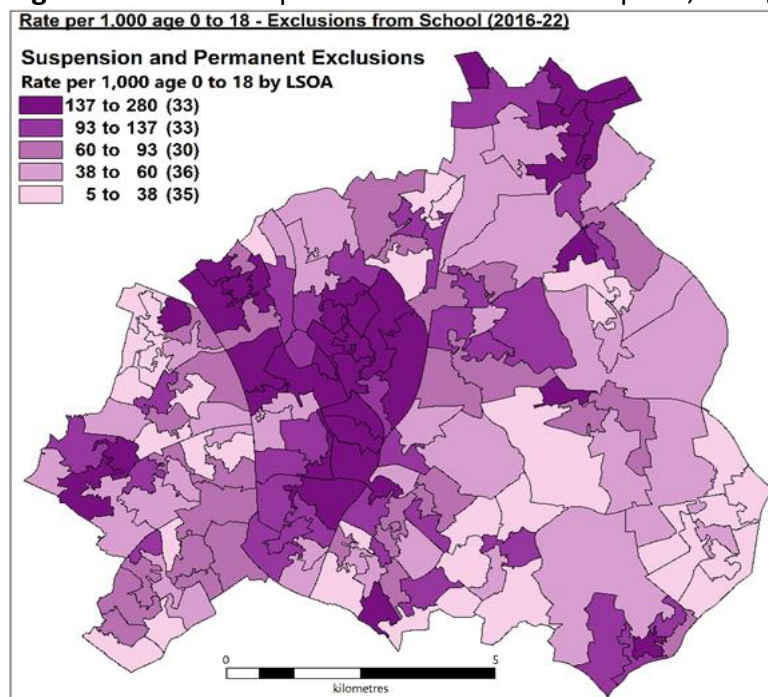
Source: Children's Services, Walsall Borough Council, 2016 to 2022 academic year)

In Walsall, the proportion of children and young people of White heritage who are excluded and/or suspended is like Walsall's population. Children and young people of Black heritage is over-represented in exclusions and/or suspensions compared with Walsall's population. Children and young people of Asian heritage is underrepresented in exclusions and/or suspensions. This pattern follows national trends.

Children who have special educational needs (SEN) and/or disabilities (SEND) are more likely to be excluded and/or suspended from school. In the 2020/21 academic year, 38% of exclusions in Walsall are received by children with SEND/SEND, which is up from 27% in 2019 and 34% of suspensions are received by children with special education needs, which is up from 32% in 2019.

In England, many males who enter youth custody have not had an entry for GCSE English or Maths (Figures 3.8 and 3.9 respectively). As many as 45% of those who enter youth custody have a missing entry for English and 30% have a missing entry for Maths. Where there is an entry, the young males who enter youth custody at age 16 to 17 years are likely to have received very low grades relative to other males attending state schools. If we consider those who have a missing entry, no award or a failed GCSE, this equates to 66% for English and 78% for Maths. It is rare for a person who ends up in youth custody to have done well in their GCSEs (Machin et al, 2023).

Young people who marginally fail to get a good grade at GCSE increases the risk of ending up 'not in education, employment or training' by age 18. It is plausible that faced with such prospects, young people may turn to crime (Machin et al 2023). Of young people who enter youth justice, majority are categorised as NEET. There are notable gaps in data and intelligence for young people ceasing their studies in Further Education, and similarly poor data on young people Not in Education, Employment or Training from age 16 upwards.

In 2016, Walsall had a higher proportion of young people aged 16-17 years who were not in education, employment or training compared with England (7.1% versus 6.0% respectively). However, due to the partnership work and focus in this area, the rates have come down for Walsall at a faster rate than they have for England. In 2020 the proportion of 16–17-year-olds who were not in education, employment or training was 3.6% for Walsall compared with 5.5% for England and 5.7% for West Midlands.

In 2020-21, two fifths (40.5%) of Walsall young people attended university, which is lower than their regional (43.2%) and national (44.4%) peers. Just 7.6% attend high tariff universities compared with 9.0% regionally and 11.4% nationally.

Less than half of adults in Walsall (48.9%) of those aged 18-64 years are qualified to Level 3. This is the 23rd lowest in the country (out of 333 local authorities) but the highest in the Black Country (Sandwell 26.9%; Wolverhampton 40.4%, Duidley 42.2%).

Figure 3.8 GCSE grades in English or English Language (males only)
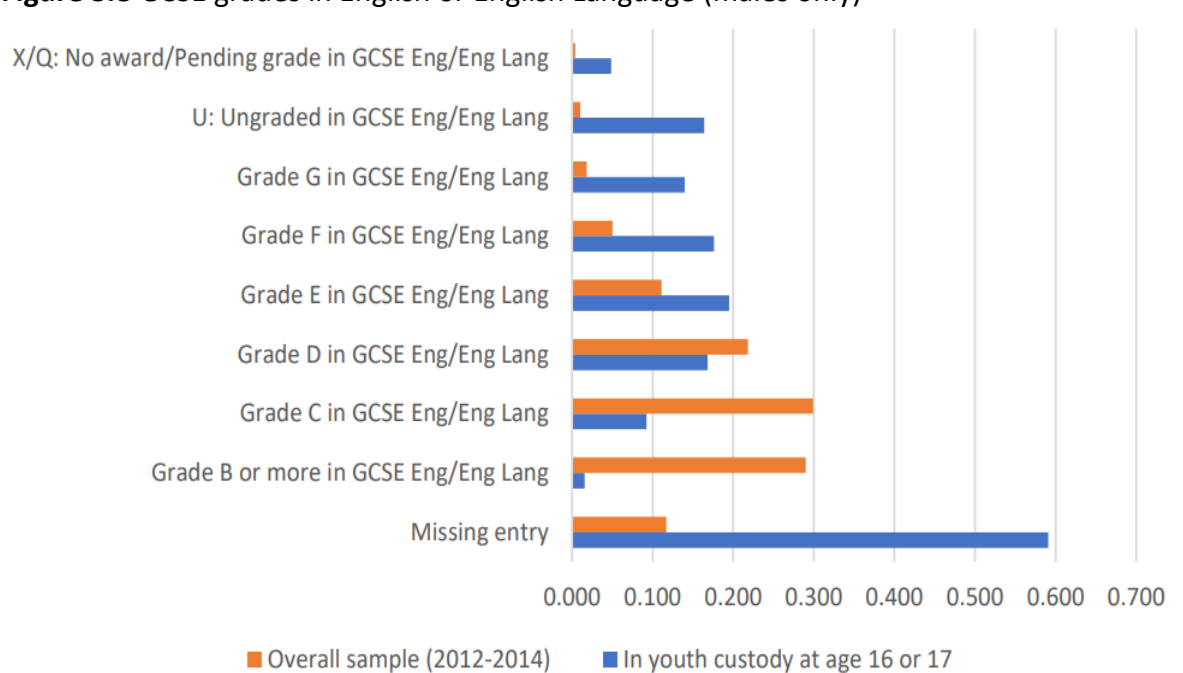
Source: Machin et al 2023

Figure 3.9 GCSE grades in Maths (males only)
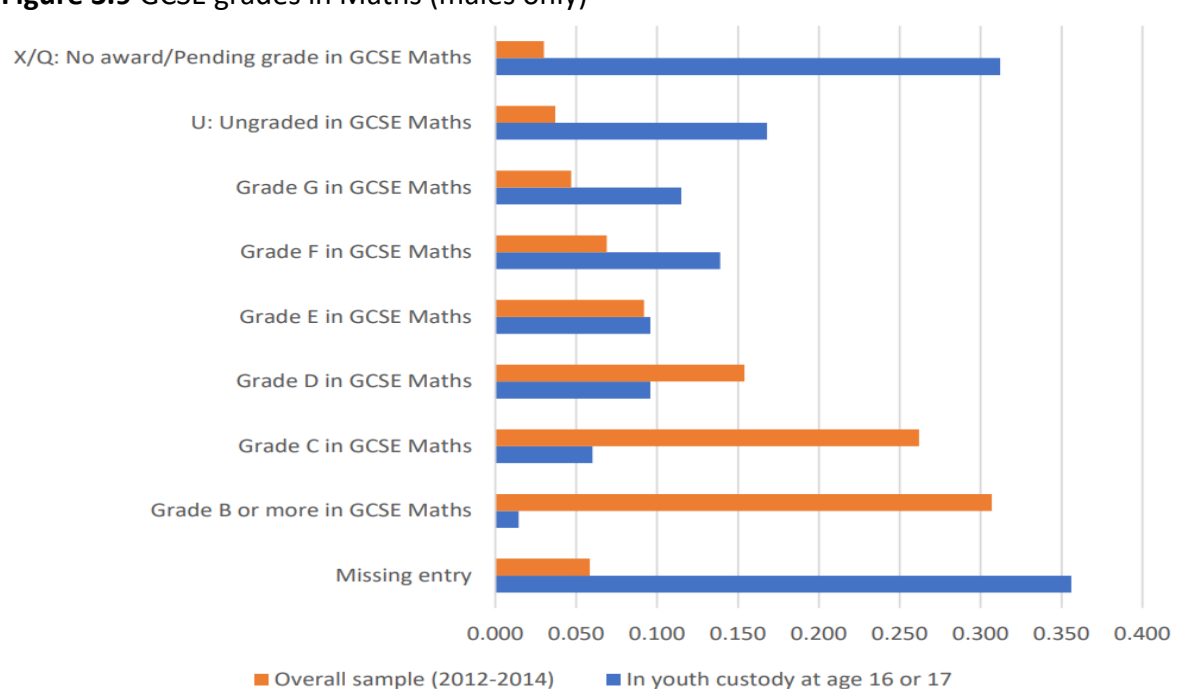
Source: Machin et al 2023

From the We Are Walsall survey (2022), when asked whether 'children and young people who are growing up in the borough of Walsall have bright futures with opportunities to learn, play and grow', residents were split in their response. Their responses ranged from lack of leisure/nothing to do for children or young people (14%) through to poor attitudes of children or young people, presence of poverty, some deprived areas and/or depends on where they live (5%). Equal proportion of respondents felt that Walsall has 'poor quality schools/education' (13%) or that the borough has 'good schools/education' (12%). 11% of respondents stated lack of opportunities and 6% felt that there were lack of jobs or employment.

When focusing on the responses from young people only a different position was found. Three quarters (74%) of young people said that they find it 'fairly difficult' or 'very difficult' to find work within Walsall, with a quarter citing this due to lack of jobs generally and one in five cited lack of skilled jobs (Figure 3.10).

Figure 3.10 Reasons why young people feel that is it difficult to find work with Walsall
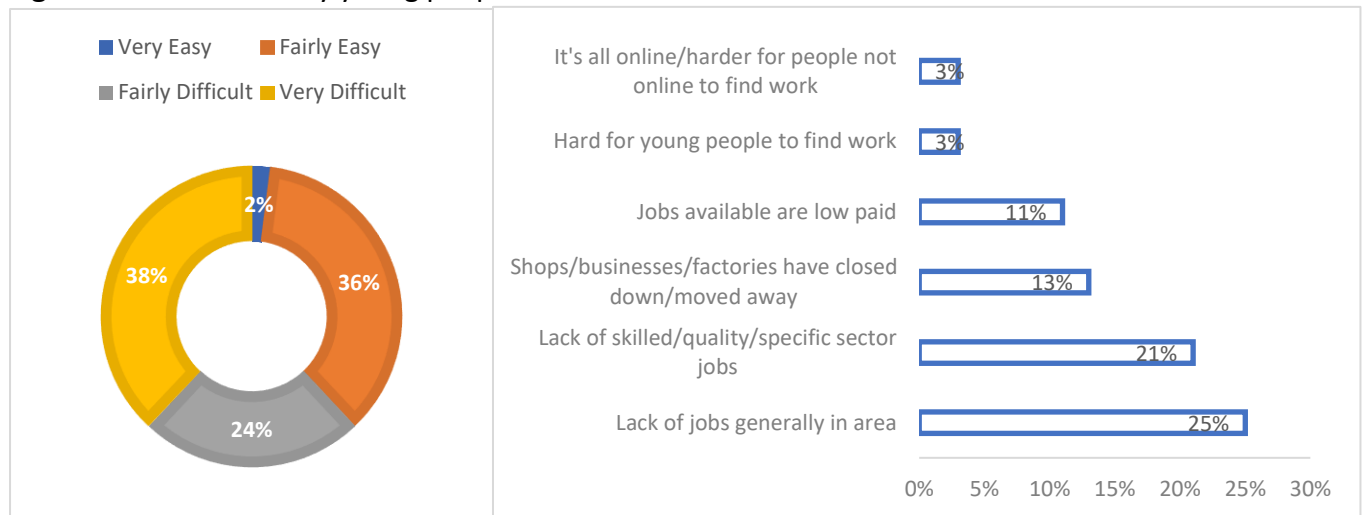
Source: We Are Walsall, 2022

Young people said that they wanted more support around employment (We Are Walsall, 2022). They saw employment as a key priority for Walsall, but they did not know what to do when they left school. They recalled about how they didn't get any support at school when deciding on their next steps. They would have liked to have had workshops or 'ways of getting your foot through the door'. Examples they gave were internships, work experience, career days/fairs and classes that teach employment skills. One young person said:

> *"It feels like we're not really given an insight into employment and different options for employment."*

When asked about education and employment, younger people wanted to receive more support with their higher education, especially if they had experienced bullying or needed to get out of mainstream schooling. They wanted to see more support to stay in school, and more support with what their options could be if they were struggling in mainstream school. As one person said:

> *"I dropped out of college due to bullying, I found it very difficult to find another college or apprenticeship. Job Centre didn't offer anything. Went with mum to find something to do, ended up at a college for more vulnerable/less educated people. No support around what I wanted to do, didn't feel listened to.*
>
> *Kids are slipping under the radar and being missed because the services aren't picking them up."*

Young mothers faced struggles balancing childcare with education. They said there were plenty of nurseries but struggled to find any that would take their children for enough hours while they were in education or at work.

More support around employment was also requested, with one young person saying *"it feels like we're not really given an insight into employment and different options for employment".* Young people saw employment as a key priority for Walsall, but they didn't know what to do when they left school. They recalled how they didn't get any support at school when deciding on their next steps. They would have like to have had workshops or *"ways of getting your foot through the door",* such as internships, work experience, career days/fairs and classes that teach employment skills.

Young mothers in the group also hadn't received any support getting back to employment and found there were barriers to their entry back into the workforce.

> *"I'm a single parent… free/affordable childcare was dropped when they realised I was 23, not under 20. The rest of my family are working, so there's not really any people I can rely on [for childcare].' Those my age don't get the support of getting back into employment anymore."*

Parents also wanted to see more education and job seeking support for their children. Parents of younger children wanted to see more support for children in education, especially those with special needs. One mother had to wait a year for her son to get classroom assistance despite her son having additional needs. There was a similar story from the mother of an autistic child who took a long time to get the additional support he needs.

Violence: Victims, Witnesses, Perpetrators or any combination

Teenage children who are supported by a social worker, regularly miss classes or are not in education, receive free school meals, or not from a two-parent household, are significantly more likely to be involved in violence compared to children who are not from one of these backgrounds (Figure 3.11; YEF, 2022). The Young People's Survey (2020) found that being a young carer is associated with more reports of being bullied, smoking, money worries and accidents.

The risk of committing or being affected by youth violence is associated with adverse childhood experiences (ACEs), access and availability of youth support and/or mental health services, and socio-economic deprivation (RCPCH, 2020). There is strong evidence linking deprivation and vulnerability to knife crime, as well as links between school exclusion and knife crime and serious violence (RCPCH, 2020).

Youth violence may be a symptom of child abuse, both within the context of the family or trusted adults, but also the societal context in which the young person lives. This could include, as an example exclusion from education settings, community unrest, living in poverty or areas of high crime levels.

Figure 3.11 Proportion of teenage children victims of violence by family and educational experiences
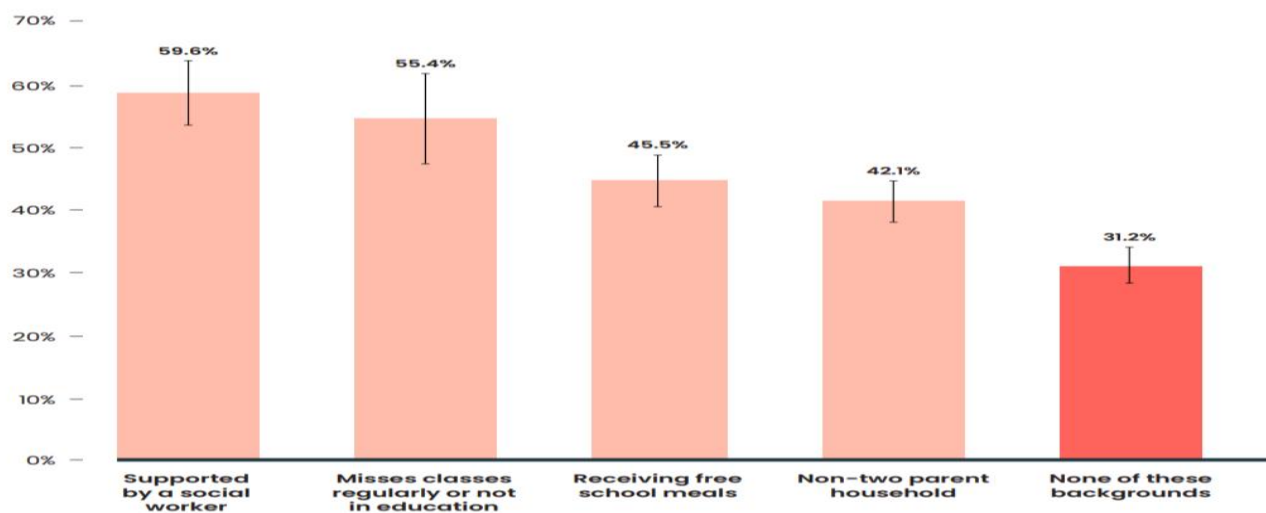
Source: YEF, 2022

YEF (2022) found that young people of Black heritage were more likely to be victims of violence in the last 12 months, with 33% being victims of violence compared to 13% for White children and 11% for Asian. People from Black and minoritised ethnic groups are more likely to be bullied in UK schools, experience race-related hate crime and harassment, modern slavery and exploitation, and are five times more likely to be victims of homicide in England and Wales (ONS, 2020). More than half (51%) of Black children stated that they were victims or witnesses, compared to 30% for Asian children and 39% for White children (YEF, 2022).

Young people who enter youth custody are much more likely to have been eligible to receive free school meals when at school. They are much more likely to be Black African or Black Caribbean heritage. They are less likely to speak English as their first language. And there are much more likely to be classified as either having a statement of Special Education Needs (SEN) or have 'school action plus' as a SEN category. Taken as a whole, 75% of those males ending up in youth custody at age 16 or 17 years were designated under a 'special needs' category whilst at school (Machin et al, 2023).

A thematic inspection by HM Inspectorate of Probation looked into the experiences of Black and Mixed heritage boys in the youth justice system (HMIP 2021) and summarised the findings (Figure 3.12). HMIP (2021) found that the large majority of Black and Mixed heritage in the youth justice system had experienced multiple adverse childhood experiences and had high levels of need, such as special educational needs and mental health difficulties, which had not always been identified or properly addressed until they came into contact with the Youth Offending Service. As stated in the report, this raised questions and concerns about the support they received from mainstream services before their involvement with the youth justice system. This high level of unmet need was a common theme of this inspection. HIMP (2021) stated that if problems and difficulties had been addressed earlier in the children's lives, there could have been a different outcome for them. In the post-court cases that were inspected, 60% of the boys were, or had been, excluded from school, with the majority being permanently excluded. Where there was a recording, half of the young boys had experienced racial discrimination.

Figure 3.12 Contextual facts as outlined in Her Majesty's Inspectorate of Probation

Of the cases we inspected where black or mixed heritage boys were sentenced to court orders, we found that:

60%	had been excluded from school, the majority permanently
Almost a third	had been a victim of criminal exploitation
Half of the boys (where recorded)	had experienced racial discrimination
A third	were subject to Child Protection or Child in Need processes
A quarter (where recorded)	the number of cases in which the child had a disability

National statistics:

41%	The proportion of children in youth custody in the year ending March 2020 who were black or mixed heritage[2]
35%	The proportion of children remanded to custody in March 2020 who were black. This has increased 14 percentage points, from 21%, since 2010[3]
2,166 black and **1,586** mixed heritage	The number of children who received a caution or were sentenced in the year ending March 2020. These represent 12% and 9%, respectively, of all children who received a caution or were sentenced in the period[4]
Twice as likely	The likelihood of Black Caribbean, and mixed white and black Caribbean children to have been permanently excluded from school in the 2019/2020 academic year compared to their white peers, (rates of 0.14 and 0.15, respectively, compared with 0.06)[5]

Source: [The experiences of black and mixed heritage boys in the youth justice system (justiceinspectorates.gov.uk)](justiceinspectorates.gov.uk)

A disproportionate number of children from the care system end up involved in the criminal justice system. At present (April 2023), around 11% of children on youth justice caseloads in Walsall are looked after children.

Research commissioned by Walsall Youth Justice Service Performance and Partnership Board found that young people involved in the criminal justice system had multiple and complex factors, which supported national research for this cohort of individuals (Chard, 2019). To summarise, 53% of young people had reported aggression or threats to professionals; 65% had a history of going missing; 70% were confirmed as not complying with help or interventions. The research also looked at parental criminality and asked about sibling criminality. In nearly half (47%) there is current or previous criminality in the young person's immediate family, which increases to 58% if extended to aunts and uncles.

Chard (2019) also found that a significant number of children and young people had previously limited or no involvement with the criminal justice system and those who did, were at an early
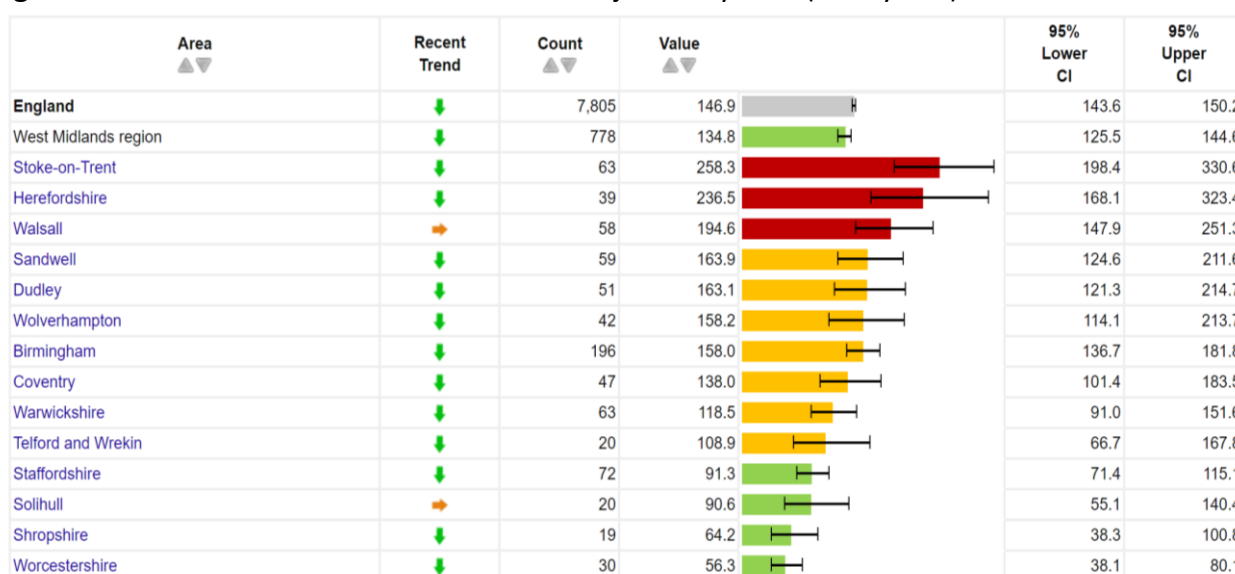
stage (i.e., referral orders). However, as previously described in Chapter 5, there were high levels of childhood adversity and trauma. Of those young people involved in the Youth Justice Service, 41% were at risk of child sexual exploitation. One of the powerful themes that emerged for many of the young people in this study, was the impact of parental loss (not just death), in particular the absence of fathers and lack of male positive role models, in addition to the longstanding abuse suffered by a large number of these children. Further, for some children the impact of abuse and loss on attachment and their behaviours was also evident (Chard, 2019).

Within Walsall, 71% of young people who were part of the research study were from a minority ethnic group (Chard, 2019). This is significantly higher than the demographics of the borough, where 37% of the school population are from a minority ethnic group. However, it is like national figures where, in general, minority ethnic groups appear to be over-represented at many stages throughout the criminal justice system compared with the White ethnic group (ONS, 2021). Outcomes for minority ethnic children are often more pronounced than White children at various points of the criminal justice system.

What was also evident from the locally commissioned research was the impact of the fracturing of families including family moves to the UK or the impact of immigration status and being able to maintain their cultural heritage, especially when it came to integrating into educational settings. Culture was also seen to have a relevance for children and young people of White British heritage, including social exclusions from poverty and worklessness and living in families who seem to be living at the edge of society, especially when families are in conflict with communities. This all brings about lack of hope and ambition (Chard, 2019).

Walsall has a higher rate of first-time entrants into the criminal justice system (0-17 years), with a rate of 194.6 per 1,000 compared with a national rate of 146.9 per 1,000 and a West midlands rate of 134.8 per 1,000, although the rates are not statistically different (Figure 3.13). Between October 2021 to September 2022, the 0–17-year-old rate has reduced by 4.3% to 183 per 1,000. This percentage change reduction is smaller than the region (27.9%) and for England (5.5%).

Figure 3.13 First time entrants into the criminal justice system (0-17 years)

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	↓	7,805	146.9		143.6	150.2
West Midlands region	↓	778	134.8		125.5	144.6
Stoke-on-Trent	↓	63	258.3		198.4	330.6
Herefordshire	↓	39	236.5		168.1	323.4
Walsall	→	58	194.6		147.9	251.3
Sandwell	↓	59	163.9		124.6	211.6
Dudley	↓	51	163.1		121.3	214.7
Wolverhampton	↓	42	158.2		114.1	213.7
Birmingham	↓	196	158.0		136.7	181.8
Coventry	↓	47	138.0		101.4	183.5
Warwickshire	↓	63	118.5		91.0	151.6
Telford and Wrekin	↓	20	108.9		66.7	167.8
Staffordshire	↓	72	91.3		71.4	115.1
Solihull	→	20	90.6		55.1	140.4
Shropshire	↓	19	64.2		38.3	100.8
Worcestershire	↓	30	56.3		38.1	80.1

Source: Your indicator lists - OHID (phe.org.uk)

A specific audit of Walsall's Youth Justice Service for Young Females was undertaken. A sample of females involved in the Youth Justice Service (April 2019-March 2020) found that all of the females within the audit had had some involvement with Children's Services:

- 44% having been accommodated under Section 20 or a Full Care order
- 19% had Child Protection Plans
- 38% had Child-In-Need Plans or Early Health support.

Just over half (56%) experienced varying levels of mental health illnesses. Of those young females who experienced mental health illnesses, 89% displayed self-harming behaviour. All the young females had been offered mental health support, of which three-quarters (78%) had received/were receiving mental health support whereas the remainder declined support. There were concerns of child sexual exploitation for nearly a third (31%) of young females, with a fifth (20%) of these concerns also at risk of child exploitation.

Three-quarters (75%) of the young females displayed violent behaviours, although they did not meet the threshold for serious harm. Their aggressive behaviour was aimed at care staff (42%), family members (16%) and a combination of family/peers (42%). 3.1% of young females stated that they had a history of carrying knives/offensive weapons.

For ethnicity, the following was found:

- 62.5% were White British
- 12.5% were Black Caribbean
- 25% were White European; Asian; Black Other.

This supports the findings from Chard (2019) and national figures, that people from Black and Asian Minority Ethnic population groups were over-represented in the youth justice system.

A more detailed ethnic disproportionality report has been undertaken for all persons in the Youth Justice Service, covering the two-year period of April 2020 to March 2022. When looking at offences, there is clear dis-proportionality between those of the general population for Walsall and the percentage of offences and offenders. There is under-representation of people of a White background for both offences and offenders, and also for Asian or Asian British communities. However, the Black or Black British population has a much greater proportion of offences and offenders compared with the proportion within the general population (Table 3.1). The Chinese or other ethnic group is equally represented across the board. Up until the age of 16 years, the likelihood of offending increases with age for all ethnic population groups.

Table 3.1 Number (%) of offenders in Youth Justice Service, Walsall, 10–17-year-olds, 2020-2022

Ethnicity	10–17-year-old population		Offences 10–17-year-olds		Offenders 10–17-year-olds	
	Number	*%*	*Number*	*%*	*Number*	*%*
White	20,253	72	284	58	81	55
Asian or Asian British	5,473	19	24	5	10	7
Black or Black British	723	3	79	16	17	12
Chinese or Other Ethnic Group or Mixed[*]	1,819	6	103	21	39	26

[*] *Chinese or Other Ethnic Group and Mixed have been combined due to very low numbers*

Violent offences were the greatest percentage of overall offences for all ethnic population groups, ranging from 57% in White to 77% in Mixed and Chinese or Other Ethnic population groups. Drug offences were the second largest of offences for Asian or Asian British (30%), Black or Black British

(19%) and Mixed groups (14%). However, for the White population group, the second largest offence was Acquisitive Crime, being 35% for this population group, followed by Drug Offences (5%). There is clear disproportionality with Black and Asian Minority Ethnic population groups compared with White whereas there is disproportionality of White for acquisitive crime.

Types of violence

It is important to understand the levels and types of violence associated with young people, as this is often different for adults. 16–24-year-olds are the most common victims of homicide, sexual violence and domestic abuse across the UK (ONS, 2021). Evidence indicates that males commit the most serious violence and that the peak age for carrying a weapon is 15 years old (1 in PHE, 2019).

The youth endowment fund (YEF) undertook a survey of children and young people aged 13 to 17 years in England and found that girls were as likely as boys to have been a victim of violence (14% and 15% respectively). The types of violence that teenage children have been victims of include Assault (11%); Robbery (5%); Sexual assault (5%); Threatened with or had someone use a weapon against them (5%) (YEF, 2022). A similar picture emerges for Walsall (Figure 3.14).

Figure 3.14 Rate of children aged 13-17 years who were victims of violence, Walsall residents, by type of violence and gender
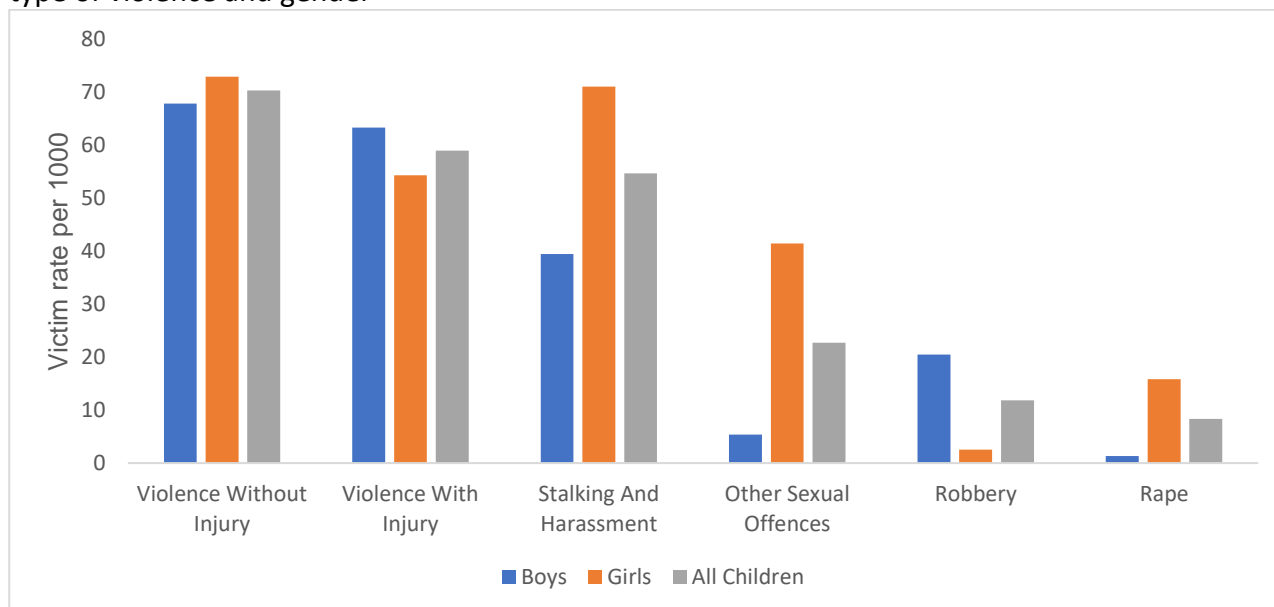
Source: WMP, 2019-2022

The Young People's survey (2022) undertaken on behalf of schools and students' health education unit (SHEU) found that around a third of primary school pupils said that they experienced bullying 'often' or 'everyday'. These behaviours included teasing and name-calling but also being pushed/hit. Of those bullied 'often', about a third were bullied during school break times.

The most common reasons reported for being bullied were a person's size and the way they looked, especially for older girls. Having free school meals is also associated with being bullied. Lesbian, gay and bisexual young people are more likely than their peers to report being bullied. 2 in 5 of young people who experienced online bully in England and Wales had a long-term illness or disability (ONS, 2021). The fear of bullying was found to reduce with age (Young People into 2022 | SHEU the schools and students health education unit).

The type of violence towards young people differs by gender. Plan International UK (2018) found that 1 in 4 females aged 14-21 have experienced verbal harassment, including sexual comments in public places, at least once a month (Plan International, 2020). Another study found that 1 out of 3 women aged 16 to 34 years had experienced one form of harassment in the previous 12 months. YEF (2022) found that girls were nearly five times (8.3%) more likely to be the victims of sexual assault compared to boys (1.4%)[4]. Boys were much more likely to be victims of robbery. The Young People's survey (2022) found that up to a quarter of older pupils report unwelcomed behaviours from boyfriends/girlfriends, like jealously, hurtful language and 'checking my phone'. In total, 86% of all groups surveyed said that they have been told to stay safe while online. However, 11% of older females (14–15-year-olds) say that they have sent sexual images of themselves.

1 in 3 women worldwide have been subjected to either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime (WHO, 2021). National data shows that 1 in 4 women aged 16 to 34 years had experienced catcalls, whistles, unwanted sexual comments or jokes in the previous 12 months, while 1 in 3 had felt like they were being followed, and 1 in 3 women feeling unsafe walking alone after dark, compared with 1 in 10 men (ONS, 2021). Another study (https://isthisokgm.co.uk/) found the following:

- Over 7 in 10 women of all ages in the UK have experienced some form of sexual harassment in a public space
- This rises to over 4 in 5 among 18–24-year olds
- Over 9 in 10 of all women did not report their experiences of sexual harassment.

When compared with the ONS survey for young people, the YEF survey found double the proportion of young people who were victims of violence (7% for ONS compared with 14% for YEF). There are a number of reasons for this difference, including YEF interviewing a slightly higher age range, who may experience higher rates of violence. Also, the YEF defined violence differently and included sexual violence in their definition, which the ONS doesn't. Also, the YEF is an online survey whereas ONS is face-to-face. Given the high percentage of sexual assault being recorded in the YEF survey, it is important that we start to truly understand the levels of sexual assault towards young people and consider ways to prevent it from occurring.

One in five (19%) of teenage children said they had committed an act of violence in the last 12 months, with equal responses for both boys and girls. The most common act was kicking, hitting, shoving or another act of physical violence. However, some had been involved with serious violence, such as threatening or hurting someone with a weapon.

Girls were slightly more likely to have committed robbery (8%) compared to boys (7%). Boys were more likely to report using or threatening someone with a weapon (7%) compared to girls (6%). These differences are not statistically significant. These results differ from those found in the Millennium Cohort Study, who found that boys were twice as likely as girls at 17 years of age to use substances or carry weapons. It is also well documented that boys are more likely than girls to be in the criminal justice system.

Rates of physical violence among young people are broadly similar across the four nations, however England is the only country in which rates are increasing for all age groups, most notably 10–24-year-old, which increased from 297.7 to 315.5 per 100,000 from 2012 to 2017 (RCPCH).

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[4] YEF's definition of sexual assault is someone intentionally touched another person in a sexual way, e.g., touching, grabbing or kissing without their consent.

England also has appreciably higher rates of physical violence among children aged 10-14 years than Scotland, Wales and Northern Ireland.

For Violence with Injury, the numbers have remained reasonably steady for 10–14-year-olds and has dipped slightly in the last 12 months. For 20–24-year-olds, the number have reduced in the past 12 months but conversely, the numbers have increased for 15–19-year-olds over the past 12 months but have not reached the highest levels which were observed in 2019 (Figure 3.15).

Figure 3.15 Trend in Violence with Injury, suspects, by age group, Walsall
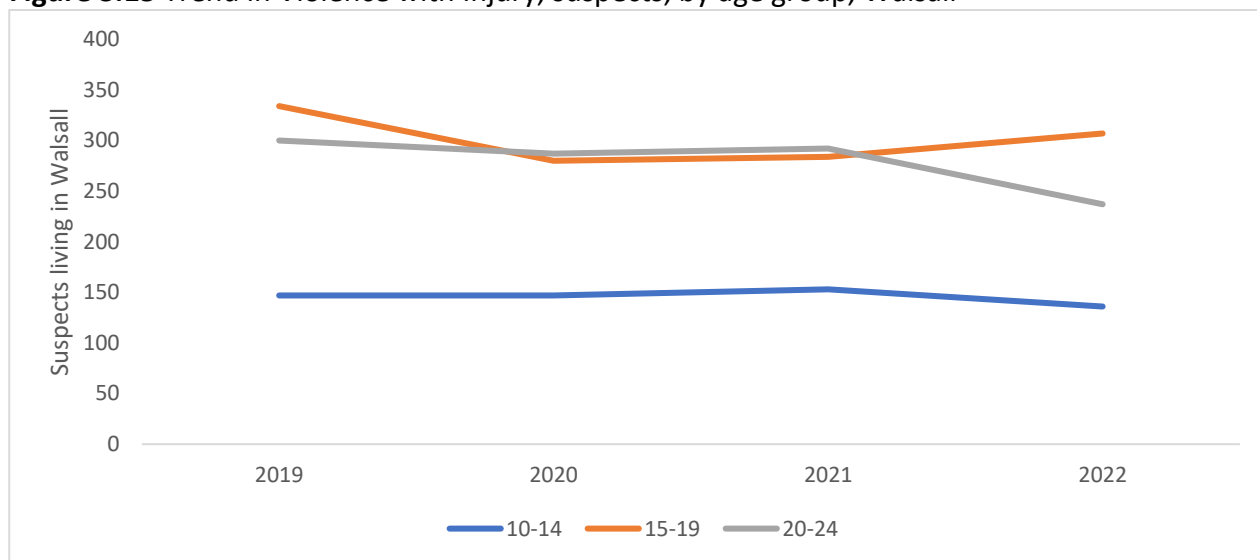
Source: WMP, 2019-2022

Many young people are worried about gangs and violence. However, only a small minority of teenage children were involved in gangs or weapons. In the last 12 months YEF (2022) found:
- 2% of teenage children said they had been in a gang
- 2% said they had carried a weapon
- 13% of perpetrators of violence said they had been in a gang in the last 12 months
- 15% said they had carried a weapon
- Of those who said they were in a gang, 42% said they had carried a weapon and 53% said someone they knew well had carried a weapon
- Of those who reported being part of a gang, they were also victims of violence.

The YEF (2022) survey found that those teenage children who are in gangs and those who carry weapons are not identical groups. More than half of teenage children who said that they were in a gang do not carry weapons, and 66% of those who reported hurting or threatening someone with a weapon were not in a gang. This finding is similar to ONS (2022) figures, where overall, 2% of children reporting being a member of a gang and the same percentage reported carrying a weapon in the last 12 months. This increases to 10% and 12% for victims of violence, for gang membership and carrying a weapon respectively.

Knife Crime

Knife Crime recorded by West Midlands Police includes offences such as Violence against the person, robbery, rape and sexual assault, possession of weapons and public order offences where a knife was involved. Of all knife crime offences in Walsall, 28% are classified as violence with injury and 23% as robbery. Across West Midlands, Walsall has the fourth highest rate of knife crime offences. Birmingham, Wolverhampton, and Sandwell all have knife crimes higher than Walsall.

Between January 2019 and December 2022, West Midlands Police recorded 1,668 incidents of knife crime in Walsall, of which 590 (42%) victims were under 25 years of age and 142 (10%) of victims of knife crime are under the age of 15 years. Therefore, people aged over 25 years of age, i.e., adults, still remain the largest percentage who are victims of knife crime, with 801 (57%) knife crime victims. A fifth (21%) of knife crime is domestic abuse (2022).

Knife crime in Walsall increases from the age of 10-14 years to a peak of 15-19 years, which mirrors national trends and then slowly comes down with age (Figure 3.16). Following national trends, knife crime in younger age groups is more likely to occur in public places whereas knife crime in the adult population is more likely to be domestic violence related.

Figure 3.16 Volume of Knife Crime, victims and suspects, by age group, living in Walsall
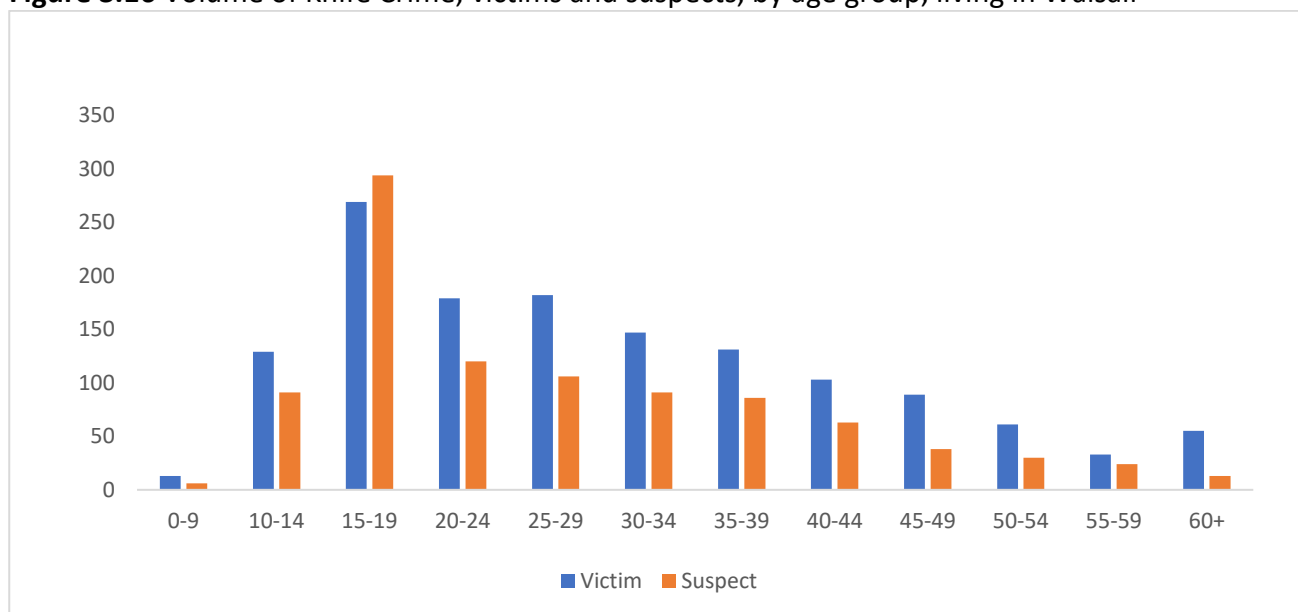
Source: WMP, 2019-2022

When we look at knife crime by age, gender and victims or suspects, we can see that males are most likely to be both victims (Figure 3.17) and suspects (Figure 3.18) at all age groups. Although the difference is less pronounced for victims compared with suspects.

Figure 3.17 Volume of Knife Crime, victims, by age and gender, Walsall
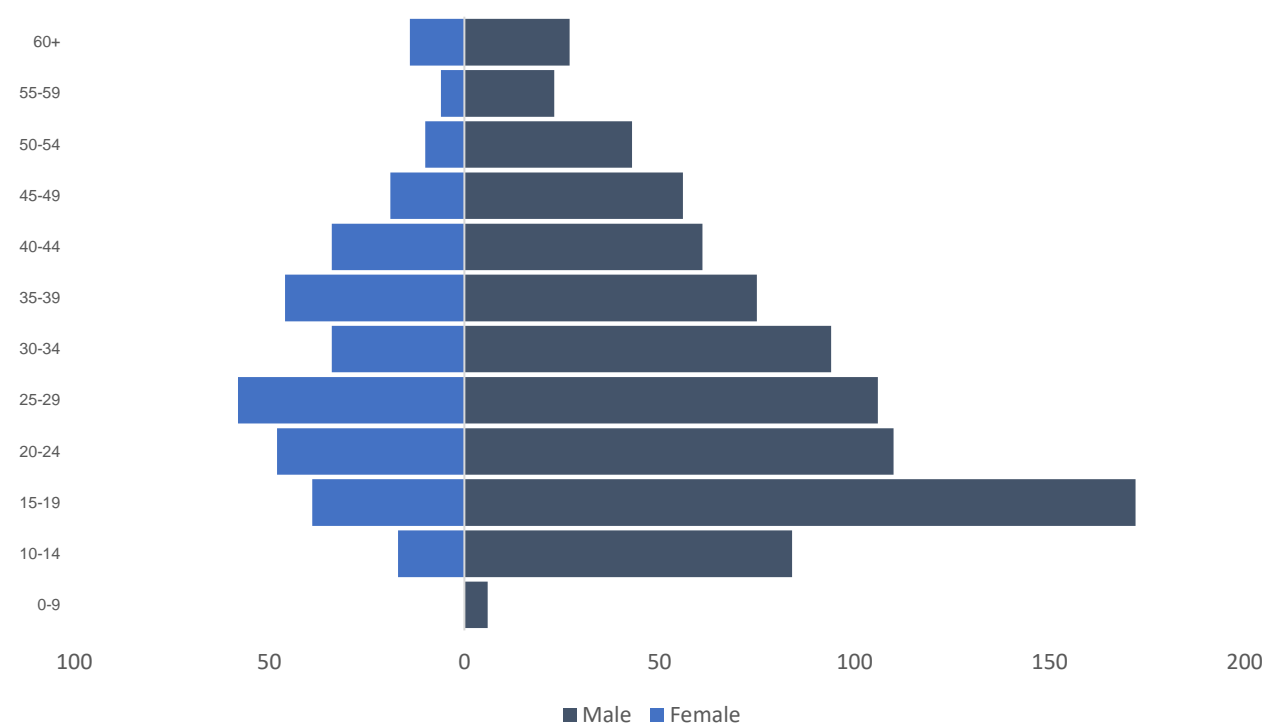
Figure 3.18 Volume of Knife Crime, suspects, by age and gender, Walsall
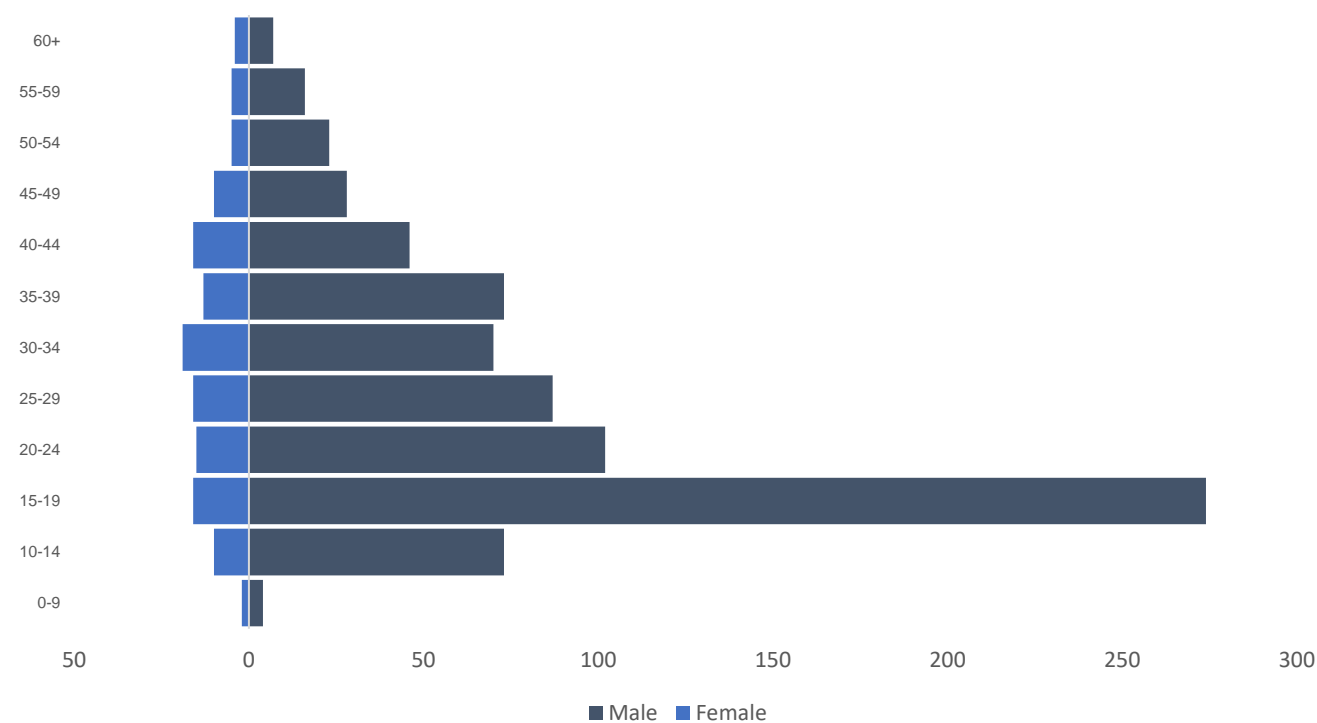
Knife Crime has a slightly different pattern over time for the younger population to that observed for Violence with Injury (Figure 3.14) and it must also be acknowledged that the numbers of Knife Crime incidents are much lower. For 10–14-year-olds, the numbers have remained reasonably steady over the past four years, dipping in 2020/21 when Covid-19 restrictions were in place. For 20–24-year-olds, the number have reduced since 2020 and continue to reduce. However, for the 15–19-year-old, the numbers have increased over time, although they have dipped slightly in the past 12 months (Figure 3.19).

Disproportionality for ethnicity is apparent for both victims and suspects. For victims, there is similar representation for the White population. There is lower representation for Asian and Asian British and Mixed/Other groups. There is higher proportion for Black and Black British individuals.

Figure 3.19 Trend in Knife Crime, suspects, by age group over time, Walsall
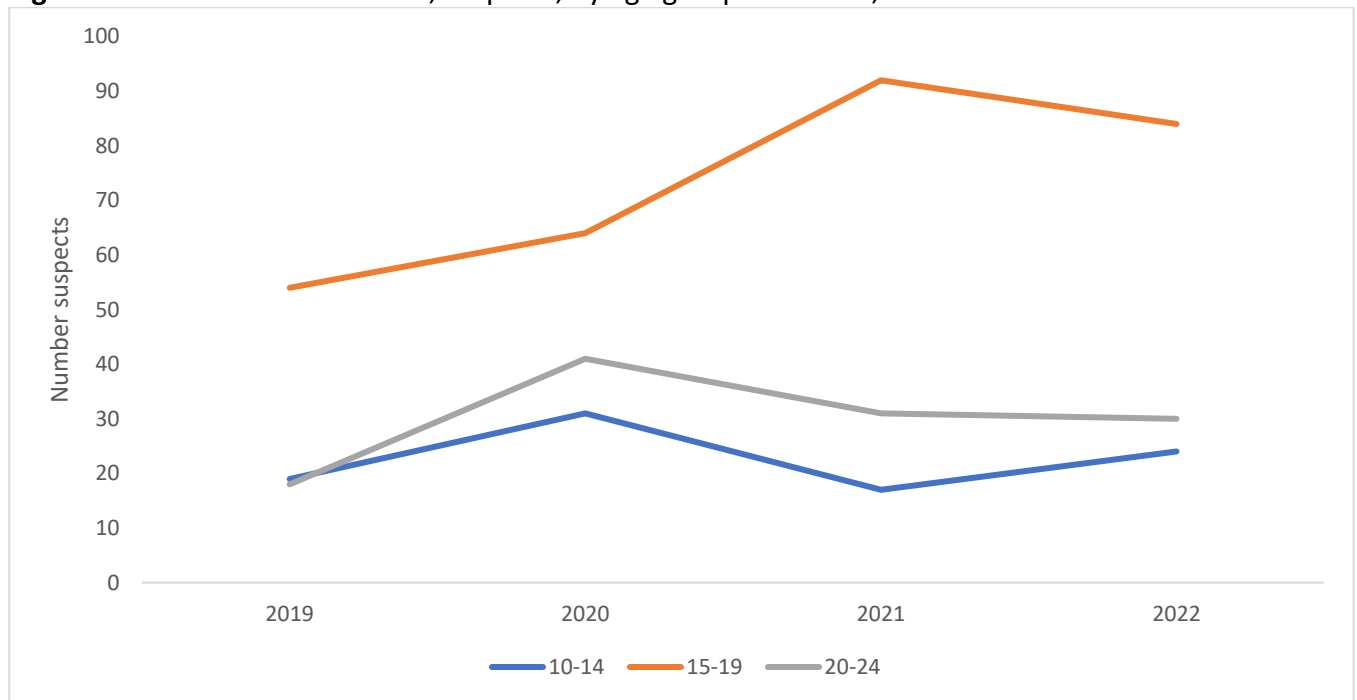
Source: WMP, 2019-2022

For all ages, the largest hotspot of knife crime is within Walsall Town Centre, which is within the West Midlands VRU priority place. A similar pattern emerges for victims of Knife Crime under the age of 25 years. Walsall Central neighbourhood has the highest volume of knife crime, for both victims and suspects but also being the location where most violence with injury offences occur (Figure 3.20). This area is a focus for younger people to gather socially and has transport hubs, including on the way to and from school. Residential areas with relatively high knife crime include those areas which also have high volumes of violence with injury offences.

Figure 3.20 Knife Crime per 1,000 population, victim and suspect, Walsall, aged under 25 years
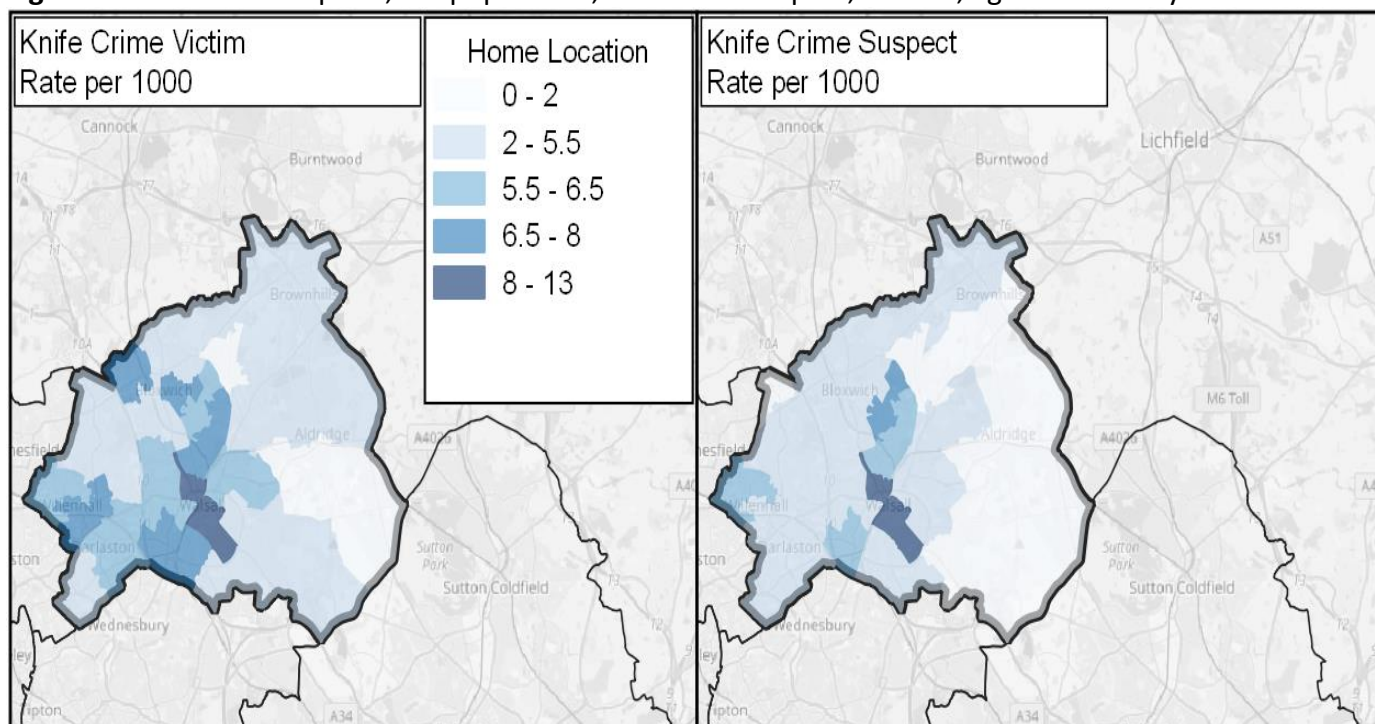
Source: Police Crime Data, 2019̲8̲-22

For suspects, there is a lower proportion of White population compared with the general population for Walsall. There is similar representation for Asian and Asian British. There is over-representation in suspects for both Black and Black British and Mixed/Other groups (Table 3.2).

Table 3.2 Percentage of victims and suspects of Knife Crime, Walsall, 0-25 year olds, 2019-2022

Ethnicity	0-25 population	Victim	Suspect
	%	%	%
White	*70.6*	73.9	58.5
Asian	*20.3*	15.5	18.2
Black	*2.6*	12.5	12.5
Other	*6.5*	4.4	10.8

Source: WMP, January 2019 – December 2022

Gun Crime and Possession of Weapons

West Midlands Police record Gun Crime include Violence Against the Person, Robbery, Rape and Sexual Assault, Possession of Weapons and Criminal Damage where a gun was involved. Figure 3.21 shows the recorded incidents of Gun Crime for Walsall, aggregated to neighbourhood level over a three-year period. Walsall Central had the greatest number of incidents. In total, 29% of Gun Crime is Violence with Injury and 28% is Possession of Weapons offences. The neighbourhoods with high knife crime offences also had the highest gun crime incidents. Only neighbourhoods with four or more incidents are displayed.

Figure 3.21 Grate of Gun Crime incidents in Walsall, January 2019 to December 2022.
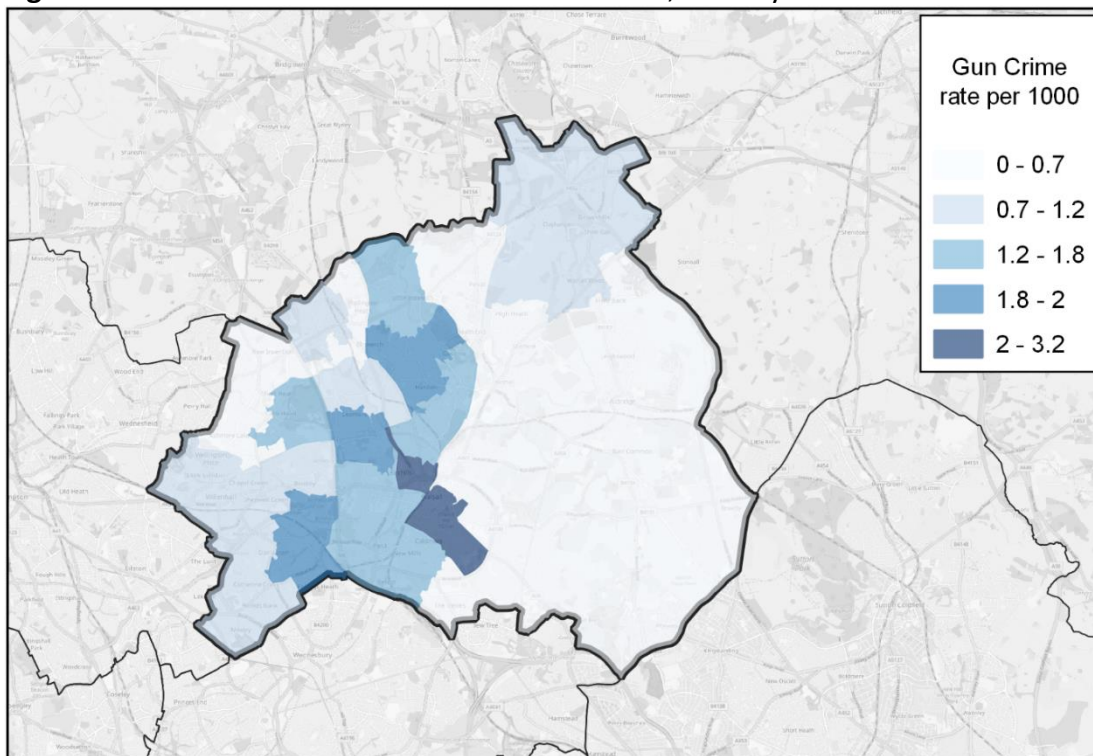
Source: WMP, 2019-2022

When we look at gun crime offences by age, gender and victims or suspects, we can see that males are most likely to be both victims (Figure 3.22) and suspects (Figure 3.23) at all age groups. The gender difference is less pronounced for victims compared with suspects. The numbers of gun crime are more similar across the age groups compared with knife crime for male victims and suspects which is a slightly different trend to knife crime.

Figure 3.22 Volume of Gun Crimes, victims, by age and gender, Walsall
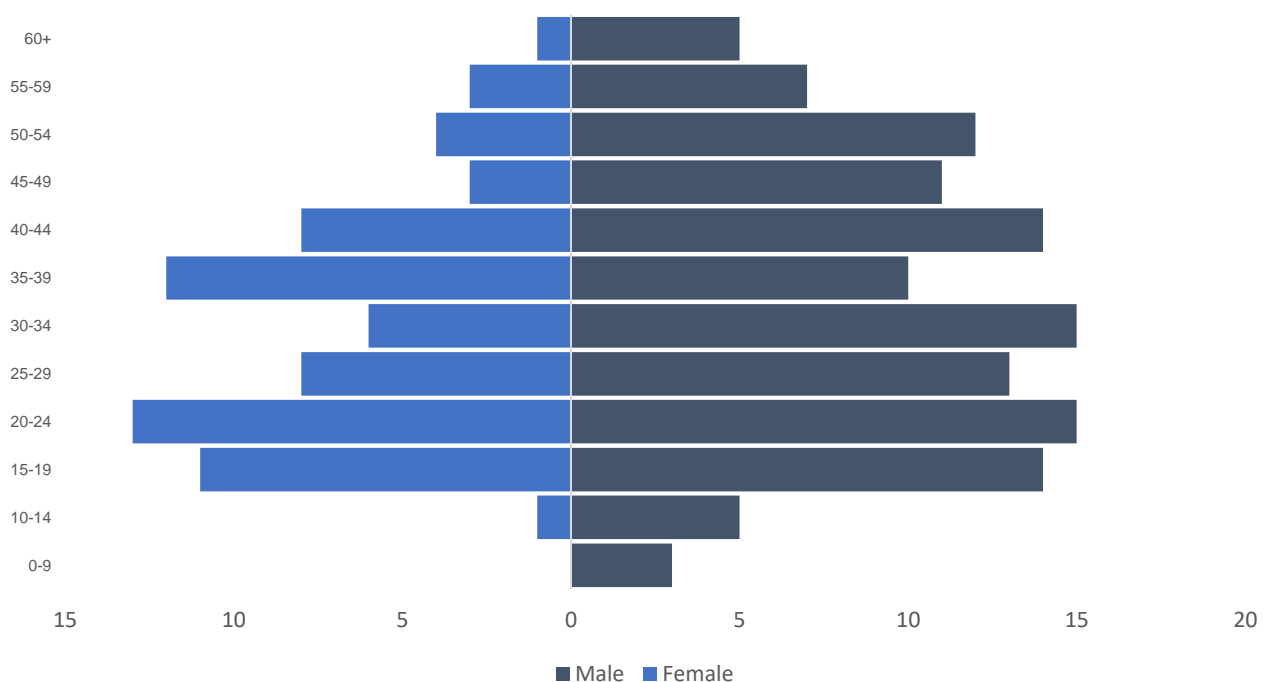
Source: WMP, 2019-2022

Figure 3.23 Volume of Gun Crime, suspects, by age and gender, Walsall
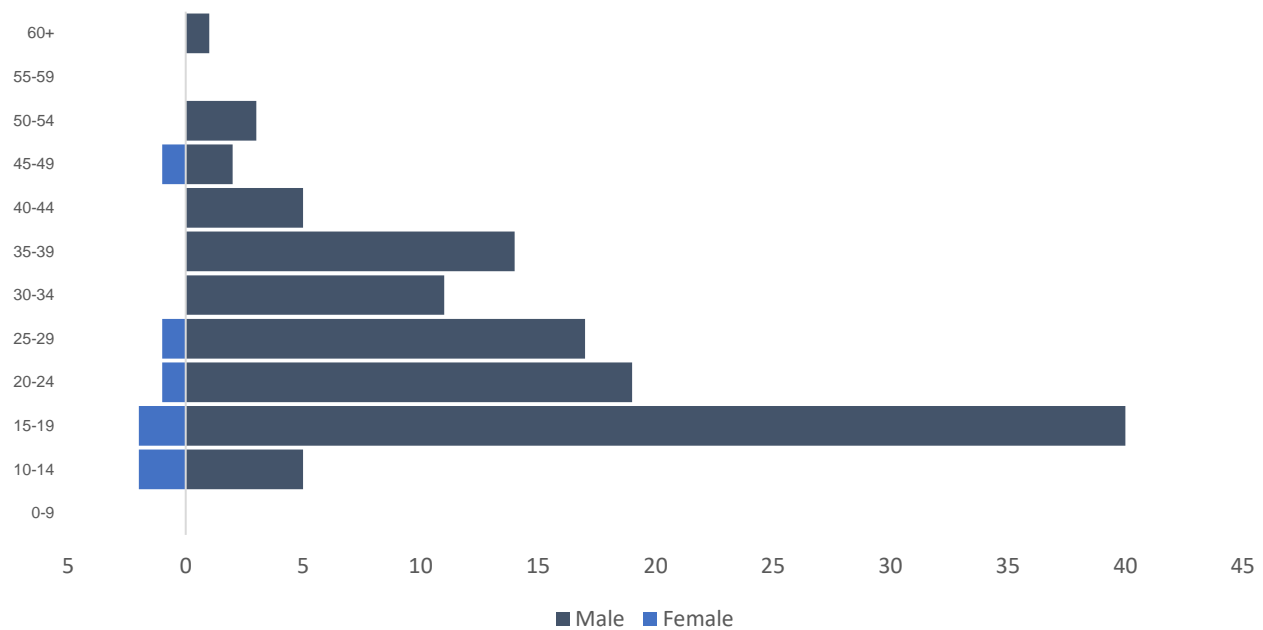
*Source: WMP, 2019-2022*

Possession of Weapons includes knives, firearms, other sharp instruments such as axes, razor blades, screwdrivers or blunt weapons such as hammers, baseball bats or metal bars. Similar to knife and gun crime, Possession of Weapons has a similar geographical spread. Walsall Town and Caldmore experience higher rates of violent crime including sexual assault (153 per 1,000) and possession of weapons (8.0 per 1,000) compared with Walsall as a Borough (75 per 1,000 and 1.9 per 1,000 respectively).

Possession of Weapons for Walsall has more than doubled since January 2018 (Figure 3.24). The reduction of incidents during the Covid-19 pandemic restrictions can be seen in 2020. This trend is observed across West Midlands. There has been much work undertaken by West Midlands Police in relation to crime data integrity, which means greater scrutiny of the data as well as changes to the West Midland's Police recording systems and processes.

Figure 3.24 Possession of Weapon offences, Walsall, all ages, all persons
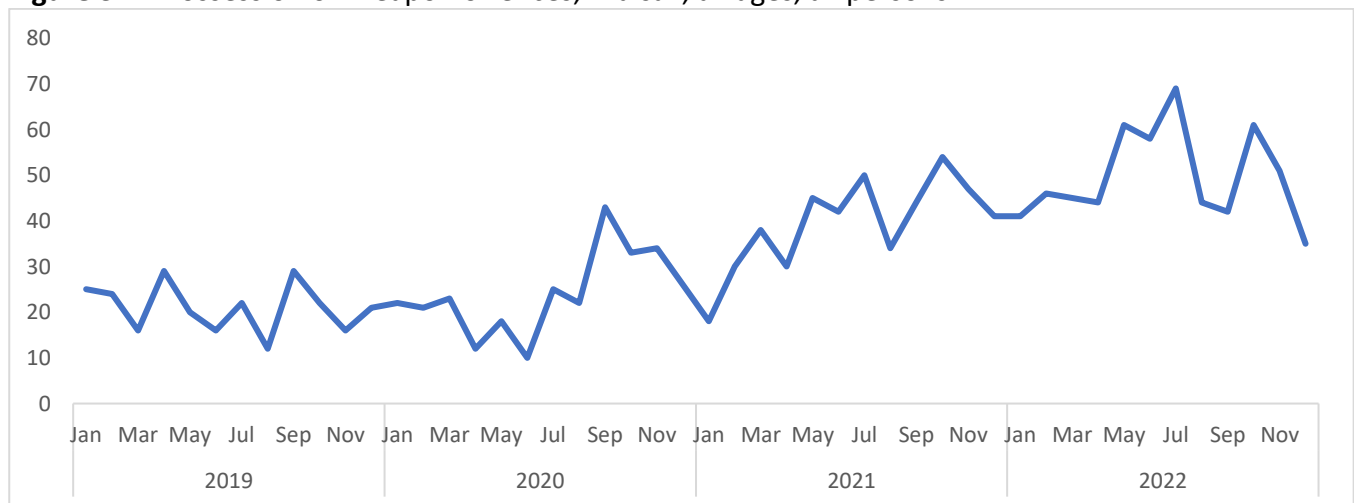
Source: WMP, 2019-2022

When we look at Possession of Weapons by age, gender and victims or suspects, we can see that like Knife Crime, males are most likely to be both victims (Figure 3.25) and suspects (Figure 3.26) for all age groups. Although the difference is less pronounced for victims compared with suspects.

Figure 3.25 Volume of Possession of Weapons, victims, by age and gender, Walsall
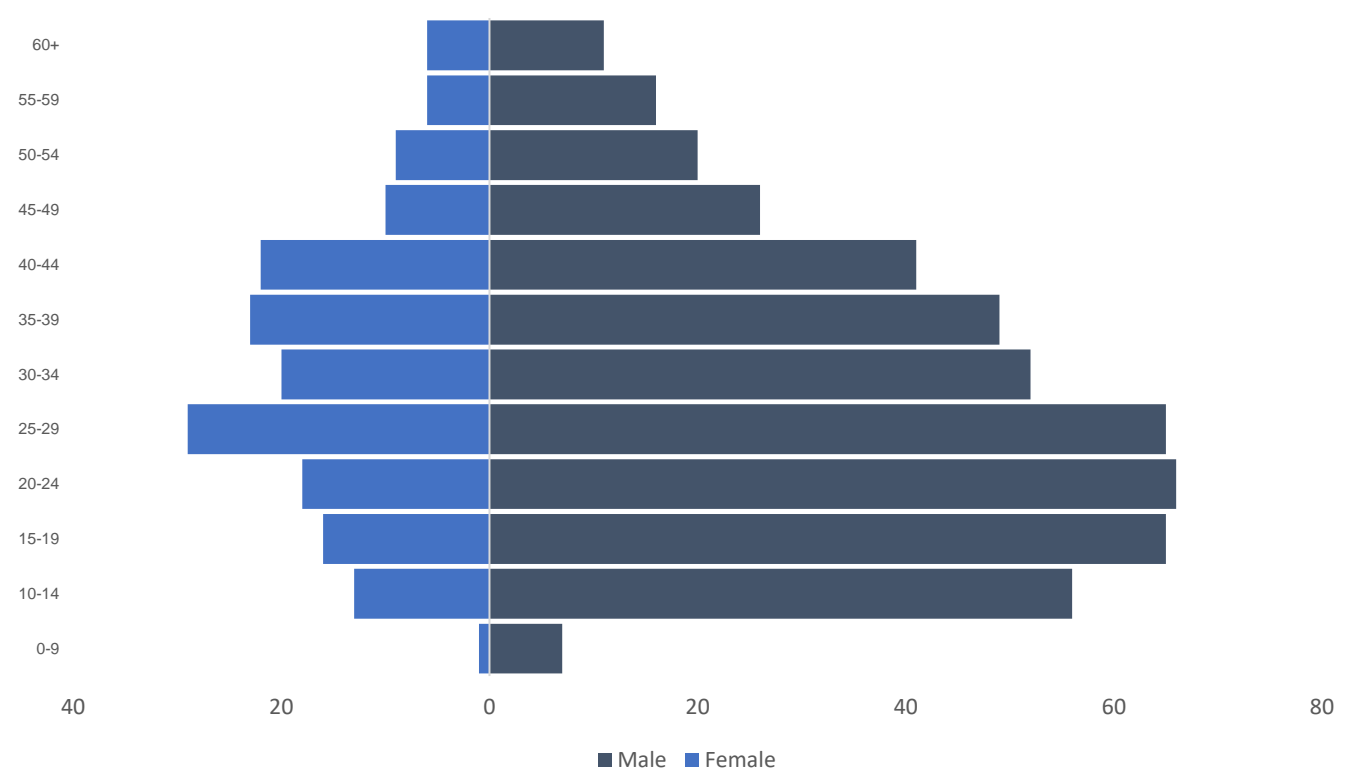
Source: WMP, 2019-2022

Figure 3.26 Volume of Possession of Weapons, suspects, by age and gender, Walsall
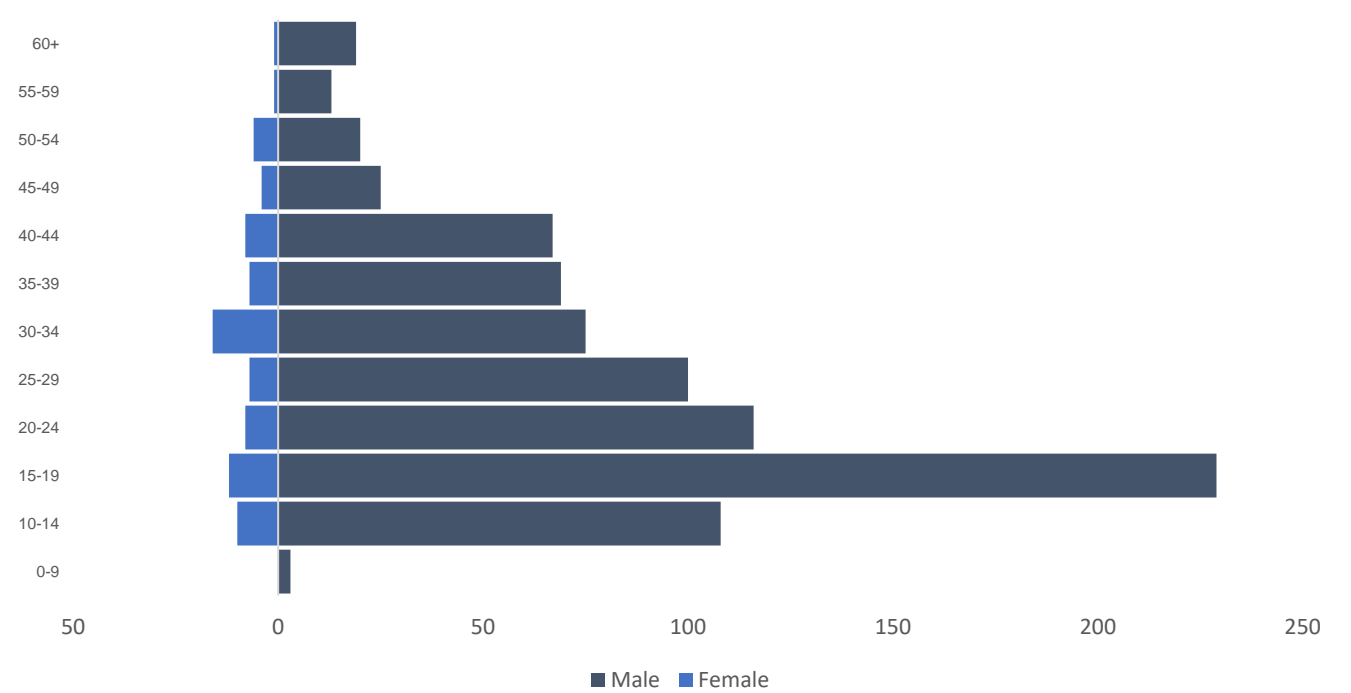
Source: WMP, 2019-2022

Where violence for young people takes place

We know that youth violence is common, serious and often normalised in society. However, risks of violence are not shared equally by all children and exposure to violence is affected where a young person lives. Children living in London, the North West or East Midlands have the highest exposure (Figure 3.27). Studies have found prevalence of serious youth violence to be most common within urban areas (RCPCH 2020). Children living in the poorest areas of the UK were seven times more likely to be involved in violent crimes as a young adult (Mok et al., 2018).

Figure 3.27 Teenage children (%) who were a victim of violence in the past 12 months, by region
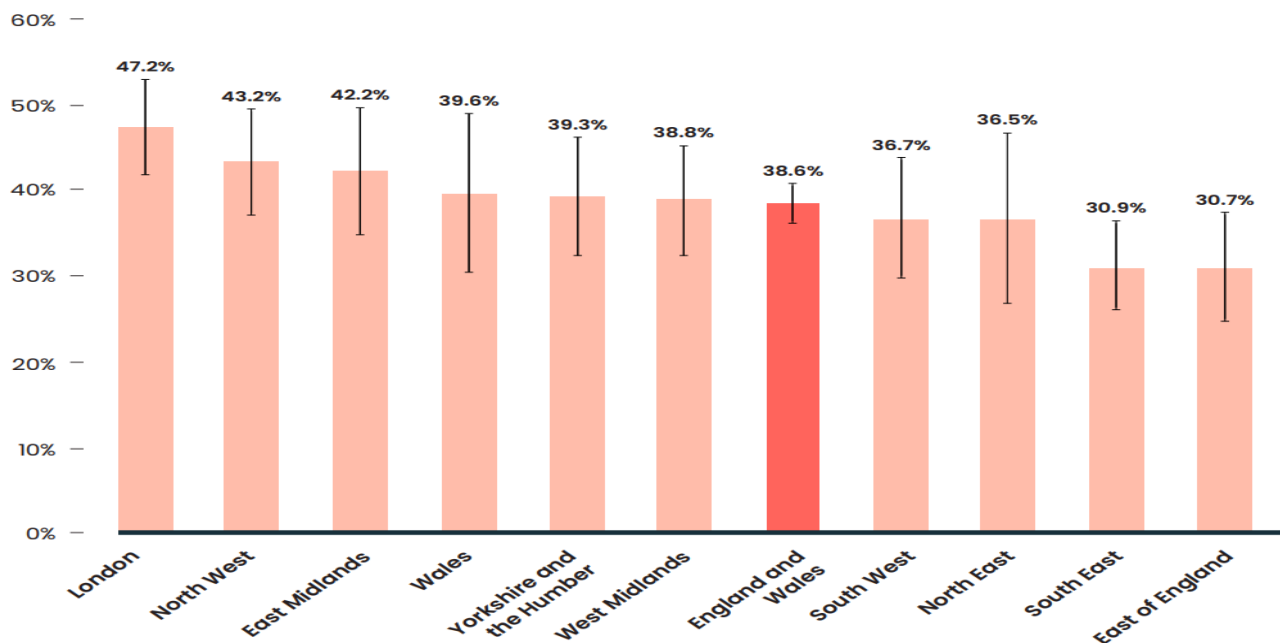
Source: YEF-Children-violence-and-vulnerability-2022.pdf (youthendowmentfund.org.uk)

Young people reported through the YEF (2022) survey that they were more likely to be victimised by someone outside their families. 83% of victims reported that the perpetrator was an acquaintance outside of their family (Figure 3.28). Victims of robbery and weapon related offences were more likely to be victimised by a stranger when compared to other violent offences. Around one in five (18%) victims of sexual assault were victimised by a family member, the highest of any violence offence (YEF, 2022).

The majority (95%) of children surveyed felt safe at home, 93% at friends' houses and 83% at school. Feelings of safety fell in places where there's less adult supervision including parks (43%) and in the streets (45%). Children were significantly less likely to feel safe near pubs and nightclubs (18%). Children had mixed feelings about youth clubs, with only 44% saying they felt safe there.

Figure 3.28 Victim-offender relationship by the type of violence experienced in the past 12 months
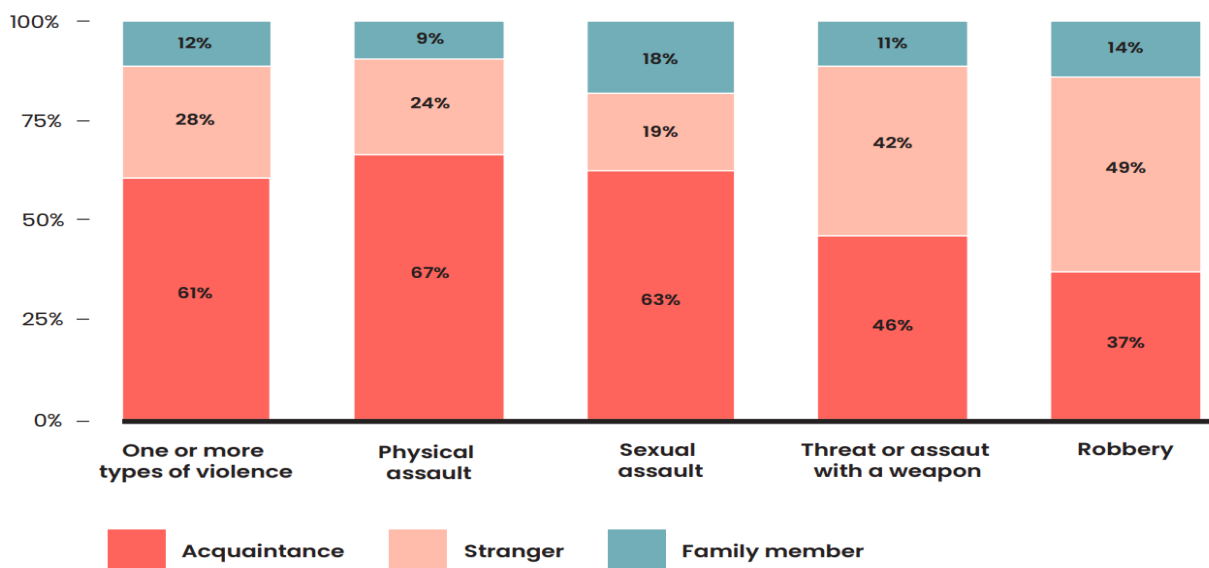
Source: YEF, 2021

When looking at offences by time of day, for young people aged under 18 years violent offences occur most frequently between 15:00 and 16:00 hours for both victim and suspects. This correlates with end of school and college times (Figure 3.29). This local pattern mirrors national data (OJJDP, 1999).

Figure 3.29 Number of violent offences by time of day, victims and suspects, under 18 years, Walsall
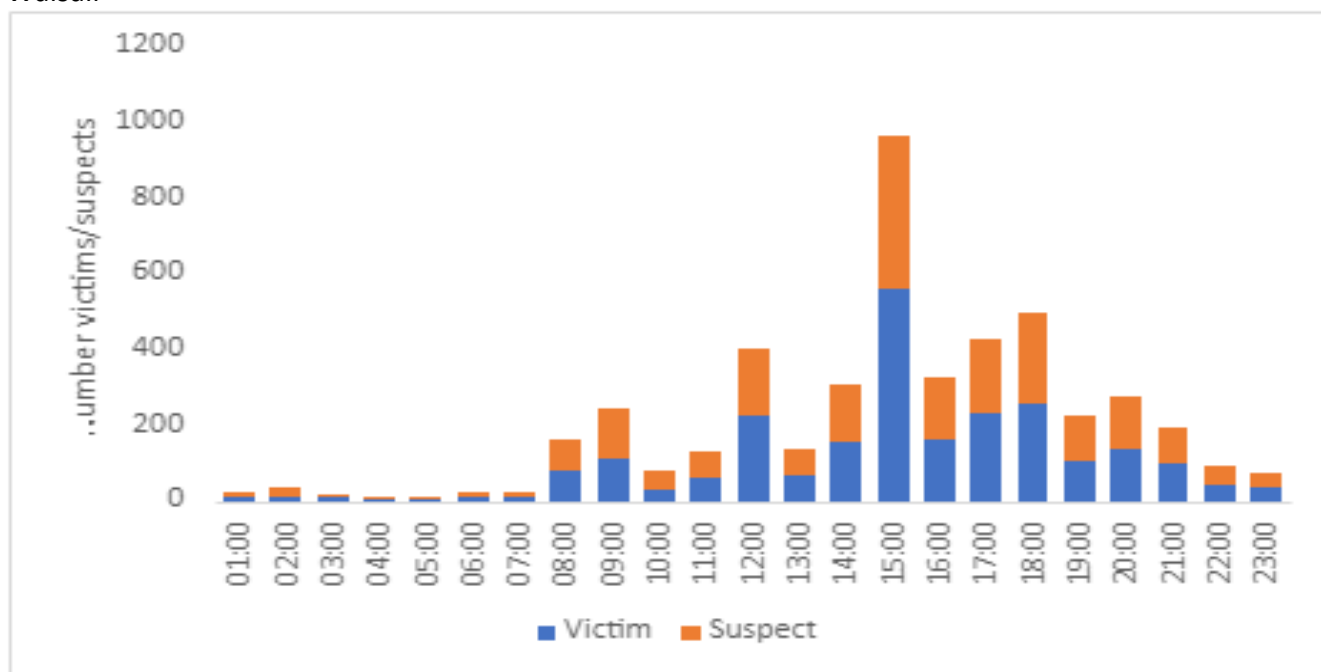
Source: WMP, 2019-22

Abuse can take place in physical locations, but it can also take place online. When abuse takes place online it is easier for perpetrators to remain unknown, and they can carry out their abuse from anywhere in the world. The independent Inquiry into Child Sexual Abuse found that girls are more likely than boys to be victims of online-facilitated child sexual abuse.

From the YEF (2022) survey, over half (55%) of children had seen real-life acts of violence on social media in the last 12 months. Those young people who were witnesses of violence or victims of violence were more likely to have seen violence online (75% and 85% respectively). Many children and young people see real-life violence on social media (YEF, 2022). The most common violence seen online was fighting and threats of physical assault, with 44% and 33% of children saying they'd see each respectively in the last 12 months. A small but worrying proportion had seen sexual assaults, with 13% of teenage children having seen this material. Girls were more likely to have seen sexual assault and boys were more likely to have seen gang activity (YEF, 2022).

Levels of exposure to online violence differed by where they lived. In the North West, North East and London, the proportion who had seen violence on social media was over 60%. This compares to just over 44% in the South West, although the rates across regions were not statistically different to each other (Figure 3.30a).

Teenage children who had been involved in acts of violence were much more likely to consider social media to be a major driver. 62% of teenage children who reported committing an act of violence in the last 12 months thought social media played a major role in why children commit violence.

Figure 3.30a Proportion of children who had seen different types of violence content online the in past 12 months, by region
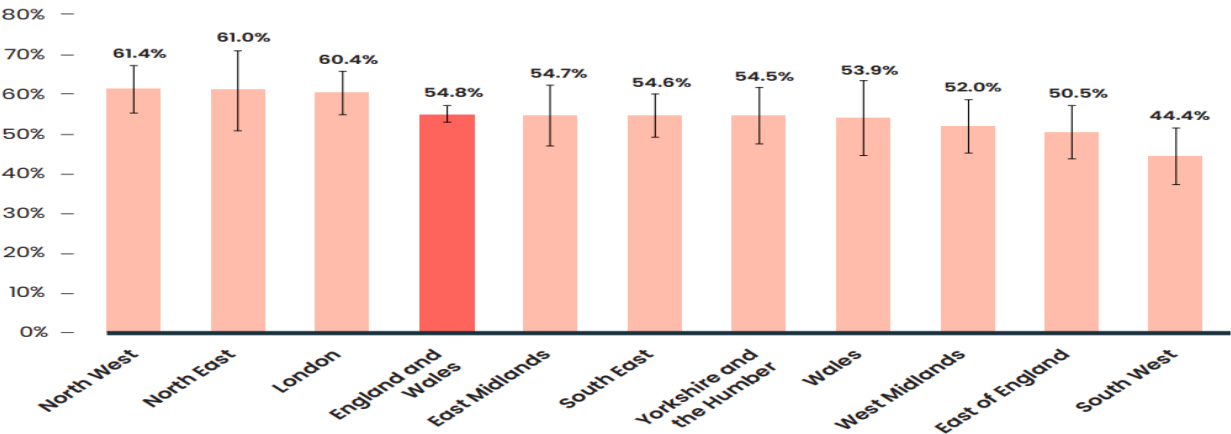
Source: YEF, 2022

YEF (2022) found that 44% of perpetrators of violence were victims of violence in the last 12 months. This was slightly lower for the reverse; 40% of violence were also perpetrators.

Behaviour Change

Most children think that violence is increasing (YEF, 2022; CSEW 2023). Two-thirds (65%) of children and young people had changed their behaviour, appearance or where they went due to fears of violence. This increases to 76% for Black children and 93% for children who were victims of violence (YEF, 2022). The most frequent changes were avoiding travelling alone (37%) and avoiding going out at certain times of the day (28%). Teenage children also changed their relationships, including leaving a group of friends (21%). Absence from school was stated by 14% of teenage children because they felt that it would have been unsafe at school or on their way to or from school. And 14% of teenage children changed their route to or from school. 1.7% of teenage young people carried a knife, screwdriver or other weapon.

One in five (18%) changed their appearance. This was more common among those with direct experiences of violence, with 43% of victims and 45% of perpetrators saying they had changed something about the way they look. Of children who received free school meals, more than one in four had changed their appearance. The most common reason all children said this was to blend in and not be noticed (12%). YEF, 2022).

Violence not only affects how teenage children act, but also their emotional and physical wellbeing, their relationships, and how well they can do at school. 41% of teenage children said they had experienced some negative consequence due to worrying about violence. The most common impact on their day-to-day lives was keeping themselves to themselves more (26%) and having trouble sleeping (14%). Victims of violence were significantly more likely to report negative consequences, with more than three out of four reporting negative impacts on their wellbeing.

In 2022, there were 1.1 million incidents of anti-social behaviour (ASB), which was 21% lower when compared to pre-pandemic levels where there were 1.4 million incidents. The year of the pandemic, 2020-21 had the highest number of ASB incidents, where there were 1.7 million incidents. The increased level during Covid-19 pandemic is because of people reporting breaches of Covid-19 restrictions in their local area since the start of the pandemic, which most police forces logged under ASB on their crime and incident recording systems (ONS, 2022).

Locally, anti-social behaviour (ASB) rates differ by ward (Figure 3.31). St Matthew's ward has a significantly higher rate of 2,107.43 per 100,000 population. Links to the centralised location of this ward and the town centre location and night-time economy are also linked. However, the other highest-ranking wards in relation to ASB rates are Birchills Leamore (1736.97), Bloxwich West (1337.72) and Blakenall (1218.52), all of which have high levels of deprivation.

A notice from the National Youth Agency to inform Tier-1 local authorities of key updates to their statutory responsibilities, known as the legal duty, to provide youth work services to local young people. Section 507b of the Education Act (1996), as revised in the Education and Inspections Act (2008) requires council to secure provision for young people in the area and include:
- Publish a local authority's youth offer
- Complete Census return by February 2023
- Complete a needs assessment of youth services and to have a youth strategy in place
- Publish Annual Plan for youth offer

Figure 3.31 Anti-social behaviour (ASB) rates by ward, Walsall
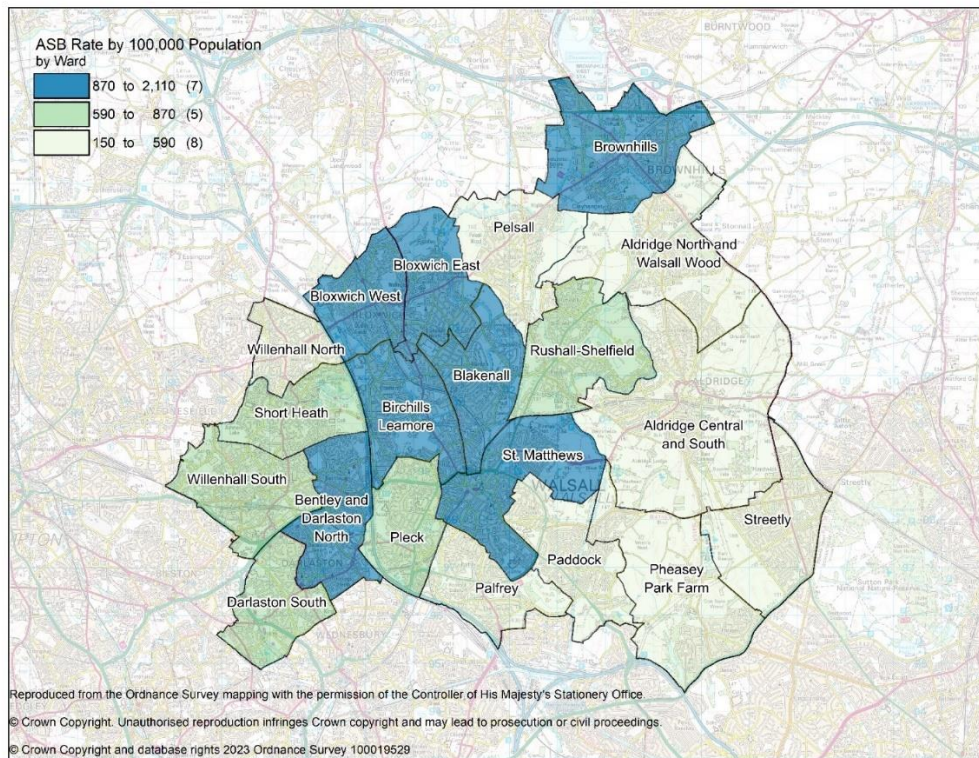
Source: West Midlands Police, Jan-Dec 2022

Health harming behaviours, such as drug use, were more common among children who had either experienced or committed violence (YEF, 2022). Rates of drug use were reported to be significantly higher among both victims and perpetrators of violence, particularly the use of cannabis. 6% of all respondents said they had used cannabis within the last 12 months and less than 1% reported using another illegal drug. From those young people in in the youth justice system whose case files were reviewed, 76% classed themselves as regular cannabis use. Very few were Class A drug users (less than five).

3.3 Adulthood and communities

Violence affects all of us, regardless of age. Being a victim of violence, whether from childhood through to adulthood, the health and social outcomes are wide and far-reaching. Previous chapters have described the impact of violence in relation to pregnancy through to childhood and young people. This chapter considers violence into adulthood and through the lens of self-directed, interpersonal, or collective violence.

Self-directed violence is when a person inflicts violence upon themselves and considers suicidal behaviour and self-abuse. Suicidal behaviours include suicidal thoughts, attempted suicides, and suicide itself. Self-abuse in contrast includes acts such as self-mutilation.

A person inflicting violence on themselves is most likely due to a wide range of factors. However, we do know that persisting mental health illness, in particular depression, are a common consequence of child abuse and neglect in adults. Mental health illness associated with past histories of child abuse and neglect include personality disorders, post-traumatic stress disorder, dissociative disorders, depression, anxiety disorders and psychosis. Studies have found that adults who have experienced child abuse were two and a half times more likely to have major depression and six times more likely to have post-traumatic stress disorder compared to adults who had not experienced abuse. The likelihood of such consequences increased substantially if adults had experienced child abuse along with parental divorce (Afifi et al 2009, in Effects of child abuse and neglect for adult survivors | Australian Institute of Family Studies (aifs.gov.au)).

There is a strong association between child abuse and neglect and risks of attempted suicide in young people and adults; something that is not always captured in local suicide audits. Felitti et al (1998) found that adults who had four or more adverse childhood experiences (ACEs) were 12 times more likely to have attempted suicide compared with those who had no ACEs. Other studies have shown similar outcomes. The higher rates of suicidal behaviour in adult survivors of child abuse and neglect has been attributed to the greater likelihood of adult survivors from mental health problems Effects of child abuse and neglect for adult survivors | Australian Institute of Family Studies (aifs.gov.au).

At 9.5 people per 100,000, the Suicide rate in Walsall is similar to the national average for England, which is 10.4 people per 100,000. It is well documented that men, particularly those aged 35-45, are at higher risk of suicide. Deprivation, unemployment, and poor physical and mental health are all also recognised as risk factors associated with suicide.

Abuse and trauma were one of the seven commonly occurring themes in Walsall's Suicide Audit, which presented in a wide variety of different forms, including:
- Regular sexual or physical abuse as a child or young person
- A single acute occasion of sexual assault (i.e., rape)
- Survivors and perpetrators of domestic violence and abuse
- Ex-service personnel struggling with trauma (e.g., PTSD)

This theme identifies long-lasting psychological fall-out of regular and acute instances of abuse and trauma and the risk it poses in terms of suicides. It identifies and reinforces the necessity for

support pathways for victims of trauma such as adverse childhood experiences (ACEs), domestic violence, violent crime, and sexual assault.

Through self-directed violence, it is clear and evident that many people who are victims of adversity, abuse and violence at a young age, are impacted throughout their entire lives. As we develop violence reduction and prevention initiatives, it is important to consider the life course and for local authority suicide audits and strategies to have a strong focus on violence within childhood and, ensure that this is captured appropriately within key records.

Interpersonal violence is violence inflicted by another individual or by small groups of individuals and is divided into two-subcategories:
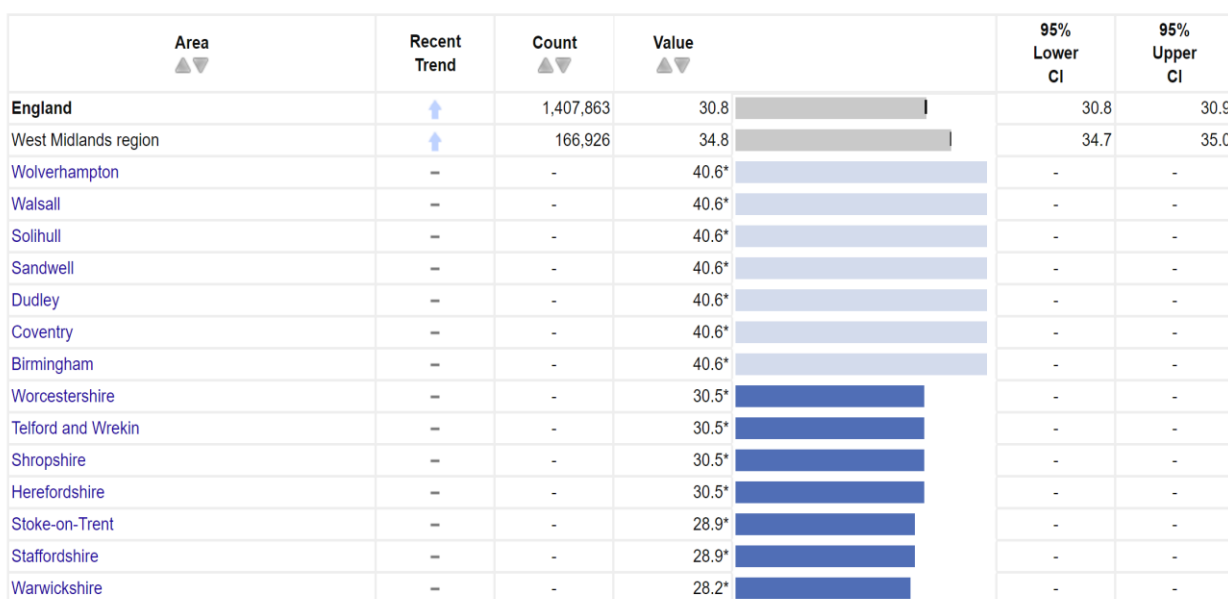
(i) Family and intimate partner violence, which is violence largely between family members and intimate partners, usually, though not exclusively, taking place in the home and includes child abuse, intimate partner abuse, and abuse of the elderly.

(ii) Community violence, where violence between individuals who are unrelated and who may or may not know each other, generally taking place outside the home and includes youth violence, randoms acts of violence, rape, or sexual assault by strangers and violence in institutional settings, such as schools, workplaces, prisons, nursing homes.

Domestic abuse (Intimate Personal Violence and family members)

National figures show that 5.7% of adults aged 16 to 59 years experienced domestic abuse in 2022. There was no significant change compared with the year 2020 (6.1%), the last time the data were collected (ONS 2022). Nationally, the police flagged 910,980 recorded offences as domestic abuse-related in March 2022. This is a 14% increase from 798,607 recorded offences in March 2020 (ONS 2022).

Domestic abuse related incidents and crimes for people aged 16 and above for Walsall are 40.6 per 100,000 (Figure 3.32). This is significantly higher than national rates, which are 30.8 per 100,000.

Figure 3.32 Domestic abuse related incidents and crime for people aged 16 and above per 1,000

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper CI
England	↑	1,407,863	30.8		30.8	30.9
West Midlands region	↑	166,926	34.8		34.7	35.0
Wolverhampton	–	-	40.6*		-	-
Walsall	–	-	40.6*		-	-
Solihull	–	-	40.6*		-	-
Sandwell	–	-	40.6*		-	-
Dudley	–	-	40.6*		-	-
Coventry	–	-	40.6*		-	-
Birmingham	–	-	40.6*		-	-
Worcestershire	–	-	30.5*		-	-
Telford and Wrekin	–	-	30.5*		-	-
Shropshire	–	-	30.5*		-	-
Herefordshire	–	-	30.5*		-	-
Stoke-on-Trent	–	-	28.9*		-	-
Staffordshire	–	-	28.9*		-	-
Warwickshire	–	-	28.2*		-	-

Source: Office for National Statistics (ONS)

Source: Your indicator lists - OHID (phe.org.uk)

There has been a 61.9% increase in domestic abuse in Walsall between 2019 and 2022 using police recorded data (Figure 3.33). In 2019 there were 3,826 offences recorded which increased to 6,194 in 2022. The biggest increase was from 2020 to 2021, where a 20.0% increase was observed. A small reduction, of 6.0% was recorded between 2021 to 2022.

The Black Country Woman's Aid showed an increase of open referrals to their service of 37% between 2020 to 2021; from 2,528 referrals to 3,463. It is evident that when other violence reduced during the Covid-19 lockdown and restrictions, domestic abuse increased.

Figure 3.33 Number of domestic abuse offences over time, Walsall, all ages, all persons
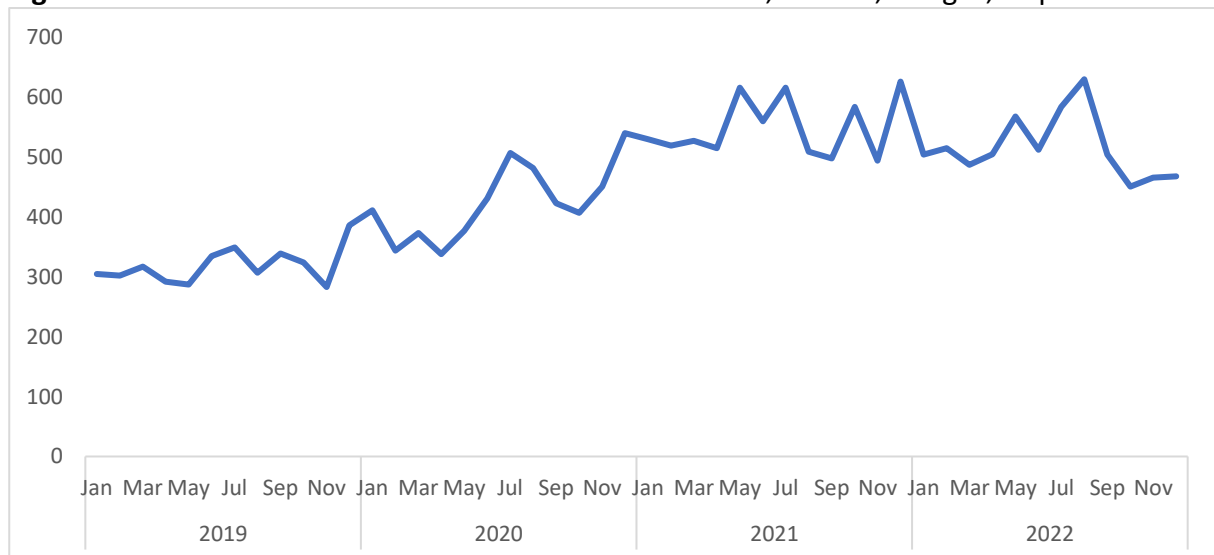
Source: West Midlands Police Data, 2019-2022

When looking at the average number of domestic abuse offences by time of day, there are four peaks (Figure 3.34). At 9-10am; 12-1pm; 6-7pm and, 9-10pm. This is taken from an average of 7 days per week and 365 days a year. By taking this overview, it will mask the peak times, which are around national holidays such as Christmas and New Year, as well as the impact of football matches. Further detail into this association will be addressed through Walsall's Domestic Abuse Needs Assessment, due to be refreshed in 2023.

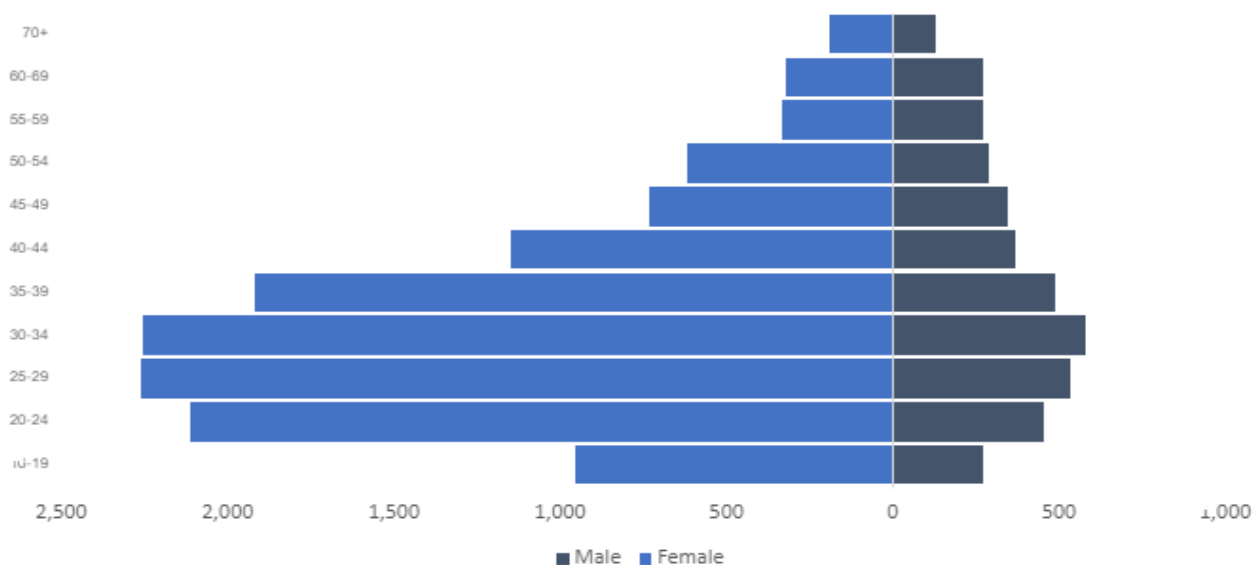**Figure 3.34** Number of domestic abuse offences by time of day, Walsall, all ages, all persons
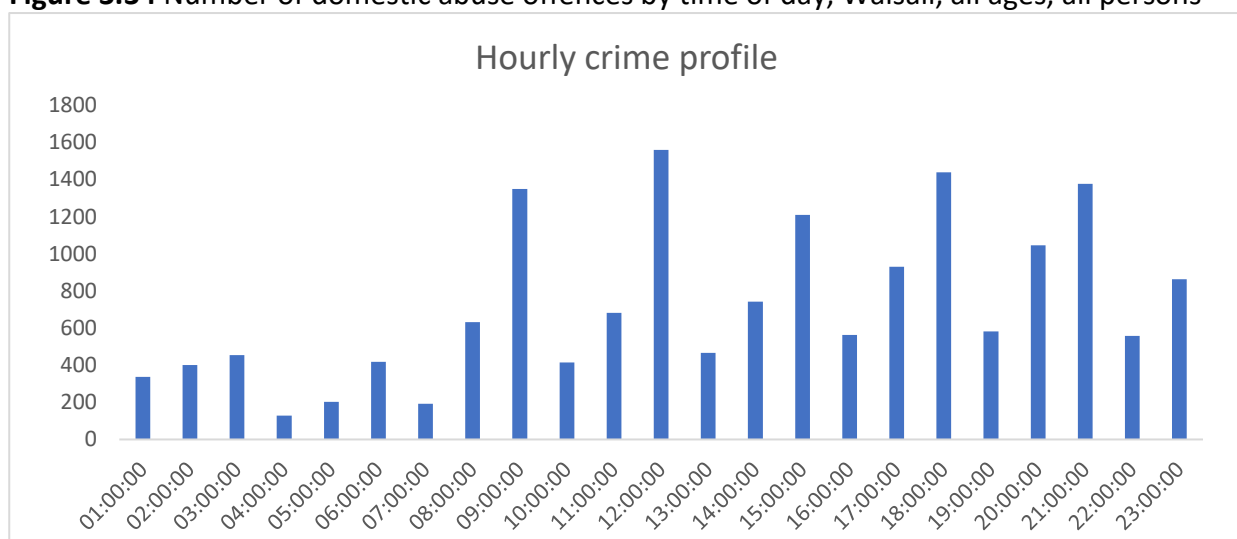
Source: West Midlands Police Data, 2019-2022

The age pattern for victim and suspect are very similar (figure 3.35). The numbers start to increase from young people aged 15-19 years, giving an annual average of 450 recorded incidents, until the peak at 30-34 years, where there are on average 1,016 victims and 992 suspects recorded incidents. After this age, the numbers start to reduce but do not fall below about 200 incidents per year (victim or suspects). There is an increase in the number of victims aged 60 years and above, whereas the number of suspects continues to fall. The increase in numbers of victim is most likely to be due to child on adult domestic abuse. This is an area that warrants further investigation and understanding.

Figure 3.35 Number of domestic abuse offences, victim and suspect, Walsall, all ages, all persons
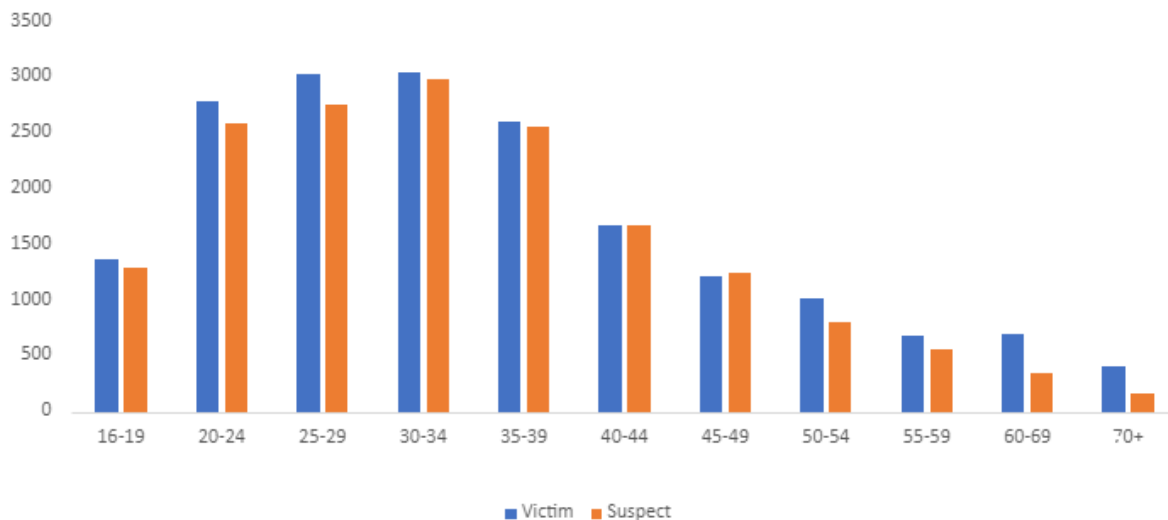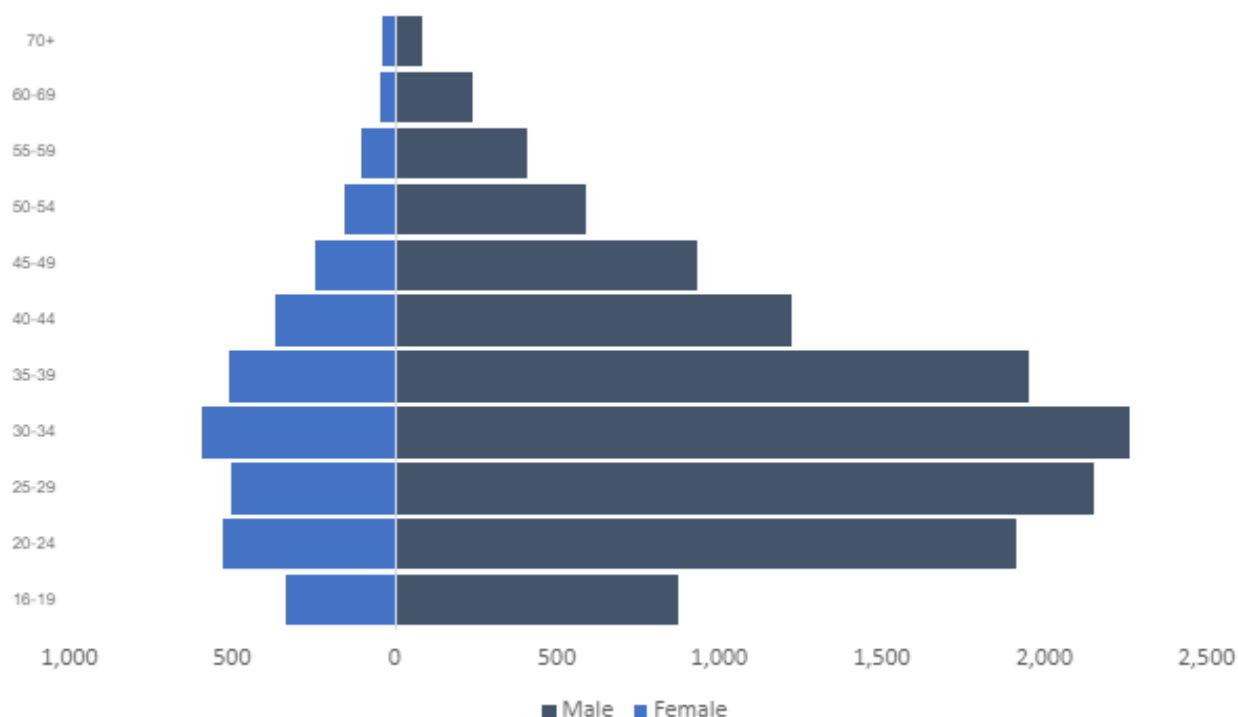

Source: West Midlands Police Data, 2019-2022

Domestic abuse affects both males and females. Whilst men can, and are, victims of domestic abuse, the largest police reported offences are for females, at all age groups (Figure 3.36). Conversely, women can, and are, suspects of domestic abuse the largest number of police reported suspects are for males, for all age groups (Figure 3.37).

Figure 3.36 Number of domestic abuse victims, by age and gender, Walsall. 2019-2022

Source: West Midlands Police Data, 2019-2022

Figure 3.37 Number of domestic abuse suspects, by age and gender, Walsall. 2019-2022

Source: West Midlands Police Data, 2019-2022

Half (53%) of all police recorded domestic abuse does not have ethnicity recorded. When we remove those cases without ethnicity recorded, 81% of victims identified as White British or Irish; 9% identified as Asian or Asian Other; 5% identified as Black or Black Other and 5% as Mixed. For suspects, 74% identified as White British or Irish; 16% as Asian or Asian Other; 6% Black or Black Other and 4% as Mixed.

It is recognised that a significant proportion of violence is linked to either domestic abuse or alcohol (PHE, 2018). For domestic abuse police assaults, a quarter (24%) involved alcohol; a fifth involved drugs (10%), mental health (8%) and vulnerable adult abuse (9%). Evidence also states that children who live with domestic abuse are more likely to suffer post-traumatic stress disorder, depression and emotional and behavioural difficulties (Freeman and Moore, 2021). The impact on children and young people's mental health can be profound.

Sexual offences including rape

The World Health Organization (WHO) defines sexual violence as:

> *Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.*

Globally, sexual violence is a significant public health, human rights, and gender equality issue, placing large burdens on individuals' health and wellbeing, as well as local communities, public services and wider society (WHO, 2010). Efforts to understand, prevent and respond to sexual violence have increased in recent decades, and various factors have been identified as increasing, or mitigating risks of harm (WHO, 2010).

Sexual violence has devastating impacts on victims. These can include: Injury; Sexually transmitted infections; Unwanted pregnancies; In most severe circumstances disability and even death. As well as the physical injury, sexual violence has lasting impacts on victims' mental health, social relationships, and life opportunities, through impacts on education, employment and health-related behaviours. This could be through the use of alcohol or drugs as a coping mechanism and also isolation as victims often withdraw from society (WHO, 2010). Such harms also place significant pressures on public services and society.

It is important to understand the pathway to violence. Figure 3.38 shows how sexual abuse can start, and even at a very young age and through what society may perceive to be 'acceptable' and move through to sexual assault.

Figure 3.38 The pyramid of sexual violence
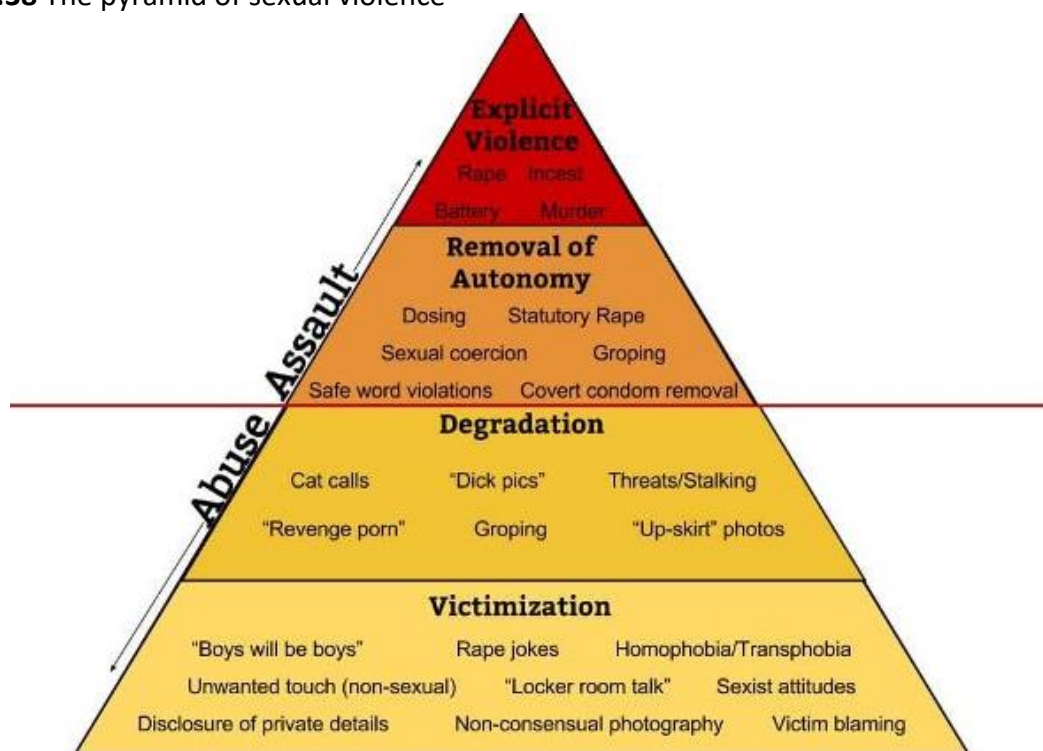
*Source: Version 1 created by Cervix & Jamie Chandra (Mid-2016)*

In England and Wales (2022) 3% of adults aged 16 to 59 years had experienced sexual assault, including attempted offences. Police recorded sexual offences rose by 22% over a two-year period (2020 to 2022). This increase, to 199,021, was the highest annual figure recorded in England and Wales. 22% of all sexual offences and 31% of rape offences reported had taken place over a year prior to the incident being recorded (ONS, 2022). A similar pattern in Walsall followed national trends, reflecting the Covid-19 restrictions (Figure 3.39).

It is suggested that increases in sexual offences is due to several factors. This includes the impact of high-profile incidents, media coverage, campaigns for people to come forward to report recent and/or historical incidents, as well as a real increase in the number of victims. However, the numbers of sexual assaults are still expected to be lower than reported. The Crime Survey for England and Wales (CSEW) estimates that fewer than 1 in 6 victims of rape or assault by penetration report the crime to the police. The CSEW also indicates that more than 1 in 3 stated that the perpetrator was a partner, ex-partner, or family member (ONS, 2022).

Of all sexual assaults nationally reported, 35% (70,633) were rape offences which is similar to the proportion found in Walsall, 39.2%.

The trend in historical reporting of sexual assault is similar to Walsall's figure, where 19.6% (589) of all sexual offences were recorded as historic, i.e., over 12 months between the incident occurring and reporting it. Between 2020 to 2022, the number of national and locally recorded sexual offences were lower during periods of lockdown and restrictions but there has been a substantial increase since April 2021 (ONS, 2022).

Figure 3.39 Number of police recorded sexual offences by month, Walsall, all persons, all ages
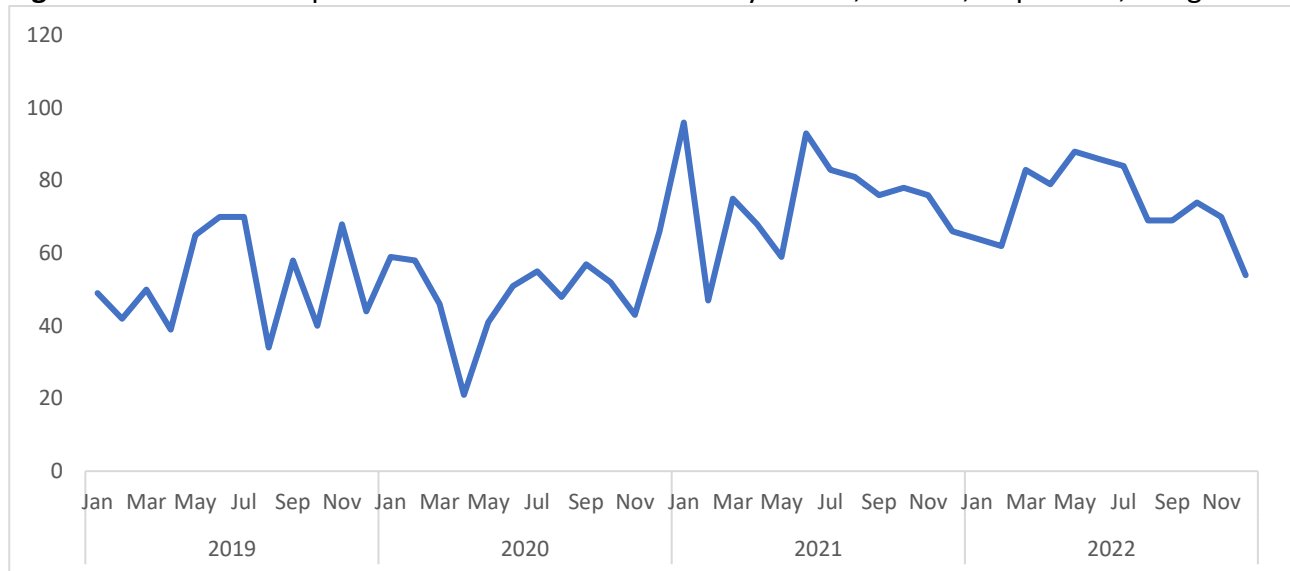
Source: West Midlands Police recorded data, 2019-2022

Nationally, sexual offences rates are 3 per 1,000 population, West Midlands rates are significantly higher at 3.2 per 1,000 population. At 3.1 per 1,000 population, Walsall's rate is slightly higher than the national rate and slightly lower than the West Midland rate, although neither are statistically different to Walsall (Figure 3.40).

Of the 3,006 sexual assaults that were recorded in Walsall over a four-year period (2019-2022) by West Midlands police:
- 14% involved domestic abuse
- 12% involved alcohol
- 9% involved vulnerable adult abuse
- 6% involved mental health illness
- 5% involved drugs

**Figure 3.40** Violent crime, sexual offences per 1,000

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	→	171,621	3.0*		3.0	3.0
West Midlands region	→	19,297	3.2*		3.2	3.3
Birmingham	↑	5,053	4.4		4.3	4.6
Stoke-on-Trent	↓	1,029	4.0		3.8	4.3
Wolverhampton	↑	1,035	3.9		3.7	4.2
Telford and Wrekin	↓	671	3.7		3.4	4.0
Coventry	↑	1,220	3.2		3.0	3.4
Herefordshire	→	608	3.1		2.9	3.4
Walsall	↑	887	3.1		2.9	3.3
Sandwell	↑	1,017	3.1		2.9	3.3
Worcestershire	→	1,742	2.9*		2.8	3.1
Warwickshire	→	1,520	2.6*		2.5	2.7
Solihull	↑	560	2.6		2.4	2.8
Shropshire	→	788	2.4		2.3	2.6
Dudley	↑	778	2.4		2.2	2.6
Staffordshire	↓	1,904	2.2*		2.1	2.3

Source: OHID's Population Health Analysis Team using Home Office crime data and ONS population data

Source: Your indicator lists - OHID (phe.org.uk)

When examining age of the victim, those aged 10-19 years had the greatest number of reported offences, closely followed by 15–19-year-olds. For suspects, 15-19 age group had the largest numbers closely followed by 10–14-year-olds (Figure 3.41).
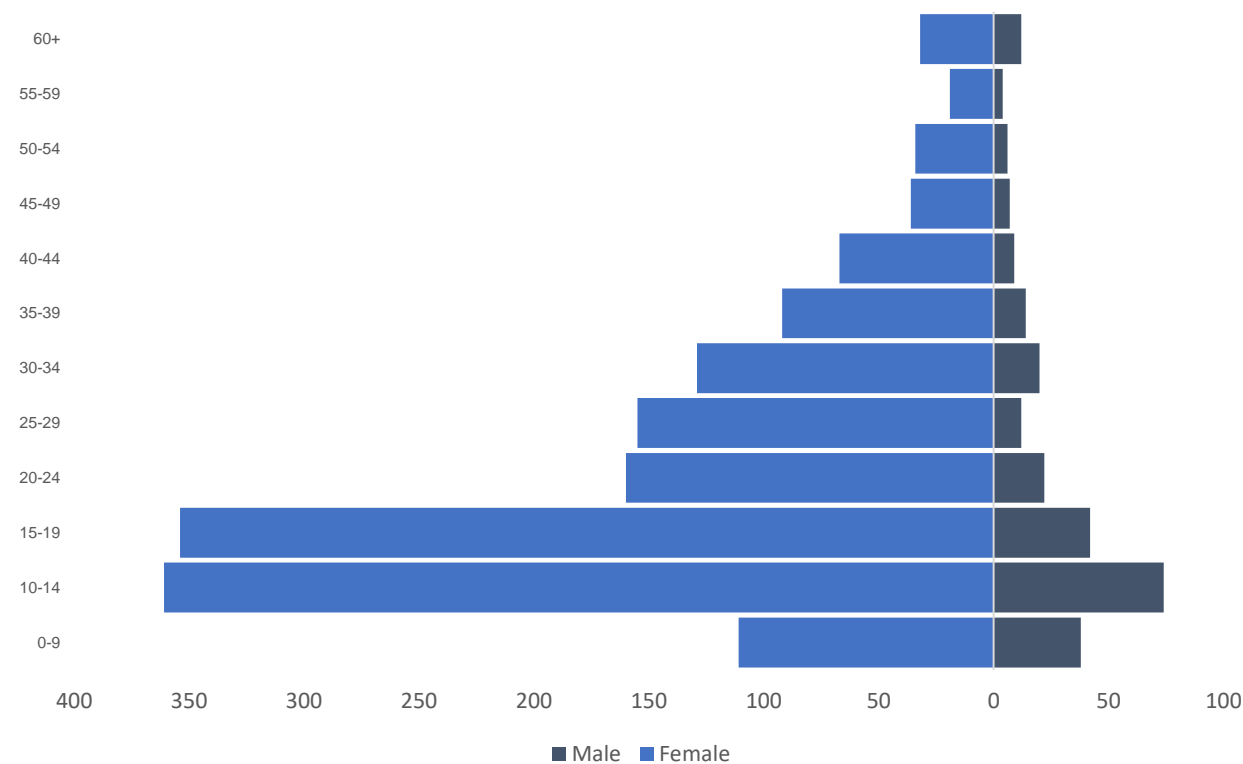
Figure 3.41 Number of sexual assaults, victims and suspects, by age, Walsall, all persons
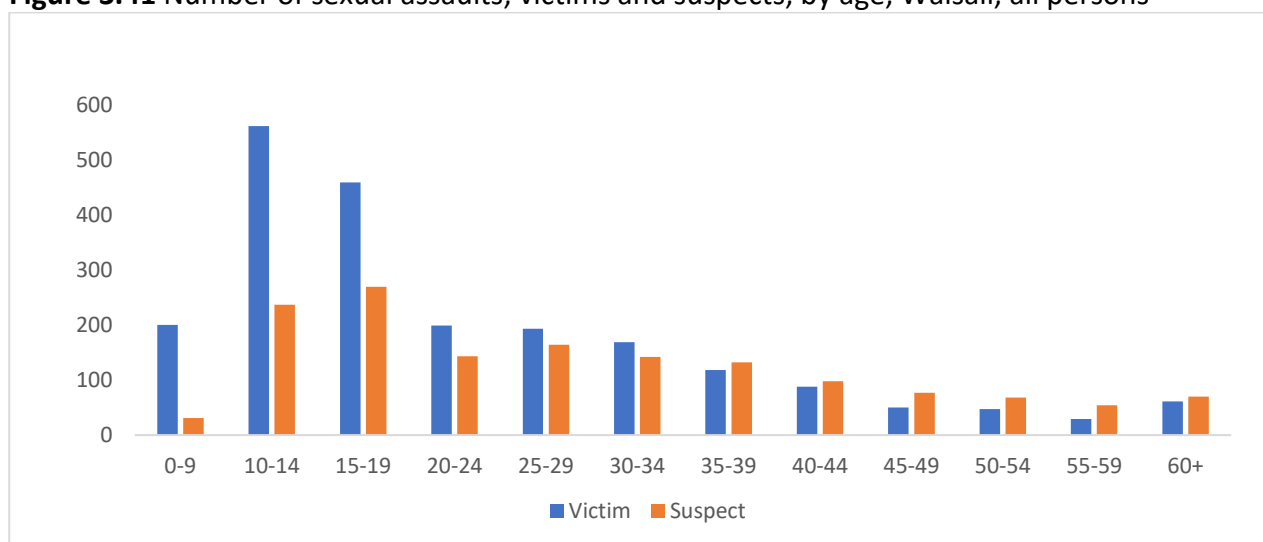
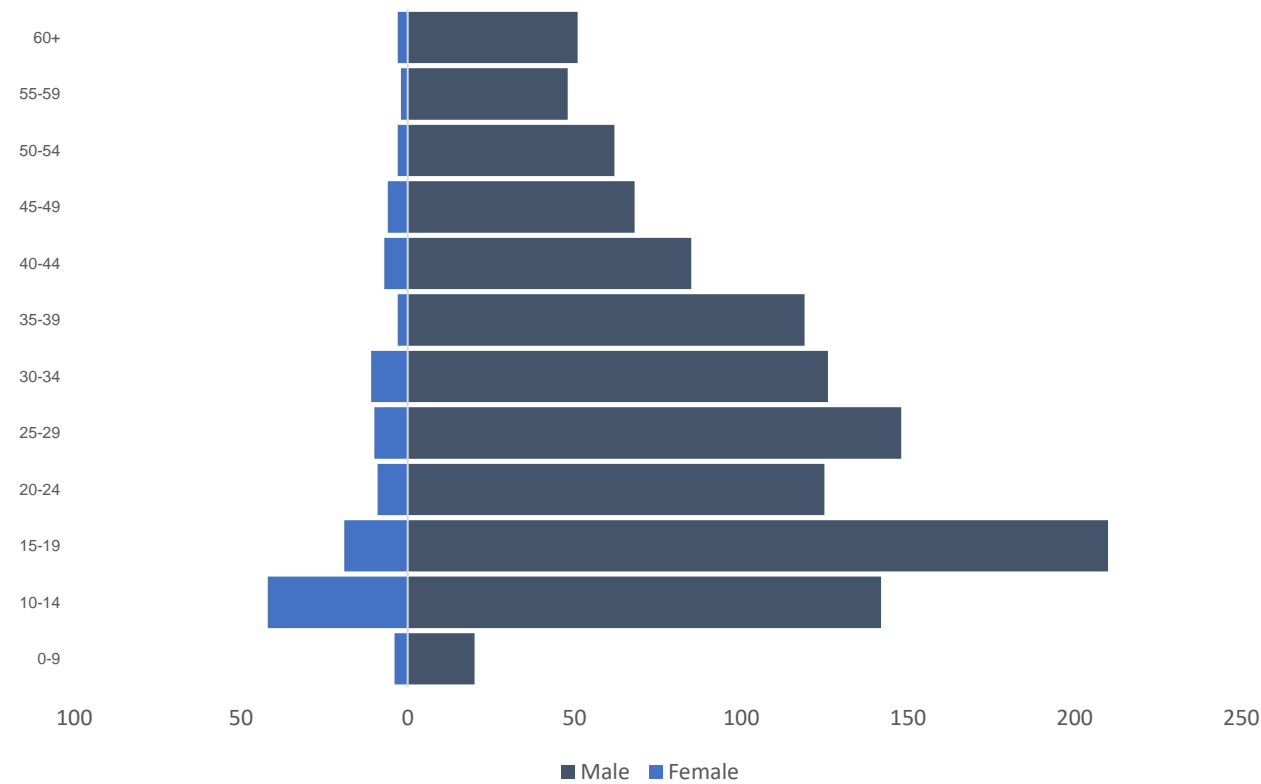*Source: West Midlands Police recorded data, 2019-2022*

Whilst males can be, and are, victims of sexual violence the largest percentage is females, for all age groups (Figure 3.42). And whilst females can be, and are, suspects of sexual violence, males are by far the largest proportion of suspects (Figure 3.43). These trends mirror national trends. A similar trend is also observed for rape offences.

Figure 3.42 Number of sexual assaults, victims by age, Walsall, all persons, 2019-2022

Source: West Midlands Police recorded data, 2019-2022

Figure 3.43 Number of sexual assaults, suspects, by age, Walsall, all persons, 2019-2022
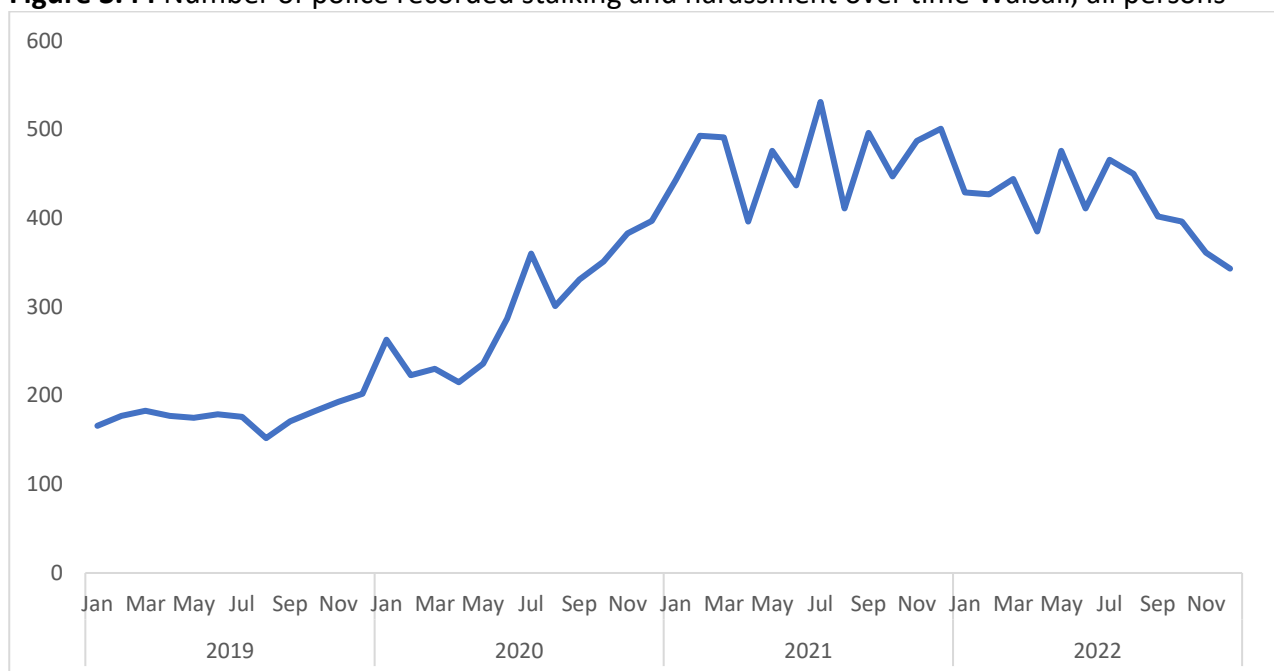

Source: West Midlands Police recorded data, 2019-2022

Stalking and harassment rose to 719,430 offences in England and Wales. This was a 45% increase compared with the year ending March 2020 and a 5% rise compared with the year ending September 2021. Based on six months of data from the CESW, estimates showed that 11% of adults aged 16 years and over experienced some form of harassment in the last year. In Walsall, over a four-year period, there were 16,309 police recordings of stalking and harassment. Over time, stalking and harassment has increased in Walsall but has showed a reduction in the last half of 2022 (Figure 3.44).

Experiences of harassment were greater among women aged 16 to 34 years (21%) than men for this age group (13%). The biggest difference between women and men were experiences of sexual harassment, with 15% of women and 4% of men reporting sexual harassment (ONS, 2022). A similar gender profile was observed for Walsall where victims were more likely to be women aged 20 to 40 years (Figure 3.45) and men were more likely to be suspects (Figure 3.46).

**Figure 3.44** Number of police recorded stalking and harassment over time Walsall, all persons

Source: West Midlands Police recorded data, 2019-2022

Figure 3.45 Number of police recorded stalking and harassment, victims, by age and gender, Walsall
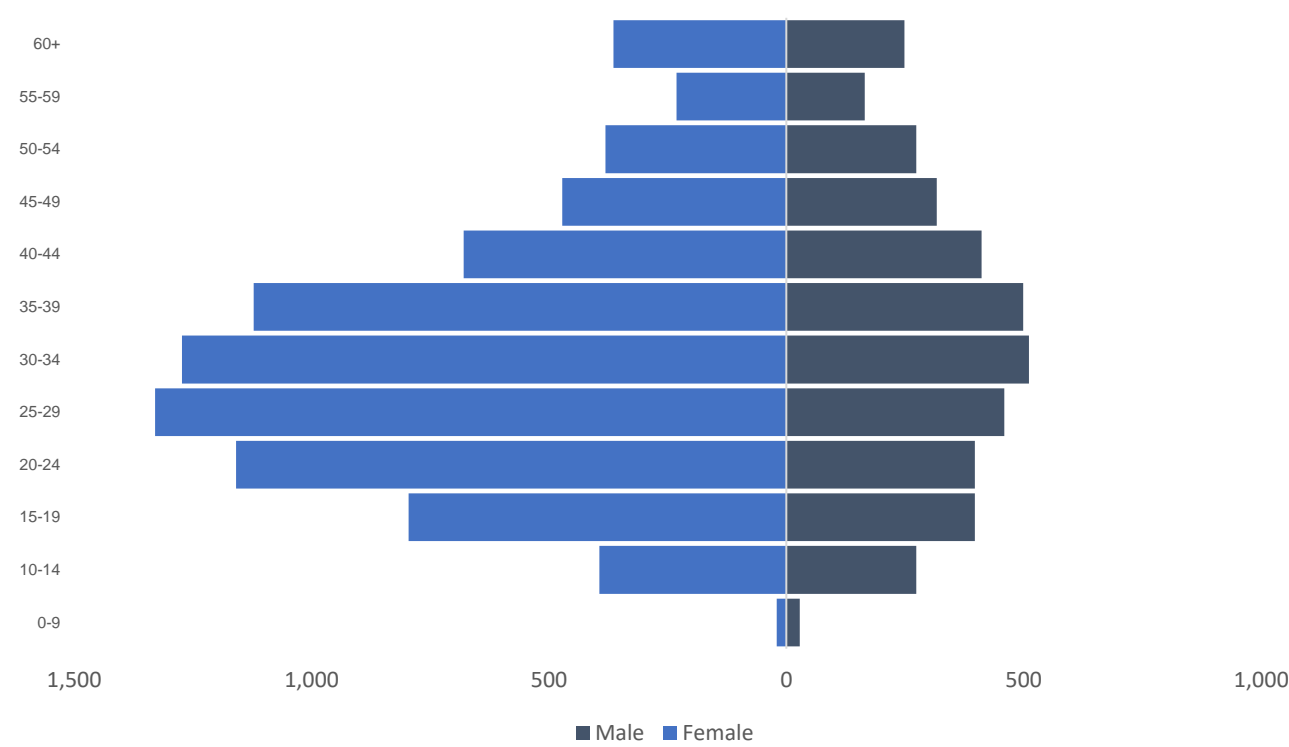
Source: West Midlands Police recorded data, 2019-2022

Figure 3.46 Number of police recorded stalking and harassment, suspects, by age and gender, Walsall
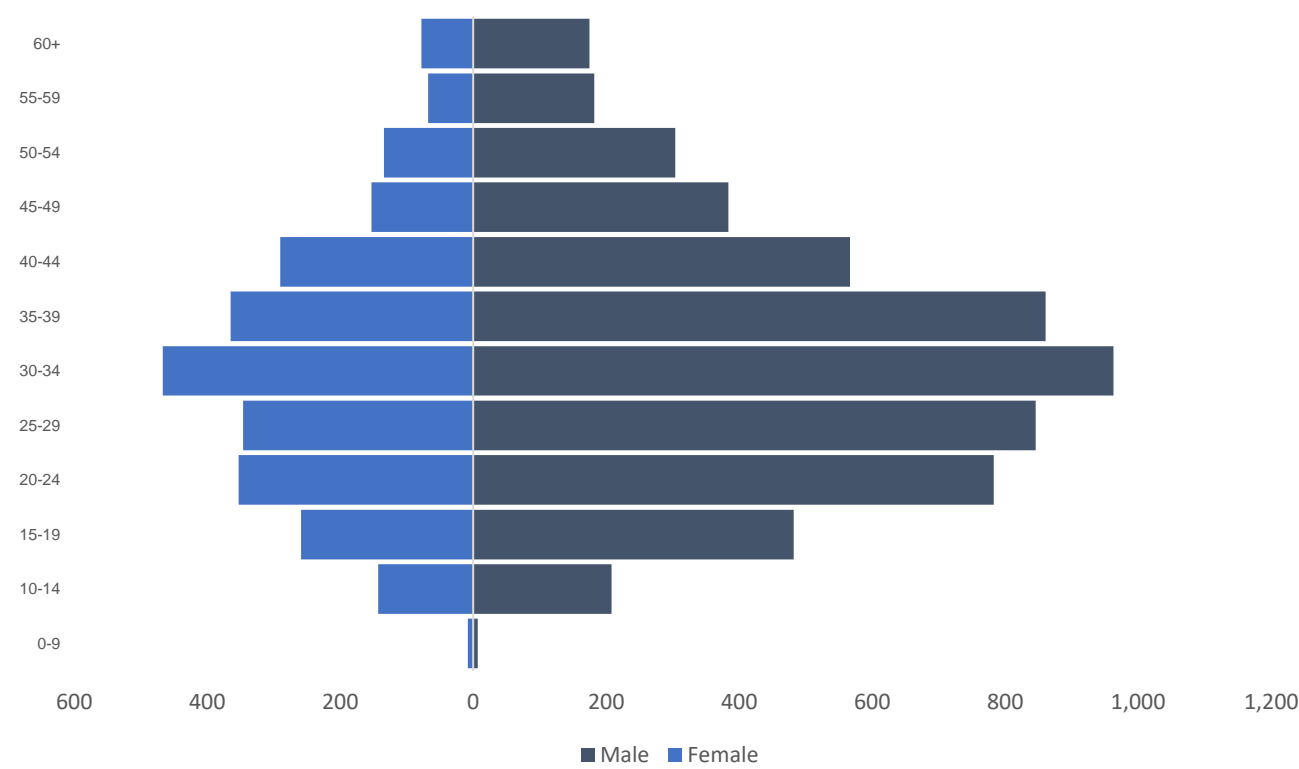
Source: West Midlands Police recorded data, 2019-2022

Weapon related crime

Police recorded offences at the national level involving knives or sharp instruments is down 8% to 50,434 offences compared with the year ending March 2020, when there were 55,076 offences. During 2021 and into 2021 (year ending September 2021), levels of knife-enabled crime fell to 45,595. The most likely reason for the reduction observed during this time-period was because of government's restrictions on social contact. Knife-enabled crime (which includes a variety of other offences involving a bladed weapon) increased by 11% in the past year yet remains lower than pre-pandemic levels (ONS, 2022).

London Metropolitan, West Midlands and Greater Manchester Police Force Areas (PFAs) are the three areas with the highest volume of knife-related crime. Compared with the year ending 2021, knife or sharp instrument offences recorded by the:

- Metropolitan police increased by 11% to 11,517 offences
- West Midlands PFA increased by 38% to 5,006 offences
- Greater Manchester PFA remained similar with 3,447 offences

Compared with pre-pandemic year ending March 2020, knife-enabled crime recorded in:

- The Metropolitan police decreased by 22%
- The West Midlands PFA returned to pre-pandemic levels
- The Greater Manchester PFA increased by 8%

Police recorded 'possession of article with a blade or point' offences were 15% higher in the year ending September 2022 (26,643 offences) than the year ending March 2020 (23,246 offences). This was a 17% increase compared with the year ending September 2021 (22,853 offences; ONS, 2022). In Walsall, there were 1,668 knife related crimes between 2019 and 2022, of which 24 were historical cases. There is a higher proportion of knife crime victims (59.2%) reported to West Midlands Police compared with knife crime suspects (40.8%).

Nationally, the police recorded 6,369 offences involving firearms in the year ending September 2022 (ONS, 2022). This was a 4% decrease compared with the pre-pandemic levels of March 2020 (6,618 offences) and a 12% increase compared with the year ending September 2021 (5,672) (ONS, 2022). Between 2019 and 2022, there were 260 total offences of gun crime in Walsall. Due to low numbers per year, there is much fluctuation. For example, in 2019, there were 68 gun crimes recorded, in 2020 this decreased to 52, which then increased to 75 in 2021 and back down to 65 in 2022.

Between 2019 and 2022, there were 1,611 Possession of Weapons recorded by West Midlands Police, of which 0.4% were historic offences. Possession of Weapons, robbery, violence with injury, for both adult victims and suspects is at its lowest in the early hours of the morning, between 04:00 and 09:00, at which time there is a slight increase and then the numbers fluctuate rising to the peal at 18:00-19:00 (Figure 3.47). The fluctuations are likely to be because differences tend to happen over the weekend compared with the weekdays and, over holiday periods and when particular sport matches are on, such as football. England and Wales shows a similar trend to Walsall (OJJDB, 2022).

Figure 3.47 Number of Possession of Weapons, robbery and Violence with Injury, Victims and Suspects, over 18 years for crimes over time, Walsall, all persons
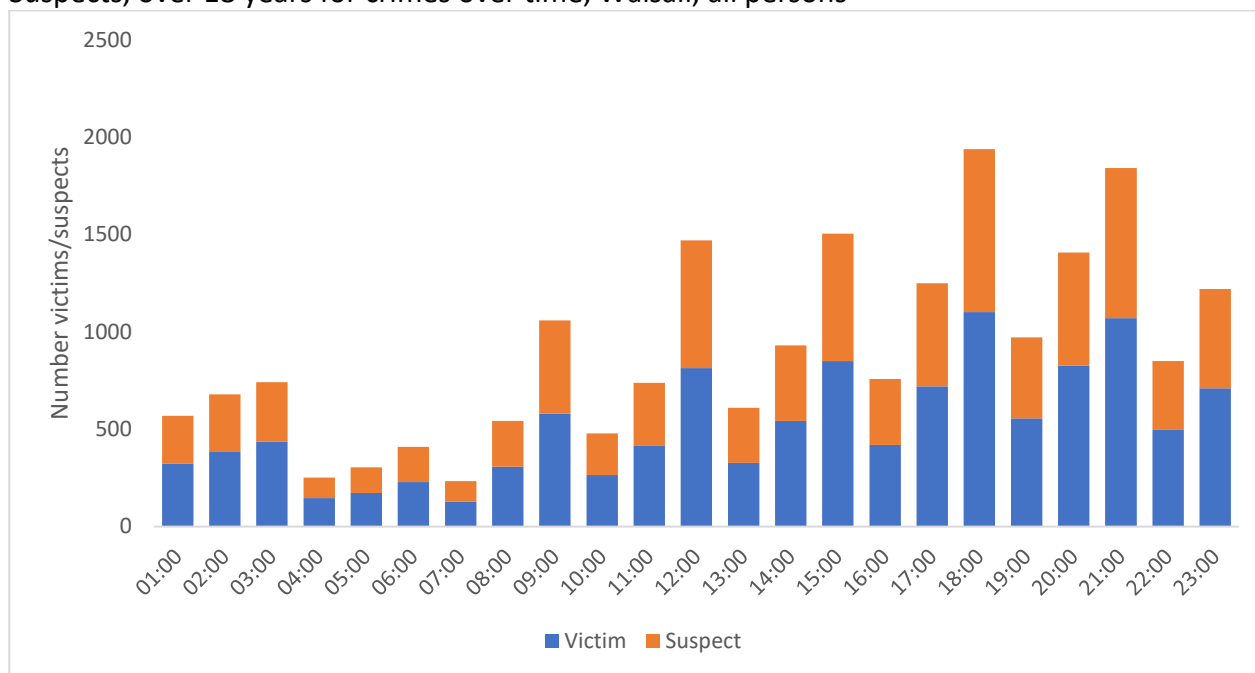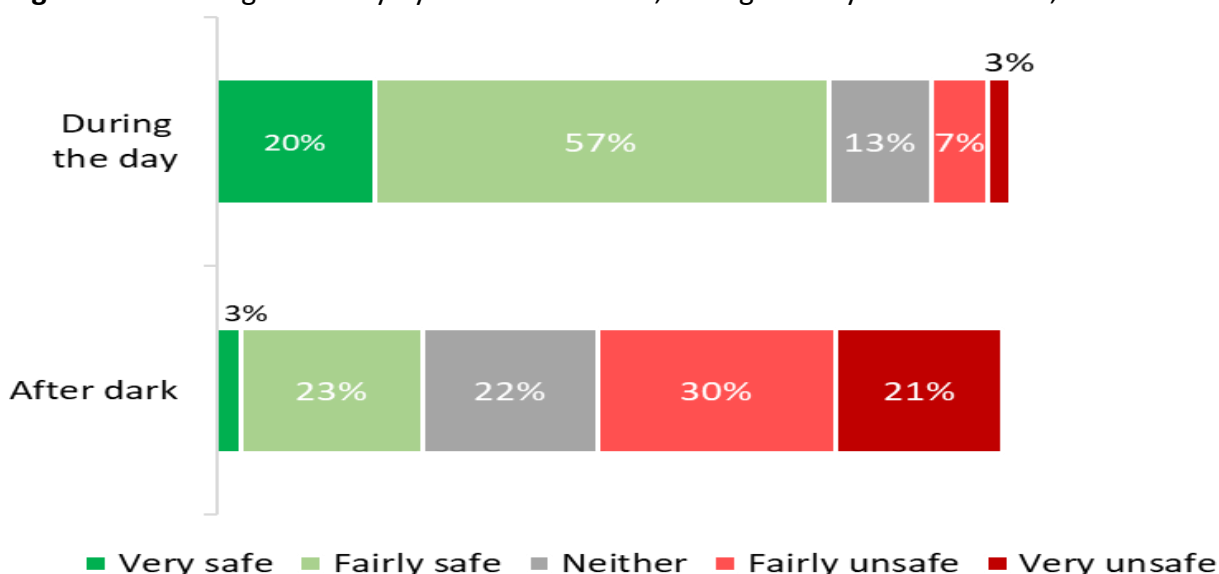

Source: West Midlands Police recorded data, 2019-2022

When crime takes place is important to understand as people's own behaviour may change due to fear of going out. From the We Are Walsall Survey (2022), residents said that they felt most unsafe during the hours when the crime is most likely to take place. Those residents who felt 'fairly unsafe' and 'very unsafe' across the borough increased from 10% during the day to 51% after dark.

Further, people who lived in the most deprived parts of the borough were more than twice as likely to feel 'fairly or very unsafe' after dark (66%) compared with people who live in the least deprived parts of the borough (36%). The same pattern was observed for during the day, with 12% of people living in the most deprived parts of the borough feeling 'fairly or every unsafe' compared with 6% who live in the least deprived areas (figure 3.48).

Figure 3.48 Feelings of safety by Walsall residents, during the day and after dark,


Source: We Are Walsall Survey, 2022

There has been a substantial increase in the recording of weapon-based offences over the recent years (Figure 3.49). This may partly because of crime data integrity, changes to West Midland's Police recording systems and improved processes as well as initiatives to encourage people to come forward to report offences.

Parallel to these influences, operation drives with *'stop and search'* and other interventions to reduce serious harm within youth violence has contributed to these increases but to a lower level. The comparatively small increase in knife recoveries does not suggest a substantial increase in the public carrying of weapons that the increases in recorded levels of weapon offences would suggest.

Figure 3.49 Number of Possessions of Weapon offences, suspects, over time Walsall, all persons
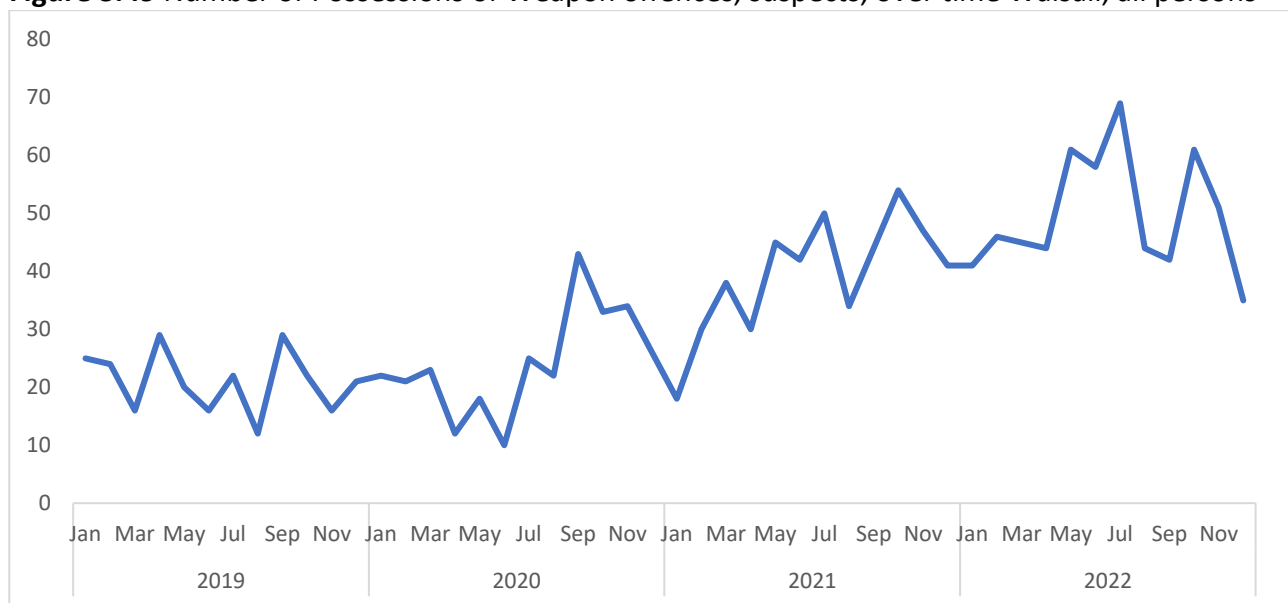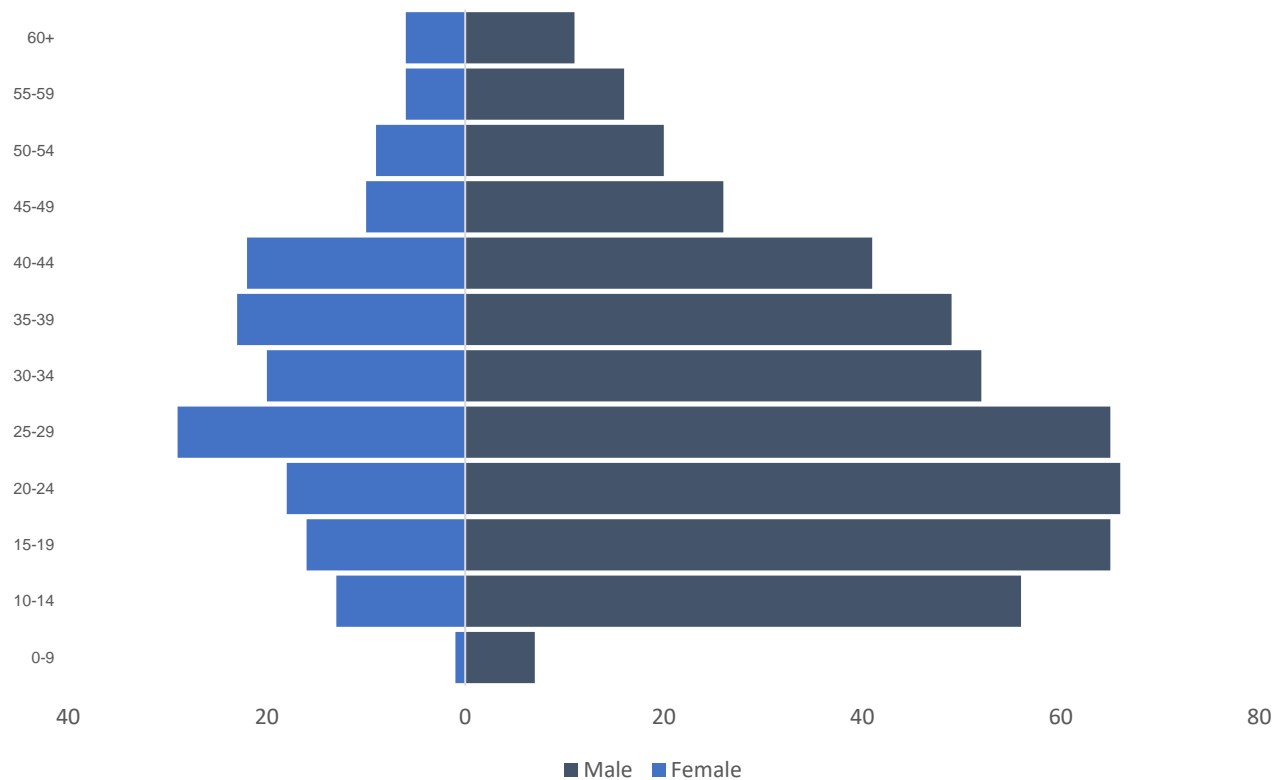

Source: West Midlands Police recorded data, 2019-2022

Young people aged 15-19 were by far the greatest age group to be a suspect of Possession of Weapons. However, when looking at the age of the victim, this was quite steady between the ages of 10-34 years of age. The reason for the age trend in victims is likely to be the different environments where weapon related crime takes place and the interventions used. For younger age groups (under 20 years), it is more likely to be inter-personal violence in public places, whereas for over 20 years it is most likely to be domestic abuse related and/or night time economy related. It is young people who are more likely to have a weapon on them in public places compared with older population groups and are more likely to be the target of police interventions such as stop and search.

Most victims and suspects of Possession of Weapons recorded by West Midlands Police are male (Figure 3.50 and Figure 3.51 respectively). For each age group, females are more likely to be victims of offences (Figure 3.50) rather than be suspects (Figure 3.51).

Like other police reported violence, ethnicity was not stated/missing for half (54.6%) of all Possession of Weapons. Of the offences where ethnicity was reported, two thirds (64.6%) of victims identified as White British and a just over a tenth (13.8%) identify as Pakistani. For suspects, 58% identified as White British and 10.7% identified as Pakistani.

Figure 3.50 Number of possessions of weapon, victims, by age and gender, Walsall, all persons

Source: West Midlands Police recorded data, 2019-2022

Figure 3.51 Number of possessions of weapon, suspects, by age and gender, Walsall, all persons
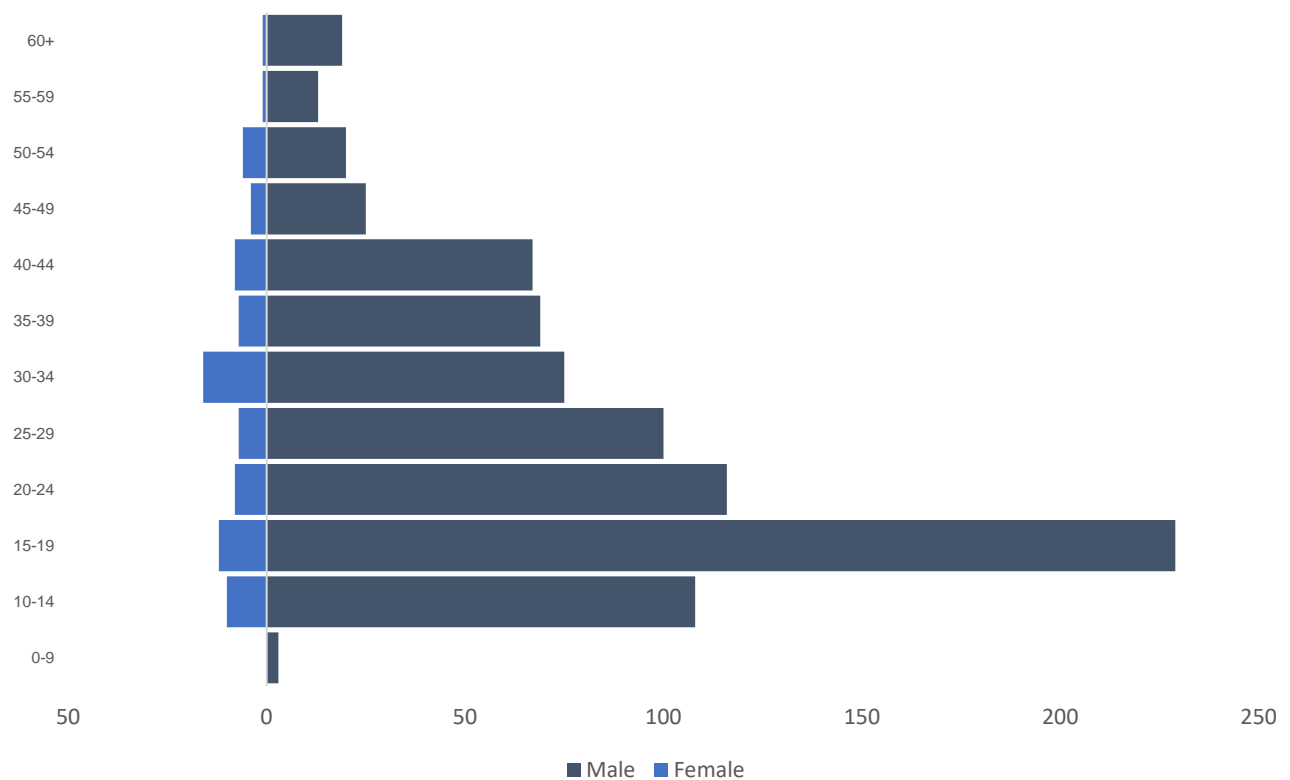

Source: West Midlands Police recorded data, 2019-2022

Homicides

Homicide is a relatively low-volume offence, yet the impact is devastating and far-reaching. There are annual fluctuations in numbers, although homicide has returned to pre-coronavirus pandemic levels. In England and Wales, there were 696 victims in the latest year. This is 130 more homicides, a 23% increase, than the year ending March 2021, when there were 566 homicides. The previous year of data covered an extended time period where Covid-19 restrictions were in place to limit social contact. It is believed that these restrictions led to a fall in the level of public space homicides during this time (ONS, 2023).

The national homicide rate was 11.7 per million population (ONS, 2023). Figure 3.52 shows the homicide rate by police forces. West Midlands Police Force Area is above the England and Wales average at 13.3 per million population, which is lower than its 'most similar forces' of Greater Manchester (16.2 per million population), Merseyside (16.0 per million population), West Yorkshire (14.1 per million population).

Figure 3.52 Homicide rate per million population, for England and Wales and Police Force Areas, 2022
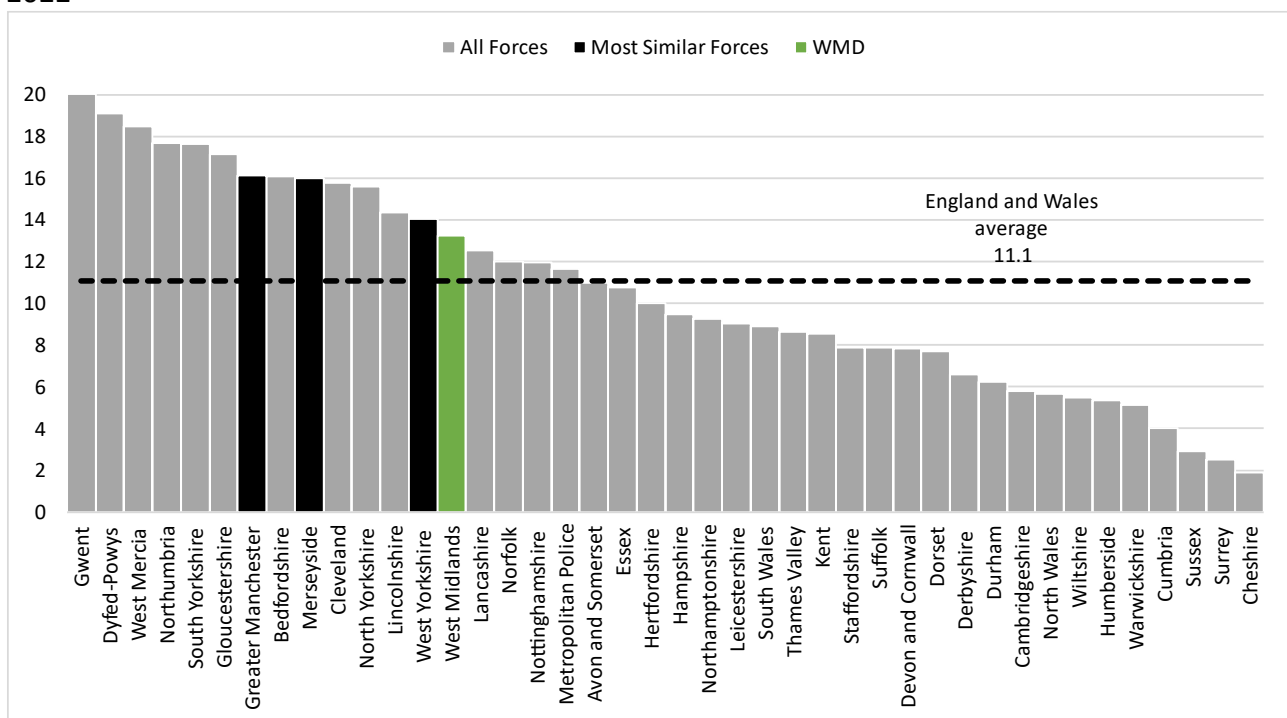
Source: ONS police recorded crime

There are more than double homicides for males compared with females. Up to March 2023, males had a rate of 16.9 million compared with 6.6 per million population for females (ONS, 2023).

In Walsall between 2019 and 2022 there were five homicides, with the victims being aged between 18 and 65 years. Of these five victims, four were male and three offences were flagged as domestic abuse. West Midlands Police data shows that a further two homicides happened outside of the Local Authority boundary in the same time period, where the victim lived in Walsall.

Nationally, the homicide rate differs significantly by ethnicity. For the period ending March 2022 the rate was 39.7 per million for Black ethnic group, which is about four times higher than for the White ethnic group (8.9 million population. ONS, 2023).

Collective violence is violence inflicted by larger groups and has subcategories suggestive of possible motives for violence committed by larger groups of individuals or by countries. Collective violence that is committed to advance a particular social agenda includes crimes of hate committed by organised groups, terrorists acts and mob violence.

Exploitation

Exploitation is the deliberate maltreatment, manipulation or abuse of power and control over another person. It is taking advantage of another person or situation usually, but not always, for personal gain. Exploitation comes in many forms, including:

- Slavery
- Being controlled by a person or a group
- Forced labour
- Domestic violence and abuse
- Sexual violence and abuse including sexual exploitation
- Human trafficking
- Criminal exploitation

Victims of exploitation are targeted, often because of their vulnerabilities. The vulnerability factors for exploitation, which are the same as for County Line victims, include:

- Previous experience of neglect, physical and/or sexual abuse, either as child or adult including adverse childhood experiences
- Unsafe or unstable home or homelessness now or in the past (this may be due to domestic abuse, parental substance misuse, mental health issues or criminality)
- Social isolation or difficulties in forming friendships or relationships
- No/lack of stable or regular income
- Connections with gang / group members
- Physical or learning disabilities
- Mental health or substance misuse issues – Class A drug users are often targeted as their lifestyles leave them vulnerable to exploitation, particularly in relation to gangs taking over their accommodation
- History of being in care (particularly those in residential care or with an unsettled care history)

Research suggests that adults, particularly women, who were victimised as children are at risk of re-victimisation in later life. The International Violence Against Women Survey (IVAWS) found that 75% of women who experienced either physical or sexual abuse as a child also experienced violence in adulthood, compared with 43% of women who did not experience childhood abuse (Mouzos and Makkai, 2004). Other studies have found similar link between child sexual assault and sexual re-victimisation in adulthood (Classen et al, 2005). Therefore, re-victimisation is found to be high for those adults who have been abused as a child, whether that is physical abuse, sexual abuse or indeed, all types of childhood victimisation. Therefore, children who are abused as a child, are at increased risk of being a victim of abuse in adult, and thus increased risk of exploitation.

While most survivors of child maltreatment do not go on to maltreat their own children, there is evidence to suggest that adults who were abused or neglected as children are at increased risk of intergenerational abuse or neglect compared to those who were not abused as a child. Pears and Capaldi (2001) found that parents who experienced physical abuse in childhood were significantly more likely to engage in abusive behaviours toward their own children or children in their care.

Whereas Oliver (1993) concluded that an estimated third of adults who were subjected to child abuse and neglect go on to repeat patterns of abusive parenting towards their own children. However, two-thirds of adults who were abused as children do not go on to maltreat their own children. It is proposed that growing up in abusive family environments can teach children that the use of violence and aggression is a viable means for dealing with interpersonal conflict, which can increase the likelihood that the cycle of violence will continue into adulthood ([Effects of child abuse and neglect for adult survivors | Australian Institute of Family Studies (aifs.gov.au))](#).

The National Referral Mechanism (NRM) is a framework that assesses potential victims of modern slavery. Victims may not be aware that they are being exploited or trafficked and may have agreed to elements of their exploitation, or accepted their situation (NRM, Gov.uk, 2022). Referrals to the NRM can be made by the designated First Responder organisations, via an online referral system. First Responder organisations include the police, the local authority, certain departments of the Home Office and a handful of third sector organisations such as the Salvation Army and Migrant Help, who hold contracts for NRM and asylum support. NRM data locally is collected by the Serious Organised Crime and Exploitation team at West Midlands Police. The online referral system is to be used for referrals into the NRM and for Duty to Notify (DtN) referrals. The difference between an NRM referral and a DtN referral related to the consent of the adult involved (NRM Gov.uk, 2022).

Between January 2019 and December 2022 there were 209 persons referred to the NRM or DtN for exploitation in Walsall, of which there were 77 victims referred between September 2921 to September 2022. The local authority is the biggest referrer (56% of all referrals), followed by West Midlands Polices (32%). Two thirds of people referred for exploitation were male (69%). Children aged 14 to 17 years are at the greatest risk of being exploited and the proportion of victims referred by age are:
- 10% 14 years
- 12% 15 years
- 22% 16 years
- 15% 17 years

Of the 209 NRM referrals, there were 23 different nationalities recorded. Most people referred were from the United Kingdom (56%), followed by Vietnamese (9%) and then Albanians (8%).

Although males account for 69% of referrals, the proportion of male to female changes depending on the type of exploitation. For both criminal and labour exploitation, most victims were male whereas for sexual and servitude exploitation, it was predominately female victims.

People who are exploited are often exploited for County Lines. County Lines is where illegal drugs are transported from one area to another, often across police and local authority boundaries. Although not exclusively, such activity is often by children or vulnerable adults who are coerced into it by organised crime groups. County Lines are not defined by the distance between the point of control and the point of distribution, but rather the mechanism by which that method of supply is supported (Holligan et al, 2020). The 'County' part is the crossing of borders, often to other parts of the country and into rural areas whereas the 'Line' part is the mobile phone line that is used to take the orders of drugs. Importing areas, which are the areas where the drugs are taken to, are reporting increased levels of violence and weapons-related crimes as a result of this trend (NCA, 2022). County Lines operations seek to increase the amount of profits organised crime groups can make by expanding the reach of the organisation to rural areas with high demand for drugs.

The National Police Chiefs' Council (NPCC) definition of a County Line is:

'The 2018 Home Office Serious Violence Strategy states the NPCC definition of a County Line is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move [and store] the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.'

In March 2023 the Home Office guidance was published which includes the definition 'county Lines' is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other forms of 'deal line'.

County Lines are likely to exploit children and vulnerable adults to move drugs and money and they are often coerced, intimidated and experience violence (including sexual violence). Whilst the exact figure regarding young people affected by county lines operations is currently unknown, we know that males between 15 and 17 years are the most identified victims of county lines exploitation (Maxwell et al., 2019, NCA, 2019). However, females and children outside of this age range still fall victim to County Lines exploitation. It is important to work together to improve our understanding of the role of girls in gang/County Lines, as this is a largely under-researched area. Young people are recruited into County Lines operations through grooming, with many young people being drafted into drug dealing practices to pay off drug-related debts. These young people are often transported to rural areas to facilitate drug dealing and are utilised by these organisations to transport drugs as they are perceived as more likely to evade police detection. In some instances, victims will be trafficked to areas a long way from home as part of the network's drug dealing business.

Organised crime groups create a base in their chosen target area for the preparation of drugs and a base to deal the drugs from. They usually do this by taking over the homes of local adult victims who the group members have identified as vulnerable, often where the victim suffers from mental illness, physical or learning disabilities or has an addiction, such as drugs, alcohol or gambling. They do this either by force or coercion, and is a process known as 'cuckooing'. Many people do not disclose what has happened to them for fear of being treated as a perpetrator and the fear of potentially facing repercussions such as violence from the gang they are being exploited by.

In January 2019, the National Crime Agency published a report that suggested the estimated number of County Lines had more than doubled in a year from 720 in 2018 to over 2,000 in 2019. This is likely to be a conservative estimate and to have increased since 2019. The West Midlands, with its strategic position in the centre of the country, and good transport links to much of the rest of England and Wales presents additional challenges to those who are tackling and striving to prevent this form of criminal and often violent exploitation.

When discussing persons involved in County Lines it is noteworthy to understand that this refers to suspects, perpetrators, and victims. Many people involved in County Lines are victims, having been exploited themselves because of their childhood abuse, their vulnerabilities and their lack of wider social support, as discussed above. The involvement of County Lines across Walsall reflects the deprivation levels, thereby supporting the high levels of vulnerabilities associated with this crime (Figure 3.53).

Figure 3.53 Map showing the County Lines across Walsall
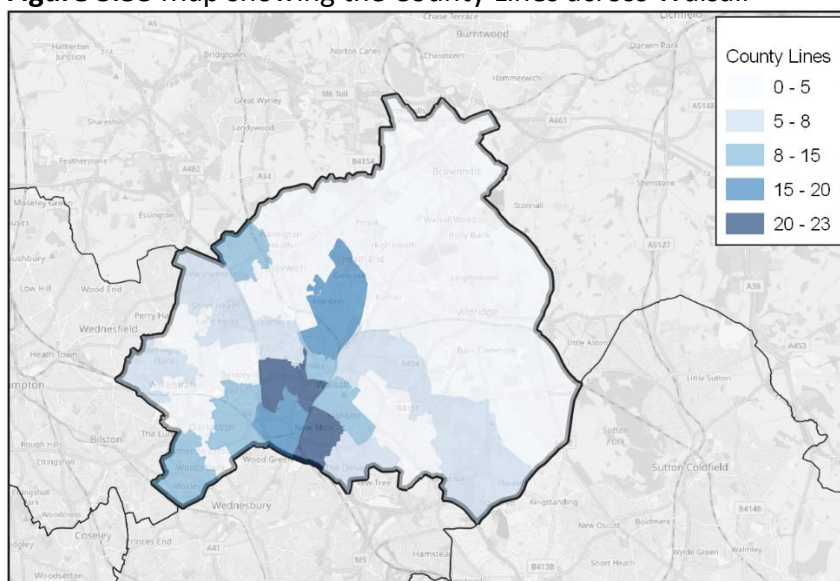
Source: WMP, 2019-2022

Many young people involved in County Lines, from 13 years to 20 years. However, there are also a greater number of older age people involved in County Lines, which is most likely reflecting the age of the perpetrators and the age of the victims who are exploited, i.e., adults with vulnerabilities who are targeted for this criminal activity, especially if access to houses and accommodation is required. Almost all, 96% of people involved in County Lines are male.

Drug related crime in relation to suspects occurs in a slightly older population compared with many other crimes. While there are increased number of suspects for age 15–19-year-olds, the number of suspects continues to increase until it peaks at age 30-34 years of age, when numbers start to slowly reduce. This pattern, although numbers are lower is similar for victims of drug-related crime (Figure 3.54).

Figure 3.54 Number of drug related crime, victims and suspects, by age

Source: West Midlands Police recorded data, 2019-2022

Gender Based Violence

Whilst the factors that contribute to gender-based violence are complex, the risk of it occurring in the first place has been linked to attitudes towards gender roles, both at an individual and societal level. At an individual level, it's been found that unfair and unjust gender beliefs and permissive attitudes about violence against women are important risk factors for male perpetration of violence. At a societal level, and in terms of over-arching social norms, societies that tolerate violence and inequality are associated with an increased risk of violence against women and girls.

Effective prevention must include early intervention to attempt to influence these values in childhood and adolescence and shift social norms so becoming less accepting of violence and inequality. Interventions that challenge social norms make violence less socially acceptable.

Education must start early, and it must include boys and men. All too often, responsibility falls upon the girls and women to behave in a manner to protect themselves or discourage violence against them (HM Government, 2021). Having safe and secure communities also encourages more people to exercise, socialise or adopt more sustainable lifestyles (e.g., using public transport) and reduces social isolation.

The WHO in collaboration with UNICEF, UNODC, PEPFAR, USAID, World Bank, US Department of State, CDCP and Together for Girls, is leading the development of a unified package of these seven evidence-based strategies to prevent violence against children:
1. Teaching positive parenting skills
2. Helping children develop social emotional skills and stay in school
3. Raising access to health, protection and support services
4. Implementing and enforcing laws that protect all children
5. Valuing social norms that protect children
6. Empowering families economically
7. Sustaining safe environments for children   (Hoeffler and Fearon 2014)

Risky health behaviours
Sexual health

Adults who have experienced childhood abuse and neglect, particularly child sexual abuse, are more likely to engage in high-risk sexual behaviour in teenage years through to adulthood. Once again, this demonstrates the lasting impact sexual abuse has on individuals. High-risk sexual behaviour can lead to a wide range of sexually transmitted infections or early pregnancy. Research has found that a history of child sexual abuse was associated with a greater frequency of unintended pregnancy, younger age at first diagnosis of a sexually transmitted infections, and greater likelihood of engaging in prostitution (Steel and Herlitz, 2005). It is suggested that the increased likelihood of engaging in risky sexual behaviours include the inability to be assertive and prevent unwanted sexual advances, feeling unworthy and having competing needs for affection and acceptance. All of which may occur as a consequence of child abuse and neglect ([Effects of child abuse and neglect for adult survivors | Australian Institute of Family Studies (aifs.gov.au)).](#)

Sexual Assault Referral Centre (SARC) services offer support and healthcare to all survivors of sexual assault and/or abuse at any hour of the day or night. They are available to people seven days a week. Forensic and clinical care, as well as access to psychological therapy sessions is provided, in addition to advice and training to local partners, i.e., health care providers, social care teams and university staff. Adult SARC locations for the West Midlands and Staffordshire police areas are at Hodge Hill SARC and Grange Park SARC.

Walsall ranked 61st highest out of 150 upper tier local authorities for new sexually transmitted infections, excluding Chlamydia, in those aged under 25 in 2021, with a rate of 326 per 100,000 residents, better than the rate of 394 per 100,000 for England.

Across Walsall, 328 cases of Chlamydia were detected among 15-24-year-olds (2021), which gives a rate of 978 per 100,000. While this is below the England rate of 1,334 per 100,000 this may in part be influenced by lower screening rates, with 5.5% of young people aged 15 to 24 being screened in 2021, compared to 14.8% nationally and 14.8% across the West Midlands region (OHID STIs).

The total abortion rate per 1,000 women aged 15 to 44 years in 2021 was 25.2 in Walsall, higher than the England rate of 19.2 per 1,000. Of those women under 25 years who had an abortion in 2021, the proportion who had had a previous abortion was 32.7%, slightly higher than England's rate of 29.7%.

Under 18s conception rate is reducing in Walsall and in 2021 it was 17.7 per 1,000 population. This rate is not significantly higher than regional (15.1 per 1,000 population), but it is significantly higher than national rates (13.0 per 1,000 population).

Emergency hormonal contraception (EHC) is used after sexual intercourse to prevent pregnancy. In 2022, of all of the consultations for EHC, 2% were for females under the age of 16 years; 44% for those aged 16-25 years and 54% for women aged over 25 years.

Addiction: Alcohol, substance misuse, Gambling

Associations have often been made between childhood abuse and neglect and later substance misuse in adulthood. A strong relationship was found between child physical and sexual abuse and substance misuse in women (Simpson and Miller, 2002). Less of an association was found among men, although men with child sexual abuse histories were found to be at greater risk of substance abuse problems. It is suggested that men are less likely to disclose childhood abuse due to social values and expectations (Simpson and Miller, 2002). However, the overarching topic of drugs has been consistently linked to violence, both in the fact that the drugs market is a driver of violence (Kincaid et al., 2020; Wieshmann et al., 2020) and, that drugs including alcohol can bring out violence tendencies in individuals (Johnson and Belfer, 1995). When considering drugs as a driver of violence, Kincaid et al (2020) found a strong correlation between the growing availability of harmful drugs and the rise in serious violence.

Looking at West Midlands Police data by type of violence, there are markers for alcohol, drug use and mental health. These three markers were present at varying levels for:

Type of violence	Alcohol	Drug use	Mental Health
Possession of Weapons	13%	7%	4%
Sexual offences	12%	5%	6%
Stalking & Harassment	7%	5%	6%
Violence with Injury	26%	7%	7%
Violence without Injury	19%	7%	9%
Knife Crime	14%	9%	6%
Gun Crime	14%	9%	6%

Between 2018/19 and 2021/22, there were 62.2 per 100,000 hospital admissions due to substance misuse in Walsall in young people aged 15-24 years, which is significantly lower than the national

rate of 81.2 per 100,000 and statistically similar to the West Midlands rate of 66.9 per 100,000. Among adults, Walsall has a higher rate of mortality for alcohol specific conditions (15.7 per 100,000) than both the West Midlands (12.9 per 100,000) and England (10.9 per 100,000), with drug related mortality being similar to the national rate (2018-2020). Walsall has a higher rate of adults with substance misuse treatment who successfully engage in community-based structured treatment following release from prison, being 45.8%, which is higher than the national figure of 37.4% and statistically higher than West Midlands, which is at 33%.

Successful completion rates for opiate users and drug related death rates are similar in Walsall to the national average. There have been persistent reductions in opiate users in treatment in Walsall, with some recent slight increases in alcohol users in treatment, on the background of a previous decrease and then a plateau. Most people in treatment are males. People of Asian heritage are under-represented in the treatment community, with only 9.9% for 2021-22 according to the National Drug Treatment Monitoring System. Unmet need related to alcohol misuse is high. There have been significant reductions in young people in service over the past ten years, with the majority of this cohort being male.

A recent strategic needs assessment for substance misuse has just been completed for Walsall, where further figures and intelligence can be found *here*. This has informed the draft Walsall Alcohol and Drug Strategy, which includes a range of strategic ambitions, including those linked to the crime/violence agenda (e.g. provision of co-ordinated support for individuals in contact with criminal justice system, increasing the numbers of individuals receiving community treatment sentences, working with licensing and trading standards on issues related to low price and counterfeit alcohol, age restricted sales, but also working to use policy levers (such as licensing policy among others) to build out crime and alcohol related harm.

The relationship between violence and problem gambling in the general population is under-researched and requires further attention to inform treatment and prevention efforts. Roberts et al (2016) found that among men in the UK, self-reports of problem/pathological gambling remain predictive of a range of measures of violent behaviour adjusting for alcohol and drug dependence, comorbid mental disorder and impulsivity; of the covariates, alcohol and drug dependence have the greatest effect in reducing the gambling-violence association (Roberts et al, 2016). The reported harms associated with gambling include mental ill health, relationship breakdown, financial difficulties and poor performance at work or school. These harms may be experienced by the person who gambles or by family, friends and colleagues of someone who gambles. Hing et al. (2020) found that while gambling does not directly cause intimate partner violence, it reinforces the gendered drivers of violence to intensify the frequency and severity of intimate partner violence against women.

The harms associated with gambling are also key factors for being vulnerable and therefore increased risk of exploitation (discussed in Chapter 7). Harms can build up very quickly, yet recovery often take a very long time.

Chapter 4

Reducing and Preventing Violence in Walsall

Reducing the risk of violence and strengthening protective factors requires a multi-agency approach. No one agency can respond on its own and we cannot enforce our way out from violence. Reduction and prevention of violence requires interventions that are universal, enabling stable and peaceful societies through to targeted programmes for individuals who are at greatest risk of being a victim of violence and/or a perpetrator of violence as well as families and friends to end intergenerational abuse and adversity. The opportunity across the partnership and at each level is within our grasp.

It is acknowledged that *how* we reduce the prevalence of violence and risk of violence is less well understood. What is known is that the application of a few societal programmes will not reduce levels but a much more whole-system, large-scale and paradigm shift is required. Attitudes towards violence changes slowly over time and often takes generations to make real change in our society. Programmes aimed at reducing violence, especially for the next generation, take time to implement and time to change culture and behaviour. Further, many programmes are not set up and established to enable rigorous evaluation (Hoeffler and Fearon 2014).

The Scottish Government commissioned a review of high-quality international evidence as to what works to prevent youth violence (Russell, 2021). The report focused on primary prevention interventions to ensure a public health approach to violence prevention is taken and found:

1. The most *promising* interventions found to reduce violence were school and education-based approaches, dating violence prevention programme, family-focussed interventions, mentoring and community-based coalitions.
2. The most effective evidence in reducing youth violence was for bullying prevention programmes and social and emotional learning programmes.
3. Deterrence and fear-based approaches were found to have no effect on youth violence and, at worse, to be potentially harmful to young people.

In 2013, the national government supported a network of Sure Start Children's Centres, enabling them to focus on using evidence-based approaches to support the families in greatest need through the Ending Gang and Youth Violence (EGYV) established in 2012. A reformed Early Years Foundation Stage was put in place to support the basic social, emotional, communication and language skills children need to do well at school. They were also trialling the take up of high-quality universal parenting classes through the provision of vouchers for mothers and fathers of children from birth to five years old, in three areas.

A strong partnership approach that advocates for community cohesion, that values people and places as assets, celebrating diversity and kindness helps to reduce violence. Walsall has a solid history of partnership that has a strong community voice at its heart. However, there are opportunities to bring this together even more, by bringing the voice of the child and young person into the centre and be at the heart of all decision making. Through this connectiveness, aligned priorities and positive messages, then Walsall can work together to reduce violence. A local Charity, [The James Brindley Foundation](#) has come together through trauma and grief to bring about positive social change, through a transformation in the public 'collective mood' which recognises the absolute urgency, in addressing youth violence.

Through this chapter, we consider the assets that we have across Walsall and what interventions are already in place, so that we can continue to reduce risk and promote protection using a life-course approach. The details contained within this section are just examples of good practice and

does not include all of our mainstream provision, our everyday work, but highlights some areas that ensures a universal through to targeted support. It is also described by:

1. Violence Reduction Partnership. These are region-wide initiatives provided by West Midlands Violence Reduction Partnership and delivered in Walsall.
2. Safer Walsall Partnership. These are specific interventions that are funded through the Office for the Police and Crime Commissioner (OPCC) for delivery in Walsall.
3. Other Local Interventions. These are examples of interventions that are funded through other external grants or mainstream funding of the Council and its partners. The list is by no means exhaustive.

1. Violence Reduction Partnership

Childhood adversity and Trauma

In partnership with Barnardo's, the Violence Reduction Partnership is supporting organisations across the West Midlands to develop their knowledge and understanding of the impact of childhood adversity and trauma, whilst raising awareness of Trauma Informed Practice. At the heart of a Trauma Informed approach lies relationships, where children and young people can flourish by adopting supportive and healthy relationships, addressing the impact of their experiences and ultimately improve their outcomes. For more information: An Introduction to Adverse Childhood Experiences (ACEs) and Trauma-Informed Practice - West Midlands Violence Reduction Partnership (westmidlands-vrp.org)

To support the workforce on their journey of becoming Trauma Aware, Informed and Responsive, three training modules are offered:

1. An introduction to Childhood Adversity and Trauma Informed Practice
2. Trauma Informed Practice
3. Trauma Informed Organisations for Senior Leaders

Trauma can be a multisensory experience, it can happen to anyone at any point in their lives. If you would like further information, please discuss this in the first instance with your local Navigator or education intervention advisor. Alternatively, you may wish to contact the team at Barnardo's on the following email address: WMTIPtraining@barnardos.org.uk.

Another training programme provided across the borough by the Violence Prevention Partnership is: Working with Trauma and Early Years. This training course focuses on what trauma for the very youngest of children could be and how they respond to trauma in terms of behaviour. That behaviour may be distressed or reserved, it may be how an adult responds in the moment.

The VRP helped Walsall College embed a trauma-informed approach. Through this, staff asked what help could be offered to students who seemed troubled and whose behaviour was changing. This had a positive impact on a range of behaviours and performance indicators. Now other schools are following suit and over 70 educators and young people have formed a passionate violence reduction network (APCC, 2020).

Walsall's Early Help, education and social workers in trauma and attachment and restorative approach. Youth Justice also delivers restorative justice.

Contextual safeguarding and safety planning

The Exploitation Navigators work to support a whole systems approach to tackling exploitation by supporting professionals to work better together. This could be through creating toolkits, or creating best practice guidance and policies, which they will share with education settings to promote professional competency building in relation to identifying and tackling exploitation. The training is bespoke and can be tailored to fill gaps in knowledge after staff have already completed local safeguarding board exploitation awareness training relevant to their locality. The training can cover safety planning, contextual safeguarding, all forms of exploitation.

Violence against Women and Girls

The Violence Reduction Partnership (VRP) offers a menu of training and interventions, all of which are fully funded. This can be accessed through the local VRP Navigator or by contacting vrp@westmidlands.police.uk. This offer currently includes:

- *Mentors in Violence Prevention*

This is a peer mentoring programme that gives young people the chance to discuss and challenge the attitudes, beliefs and cultural norms that underpin gender-based violence, bullying and other forms of violence. It is designed for use in Education and Youth settings and promotes character development and leadership in children and young people, equipping them with skills to resolve conflict, develop critical thinking around risk management and concepts of safety, while providing a counter narrative to violence.

MVP seeks to influence the culture from within the peer groups and create active bystanders who are armed with a host of skills and approaches to deescalate and prevent violence from taking place. Core values for this programme promote collaboration between staff/partners and students, keeping a young people led approach and challenging attitudes and stereotypes.

There are several versions of this programme depending on individual establishments needs, including: Primary, Secondary, Further Education, Faith settings. The VRP delivery team works with the settings to think creatively about the uses of the programme and tailor it accordingly through training and support sessions. This programme supports a good rating for Character development with OFSTED.

- Round Midnight Virtual Reality

Virtual Decisions is a multi-award-winning, interactive virtual reality in education programme. Round Midnight uses the science of adolescent decision-making to create immersive virtual reality experiences that tackle gang culture, youth violence and risk-taking behaviour. Workshops can be tailored to a primary age audience (Years 5 and 6), secondary age audience (Years 7 to 11), young people in the criminal justice system, parents and families, and for training purposes for professionals.

Short Virtual Reality (VR) experience enables participants to make decisions about how they would react in certain situations. By wearing a VR headset, each participant is placed in a real-world scenario where they are faced with multiple decisions in which they must make a choice. Each decision results in various outcomes, showing that every action has a consequence. The production use real world actors aged 13 – 18 to give authenticity. Young people can reflect and share this experience within groups that are led by specialised facilitators. Through discussion and drama exercises, young people can reflect on their own personal journey within the VR and compare it to that of others, making it a user-led – and user shared – experience.

- *Precious Lives – knife crime awareness intervention*

These workshops are for young people from age 10 to 18 years of age, made available to all West Midlands schools, colleges, and other youth provisions by the West Midlands Police and Crime Commissioner. A team of trainers all of whom have real-life experience of knife crime either as a victim, offender, or in a professional capacity facilitate the sessions. This enables them to speak to young people, giving them an unparalleled insight into their experiences of knife crime. This aims to help children and young people understand the real consequences of carrying or using a knife.

The sessions are designed to be impactful with an emphasis placed on connection with the young people to deliver the message. There is a differentiated approach for primary schools using tools such as positive choice building, resilience, and peer to peer learning. The Precious Lives sessions can be delivered to whole year groups, assemblies or smaller targeted classes.

- *Stop and Search – know your rights*

Stop and Search workshops are becoming more in demand in line with levels of crime across the region. Sessions seek to help young people understand the role stop and search can play in reducing knife crime and youth violence.

The workshops explore young people's rights if they find themselves involved in a stop and search, including the reasons why police use the power of Stop and Search, when and how police can conduct a stop and search and the rights of young people if they are subject to a search and the dangers of knife crime.

- *REAL resources*

REAL CIC is a Birmingham based organisation who has created specially designed resource packs to help educate young people about county lines and knife crime. At the heart of REAL is the ethos that the youth of today are the future of tomorrow, and as their parents and guardians we care about their futures. It is imperative for us to not only take ownership of the issues that these young people face but to also help them navigate through some of the difficulties of life.

The education packs allow young people opportunities to not only discuss all avenues in life but to see the visual representation of how these choices may affect their life in the present and future if they follow through with those decisions.

The digital and educational resources have been developed for West Midlands Police and Safe professionals to work directly with young people around youth violence and gang grooming. To guide and support young people to remain on the right side of the law; avoiding criminal activity, criminal records, detention or even death.

Training is delivered in house by the REAL C.I.C team to School and youth providers as a train the trainer model for use in your setting. The professional resources are digital and mobile phone friendly, this enables a further reach and allows for participation on all devices and for continued development and discussion.

- *Believe 2 Achieve*

Believe 2 Achieve provides early intervention through mentoring and behaviour support for children and young people who are struggling to cope with pressure points in their lives due to potential low-level aspirations/poor home situations/ gang/low level criminality involvement. To provide a maximum of ten mentoring/therapeutic sessions. The sessions would be delivered via

sport, art, computer games, music, martial arts, befriending, or discussions around family and peer relationships. Children are taught about relaxation interventions and techniques to help them cope with stressful situations in their everyday life. Our strength is our independence and the trusting relationships we can develop with the children. We attempt to work holistically with all children looking where possible to engage families/carers in developing clear action plans to improve out comes for their children.

The West Midlands Violence Reduction & Sport Strategic Partnership Board was established in 2020 with the aim to *'Ensure there is an effective, consistent, and collaborative approach to designing, implementing, evaluating, scaling and embedding sport and physical activity interventions as part of the West Midlands VRU strategy.'*

Through this strategy, opportunities for the youth are being created by building protective factors, pro-social behaviours and resilience to protect and prevent young people and communities at risk of or associated to violence mainly through sport.

StreetGames UK

StreetGames is a national sport and anti-poverty charity, which delivers interventions that reduce the risk and likelihood of young people being affected by violence (WestMidlands-vrp.org.uk). Sport and physical activity are being used as positive initiatives to intervene into the lives of young people to support positive behaviour change and protecting them from exploitation.

Some of the voluntary groups that are actively working within the communities to reduce violence in all the different forms include:
- **Walsall For All** that targets mainly violence stemming from race and religion
- **Youth Connect** that works with young people within Walsall to improve their health and wellbeing, employability chances and supports them to make positive decisions

2. Safer Walsall Partnership

Over the past 12 months, Safer Walsall Partnership has commissioned several interventions that aims to reduce the risk of violence. These initiatives are outlined below.

Resolve

The resolve project is aimed at reducing serious youth violence, particularly knife crime, gun crime, exploitation and organised crime and seeks to build on an initial successful borough-wide pilot to bring in specialist mediators to engage with those involved, or those on the fringes of becoming involved. The project also aims to increase partnership understanding of the scale of these issues locally. This programme is provided by Mentoring West Midlands Community in Practice (MWM CIC).

Mentoring West Midlands also provides the Next Steps project, which is a mentoring support project to individuals who are vulnerable to and/or involved in substance use and/or violence in the night time economy. People can be referred to the service through a range of community safety partners, with the police being as a main referrer currently. They are also undertake 1-2-1 and group work interventions. Link to their website for more details: About Us (mentoringwestmidlands.co.uk).

Lived Experience Mentoring

This is to ensure that there is provision of a dedicated mentoring offer for children and young people in the Youth Justice System as identified as high risk of being involved in serious youth violence and criminal exploitation. A local mentor has been commissioned to work with boys within the secure estate of the Youth Justice Services who are over-represented. This mentor is a local resident with lived experience of the Justice System.

Disproportionality

Given the levels of disproportionality, in particular for young Black males, Open Lens, which is a local media and training organisation, has been commissioning to help the Safer Walsall Partnership understand the levels of disproportionality in the justice system by means of an engagement and development programme for over-represented boys in the youth justice system.

Open Lens is:
1. Delivering an engagement and personal development programme for boys with Black and Mixed ethnicity. The programme is helping boys and young men to explore their culture and identity, teach them new skills around media and filming and then support them with education, training and employment.
2. Delivering staff training in relation to 'unconscious bias' regarding disproportionality. This also includes communication to enable staff to deliver the training to others.
3. Create a documentary with our children and families based on the real voices of our boys and young men. This documentary, which is currently in production, will form the basis of our partnership strategy within the Youth Justice Services.

Bleed kits

Bleed kits are medical kits that could prevent people from bleeding to death while paramedics race to the scene. They contain bandages, tourniquets and gloves, which are all essential as they can allow treatment to begin before paramedics arrive. They are designed to be easy to use and to keep an injured person alive until they can receive treatment from a paramedic or a doctor. Early intervention is crucial for victims with catastrophic injury. The purchase of these kits is to support the community in areas across the borough that are at increased risk of knife related crime primarily, although they may be deployed at other locations such as accident black-spots or similar. Fourteen Bleed Kits have been deployed and the remaining kits will be placed, once we have agreement with the people who look after them, at specific locations in the borough.

There are plans to locate the remainder of the 23 bleed kits across Walsall very soon so that they are successfully distributed. West Midlands VRP, West Midlands Ambulance Service, West Midlands Fire & Rescue Service and Walsall Council are working with various businesses, religious establishments and other community groups to achieve this. An officer from the council's training and development team is providing training on the use of the kits. The training is also being offered to hospitality venues in the night time economy through the local Pubwatch scheme.

Respect (early resolution project)

Recognised by the Youth Justice Board Effective Practice Unit and delivered in Local Authorities and Police Crime Commissioner areas across England, is the respect young people's programme (RYPP). This programme is for families where children or young people aged between 8 and 18 are abusive or violent towards the people close to them, particularly their parents or carers. This abuse may be physical, verbal, financial, coercive, or emotional and may include behaviour like hitting, making threats or causing damage in the home.

The RYPP is targeted at reducing risk factors associated with later offending and/or aggressive behaviour and its outcomes are to:

1. Reduce verbal aggression and violence in close relationships
2. Improve emotional well-being (coping with anxiety, anger, depression, emotional self-regulation)
3. Improve family communication and relationships
4. Build parenting confidence and skills
5. Increase the young person's insight to their own behaviour

LGBTQ+

This is a programme of support and activities aimed at increasing awareness of young people who identify as LGBTQ+. The project includes training of professionals and parents in how to support their children.

Walsall's Early Help and partners have identified areas of support, gaps in provision and created a joint plan to support young people who identify as LGBTQ. After developing a Theory of Change model, the following were identified as priority:

- Delivery of LGBTQ monthly support group, a safe place for young people to attend
- Young person-led art work to create art work to be used on posters and postcards
- Parenting support and awareness, and training for lead professionals and staff delivering LGBTQ services. The training will include the legal responsibilities for people supporting young people who identify as LGBTQ as well as focus on transition pathways.

Working with Fathers - Participative Group

The Working with Fathers' Strategy was developed in September 2021 and governed by the Vulnerable Expectant Parents group. The Fathers' Participative Group is an integral part of this strategy. This Participative Group was established to support fathers across Walsall to be valued and to have a voice and aims to understand local fathers and how effectively services engage with men. Through this Group, fathers can have meaningful consultation that will be used to shape specific design of services, pathways of support, strategy, and training. The longer-term ambition is to improve the culture and climate of fatherhood in Walsall's statutory services leading to a more positive experience for those fathers and improve childhood experiences for their children. MindKind Projects has been commissioned to develop this project. This is a new platform to draw on the experiences of men accessing a range of universal, specialist and statutory services and there is an active recruitment process ongoing to encourage more dads to be part of the change.

3. Other local interventions (list not exhaustive)

CARE – Communities and activities reducing exploitation

CARE is an innovative short-break model specifically for 60 young people aged 11 years and above who have additional needs, either diagnosed or undiagnosed, and are at increased risk of exploitation. CARE provides positive activities and diversionary support to each young person to avoid poor outcomes, have ambition and to thrive. The evaluation for CARE is expected later in the year. Early indications suggest that CARE is positive in improving emotional wellbeing for young people.

HAF - Holiday Activity Food

The Holiday Activity and Food (HAF) programme is for children and young people aged 5 to 16 years who are eligible for benefit related free school meals. HAF is available during Easter (one or two weeks), Summer (for four weeks) and Christmas (one week) holidays.

There is either the 'Holiday Club', a four-hours for four days a week providing a range of activities with a daily healthy meal included or, the 'Pick and Mix Family Activity', which is a menu of options where up to four separate activities can be chosen for up to two hours and a healthy meal. These activities are wide-ranging and include dance, music, swimming, sports coaching, mentoring etc.

In total, 2,393 children and young people took part in the Christmas holiday and food activities, of which 24% were secondary school age with the remaining being primary school age. Overall, the intervention has evaluated very positively and people said that they were more active (79%), ate more fruit and vegetables (77%), learnt something new (80%) and felt that the HAF had helped them and their family (74%).

Healthy Child Programme

The Healthy Child Programme (HCP) is for 0–19-year-olds, and up to 25 for those with special education needs and/or disability. It is an evidence-based intervention consisting of screening tests, immunisations, developmental reviews and information and guidance to support parenting and healthy choices. Universal and targeted public health services provided by health visiting and school nursing teams are crucial in a systems approach to improve the health and wellbeing of children and young people. This is because the foundations for virtually every aspect of human development (physical, intellectual and emotional) are established in early childhood. Working in partnership to sustain this across the life-course for school-aged children and young people is vital for public health outcomes into adulthood.

The public health nursing team are the only workforce that engages with all families in their own homes as well as other community settings. They are essential for early identification and implementing interventions to mitigate and prevent problems worsening in the future, and so help to curb demand in other services.

Step Together

Step Together is a Home Office funded pilot that is delivered by West Midlands VRP. It connects education, police, voluntary and community sector enterprises. Using detached youth workers, chaperones are provided along designated school routes at the start and end of the school day with the aim of increasing feelings of safety and reducing incidents of violence. Key impact routes have been identified from the West Midlands VRP to ensure delivery of a focused intervention. This project aims to create frequent points of safety for young people in areas where we see an increased level of anti-social and violent activity at the end of each school day (WMVRU.hub). There will be an independent evaluation undertaken by the Youth Endowment Fund (YEF).

Across Walsall, there are three Step Together routes:
1. Joseph Leckie Academy and the area around it
2. Walsall Town Centre
3. West Walsall E-Act Academy and the Alumwell area.

POP - Positive Outcomes Project

POP, launched in October 2022, is a new support service for young people aged 16-25 living in Walsall and is commissioned by Public Health. The service is led by Bloxwich Community Partnership (BCP) and consists of two components, (1) in-person hubs and (2) a website. This programme has been developed to provide mental health and employability support for young people. Following the recent knife crime incidents within Walsall, advice and support has also been given to young people on youth violence and the support they can receive if they are feeling marginalised or exploited.

There is one hub called 'Electric Palace' that is located in one of the most deprived areas in Walsall in Blakenall and the second hub is at the Saddler Centre in Walsall town centre. Between October-December 2022, they received 50 referrals, with half being self-referrals. It is too early to know of its impact but an evaluation is expected later in the year.

Regional Girls Minimum Offer

The West Midlands Youth Offending Teams mission is to deliver services that recognise that the needs of girls within the criminal justice system are often different to the needs of boys and responds accordingly. By taking a 'child first' approach to youth justice, the commitment is to treat girls fairly, acknowledge and respond to their different needs, and help them to build on their strengths so they can make a constructive contribution to society. The aim is to prevent offending and create safer communities with fewer victims. Through this work, the Youth Offending Service and its partners have agreed the following commitments:

a) Board member to champion Girls' issues
b) Senior Managers are informed about local intelligence and the offer from the youth offending service
c) There is a Girls lead at Management level
d) That local services are aligned to and included in the local exploitation response
e) To use its influence to encourage partners to assess their own services for suitability for girls at high risk of exploitation
f) Is aware of local services that specialise in delivering services to girls
g) Local intelligence is shared to understand offending patterns, recidivism, and breach rates
h) Uses aggregated case level and performance data to inform service development, and creates regular dialogue with practitioners on the issues and solutions
i) Regularly hears the voices of Girls and uses this to inform service delivery
j) To ensure all workforce have received training on gender specific working and understand issues in relation to Girls in the youth justice system
k) All staff are aware of the commitment to improving services for girls and girls affected by violence, and contribute to this service improvement
l) To consider its environment and how this feels for girls
m) To routinely offer Girls a female case worker
n) To consider how its interventions are responsive to gender differences and the offer to girls is not de-prioritised due to low numbers
o) To be mindful of the potential for disproportionality in the girls cohort

Walsall Exploitation Pathway and Assessment

The Walsall Exploitation Pathway and Assessment was established in September 2020 to ensure that a preventative approach is taken to support people who are at risk of exploitation. Professionals can make referrals into this service for both adults and children. The pathway works alongside the MASH and promotes effective sharing of information between agencies. These

discussions include our partners such as virtual schools, street teams, Youth Justice Service, neighbourhood policing units, Local police, adult social care and our exploitation team members. The Exploitation Team offers consultation and support for all types of child exploitation i.e., sexual, criminal, children at risk of being trafficked.

The number of referrals into the Exploitation Hub that overlap with, or are purely in relation to, youth violence has increased substantially over the past 12 months. This increased demand within the Exploitation Hub evidenced a gap in resource and pathway to support prevention and reduction of youth violence for young people and ensure best outcomes.
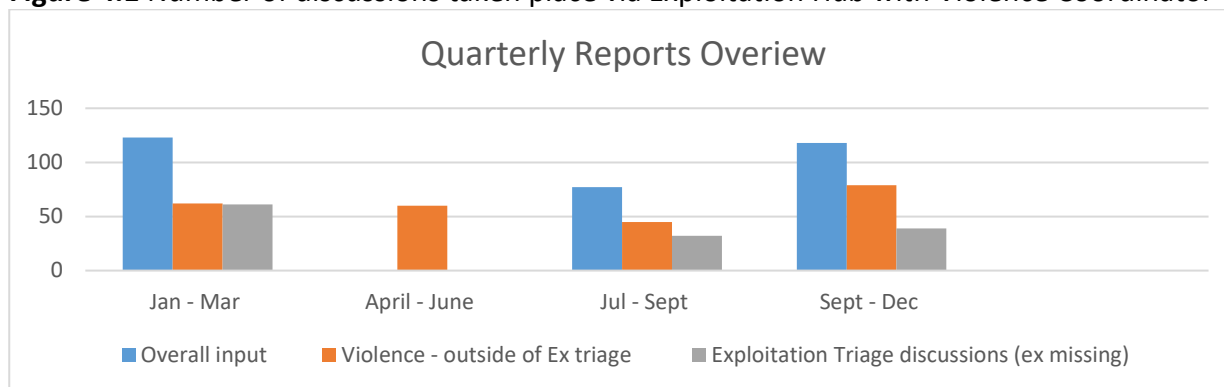In response to the increasing number of youth violence being referred into the Exploitation Hub, West Midlands VRP funds a Violence Coordinator to integrate within the Exploitation Hub. The function of this Violence Coordinator post is to:

- Collate, collaborate, and create opportunities for partnership working between Youth Violence partners and multi-agency Exploitation Teams
- Be conduit of information relating to children/groups/gangs who have been victims of Youth Violence, and share information to Daily Triage, Youth Justice and to Multi agency partners
- Share a monthly report relating to any arising themes and issues arising to address monthly Exploitation Panel and Delivery Groups and attend strategy discussions
- Support the VRU violence navigator with any local work, i.e., group work in schools
- Provide consultation and support to social care, turning point and early help practitioners working with victims of violence or young people who are showing signs of potential concern linked to committing violence in the future

The Violence Coordinator has taken part in 250 discussions regarding individual young people over the past 12 months in relation to violence and about 150 contributions to discussions in relation to exploitation. This data does not include the work completed by the violence coordinator with schools, group work, mapping activity and wider partnership work relating to prevention and reduction of serious youth violence. Outside of the triage process, there are consultations and case discussions relating to individual young people where there are concerns regarding risk of violence. Such discussions would be held with various professionals, including social workers, Early Help practitioners, youth justice officers and other partners. Attendance at strategy meetings and meetings for professionals for young people where youth violence is a concern is also included as is attendance at the youth Justice Service Board.

The number of discussions that take place with the violence coordinator in relation to all discussions, violence (outside of exclusion triage) and exploitation triage differences occur over time (Figure 4.1). Between January and March, there were about 120 discussions of which about 50% were violence specific and 50% were contributions to the exploitation triage. Between September and December, there were about 120 discussions overall, similar to the beginning of the calendar year but with slightly more violence discussions rather than contribution to exploitation triage. There is a reduction in the number of discussions recorded during April – June and, July – september. This is because the violence coordinator was absent due to sickness, which led to a gap in provision offered during that time and demonstrates the fragility of such an important service as well as the importance of having deputies and wider cover to ensure that the work continues.

Figure 4.1 Number of discussions taken place via Exploitation Hub with Violence Coordinator

Quarterly Reports Overview

Legend: Overall input (blue) · Violence - outside of Ex triage (orange) · Exploitation Triage discussions (ex missing) (grey)

Source: Exploitation Hub, Children's Services, 2022/23

The impact of having the violence coordinator integrated into the Exploitation Hub has been positive and has assisted in several aspects. For example, in identifying risk, improving or understanding the context, bringing together the expertise of youth violence and exploitation to work alongside each other across the borough, whilst still maintaining and respecting each other's specialism. Some of these positive impacts include:

- Developed a youth violence programme within education and community settings. As such, the student's voice is heard and has influenced the safeguarding process to reduce and/or prevent violence
- Starting to build a profile of the violence picture across Walsall, which has and continues to inform and direct where effective disruption/diversion to take place e.g. Town centre, Walsall E-Act Steps together route
- Identified groups of young people who were operating in Walsall that previously were not known to the police. Continued work throughout the year to promote and gather information which has resulted in multi-agency work around a specific group of concern. The impact of this is that we contribute to the overall safety of young people and may have potential for police resources to help disrupt future offending
- Several referrals based on violence and children affected by both exploitation and/or violence and gang/groups. Before this role the was nothing specific for violence but now this role has assisted in navigating the void between exploitation and youth violence
- The role provides social care with a point of contact when dealing with violence concerns thereby helping to increase professional confidence and knowledge when discussing and addressing violence
- Improved safety planning and risk management for children and young people by providing information and intelligence gathered through mapping. This improves the timeliness of safeguarding responses for children and young people through consultation with education and police, and which may include MARF, safety planning and relevant referrals
- Pulling information together from police intelligence and social care helps professionals to be effective in safety planning.

A review is being undertaken on the functions and impact of the Exploitation Hub. This will enable Walsall to better understand the resources needed and respond the changing profiles and changing environment. Previous inspections, i.e., ILACS, October 2021 and JTAI, 2022, recognised the strength in what the Exploitation Hub does. However, the increased referrals of serious youth violence must be considered across Safer Walsall Partnership.

Chapter 5

Recommendations

This needs assessment has shown that violence is complex, with strong inter-dependencies across agendas. This needs assessment has also shown the role people and their relationships impact on our risk and protective factors, in addition to place. Violence is also related to deprivation. Based on this needs assessment for the Violence Harm and Reduction Delivery Group, together with Safer Walsall Partnership and wider partners, the following are recommended.

Strategic Recommendations

1. A multi-agency Violence Prevention Strategy and delivery plan for Walsall should be produced, which has short-, medium- and long-term outcomes, and which takes a life course approach, ensuring a strong focus on primary prevention that has both a people and place-based focus with a strong community voice where there is a call for action by all partners.

2. A review of strategic boards should be undertaken, i.e., Safer Walsall Partnership, Walsall Safeguarding Partnership, Youth Justice Partnership, Health and Wellbeing Board, Walsall Together as well as Education, to consider their roles and functions in relation to violence prevention, ensuring they complement each other and prioritise violence prevention.

3. A strategic and evidence-based Commissioning and Resource Plan for Violence Prevention should be developed in partnership so that we are commissioning the right things, at the right time, ensuring sustainability. This includes ensuring the full causal pathway is considered, linking in with mainstream funding opportunities (i.e., not violence related programmes), impacts of wider decision making on violence prevalence, developing bids and greater access to the West Midlands VRP regionally funded programmes and other funded opportunities.

4. There should be a system wide response across Walsall to ensure that the borough is ACE and Trauma responsive, which includes training and development but also policy, behaviour and cultural change.

5. To ensure that we can have an evidence-based approach there should be a clear agreement across Safer Walsall Partnership and all specified authorities within the Duty 2022, to ensure sharing of real time data, intelligence and information sharing agreements. This could be facilitated via a specific Data and Intelligence Violence Prevention Task and Finish Group, reporting directly to Safer Walsall Partnership.

6. A shift in provision towards primary prevention (i.e., stopping violence from happening) and secondary prevention (i.e., early intervention) across the life course should be undertaken. This could include ensuring that wider prevention provision is considered and includes good quality early years education provision, specific school and education-based interventions such as anti-bullying programmes, dating violence prevention programmes including bystander programmes, family focussed interventions including support for parents and mentoring and community-based coalitions.

7. The work on school inclusion and engagement should be continued, with a wider partnership approach to ensure children and young people, especially those who have a special education need and/or disability are supported to remain in school and ensure that policies are reflective of appropriate support and inclusive.

8. Safer Walsall Partnership should explore how it can use policy levers to build out crime and violence, i.e., through planning, licensing and other opportunities, i.e., street safe initiatives.

9. A joint communications plan should be produced across all partners and stakeholders so that clear and objective messages can be given to the public and ensure that a more cohesive message to the public is achieved in relation to violence and violence prevention initiatives.

10. There should be a focused approach with all partners and our communities to work together to support families through pregnancy, early years and into childhood and adolescent years to ensure that all prevention initiatives are brought together with greater connectiveness and support. This could include child-centred policies and child-centred strategies for all partners i.e., child-centred policing, and also including additional youth provision.

11. There should be a greater understanding and focus across partners on the impact of parental separation for young people. This may include children and young people who have lost a parent, whether through death, separation, incarceration, immigration, as well as those young people whose parents/care givers are involved in criminality and children and young people who have all types of lived care experience.

Operational Recommendations

1. Through our partners and our communities, we should continue to support people who are impacted by violence, such as focusing on cohesion and community activities, and that consideration is given to rehabilitating perpetrators of violence.

2. There should be greater understanding of the mentoring support that is available for young people across Walsall so that links can be developed to ensure effective partnership working.

3. Youth services and community interventions, including sports, music, art therapy, should be enhanced, with greater connectivity and opportunity to support children, young people and their families as a route away from violence.

4. Disproportionality should be continued, but with a wider focus including age, gender, ethnicity and deprivation as well as for wider service provision, i.e., substance misuse services, mental health services, community sector etc., which will help shape the work of all partner agencies.

5. A clear data information sharing agreement across all specified authorities should be in place for the Serious Violence Duty, 2022, to enable both reactive and proactive audit, evaluation and assessments to be undertaken.

6. A retrospective assessment should be undertaken that identities all young people aged 10 to 25 years who have been in contact with the Police and/or Emergency Department in the past four years in relation to violence (victim and/or suspect) and a detailed and thorough look back exercise is undertaken to review each person's life course and identify where preventative measures could be taken. This would help identify where the common risk factors are for residents in Walsall, and to consider joint solutions.

7. To continue to engage and support the new requirement from the National Youth Agency to understand asset and need across the borough in relation to youth services and provision.

8. To work in partnership with West Midlands Violence Reduction Partnership to ensure that all specified authorities are included within Walsall's needs assessment and strategy going forward, and to strengthen and improve the quality of Emergency Department, Ambulance and overall health data.

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