

Bristol Serious Youth Violence: Problem Profile



February 2020

Executive Summary

This problem profile provides an evidence base for the risk and vulnerability to serious youth violence in Bristol. This report incorporates a risk factors analysis, a quantitative analysis of serious youth violence in Bristol and a gap analysis of existing service provision.

Analysis of risk factors shows that 24% of young people known to services have experienced Adverse Childhood Experiences. Amongst its statistical neighbours, Bristol is ranked 3rd most deprived for income deprivation affecting children and for barriers to housing & services.

Analysis of crime data shows that serious youth violence offences in Bristol have increased by 24% between 2016/17 and 2018/19, whilst serious knife



crime offences have increased by 45%. 53% of victims of serious youth violence of were aged 11-25.

A focus on community engagement is recommended to target resources effectively and implement effective strategies.

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1. Introduction

In April 2018, the UK Government introduced a Serious Violence Strategy¹ to address the recent increases in knife crime, gun crime and homicide. In addition to this, the strategy aimed to address attacks involving acid and corrosive substances, as well as violence caused through the spread of county lines as a means by which drugs are supplied.

As part of the Serious Violence Strategy, a Serious Violence Fund was announced. This included funding to establish or develop Violence Reduction Units (VRUs). VRU activity enabled by the funding must support a multi-agency, 'public health' approach to preventing and tackling serious violence.



Bristol has experienced an increase in some serious

violence offences and established a VRU in the East-Central area of the City in April 2019. This was expanded citywide in September 2019² and is based on five key themes:

- 1. Using data to drive our approach
- 2. Preventing violence before it occurs
- 3. Community based support
- 4. Targeted interventions
- 5. Intensive interventions and enforcement

This Problem Profile aims to develop a mature understanding of risk and vulnerability to serious youth violence in Bristol to assist in achieving the aims outlined above.

1.1 Methodology

The Problem Profile analyses data from a variety of local and national sources, including data extracted from the Think Family Database (TFD). The TFD is a consolidated person record from over 30 different sources developed by Insight Bristol, a multi-agency integrated analytics hub based at Bristol.³

The scope of this problem profile is as follows:

- Serious Youth Violence Offences included are: Actual and Grievous Bodily Harm (ABH/GBH), offences involving the use or possession of a weapon with intent (such as a knife or gun), homicides, gang violence and drug dealing (including county lines)
- Offender and Victim age range is 11-25 years old.

This report incorporates a risk factors analysis, a quantitative analysis of serious youth violence in Bristol and a gap analysis of existing service provision.

2. Risk Factors

This section introduces the key risk factors for Serious Youth Violence below that are relevant to Bristol. For certain risk factors, Bristol is compared to its nearest statistical neighbours, obtained from the Children's services statistical neighbour benchmarking tool⁴. Bristol and its statistical neighbours are shown in Figure 2-1.





Figure 2-1: Bristol and its statistical neighbours

2.1 Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are early traumatic experiences that a child is exposed to before the age of 18. These experiences can lead to negative lifelong outcomes, including the risk of committing or being a victim of violence.

The Think Family Database includes records of approximately 24,000 children who are open to services and have been assigned an indicator. These indicators are derived from police, school and social services sources. Analysis of this cohort identifies a significant number of children with ACE indicators in Bristol, with 1 in 2 affected children suffering from multiple ACEs.

How many children in Bristol have ACEs in 2019?

In 2019, 24% (5843) of children known to services in Bristol have ACEs. The ACEs most commonly suffered are Domestic Violence (41%) and Abuse & Neglect (24%)

Child Maltreatment



Abuse & Neglect 1818

Household Includes







Incarceration 1300*

Domestic Violence

3202

545

ACEs substantially increase the risk of violence

Mental Illness

805



47% of children at risk of either being a victim or offender of violent crime have an ACE

Of all children with ACEs in Bristol, 71% have one ACE and 2% have four or more

1 ACE 71%

29% suffer from two or more ACEs. The prevalence of health-harming and anti-social behaviours in adult life rises significantly with the number of ACEs experienced. A study has shown that suffering from four or more ACEs increases the chance of being involved in violence in the previous year by around 14 times⁶

Figure 2-2: Bristol ACEs Analysis (Sources: Insight Bristol, Think Family Database (2019) and Bristol City Council, Bristol Child Social Services dataset (2019))

2.2 Deprivation and social inequality

There is a strong relationship between social inequality and violence, including gang violence. Bristol has deprivation 'hot spots' which are amongst some of the most deprived areas in the country located adjacent to some of the least deprived areas in the country. **Over 17,200** children (21% of all children) in Bristol live in income deprived households.⁷

Deprivation: How does Bristol compare to its statistical neighbours?

Comparing neighbourhoods ranked in the most deprived 10% of neighbourhoods nationally, Bristol is ranked third most deprived amongst its statistical neighbours in 2019 in four categories



Housing & Services deprivation has increased significantly

Average house prices have increased by 74% over the last 10 years in Bristol, compared to an increase of 47% for England and Wales over the same period.⁸



The number of households in Temporary Accommodation in Bristol has increased by 82% over the last 5 years, from 282 to 513. In 2019, 408 (80%) of temporary households included children.⁹

Figure 2-3: Bristol vs Statistical Neighbours- English Indices of Deprivation Factors in most deprived 10% LSOAs 2015-2019 (Source: Ministry of Housing, Communities & Local Government, English indices of deprivation (2015 and 2019))^{10,11}

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2.3 Emotional Health and Wellbeing

Good mental health during childhood is an important contributor to ensuring people can achieve good outcomes throughout their lives.



Figure 2-4: Bristol vs Statistical Neighbours- Emotional Health Factors Ranking 2014-2018 (Source: Public Health England. Public Health Profiles)¹²

2.4 High Risk Cohort Analysis

Insight Bristol has developed a risk model to identify children at highest risk of criminal exploitation in Bristol. Analysis of the most at risk individuals within this cohort (known as Tier 1) provides a strong foundation to understanding common indicators and risk factors amongst the most vulnerable children. As of January 2020, there were 65 individuals within Tier 1.



Figure 2-5: High Risk Cohort Analysis (Source: Insight Bristol, Think Family Database)

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3. Serious Youth Violence Analysis (Quantitative Research)

This section presents detailed analysis of Serious Youth Violence data recorded in the Police Niche Technology Intelligence system and Hospital Episodes Statistics (HES) via NHS Digital. Offences statistics from Niche are analysed from the 2016/17 financial year onwards, as this system was implemented in Avon & Somerset in September 2015.

3.1 Overall Trends in Bristol





Profile of offenders committing Serious Youth Violence in Bristol

Over half of Knife Crime offenders were aged 19 and under and 24% of GBH offenders were aged 17-19 in 2018/19. Offenders continue to be predominantly male; however there has been a rise in female offenders committing ABH offences.



Figure 3-2: Serious Youth Violence Offenders in Bristol (Source: Avon and Somerset Constabulary)

3.2 Local Analysis- East/Central Bristol

East/Central Serious Youth Violence Profile- Key Trends

Offences



Demographics

● 2016/2017 ● 2017/2018 ● 2018/2019

Overall, **the number of offenders aged 14-16 has increased the most**, with the majority (35) committing ABH in 2018/19. This age group accounted for 20% of all serious youth violence offences committed in East/Central in 2018/19 (11% in 2016/17)



Percentage of ABH offences committed by females

The proportion of females committing ABH related crimes has increased. There were 56 such offenders in 2018/19. This is an increase of 69% since 2016/17. 29% of these were aged 16 and under, and 57% were aged 19 and under.



Hotspots (2017-2019)

Knife Crime Hotspots

The highest number of knife crime offences (21) in East/Central took place in Lawrence Hill



Multiple serious violence offences have taken place at Bristol Brunel Academy and Bristol Metropolitan Academy on weekdays, with a third of offences recorded at or around 3pm



Figure 3-3: East/Central Bristol Youth Violence (Source: Avon and Somerset Constabulary)

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3.3 Local Analysis- North Bristol



Figure 3-5: North Bristol Serious Youth Violence (Source: Avon and Somerset Constabulary)

3.4 Local Analysis- South Bristol



Demographics

The peak age groups for knife crime offending are 14-16 and 20-22. Offenders from these age groups committed 69% of all serious knife crime offences in 2018/19



The number of male offenders has remained static and has accounted for two thirds of serious youth violence in South Bristol in 2018/19. The total number of female offenders has risen by 39% over three years, the majority of whom have committed ABH offences.



Hotspots (2017-2019)

The highest number of offences (81) took place in Hartcliffe & Withywood



The area around Morrisons supermarket in Hartcliffe & Withywood is a hotspot for ABH and GBH offences



Figure 3-6: South Bristol Serious Youth Violence (Source: Avon and Somerset Constabulary)

3.5 Victims Analysis



Figure 3-7: Victims of Serious Youth Violence in Bristol (Source: Avon and Somerset Constabulary)

3.6 Hospital data

Research indicates that only 23% of people injured and treated in hospital as a result of violent assaults are also recorded by police¹³. Therefore an analysis of hospital data relating to violent assault is important to understand the true extent of serious youth violence.



Figure 3-8: Bristol Emergency Admissions and A&E attendances due to violent assault (Source: NHS Digital, Hospital Episodes Statistics)

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4. Service Provision and Gap Analysis

This section provides an overview of key activities and interventions currently in place to prevent and reduce serious youth violence, and to identify gaps in the service provision.

4.1 Preventing Gang Involvement and Youth Violence Strategy

A strategy was launched in Bristol in 2017¹⁴ to structure a local response to gangs and street conflict. This centred on three themes:

- Engagement and Support- Prevention, early intervention and diversion
- Empowerment- Delivering solutions, options and tools for young people and the communities affected by street conflict
- Enforcement and Disruption- Diverting young people away from harm and safeguarding individuals and communities

4.2 Safer Options

Safer Options is a coordinated Multi-Agency response to serious youth violence, gang and knife crime in Bristol. It is composed of three operational groups (one for each locality) and a coordination team. It is a collaborative approach between Bristol City Council and Avon and Somerset Police and adopts a public health approach to serious youth violence.

Operational groups within Safer Options coordinate with existing lead professionals and enable them to access a strengthened offer for a young person/family. When contextual safeguarding hotspots are identified, the operational locality teams can liaise and co-ordinate between the Police and Youth workers to arrange outreach to those locations.

Additionally Safer Options can support and co-ordinate community events aimed at young people at these locations as a means to divert vulnerable young people and disrupt the activities specific to the location.

4.3 Think Family

Think Family is the approach used by the Troubled Families programme in Bristol to encourage services to deal with families as a whole, rather than responding to each problem, or person, separately.

The Troubled Families programme was launched in 2011 to help families who struggle with factors such as debt, homelessness, mental health issues, domestic violence, poor parenting, illness or substance misuse. Over the five year program, Bristol City Council has been asked to work with 4,200 families who have been identified through meeting two of the following six issues:

- 1. Parents and children involved in crime or anti-social behaviour
- 2. Children not attending school regularly
- 3. Children who need help
- 4. Adult out of work or a risk of financial exclusion and young people at risk of worklessness

- 5. Families affected by domestic violence and abuse
- 6. Parents and children with a range of health problems

4.4 Targeted Youth Services

Targeted youth services launched in Bristol in June 2018. Its work focuses on providing statutory duties and targeted support for vulnerable young people in the North, East & Central and South Bristol. These contracts focus mainly on young people aged 11-19 who need support to manage a range of social, health and education/skills needs.

4.5 Youth Offending Team

The Youth Offending Team (YOT) is a multi-agency criminal justice service to prevent offending and reduce re-offending. Its aims are to:

- help young people at the police station, providing an Appropriate Adult if needed
- help young people and their families at court
- give information to the court
- supervise young people serving a community sentence
- keep in touch with young people sentenced to custody
- support young people awaiting sentence
- help offenders understand the effects of their crime
- work with parents or carers to help them understand their responsibilities
- offer victims of crime the chance to take part in restorative justice, find out about restorative justice on the Restorative Justice Council website.

4.6 Gaps in Service Provision

- Targeted Youth Services represent a 30% budget cut compared to previous youth services offerings, and now offer very limited activities for 8-11 year olds¹⁵
- Significant areas of weakness have been identified in Special Educational Needs and/or disabilities (SEND) provision in Bristol¹⁶

5. Conclusions and Recommendations

5.1 Key conclusions of the Problem Profile

A number of risk factors that are known to be related to Serious Youth Violence are prevalent in Bristol:

- 24% of children known to services in Bristol have ACEs- the most commonly suffered are domestic violence and abuse and neglect
- Amongst its statistical neighbours, Bristol is ranked 3rd most deprived for income deprivation affecting children and barriers to housing & services
- Bristol is ranked 2nd amongst its statistical neighbours for the rate of youth hospital admissions due to substance misuse, 3rd for admissions due to self-harm and 4th for admissions due to alcohol specific conditions
- Lack of engagement is a key factor with individuals at highest risk of criminal exploitationalmost 15 school years have been missed between 2015/16 and 2018/19 among this cohort

Data findings:

- Serious Youth Violence offences in Bristol have increased by 24% between 2016/2017 and 2018/2019- offenders are predominantly male
- Serious Knife Crime offences have increased by 45% (in 2018/19, over half of Knife Crime offenders were aged 19 and under)
- The severity of serious knife crime has increased in East Central, with injury offences accounting for 71% of knife crime in 2018/19
- Offenders aged 11-16 account for 25% of all ABH offences in North Bristol in 2018/19, whilst the peak age for knife crime offending has reduced
- The total number of female offenders committing serious youth violence in South Bristol has risen by 39% over three years
- 53% of victims of serious youth violence were aged 11-25 between 2016/17 and 2018/19
- 20-24 year olds represented the highest number of A&E attendances (1367) due to violence, while 15-19 year olds represented the highest crude rate
- Emergency admissions due to violent assault were six times higher for people in the most deprived areas than in the least deprived

5.2 Recommendations

It is recommended that further quantitative and qualitative research be carried out in the following areas:

- Engagement with communities- it is essential to survey and involve communities within each locality afflicted by Serious Youth Violence in order to target resources efficiently and implement strategies that are agreed upon
- *Further work on health data-* a more developed study of health data could increase understanding of the victims of serious youth violence and prevalence of health risk factors in Bristol
- *Further work on preventative factors* Understanding the positive impact of preventative factors could inform decisions as to where to focus resources to reduce serious youth violence

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