

EXPANSION REPORT 2020



STREETDOCTORS

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EXECUTIVE SUMMARY

- This report shows which local authority areas in England are at the highest risk of growing levels of youth violence. The top 5 areas highlighted in this research are Blackpool, Salford, Kingston upon Hull, Liverpool and Southampton.
- Many of these Local Authorities are outside of the largest metropolitan cities, showing smaller towns and cities are more at risk of youth violence than previously thought and must not be left behind. It is well known that major metropolitan areas such as London and Birmingham have high levels of knife injuries, however this research shows it is not just large inner-city areas which are at risk.
- The report measured risk-factors to find where a large increase in youth violence is most likely: police reported offences of knife/sharp weapon offences; hospital admissions due to violent crime; proven youth offences by YOT; Public Health data on violent crime; and percentage of young people Not in Employment, Education or Training (NEET).
- Areas with high risk-factors were also found to have high levels of deprivation, social inequality and high exclusion rates. This is discussed in detail for Blackpool, Kingston upon Hull, Newcastle and the North East region and Bradford and Calderdale.
- As a result of this new research, StreetDoctors have set up new volunteer-run delivery teams to reach young people in Hull and Blackpool and have expanded the capacity of existing teams, particularly in the North East. They are now reaching 23 of the 30 local authorities at highest risk of youth violence in England.
- Due to various limitations involved in measuring risk-factors of youth violence, and the limited data which is publicly available, this research should be used only as guidance.
- StreetDoctors are calling for more funding for Local Authorities and long-term investment in Violence Reduction Units, expanding youth services, increased educational support and employment opportunities. These approaches will help to prevent more young people, families and communities falling victim to youth violence.

CALLS TO GOVERNMENT

There needs to be solid and long-term investment to prevent violence by tackling its causes and utilizing a plethora of interventions that start with the understanding that children involved in youth violence are vulnerable and need protecting. StreetDoctors call for investment includes long term funding for the Government's Violence Reduction Units and more resources for local authorities to invest in preventative approaches including:

- More investment in youth services
- More trauma informed support for children and young people who are struggling as a result of adverse life experiences through appropriate educational interventions and support for their families

- More local employment opportunities for young people

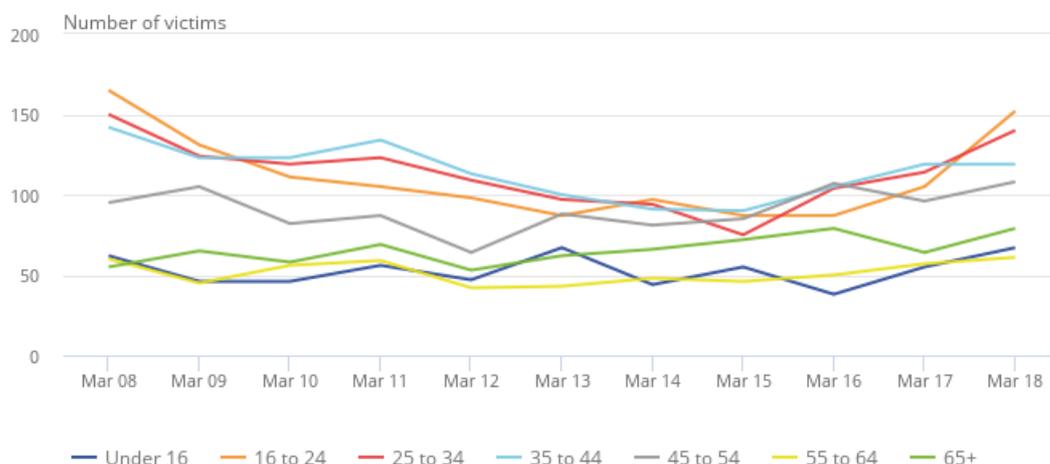
Other independent risk factors which may contribute to youth violence, such as high levels of social and structural inequality including child poverty and school exclusions must also be addressed. Lastly, children and young people themselves and their families must be put at the centre of creating and delivering solutions.

INTRODUCTION

Over the last year in the UK, the media has framed knife injuries as an “epidemic”(1). In the year ending March 2019 there were 22,401 knife and weapon offences in the UK, the highest level since 2010(2). In the four years between 2014 and 2018 the NHS saw a 51% rise in under 18-year-olds suffering injuries from a sharp object(3,4). Despite a 1% decrease in knife and weapon offences committed by children, the last 10 years have seen the largest increase in possession of weapon offences and violence against a person(3). Shockingly, in the year ending March 2018, 6% of 10-15 year olds knew someone who carried a knife(5). However, these figures should be interpreted with caution since police have improved how they record crime, alongside victims reporting previously “hidden offences”(6).

2018/19 crime figures released by the Office of National Statistics (ONS) show London, Manchester and the West Midlands to have the highest level of knife and sharp instrument offences in the UK(7). This is largely concentrated to urban areas with the highest rates seen in London, with 169 offences per 100,000 of the population(5,7). Bedfordshire saw the steepest rise in offences in the year ending June 2019, increasing by 57% from 68 to 103 per 100,000 of the population(7).

Figure 1- Increases in homicide demonstrated across most victim age categories (excludes Hillsborough victims), year ending March 2008- March 2018, Office of National Statistics(5)



This report is looking at local authorities and how violence is spreading across England into areas that are not just inner-city, showing how youth violence is increasingly affecting smaller towns and cities.

Youth violence can be defined as emotional, physical and sexual abuse towards a young person, and has many adverse health consequences(8-10). For example, young people involved in youth violence are: at a significant risk of being a victim of knife and gun violence; 95% more likely to have emotional and social health issues; and eight times more likely to be misusing substances(8,9). Risk factors for the involvement in violence, specifically knife crime, gang membership and county lines, must be understood as emanating from a complex network of social, political and economic issues in addition to the choices made by individuals(11). As a result, interventions and policies should not be built on a punitive and law enforcement foundation(11,13). In Glasgow a holistic public health approach has been key to causing a 62% reduction in A&E admissions due to injuries with sharp objects(14). Working with communities to address educational, welfare and social needs has helped to transform societal norms and overcome some of the structural inequalities commonly regarded to trigger violent behaviour(11).

StreetDoctors, in line with best practice literature, is built on a public health and increasingly trauma informed foundation. Since 2013, StreetDoctors' volunteers have taught over 18,000 young people, empowering them to make informed choices and develop skills to act confidently when someone is bleeding and unconscious. Uniquely delivered by young people for young people, a non-judgemental and open space is created, encouraging many to initiate challenging yet pivotal conversations about their attitude to violence and grow their understanding of its medical consequences. StreetDoctors is a data driven charity that collects impact data from every young person that attends a session. In post-session evaluations: 85% of young people would be willing to act if first aid is needed; 93% know what to do when someone is bleeding or unconscious; and 94% understand the consequences of violence. Qualitative interviews with young people have further demonstrated the thought provoking and positive impact of StreetDoctors sessions. For example, one young person commented:

“It has changed my mind, now I wouldn't think about taking a knife out because number one I can hurt myself and you just look silly hurting yourself and then giving yourself all these problems and then the guilt of doing it to someone else because that's someone else's child.”

The national trend of growing youth violence combined with the positive impact of StreetDoctors, warrants expansion of the charity both within existing teams and to new locations. This research will contribute towards a solid evidence base for that expansion, whilst further reflecting the charity's capacity to effectively respond to the demand for preventative youth violence education.

AIMS AND OBJECTIVES

Aims

The primary aim of this project was to identify what areas have the highest the risk of youth violence in the UK. This will act to inform StreetDoctors regarding the areas where violence education will have the greatest impact.

Objectives

In order to achieve the research aim, the following objectives were met:

-  Collect and analyse the UK's quantitative violence statistics, determining which regions and local authorities display the highest level of (youth) violence.
-  Build on the above by assessing the current delivery of StreetDoctors teaching sessions in high risk regions. This will unpack the location and frequency of sessions and will be supported by qualitative interviews with the team leaders in these areas to understand their capacity.

METHODOLOGY

This study was conducted with a mix-methods approach using predominantly quantitative data in order to thoroughly explore the level of youth violence in relation to different geographic areas in the UK.

Independent variable

The independent variable, the condition that is changed in the research, is the geographic location in the UK(15). This was analysed on two levels: regionally and by local authority.

Dependent variable

The dependent variable, the measured condition, is risk factors of youth violence(15). For the majority of the sources, this was indicated by the rate of violence. An additional variable analysed was the percentage of 16-17 year olds not in education, employment or training (NEET) and on a regional level, the number of offences using a knife or sharp instrument(9,12,16-21).

As previously mentioned there are multiple risk factors for the involvement in violence which must be understood as a complex network of individual, social, political and economic issues(11). The World Health Organisation's (WHO) ecological model, see Appendix Figure 1, illustrates how these infiltrate on an individual, relationship, community and societal level(10,22). However, exposure to violence is a significant risk factor for youth violence at each level of the model. For example: individual- history of adverse childhood experiences or aggressive behaviour; relationship- friends

that engage in violence and witnessing violent parental conflict; community- higher crime levels; societal- cultural norms that endorse violence(9,10,12,17,18,20,22,23).

The social learning theory suggests that exposure to direct or indirect violence from a young age can influence young people's attitudes and behaviour engaging in violence(24, 25). Most commonly, young people exposed to familial or community violence are increasingly likely to perpetrate violence themselves(17, 22). For example, a study in Sweden found that if an individual has a sibling that has been charged with a violent crime they are four times more likely to commit a violent crime themselves in the future(22).

A high percentage of NEET is a risk factor for increased youth violence. Poverty is associated with young people not in employment/training, and acts as a social stressor, leading to marginalisation, feelings of disrespect/low social status and poor mental health(9,12,16-21). It may further result in young people actively engaging in illicit behaviour, partly motivated by the (misconceived) glamorisation and affluence of a criminal lifestyle. A school environment can grant the basic support to escape from a home life of disorder and fear by providing structure and a "set place to be", welfare support, the opportunity to obtain valuable qualifications, and establish relationships with trusted friends and adults(9, 12, 16-21). On the contrary, expulsion, can provoke young people onto a path of violence. John Gus showed that 50% of juvenile offenders attested to exclusion being a turning point that resulted in criminal behaviour. Instead of dealing with misconduct and behavioural issues in a supportive and safe environment, problems are repatriated back to the streets where vulnerability to criminal exploitation is high(9,12,16-21). It is important to recognise that growing social disparity in England is part of wider structural inequality, which we are starting to see intensify following years of cuts on public services.

Limitations

Due to the complexity of variables related to youth violence there is no perfect mix of measures to assess it. Hence, this study acts only as a guide to better our understanding and support to communities deemed to be at risk. Children are more vulnerable to youth violence and criminal exploitation when multiple risk factors are present(9). Consequently, this study is limited in that it does not cover the vast expanse of interlinking risk factors. For example: criminogenic street environments, drug availability, community tensions, prevalence of bullying, exclusion rates are also risk factors that increase the risk of a young person being involved in 'youth violence', but were not directly measured in this study(17-22,26). In the realms of poverty or community disorganisation, criminogenic environments and the culture of youth violence are more likely to develop, hence our secondary analysis of social inequality in each location(26). In the UK, the extension of county lines from urban areas is an example of the development of a criminogenic environment enabling young people at risk to be drawn into a lifestyle which may endorse a culture of youth violence(9).

Our aim in this study is not to conflate prevalence with risk. However, limited data sets across the UK and a lack of a robust tool to measure risk of youth violence in the public domain means we are

restricted in the indicators we can use to establish risk. Exposure to violence on multiple levels is a widely established risk factor for youth violence(9,10,12,17,18,20,22,23). As a result, prevalence of violence can be assumed to correlate with risk. However, this is an important limitation and it is vital to view the results of this study mindful of this connection: i.e. violence which has already happened and its role in indicating future risk of youth violence.

It is important to acknowledge that the context of each local authority is not uniform and hence possesses protective factors that alter the trajectory of youth violence in a community(24). Examples of these protective variables, not measured in this study, include supportive environments like youth clubs, schools and youth violence intervention programmes(9,24). These are spaces which can influence a young person's attitude towards violence and hence empower their agency to choose their level, if any, of engagement in a culture of youth violence(11,24).

Data Collection

A review of appropriate UK data was conducted by searching for keywords such as “knife crime”, “youth violence”, “X99 hospital admissions” (NHS code for external violent wounds) and “violence against the person” into the Office of National Statistics, NHS digital, Public Health Outcomes Framework (POF) and the UK government's official (gov.uk) websites. All data has limitations, and these are identified in the table below. Data sources were excluded if they had lots of missing data or would not be able to provide an accurate and up to date representation of the level of violence in the UK. As a result, the final variables assessed were: Youth Offending Teams (YOT's) rates of violence against the person per 10,000, 2018; Public Health Outcomes Framework of violent crime (including sexual violence) - hospital admissions for violence, 16/17-18/19 value per 100,000; Public Health Outcomes Framework of violent crime (including sexual violence) value per 1,000, 2018/19; Public Health Outcomes Framework percentage of 16-17-year olds not in education, employment or training (NEET) 2018. Data from Blackpool, Blackburn with Darwen and Lancashire, in regard to violent crime 2018/19 was missing from the Public Health Outcomes Framework database. This was substituted with updated data from the Ministry of Justice (Public Health Outcome Framework's original source)- 'Police recorded crime and outcomes open data tables' as of 23/01/2020(27). However, it is important to note that the data published is a snapshot of police recorded crime at a specific time point. Counts of offences can be added and deducted retrospectively, meaning that data for these areas is not a truly accurate comparison between other local authorities in this source. In light of this, is it unlikely that Blackpool's ranking would be altered but Blackburn and Darwin and Lancashire may appear higher.

Due to the large amount of missing data for Wales regarding hospital admissions due to violence and violent crime, only data in England was analysed. However, it is important to highlight that Cardiff (where a StreetDoctors team is already present), was consistently recorded to display the highest rate of violence within Wales. The Isles of Scilly and Dorset Youth Offending Service (YOS) were excluded in the local authority analysis due to missing data that could not be substituted from alternate sources.

The geographic area covered by the Youth Offending Team's in England were used as a basis of local authorities due to the importance of the age range in the study. As a result, 7 local authorities were merged consistently across the POF and NEET studies to give an average value. See table 1 below.

Table 1- Local Authority Groupings

YOT local authority	Combined Local Authorities in POF and NEET data
Tower Hamlets and the City of London	Tower Hamlets + City of London
South Tees	Middleborough + Redcar and Cleveland
Cheshire East, Cheshire West, Halton and Warrington	Cheshire East + Cheshire West + Halton + Warrington
Bury and Rochdale	Bury + Rochdale
West Mercia	Shropshire + Telford and Wrekin + Worcestershire
Bedfordshire	Bedford + Central Bedfordshire
Kingston and Richmond	Kingston-upon-Thames + Richmond-upon-Thames
Leicestershire	Leicestershire + Rutland

Table 2- Data sources, violence measure and limitations

Data Source	Measure of Violence/Deprivation	Local Authority	Regional	Limitations
Youth Justice Statistics 2018-19 <i>(Number of proven offences committed by children aged 10-18, years ending March 2019)</i>	Count of violence against the person by local authority. The rate of violence per 10,000 was calculated by dividing the count of violence by the estimated mid-year population youth justice statistics from 2018. This was then multiplied by 10,000.	✓	✓	<ul style="list-style-type: none"> ○ Not a count of children, one child may commit multiple offences, hence may skew the results.

Public Health Outcomes Framework- (Hospital admissions for violence, 2016/17-2018/19)	Value of hospital admissions for violence per 100,000-directly standardised rate. Per local authority and region.			<ul style="list-style-type: none"> ○ Includes sexual violence and all ages (not confined to children)
Public Health Outcomes Framework- (Violence offences, 2018/19)	Value of violence offences per 1,000 population. Per local authority and region.			<ul style="list-style-type: none"> ○ Includes sexual violence and all ages (not confined to children)
Police recorded offences involving a knife or sharp instrument by police force area, English regions and Wales, year ending March 2019	Number of offences involving a knife or sharp instrument per 100,000 of population knife/sharp instrument, per region.			<ul style="list-style-type: none"> ○ Includes all ages ○ Robbery incidents involving knife and sharp included
Percentage of 16-17-year olds not in education, employment or training (NEET), 2018	The percentage of 16-17-year olds NEET per local authority			<ul style="list-style-type: none"> ○ Young people aged 16-17 only accounted for ○ Local violence cannot be directly attributed to NEET ○ The small differences in the % of NEET between the majority of authorities, means ranking may not be appropriate as it could disproportionately affect results

Data Analysis

The average rates of violence were calculated by geographic area and ranked from highest (score=1) to lowest within their data source, across the UK. The individual rank for each data set was then summed to give an overall rank for each local authority/region. The overall risk of violence was then calculated by ranking these total scores with a range of 1-9 for regional data and 1-136 for local authorities. The highest rate of violence was equivalent to a rank of 1. The results for each data set and overall rank were then colour coded according to risk. Red indicated a rank of 1-20, yellow indicated 21-50 and green indicated ranks greater than 50.

Relative rates of violence for 2018/19 were compared to rates in 2017/18 for local authorities. However, this measure was not included in the overall rank since the percentage rate of increase may not be proportionally indicative of the population size or original rate of violence.

RESULTS

REGIONAL VIOLENCE RANK

The top four regional areas of risk of violence are Yorkshire and the Humber (1st), North West (2nd), London (3rd) and North East of England (4th). When this data is adjusted for the percentage of 16-17-year olds not in education, employment or training (NEET), these regions remain as the top four areas of risk of youth violence in the UK. However, the ranking shifts as follows: Yorkshire and the Humber and North West (joint 1st), North East (2nd) and London (3rd).

Table 3- Rank of regions risk of violence

UK Region	Rank without % NEET adjusted	Rank with % NEET adjusted
Yorkshire and the Humber	1	1
North West	2	1
London	3	3
North East	4	2

LOCAL AUTHORITY VIOLENCE RANK

At a local authority level, we analysed the data with and without % NEET. Due to the limitations discussed in table 2, the subsequent rankings do not include those adjusted for % NEET. Nevertheless, this remains important contextual data for each area which was interpreted independently. However, with inclusion of % NEET the top 10 local authorities remain largely unchanged (see Table 4 and Appendix Table 1).

According to the dataset used, Blackpool was identified as the area with the highest risk of violence. Ranked 4th for the rate of violence in YOT offences, 5th in the number of hospital admissions for violent crime and 2nd for the rank of violent crime. This results in a culminative rank of 11, the lowest in the country, and hence the highest rate of violence nationwide.

Kingston-upon-Hull was identified as the second highest area of violence. This was ranked as 2nd when summed cumulatively (2nd for the rate of violence in YOT offences, 25th in the number of hospital admissions for violent crime and 3rd for the rank of violent crime). Followed by Salford, Southampton and Liverpool.

As indicated by figure 2, StreetDoctors is reaching 23 out of 30 (76%) of the highest risk areas for youth violence in the UK. However, when analysed more closely, coverage within some of these areas is minimal or could be improved. Due to time constraints, this deeper analysis in the discussion section was only carried out within the regions of high-risk, excluding London. Following expansion to six teams in London in 2018, a separate review is being conducted and hence a collective decision was made to not explore these authorities further within the realms of this project.

Figure 2- Top 30 Rank of Violence in Local Authorities

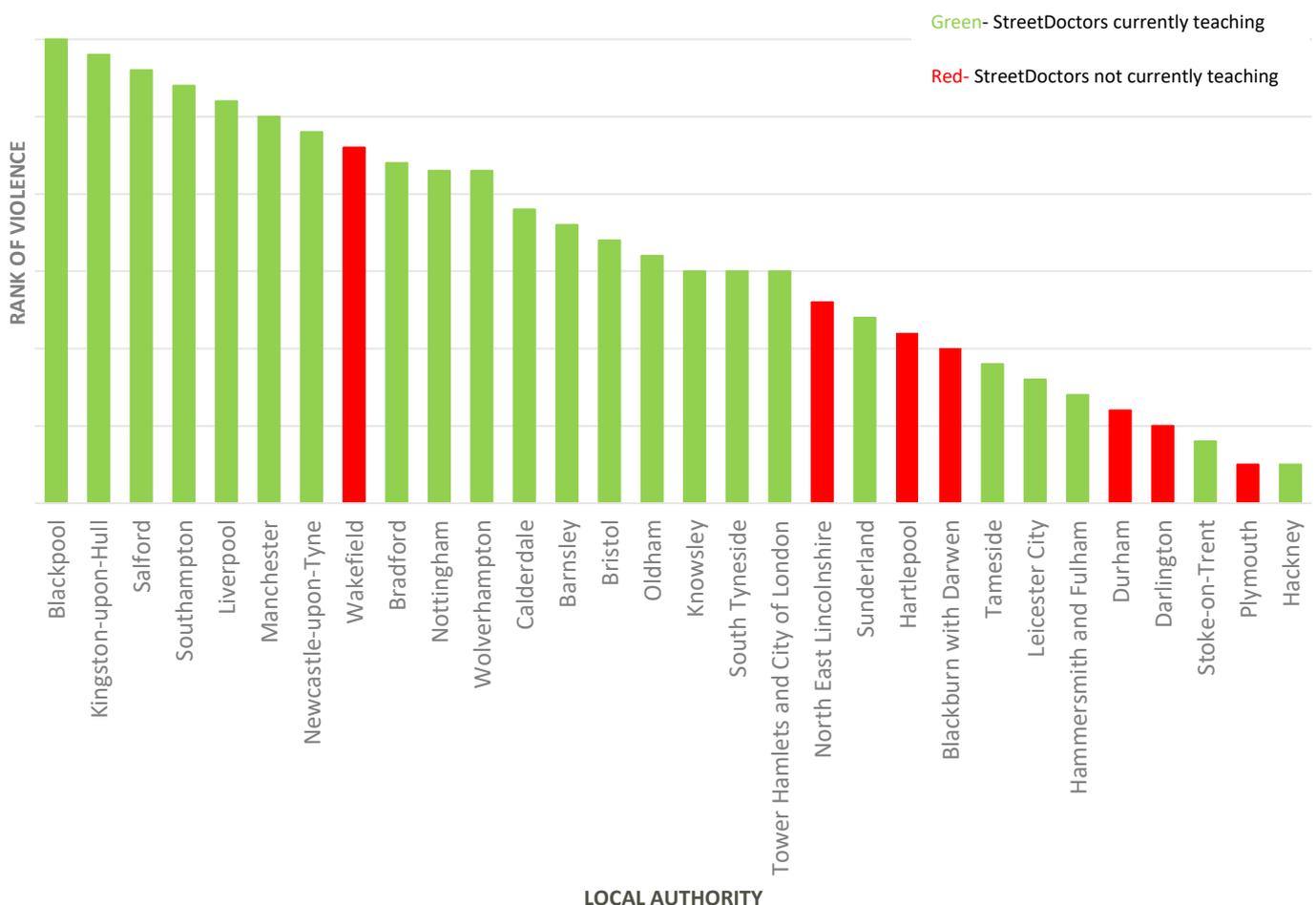


Table 4- Extract from Table 1 in Appendix: Local Authorities most at risk of youth violence rankings

Local Authority England and Wales	YOT Rate of VAP per 10,000	YOT Rank rate of VAP per 10,000	POH violent crime (incl.sex) value per 1,000	RANK POH Violent Crime (incl.sex) per 1,000	POF Violent crime (incl. sexual v) - hospital adm. for violence, 16/17-18/19 Value per 100,000	RANK POF value per 100,000	TOTAL OF RANKS	OVERALL RANK MOST HIGH RISK	% NEET	Rank %NEET	TOTAL OF RANKS inc. % NEET	OVERALL RANK inc. % NEET MOST HIGH RISK
Blackpool	74.8293726	4	80.13	2	88.51	5	11	1	6.2%	39	50	1
Kingston-upon-Hull	80.9555408	2	54.9482	3	65.08	25	30	2	6.3%	36	66	4
Salford	70.24812	6	41.0505	20	81.36	7	33	3	7.3%	22	55	2
Southampton	63.2943699	8	43.8946	13	67.61	21	42	4	7.0%	25	67	5
Liverpool	51.2357642	23	37.764	32	127.64	1	56	5	10.7%	3	59	3
Manchester	49.7273354	25	43.7727	14	69.56	19	58	6	7.6%	19	77	6
Newcastle-upon-Tyne	55.4513237	14	40.622	22	65.36	24	60	7	6.2%	39	99	9
Wakefield	39.6170353	44	45.9038	9	79.5	8	61	8	6.7%	29.5	90.5	7
Bradford	48.4364517	30	52.7113	5	64.6	27	62	9	6.1%	43.5	105.5	11

Nottingham	78.5122472	3	40.6106	23	58.58	41	67	10.5	6.6%	31	98	8
Wolverhampton	70.1149886	7	31.1658	49	75.29	11	67	10.5	4.5%	90.5	157.5	22

Overall rank of local authorities

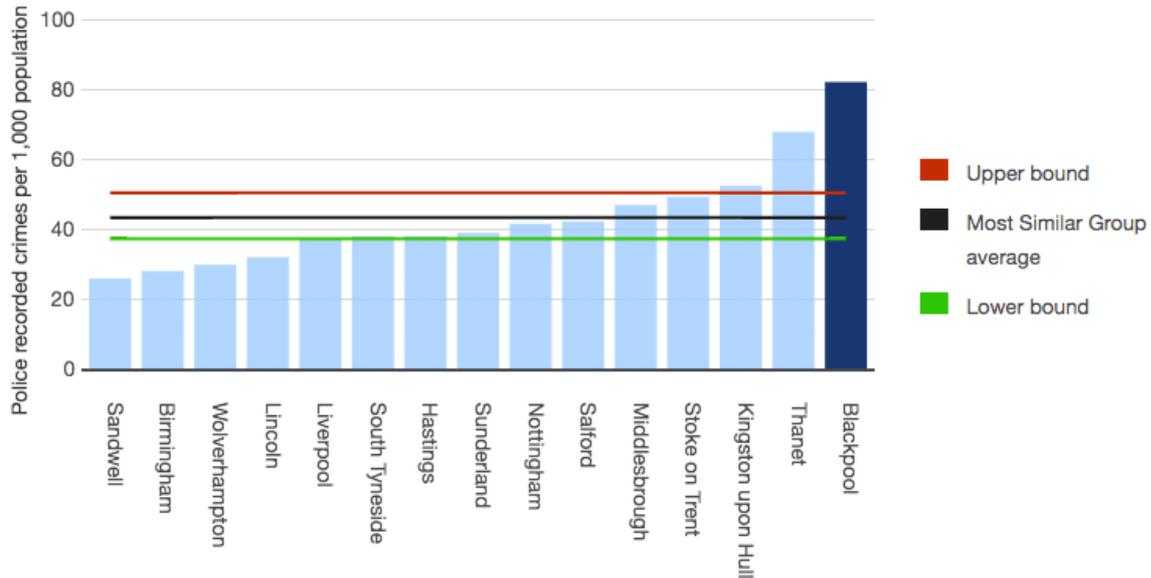


DISCUSSION OF RESULTS

1) BLACKPOOL

As shown above, Blackpool is cumulatively ranked as the highest area of violence in England (4th for the rate of violence in YOT offences, 2nd in the number of hospital admissions for violent crime and 5th for the rank of violent crime¹). In the year ending September 2018, the police recorded rate of violence and sexual offences was significantly higher than the average in the surrounding areas(28).

Figure 3- The rate of violent and sexual crimes per 1,000 of the population in local authorities surrounding Blackpool, Police.uk(18)



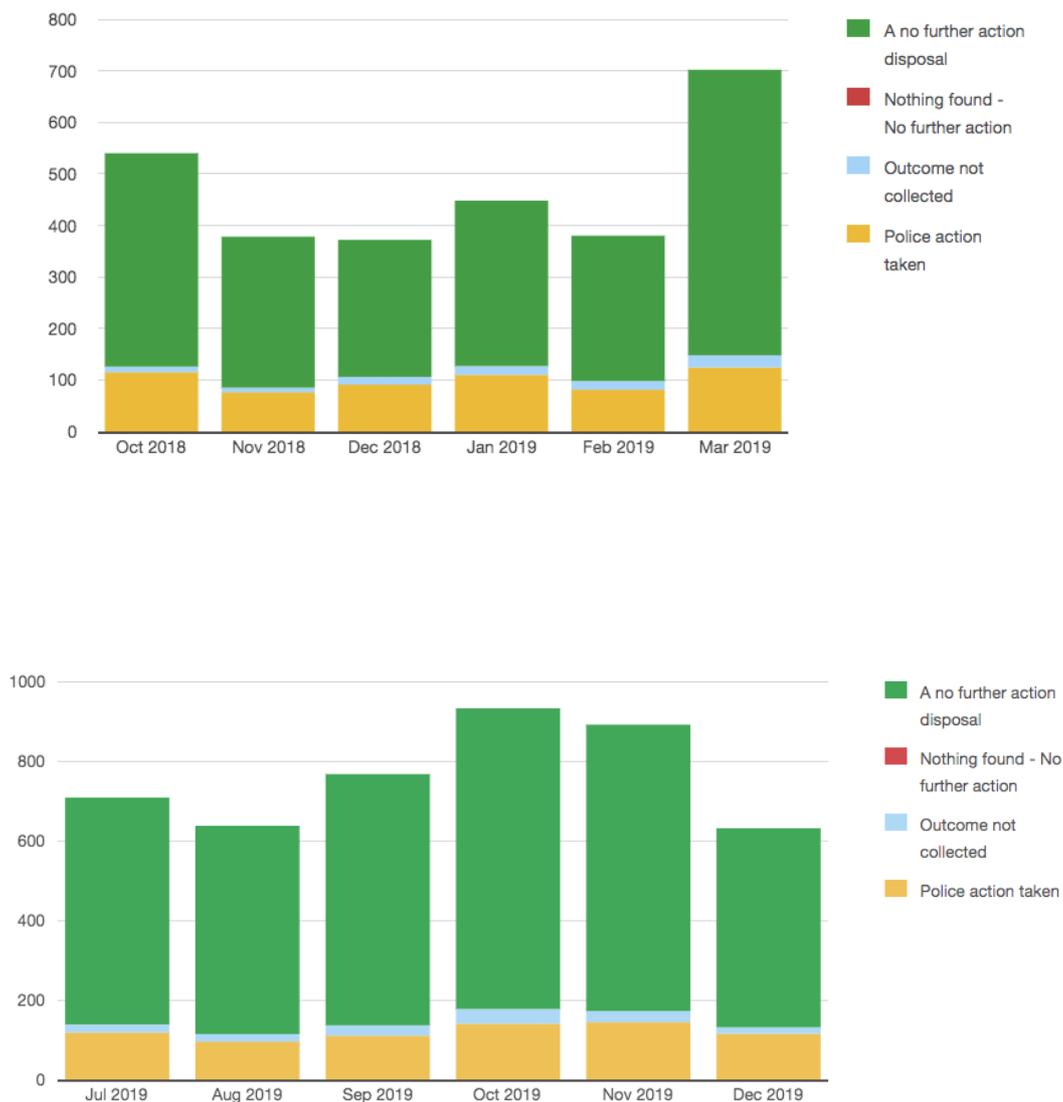
Within the North West region Lancashire in 2019 had the third highest rate of knife or sharp instrument offences, behind Greater Manchester and Merseyside police respectively(5). Since 2010 there has been a 67% increase in offences closely matching that of Manchester(5).

Mirroring the increase in offences, the average number of stop and searches within Blackpool has been significantly raised since October 2018, as demonstrated in figure 4(29). 48.7% of the searches between July 2019 and December 2019 were conducted on young people between the ages of 10-24 years old. The majority of searches were carried out under suspicion of articles used for criminal damage or theft and 80.99% resulted in no further police action. This disparity in action to searches supports StreetDoctors belief that increasing the criminalisation of young people is not an effective approach youth violence. Whilst the constabulary and public generally view S&S (stop & search) as a deterrent to knife crime, there is research to show this is minimal(12,19,30). Over a ten-year period, Tiratelli et al found that there was a very weak association with S&S in deterring violent crime across London(31). Evidence has suggested enforcement strategies such as extending injunctions for gang membership and knife possession do not act as a deterrent for criminal behaviour(12,13). Some argue that S&S acts to further oppress disenfranchised communities whilst being framed as the consequences of effective police tactics; thus, damaging an already fragile relationship with the police(13,32). We would suggest it is far more effective to

¹ As mentioned previously data in this source is not accurately comparable to other authorities. However, due to the large disparity in values between those ranked 1st and 3rd, Blackpool's ranking in this source is unlikely to change.

approach youth violence at the heart of the issue, addressing young people’s fears and anxiety that may encourage them to engage in risky behaviours(13). In StreetDoctors sessions, young people are encouraged to discuss the true medical consequences of violence. As Brennan describes, this is a form of harm reduction since young people leave the sessions empowered with the knowledge to make informed decisions(33). For example, one is far more likely to have a knife they carry used against them, and hence result in more serious injury(33, 34).

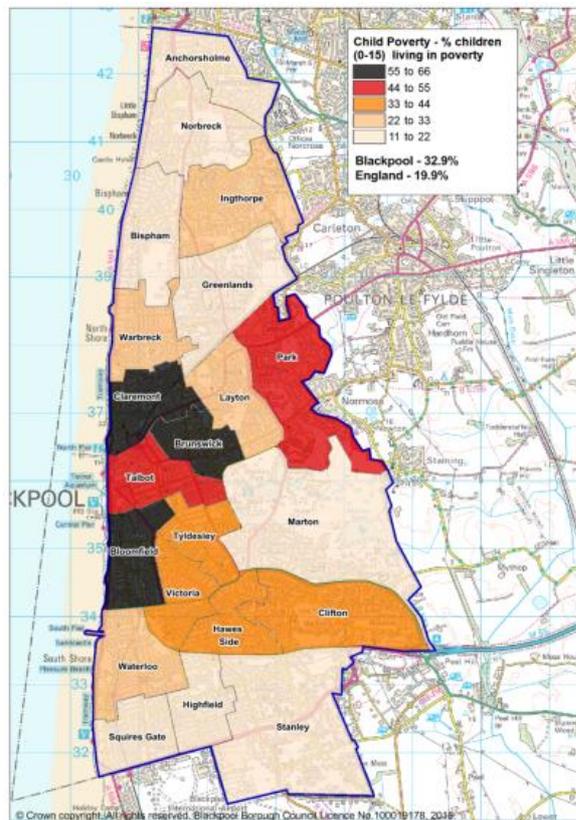
Figure 4- The total number of stop and searches in Blackpool, between October 2018 and December 2019, Police.uk(20)



6.2% of 16-17-year olds in Blackpool are not in education, employment or training (NEET). This is higher than England’s average of 5.5%, but slightly lower than the regional average of 6.5%. In Blackpool a disproportionate number of young people are faced with health and social inequalities.

In 2016, 26.2% of children under the age of sixteen lived in low-income families in Blackpool(35). This equates to the 14th highest local authority in England. 164 per 10,000 children in Blackpool are a looked after child (an individual who is cared for by the local authority instead of their parents or guardian), over double the UK’s national average of 60 per 10,000(36). In 71% of these cases, this was due to abuse or neglect(36). Adverse childhood experiences (ACEs) have been shown to cumulatively increase the risk of interpersonal violence perpetration (including bullying, criminal misconduct and weapon carrying) by up to 144%(18, 37). On top of this, the North West holds the 2nd highest exclusion rate in the country with 13 per 10,000 pupils permanently excluded in 2017/18(38). As mentioned previously, both poverty, exclusion and ACEs are direct risk factors for youth violence, supporting the need for StreetDoctors sessions in the area(9, 12, 16-21).

Figure 5- Child Poverty, % of children (0-15 years) living in poverty, Blackpool JSNA(27)



Based on this research, late last year StreetDoctors formed a team in Preston, StreetDoctors Preston. The team has 20 young healthcare volunteers and, due to their proximity to Blackpool, frequently teach emergency first aid sessions to young people in Blackpool, thus empowering them to make positive choices surrounding violence. StreetDoctors Preston is just one part of the puzzle needed to prevent violence in Blackpool.

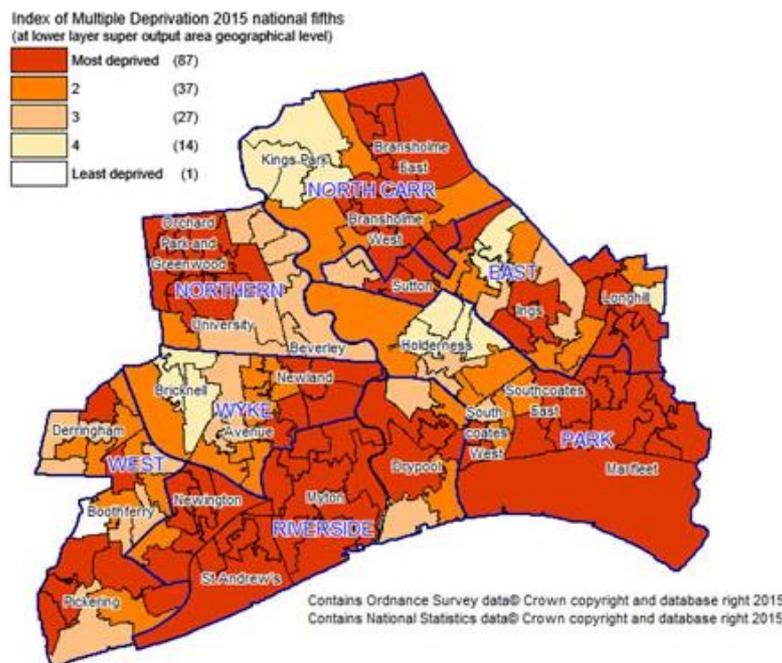
2) KINGSTON-UPON-HULL

Second to Blackpool, Kingston-upon-Hull, has the next greatest need for StreetDoctors sessions. As a local authority, Hull has the 2nd highest cumulative rate of violence in England (ranked 2nd for the rate of violence in YOT offences, 25th in the number of hospital admissions for violent crime and 3rd for the rank of violent crime). Local to Hull, North East Lincolnshire was ranked to have the 19th highest rate of violence.

Since 2010, Yorkshire and the Humber has seen a 91% increase in knife or sharp instrument offences recorded by the police per 100,000 in the population(5). This is the second highest rate of change experienced by any region, yet is primarily focused in South and West Yorkshire. However, Humberside has experienced a 72% rise in knife or sharp instrument offences alone(5).

6.3% of 16-17 year olds were not in employment, education or training. This is slightly higher than the country and regional average of NEET, 5.5% and 6% respectively. In the 2015 Index of Multiple Deprivation (IMD), Hull was ranked as the third most deprived local authority in the country(39). Furthermore, 17 out of 23 wards in Hull were amongst the 20% most deprived in the UK, suggesting a widespread social inequality in the city. In 2014 it was calculated that 31% of children between the ages of 0-19 years old were living in poverty, in comparison to 19.9% in England(39). As previously mentioned, social inequality acts as a direct indicator for increasing the risk of a culture of youth violence in an area(9,12,16-21).

Figure 6- Index of Multiple Deprivation, Hull 2015 JSNA(38)



From previous StreetDoctors expansion research, Hull has been consistently flagged as a high-risk area of youth violence. However, a lack of a large enough medical school and greater demand in other areas meant it was overlooked as a city. With the success of multidisciplinary teams (containing medical, nursing and paramedic students) over the last year in London, StreetDoctors set up a team in Hull, recruiting from Hull and York Medical School (HYMS), and the nursing and paramedic courses at Hull University. They now have 5 healthcare volunteers who are preparing to teach life-saving skills to young people in the area.

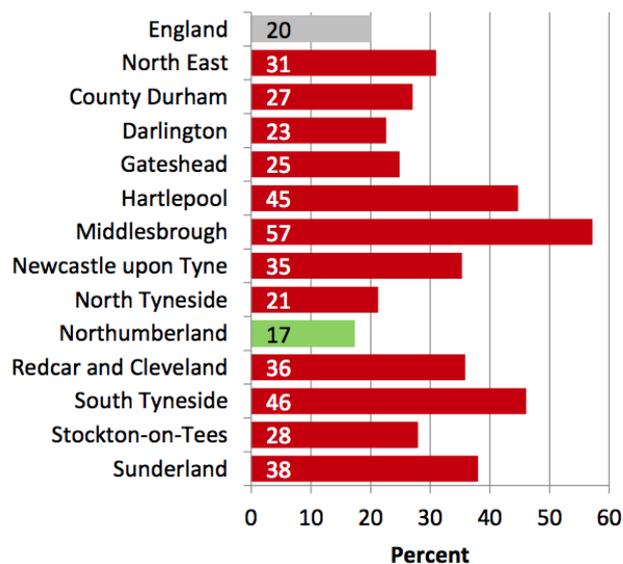
3) NEWCASTLE AND THE NORTH EAST

Whilst Newcastle has the 7th highest cumulative rate of violence in the country, it is reasonably well covered by an existing StreetDoctors team. However, this is the only team serving the North East region(40). South Tyneside (17th), Sunderland (20th), Hartlepool (21st), Durham (26th) and Darlington (27th) are in the top 30 local authorities that display high rates of violence.

It is important to highlight that the high levels of violence recorded in Middlesbrough appear lower than expected. This due to an average value calculated with Redcar and Cleveland, for South Tees YOT. As raw data, Middlesbrough as it's own local authority ranks 5th for violent crime and 14th for hospital admissions due to violent crime.

Over the last 10 years, knife and sharp instrument offences in the North East have risen by 102%, the steepest regional percentage rise in the UK(5). Cleveland has consistently shown the highest knife and sharp injury offences since 2010, with 78 offences per 100,000 of the population in 2018/19(5).

Figure 7- Index of Multiple Deprivation 2015, North East Local Authorities, Vonne(40)



The North East displays the highest proportion of 16-17 year olds not in employment, education or training in England at 6.5%. With regard to the 2015 IMD, the majority of local authorities have higher

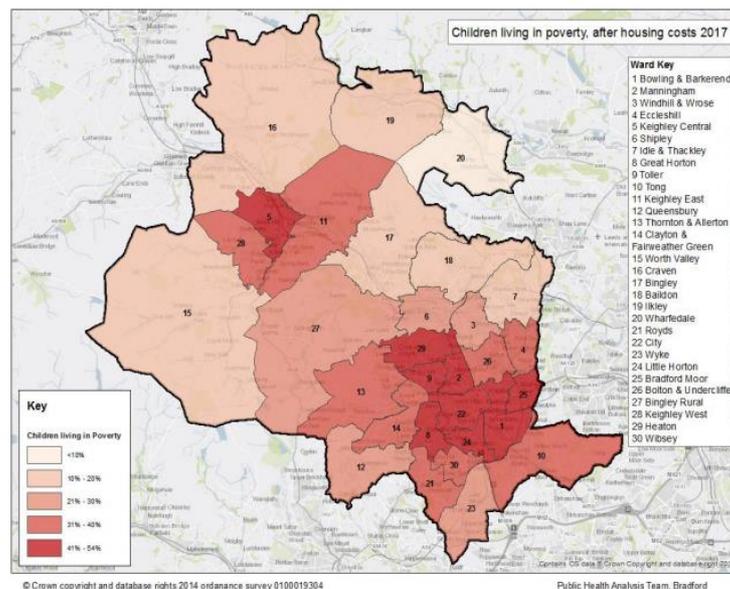
a higher index of deprivation in comparison to the rest of England(41). Furthermore in 2017/18, 14 per 100,000 pupils in the North East were permanently excluded the highest figure in England(38). High rates of inequality, exclusions and increasing knife injury, warrants further regional expansion due to a high projected risk of youth violence.

Following the interview with a Newcastle volunteer and consultation with the National Volunteer Coordinator on the staff team, we have greatly stepped up our teaching efforts across Northumbria as planned. We anticipate further development in this region in future years as the need remains high.

4) BRADFORD AND CALDERDALE

In our study, Bradford and Calderdale had the 9th and 12th highest rate of violence respectively. In 2018/19, there were 116 knife and sharp instrument offences per 100,000 of the population in West Yorkshire constabulary, the 4th highest rate in England and Wales. These figures highlight that youth violence, especially in the form of knife injury is already significant in this location. In 2018, Bradford had a higher % NEET of 16-17 year olds, 6.1%, compared to the average in England of 5.5%. Nevertheless in Calderdale this was markedly reduced at 4.9%. In 2015, 21.8% of children (aged 0-19 years old) in Bradford were living in poverty, compared to the national average of 16.6%(42). This is the highest regional rate, closely followed by Hull. As previously mentioned, there is a strong correlation between social inequality and youth violence. The recent increase in violence in Bradford and Calderdale demonstrates how these factors interlink and why it is at further risk of rising levels of youth violence.

Figure 8- Children in Bradford living in poverty after housing costs (2017), Bradford JSNA(37)



Whilst currently covered by the Leeds StreetDoctors team, Bradford and Calderdale have only been taught at twice and five times respectively. In response to the high levels of knife injury in the region

and the high risk of growing youth violence, we are liaising with potential funders to widen our coverage across West Yorkshire, beyond the areas we have historically reached.

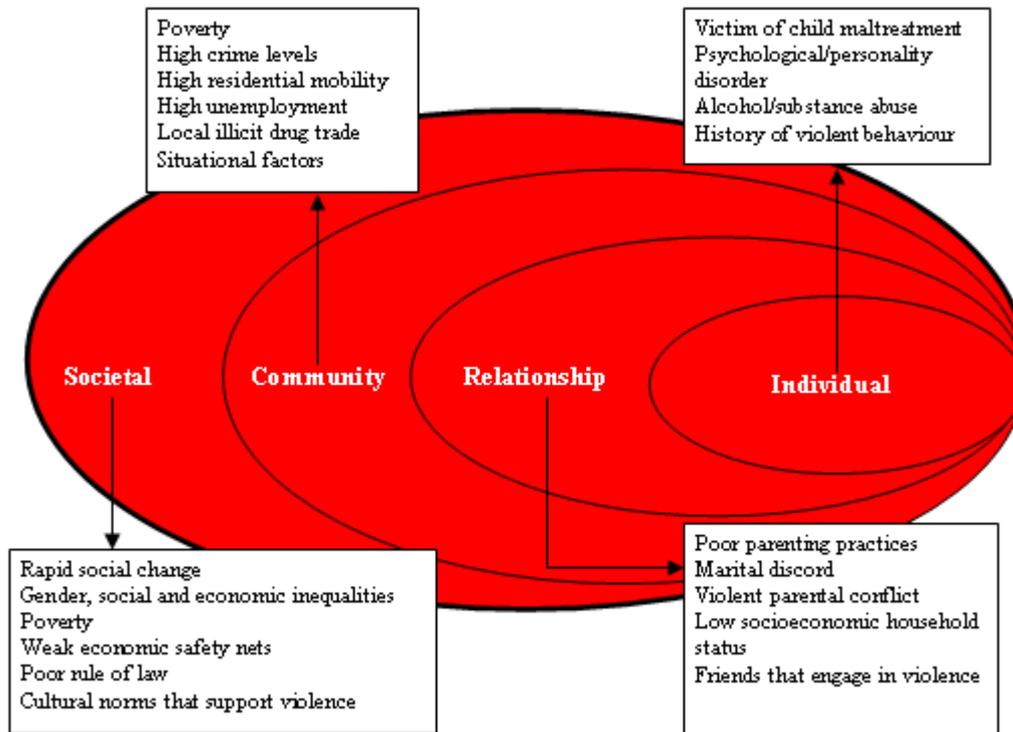
CONCLUSION

As mentioned previously, due to the complexity of variables related to youth violence, this study acts only as a guide to better our understanding and support to communities deemed to be at risk. Overall the results of this research show that StreetDoctors are reaching the majority of high risk areas, yet there is need for further growth. Looking at these data sets it appears that StreetDoctors will have the greatest sustainable impact if our expansion efforts continue to be focused on Blackpool, Hull and the greater North Eastern region. The Leeds team should also be supported in re-establishing strong partnerships in the Bradford and Calderdale area.

In terms of wider approaches to reducing youth violence this report does not call for increased criminalisation of young people in the locations highlighted above or more widely. Instead, StreetDoctors is pleased to be part of a wider multidisciplinary network that questions the role of growing inequality and its consequent link to violence in our communities. We believe by focusing on some of the key risk factors connected to youth violence, as we have done in this report, we demonstrate that by tackling these we can reduce its spread and impact. Youth violence is not inevitable, and we believe it will be prevented when we provide comprehensive, concrete, long lasting support, and actively listen to the voices of young people.

APPENDIX

Appendix Figure 1 - The Ecological Framework: Examples of risk factors at each level, Violence Prevention Alliance, WHO.



Appendix Table 1- Local Authorities most at risk of youth violence rankings

Local Authority England and Wales	YOT Rate of VAP per 10,000	YOT Rank rate of VAP per 10,000	POH violent crime (incl.sex) value per 1,000	RANK POH Violent Crime (incl.sex) per 1,000	POF Violent crime (incl. sexual v) - hospital adm. for violence, 16/17-18/19 Value per 100,000	RANK POF value per 100,000	TOTAL OF RANKS	OVERALL RANK MOST HIGH RISK	% NEET	Rank %NEET	TOTAL OF RANKS inc. % NEET	OVERALL RANK inc. % NEET MOST HIGH RISK
Blackpool	74.8293726	4	80.13	2	88.51	5	11	1	6.2%	39	50	1
Kingston-upon-Hull	80.9555408	2	54.9482	3	65.08	25	30	2	6.3%	36	66	4
Salford	70.24812	6	41.0505	20	81.36	7	33	3	7.3%	22	55	2
Southampton	63.2943699	8	43.8946	13	67.61	21	42	4	7.0%	25	67	5
Liverpool	51.2357642	23	37.764	32	127.64	1	56	5	10.7%	3	59	3
Manchester	49.7273354	25	43.7727	14	69.56	19	58	6	7.6%	19	77	6
Newcastle-upon-Tyne	55.4513237	14	40.622	22	65.36	24	60	7	6.2%	39	99	9
Wakefield	39.6170353	44	45.9038	9	79.5	8	61	8	6.7%	29.5	90.5	7
Bradford	48.4364517	30	52.7113	5	64.6	27	62	9	6.1%	43.5	105.5	11



STREETDOCTORS

Nottingham	78.5122472	3	40.6106	23	58.58	41	67	10.5	6.6%	31	98	8
Wolverhampton	70.1149886	7	31.1658	49	75.29	11	67	10.5	4.5%	90.5	157.5	22
Calderdale	46.006901	34	48.3484	6	60.73	34	74	12	3.7%	107	181	31
Barnsley	48.6358794	29	34.3732	39	75.58	9	77	13	4.9%	78.5	155.5	20
Bristol	58.8538418	11	33.8755	40	62.14	31	82	14	7.7%	17.5	99.5	10
Oldham	37.8743509	51	39.8888	25	75.57	10	86	15	5.8%	53.5	139.5	16.5
Knowsley	42.843657	40	29.6501	54	112.97	2	96	17	7.7%	17.5	113.5	13
South Tyneside	51.3299113	22	35.0602	37	59.69	37	96	17	6.1%	43.5	139.5	16.5
Tower Hamlets and City of London	43.8984671	37	92.2289	1	51.46	58	96	17	5.0%	75	171	29
North East Lincolnshire	48.8732012	27	45.7885	10	48.68	63	100	19	6.4%	33.5	133.5	14



STREETDOCTORS

Sunderland	36.0062693	54	35.3139	35	71.76	16	105	20	14.9%	1.5	106.5	12
Hartlepool	31.9926874	64	39.5591	26	69.72	18	108	21	3.1%	123	231	50
Blackburn with Darwen	28.0546768	90	46.33	8	74.06	12	110	22	4.5%	90.5	200.5	38
Tameside	40.5073058	42	39.112	27	57.12	44	113	23	4.8%	83	196	36
Leicester City	51.52074	21	38.5573	30	48.61	65	116	24	6.0%	47.5	163.5	26
Hammersmith and Fulham	53.9542808	17	31.0874	50	52.24	55	122	25	1.5%	136	258	64.5
Durham	31.7965024	66	38.6042	29	63.05	28	123	26	6.2%	39	162	24
Darlington	39.4457368	46	42.8034	16	49.57	62	124	27	6.7%	29.5	153.5	19
Stoke-on-Trent	43.8313781	38	46.5114	7	41.36	82	127	28	4.0%	99	226	47
Plymouth	51.0297904	24	37.2976	34	45.66	71	129	29.5	6.4%	33.5	162.5	25



STREETDOCTORS

Hackney	51.5754694	20	28.0355	64	56.83	45	129	29.5	5.0%	75	204	39
Lambeth	60.3734357	9	27.2685	69	53.49	52	130	31	10.0%	4.5	134.5	15
Medway	48.8292087	28	52.889	4	35.31	99	131	32.5	6.9%	26.5	157.5	22
Islington	52.9610014	18	28.2426	63	54.91	50	131	32.5	5.5%	61.5	192.5	34
Slough	29.0887504	81	33.1519	43	71.91	15	139	34.5	4.0%	99	238	55
Sefton	30.7433144	68	27.4108	67	95.21	4	139	34.5	3.8%	103.5	242.5	59
Stockton-on-Tees	34.6870164	57	35.2977	36	55.4	48	141	36	4.4%	94	235	53
Leeds	25.072324	102	45.7429	11	62.55	30	143	38	9.9%	6.5	149.5	18
Barking and Dagenham	58.7187171	12	26.934	72	51.38	59	143	38	3.5%	111	254	63
Hounslow	38.1122283	48	26.8822	73	67.28	22	143	38	3.4%	115	258	64.5



STREETDOCTORS

South Tees	28.4934109	85	40.8781	21	59.35	38	144	40.5	5.2%	70	214	43
Brent	44.3882841	35	26.7244	76	61.03	33	144	40.5	3.0%	126	270	69
St. Helens	25.4760843	98	32.1919	45	101.3	3	146	42	6.0%	47.5	193.5	35
Portsmouth	92.6947694	1	44.7089	12	15.9	134	147	43	4.8%	83	230	49
Doncaster	21.7949169	111	40.0906	24	71.98	14	149	44	5.9%	50.5	199.5	37
Croydon	59.7447501	10	23.9501	89	53.93	51	150	45	6.2%	39	189	33
Kirklees	29.0577003	82	38.0782	31	59.04	39	152	46	3.5%	111	263	68
Birmingham	30.6177879	69	28.8321	59	64.65	26	154	47.5	8.5%	12	166	27
Sandwell	42.3314881	41	27.2473	70	57.64	43	154	47.5	4.3%	96	250	62
Luton	28.0997541	87	29.4224	55	72.97	13	155	49	4.7%	85.5	240.5	57



STREETDOCTORS

Haringey	39.4747442	45	28.9823	57	52.35	54	156	50	14.9%	1.5	157.5	22
Greenwich	49.2797574	26	27.9774	65	48.04	66	157	51	5.5%	61.5	218.5	45
Derby	54.0732554	16	26.0272	79	48.66	64	159	52	7.8%	16	175	30
Bury and Rochdale	30.0278126	76	34.72785	38	56.485	46	160	53.5	5.1%	73	233	51
Wirral	27.5140087	94	28.7732	60	85.47	6	160	53.5	4.9%	78.5	238.5	56
Gateshead	29.7862399	79	31.581	47	60.16	35	161	55	5.6%	58.5	219.5	46
Sheffield	44.0817299	36	27.9664	66	49.63	61	163	56.5	6.1%	43.5	206.5	40
Newham	36.5850001	53	26.3736	78	61.16	32	163	56.5	5.2%	71	234	52
Southwark	48.1695568	31	28.3227	61	45.26	72	164	58	9.9%	6.5	170.5	28
Cheshire East, Cheshire West, Halton and Warrington	28.0617567	89	33.672575	41	59.7	36	166	59	3.3%	120	286	73



STREETDOCTORS

Southend-on-Sea	33.2929782	62	41.8427	19	39.41	86	167	60	4.9%	78.5	245.5	61
Torbay	29.8507463	78	37.4186	33	51.5	57	168	61	6.1%	43.5	211.5	42
Peterborough	37.9409352	49	26.7722	74	55.97	47	170	62	8.3%	13.5	183.5	32
Lewisham	74.2319845	5	25.9111	80	39.3	87	172	63.5	4.5%	90.5	262.5	67
Thurrock	30.0897014	74	33.4448	42	51.55	56	172	63.5	1.6%	135	307	82
Waltham Forest	57.2436777	13	23.1906	94	47.69	67	174	65	3.1%	123	297	80
North Tyneside	21.7621784	112	32.0342	46	62.59	29	187	66	5.7%	56.5	243.5	60
Reading	51.9298246	19	30.7419	51	27.02	120	190	67	7.5%	20.5	210.5	41
Northumberland	28.0174003	91	25.8433	81	66.04	23	195	68	4.4%	94	289	75
Bolton	20.7746479	117	38.6236	28	52.86	53	198	69.5	6.2%	39	237	54



STREETDOCTORS

Northamptonshire	34.4188875	58	27.0062	71	46.38	69	198	69.5	4.6%	87.5	285.5	72
Isle of Wight	46.5893108	32	30.6525	52	26.47	121	205	71	3.4%	115	320	85
Lancashire	20.3378083	118	42.23	17	44.22	77	212	72	10.0%	4.5	216.5	44
Stockport	39.2214904	47	21.3162	106	50.24	60	213	73	3.4%	115	328	89
Wigan	16.6961632	129	27.3576	68	70.57	17	214	74.5	8.3%	13.5	227.5	48
Ealing	23.5747964	106	24.2661	88	67.67	20	214	74.5	3.1%	123	337	98
Swindon	46.4598558	33	25.6443	84	33.46	104.5	221.5	76	7.5%	20.5	242	58
Walsall	31.6257733	67	25.7696	82	44.86	75	224	77	5.3%	66.5	290.5	77
Kent	21.1888557	115	41.9124	18	37.05	93	226	78.5	6.4%	33.5	259.5	66
Enfield	42.8624145	39	22.1341	103	41.15	84	226	78.5	5.3%	66.5	292.5	78



STREETDOCTORS

Camden	30.4065117	71	26.7245	75	42.92	81	227	80	3.6%	109	336	97
North Somerset	37.8867607	50	24.7133	86	37.51	92	228	81	5.9%	50.5	278.5	71
Coventry	28.6569044	84	22.9797	96	55.16	49	229	82	5.4%	64	293	79
Cumbria	34.295513	59	28.9145	58	29.75	113	230	83	3.8%	103.5	333.5	94.5
Norfolk	54.8492995	15	24.5548	87	22.39	130.5	232.5	84	4.8%	83	315.5	84
Rotherham	19.8912073	121	32.7904	44	47.64	68	233	85.5	5.8%	53.5	286.5	74
Sutton	29.9781515	77	19.1191	116	58.59	40	233	85.5	3.4%	115	348	103
Westminster	18.4074892	126	43.0882	15	36.05	96	237	87	2.0%	131.5	368.5	107
Brighton and Hove	26.1942817	95	29.3858	56	38.24	88	239	88	4.6%	87.5	326.5	86.5
Milton Keynes	24.6472584	103	28.2879	62	43.36	79	244	89	4.7%	85.5	329.5	90.5



STREETDOCTORS

Dudley	31.9159547	65	22.3826	101	42.96	80	246	90	6.8%	28	274	70
Bexley	39.7557277	43	18.8785	117	38.19	89	249	91	3.1%	123	372	108
Nottinghamshire	34.1491178	61	23.3867	92	34.86	101	254	92	5.7%	56.5	310.5	83
Essex	25.862326	96	30.0443	53	31.1	111	260	93	3.7%	107	367	106
Trafford	25.0778627	100	23.3546	93	45.7	70	263	94	5.3%	66.5	329.5	90.5
Suffolk	37.7661473	52	25.679	83	22.39	130.5	265.5	95	6.4%	33.5	299	81
West Mercia	34.2097374	60	25.270825	85	22.5825	128	273	96	5.3%	69	342	101
Havering	35.9240945	55	20.9844	109	29.77	112	276	97	3.1%	123	399	113
Kensington and Chelsea	22.2108321	110	26.6988	77	37.94	90	277	98.5	5.8%	53.5	330.5	93
North Lincolnshire	20.0853628	120	31.366	48	32.49	109	277	98.5	4.9%	78.5	355.5	104



STREETDOCTORS

Somerset	25.4473482	99	23.1826	95	39.74	85	279	100	8.8%	10.5	289.5	76
Lincolnshire	30.4742556	70	23.4385	91	26.04	123	284	101.5	5.5%	61.5	345.5	102
Merton	19.50078	124	18.4571	118	57.97	42	284	101.5	2.3%	128	412	116
Hertfordshire	28.3426075	86	21.5598	104	35.56	98	288	103	3.4%	115	403	114
Harrow	27.6787586	93	17.6778	127	45.24	73	293	104	2.1%	129.5	422.5	121
North Yorkshire	35.4721304	56	16.9899	131	31.59	110	297	105	5.3%	66.5	363.5	105
Bedfordshire	19.5040401	123	21.51645	105	45.065	74	302	106	4.9%	81	383	111
Bath and North East Somerset	32.4634786	63	19.576	114	24.66	126	303	107	7.1%	24	327	88
East Sussex	22.8666459	108	22.9169	98	35.03	100	306	108	5.0%	75	381	110
Hillingdon	17.86205	127	22.9242	97	41.21	83	307	109.5	6.9%	26.5	333.5	94.5



STREETDOCTORS

East Riding of Yorkshire	25.6840519	97	22.3041	102	32.61	108	307	109.5	4.1%	97	404	115
Hampshire	28.0693384	88	22.6439	99	25.86	124	311	111	3.9%	101.5	412.5	117.5
Wiltshire	30.1064326	73	17.8004	124	28.98	118	315	112	8.1%	15	330	92
Wandsworth	12.5206815	132	20.9991	108	44.4	76	316	113.5	8.8%	10.5	326.5	86.5
Redbridge	22.3706598	109	20.7058	110	35.69	97	316	113.5	3.3%	118.5	434.5	123
Staffordshire	27.7001037	92	22.4196	100	25.7	125	317	115	2.1%	129.5	446.5	126
Buckinghamshire	30.2004876	72	17.2458	129	29.49	117	318	116	7.2%	23	341	100
Warwickshire	18.5763409	125	23.6521	90	33.18	107	322	117	3.7%	107	429	122
Bromley	28.8156757	83	18.2908	121	27.8	119	323	118	2.0%	131.5	454.5	128
Cornwall	19.861596	122	20.2049	112	37.83	91	325	119	6.0%	47.5	372.5	109

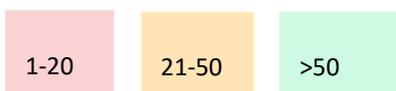


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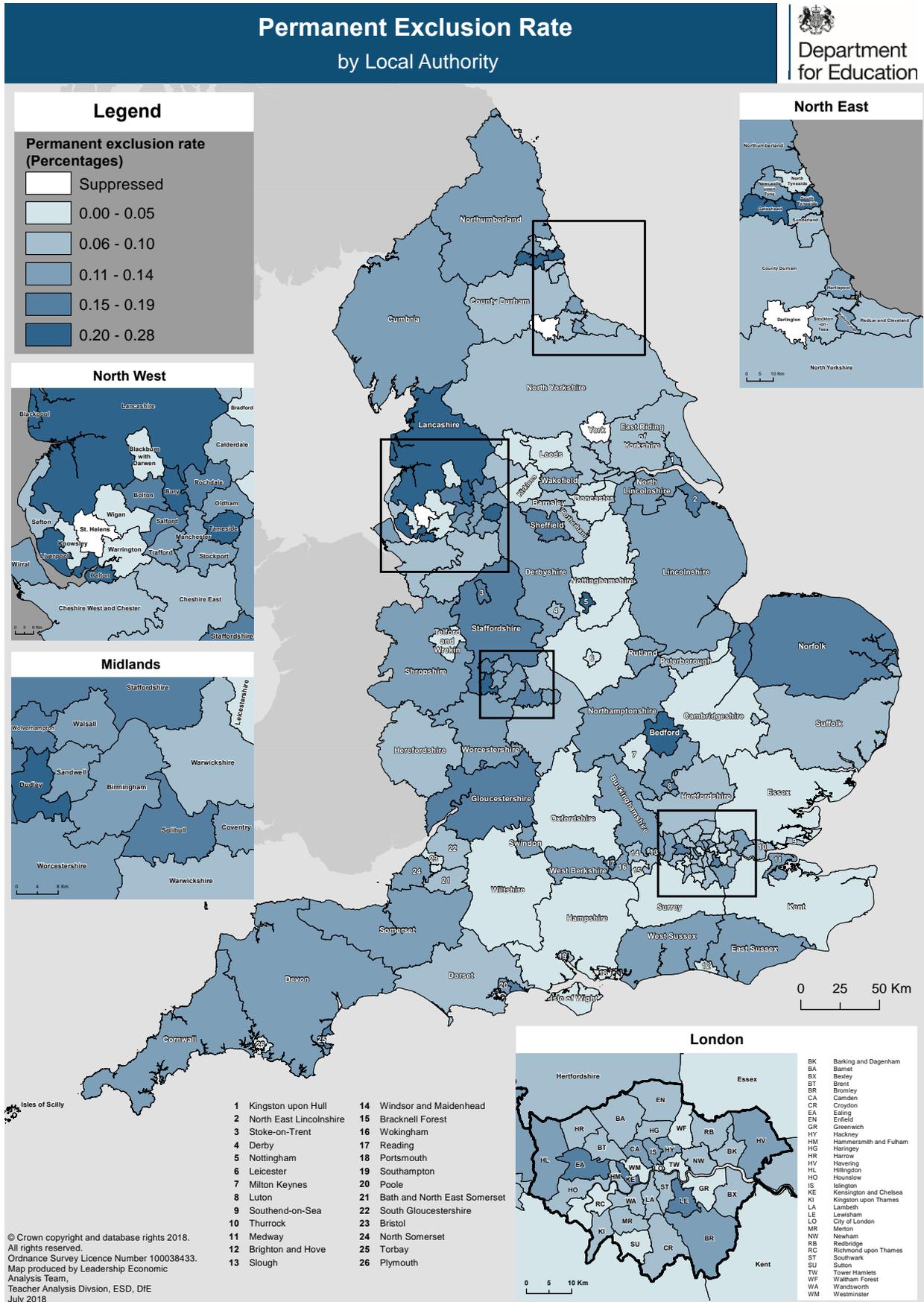
West Sussex	21.2740655	114	21.0899	107	33.46	104.5	325.5	120	9.1%	9	334.5	96
Devon	29.7541847	80	19.5033	115	20.24	132	327	121	5.6%	58.5	385.5	112
Bracknell Forest	20.8885675	116	18.3887	119	36.1	95	330	122	9.5%	8	338	99
Leicestershire	30.0408556	75	15.35005	133	24.065	127	335	123	3.8%	105	440	125
York	23.8214644	104	20.2257	111	26.1	122	337	124	3.9%	101.5	438.5	124
Barnet	21.3820078	113	17.8804	123	34.76	102	338	125	1.9%	133	471	134
Cambridgeshire	23.5950605	105	18.3647	120	29.71	114	339	126	3.3%	118.5	457.5	130
Solihull	9.10921469	135	17.5736	128	43.54	78	341	127	5.1%	72	413	119
Derbyshire	20.1359909	119	14.2247	135	36.52	94	348	128	3.5%	111	459	131
South Gloucestershire	14.3919405	130	18.2294	122	33.29	106	358	129	5.5%	61.5	419.5	120

Surrey	12.0942298	133	19.6085	113	29.7	115	361	130	4.0%	99	460	132
Oxfordshire	25.0770681	101	17.7945	125	12.14	136	362	131	4.4%	94	456	129
Windsor and Maidenhead	8.08759487	136	17.7548	126	34.54	103	365	132	6.0%	47.5	412.5	117.5
Wokingham	23.4674604	107	11.7818	136	16.12	133	376	133	4.5%	90.5	466.5	133
Kingston and Richmond	13.9559225	131	17.1924	130	29.645	116	377	134	2.8%	127	504	135
West Berkshire	17.1484566	128	15.5584	132	13.26	135	395	135	1.7%	134	529	136
Gloucestershire	10.6549226	134	15.246	134	22.48	129	397	136	5.8%	53.5	450.5	127

Overall rank of local authorities



Appendix Figure 2 - Permanent and fixed-period exclusions in England: 2016 to 2017, Education Df, editor. gov.uk2018, Department of Health.



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