



Violence in Lambeth Needs Assessment

Ann Corbett

Lambeth Community Safety

Abdu Mohiddin

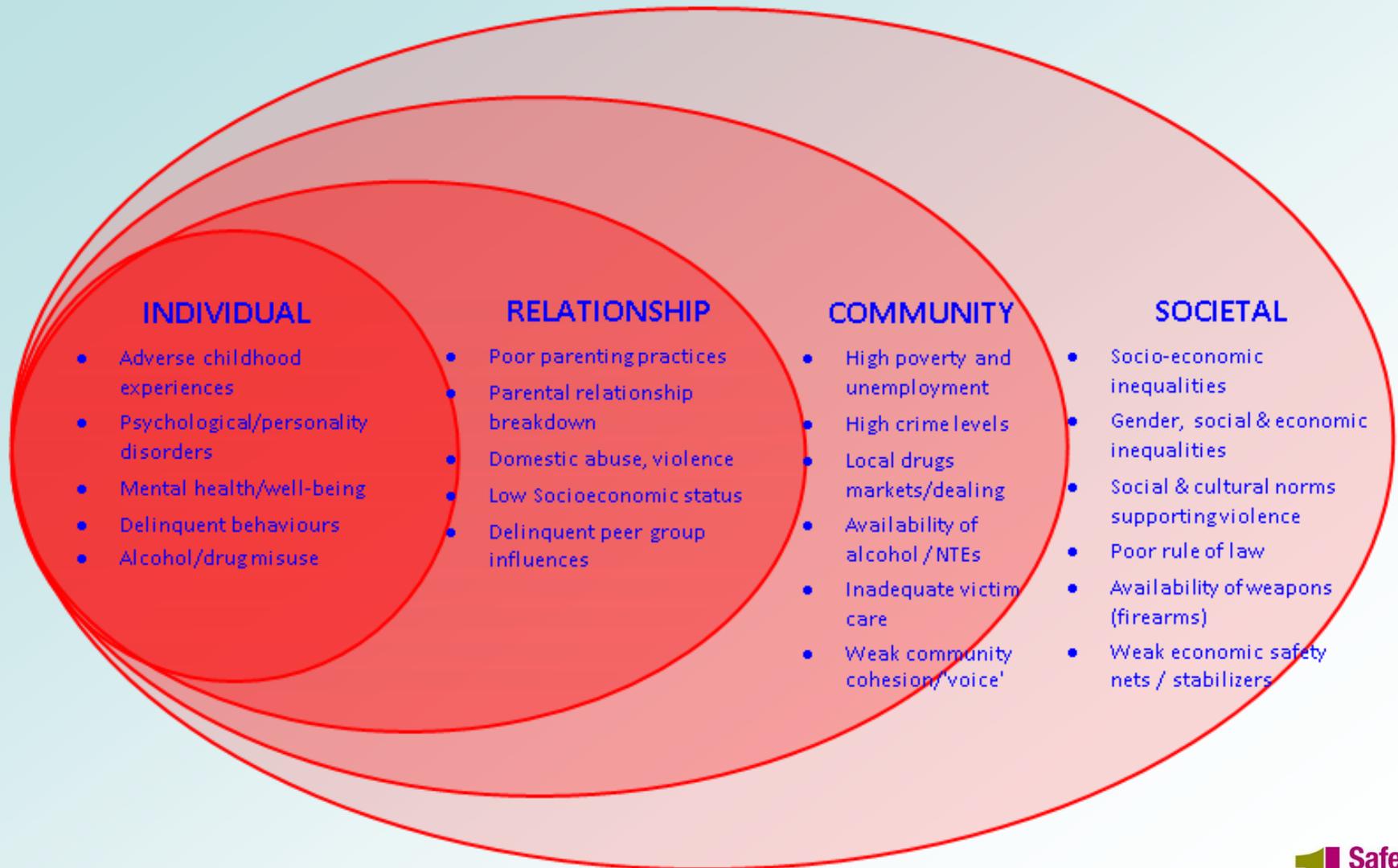
Lambeth & Southwark Public Health

Needs Assessment: Project Aim

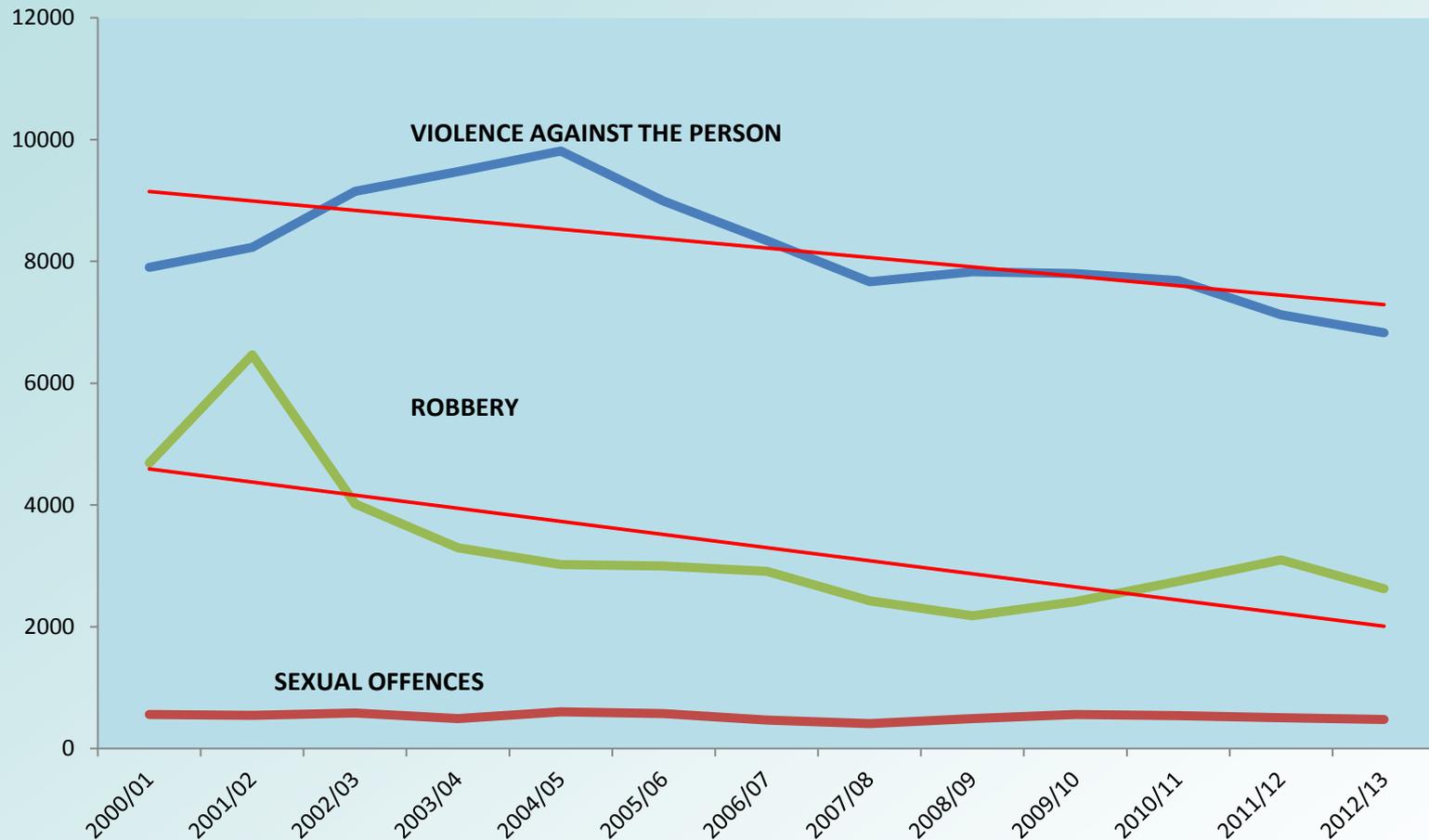
To provide an evidence base for future commissioning:

- ❖ By identifying an 'epidemiology of violence' in Lambeth
- ❖ By profiling/analysing crime and health data identifying Victims; Offenders; Locations; Times of violence
- ❖ By looking for prevalence of underlying risk factors for violence suggested by the Public Health model
- ❖ By identifying evidence of effectiveness and cost-effectiveness of interventions for prevention and reduction of violence
- ❖ To review existing patterns of provision and identify gaps

Public Health model: risk factors for violence

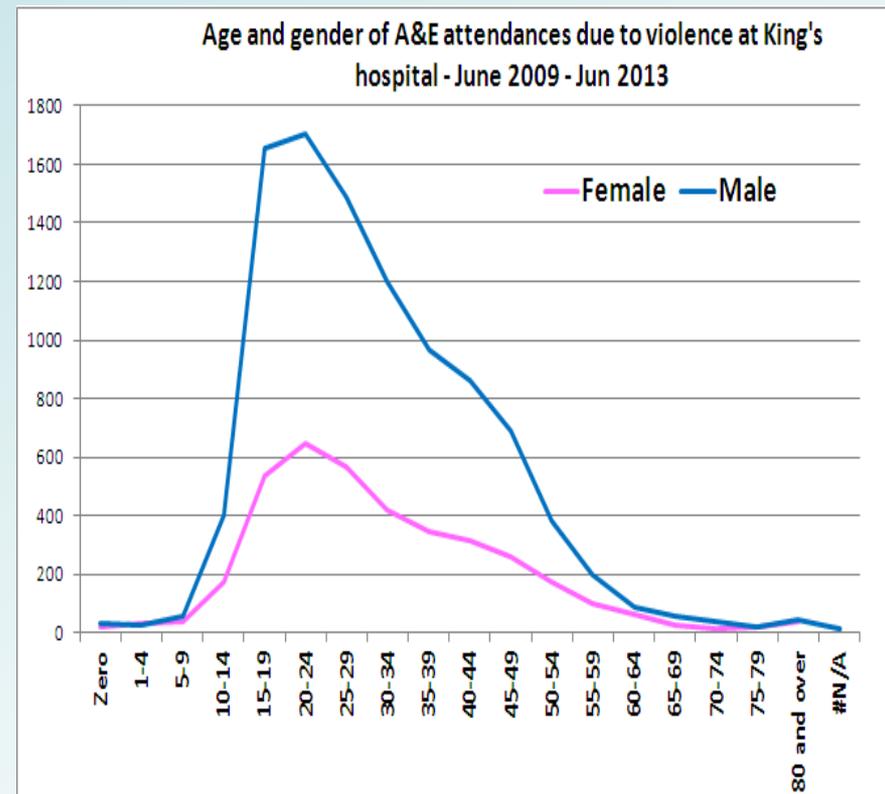
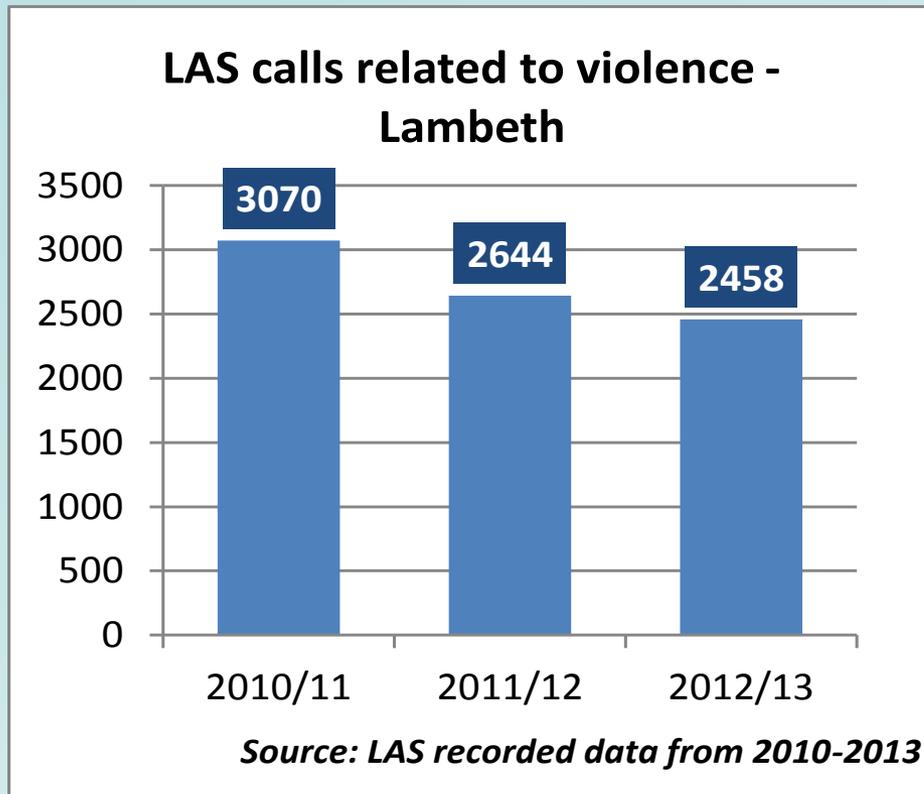


Key Violent Crimes in Lambeth



- ❖ VAP down by 30% since peak in 2004/5
- ❖ Total Robbery down by 60% since 2001/2
- ❖ Total sexual offences about 500 – 600 yr
- ❖ 2012/13: 6827 VAP offences, 2622 Robberies and 490 Sexual Offences (9939 offences in total)

Using health datasets



LAS: 9% calls attended were knife or gun related, 63% male, Highest age rate: 10-19

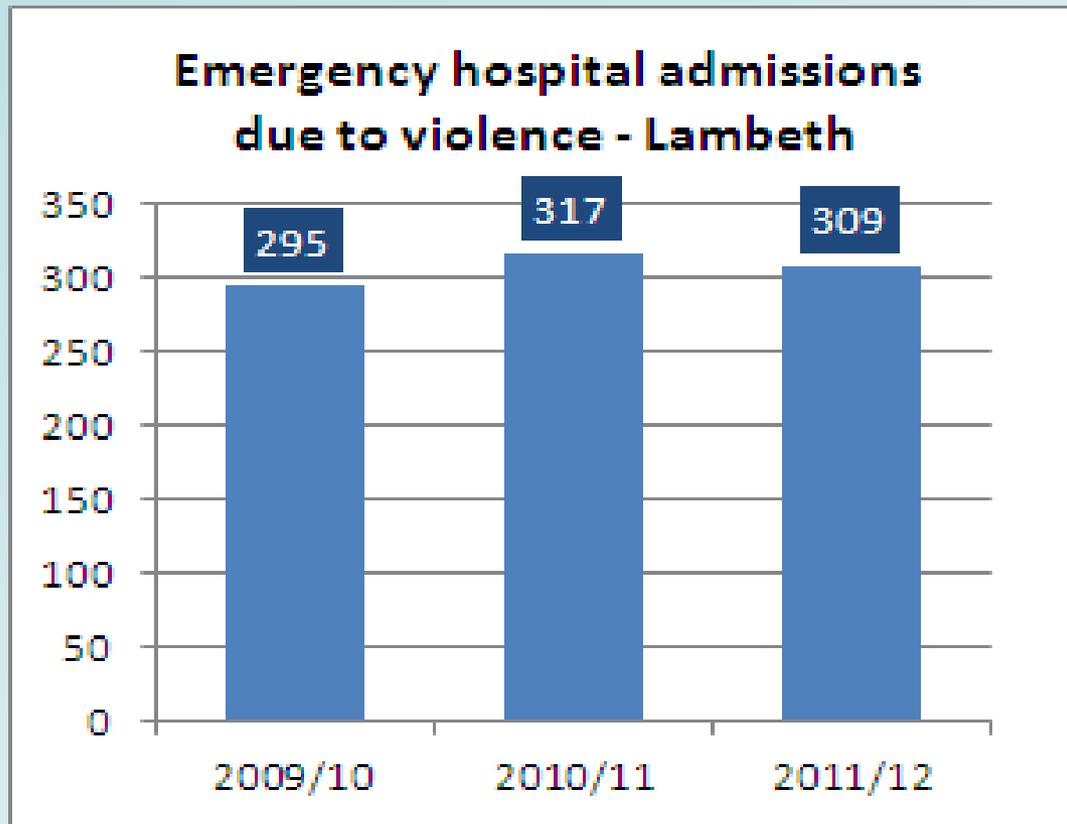
A&E: seasonality (?summer), Sat/Sun, eve 7-9pm'ish, Males > females and 15-24

OASIS Youth Support: 103 supported (of 753 attendances)

64% living with one parent or carer; 21% had low school attendance

52% presented following an alleged assault, 12% reported gang involvement

Admissions due to violence



- ❖ Admissions relate to Lambeth residents (not place of incident)
- ❖ 83% males
- ❖ Highest % “White” ethnicity, then “Other Black” but a third not recorded

Other data

Alcohol - worse than national averages but down (crimes, violent crimes, and sexual offences)

DV data - snapshot from primary and secondary care in 2012/2013

- ❖ GP (IRIS): 92 referrals from GP IRIS project
- ❖ REACH (A&E): 156 of the referrals (88%) female; 21 (12%) male

Area wellbeing survey (LEAP - 600 families)

- ❖ Social cohesion worse
- ❖ Parents isolated/social support

Schools survey (biennial since 2004)

- ❖ Increase in bullying (primary only)

CAMHS NA

- ❖ <20% need being met esp. conduct disorder

Qualitative work: preliminary conclusions

- ❖ Lambeth has improved in recent years – street violence & environment
- ❖ Gangs, drugs, mental health as key causes / issues
- ❖ Youth violence: all YP at risk, peer pressure
- ❖ Knives as the ‘greatest danger’
- ❖ Lambeth an inclusive/accepting/tolerant Borough with a changing demographic (eg. Brixton) but...cultural attitudes differ e.g. homophobia, knife culture etc
- ❖ Interventions: earlier and more consistent; around literacy and communication skills
- ❖ DV hidden
- ❖ Poverty and inequality
- ❖ Circumstances combine to lead to violence

Gap analysis

Coverage and quality (proportionate universalism):

- parenting skills, conduct disorder, access to CAMHS, social and life skills programmes in schools/youth settings, and alcohol misuse IBA and care
- Quality & evaluation to ensure effectiveness

Emphasis on 'acute' rather than 'primary' provision

Targeted prevention work : high-risk youth/gangs and identification of those not known to services

Under-reporting of victims (e.g. primary care), no DV perpetrator programme

Community /partnership work : use fully e.g. Licensing Policy and

strategic sharing of information to achieve mitigating actions

Designing out crime expertise

Information exchange (Cardiff model) and action

Social and cultural norms

Older people (Hidden Voices)

Assets:

- ❖ Community interest
- ❖ Youth health expertise
- ❖ Healthy Schools
- ❖ Early Years (LEAP)
- ❖ VAWG

Public Health model: key risks in Lambeth

Early childhood and families

- Adverse childhood experiences
- Parenting
- Severe behavioural disorders (eg conduct)

Delinquent socialisation

- Peer groups
- Social and cultural norms

Socio-health factors

- Mental health (& brain injury)
- Alcohol and drugs
- Disability / learning disability
- Deprivation / inequality

Unsafe public environments

- Night time economies (alcohol retail and licensed premises)
- Transport hubs

Recommendations: future commissioning

Theme 1: family support and early childhood

- ❖ Addresses key risks around early years of the life-course, partic. early adverse life experiences, parenting and families
- ❖ *Primary*: early years and family support, 0-7 yrs; interventions from CYP Prevention and Early Intervention Strategy;
- ❖ *Acute*: Troubled Families Initiative; family intervention; child safeguarding and work of the MATs

Theme 2: violence against women and girls

- ❖ Addresses key risks around victimisation of women and girls; violence within intimate relationships and domestic settings; sexual violence
- ❖ *Primary*: female roles in gender relations within cultural and social norms; use of alcohol and drugs; mental health; social and lifeskills;
- ❖ *Acute*: multi-agency identification, risk assessment and support for victims (MARAC, Gaia, IDVAs etc.) Safety of domestic space. Improved criminal justice interventions (reporting, detection, conviction)

Recommendations: future commissioning (cont.)

Theme 3: violence involving young men and boys

- ❖ Addresses prevalent involvement of males (8-25 yrs) in serious violence, as victims and offenders
- ❖ *Primary*: delinquent peer group influences; male roles within social and cultural norms (eg. gender relations, attitudes to weapons); use of alcohol and drugs; mental health (inc. personality disorders, PTSD)
- ❖ *Acute*: gang violence reduction and interventions; prolific robbery suspects; repeat DV offenders; carrying and use of weapons

Theme 4: resilience of public environments

- ❖ Addresses risks associated with stranger violence and problem of unsafe spaces and vulnerable locations in the borough
- ❖ *Primary*: design of public space; resilience of transport hubs; self-regulation of NTE areas / development of BIDs; proactive regulation of licensed premises
- ❖ *Acute*: robbery initiatives at transport hubs; identification and closure of 'problem premises'; safer socialising 'hubs' in NTEs