

Serious Youth Violence in Britain: Is the Public Health Approach the Solution?

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That serious youth violence has increased significantly in Britain is self-evident. Its gravity as a national emergency is disclosed in different official and research reports (see, e.g. Grimshaw and Ford, 2018; HM Government, 2018; McNeish, Scott, and Ludvigsen, 2018; The Youth Violence Commission, 2018; The Centre for Social Justice, 2018; House of Commons, 2019; LGA, 2019). As it has been evidenced that urban areas across Britain are the worst affected, the county line narratives about young people's involvement in gang related violence and drug crime makes it more disconcerting (HM Government, 2011; Wigmore, 2018; Allen et al., 2019). The ethnic dimension, in the matter of young black males overrepresented as victims and offenders, is widely recognised (see, e.g. McNeish, Scott and Ludvigsen, 2018; Haringey Council, 2019; House of Commons, 2019; YJB, MOJ & ONS, 2019). Of late, young girls are appearing in statistics on serious youth violence (HM Government, 2011). These emerging trends calls for proactive and pragmatic policy responses and interventions.

Involvement in youth violence is attributed to an interplay of a number of factors at personal, community and society levels including but not confined to family breakdown, poverty, school exclusion, gang membership, poor mental health, problematic neighbourhoods, child criminal exploitation (CCE), child sexual exploitation (CSE) exploitation by criminal groups, poverty and victimization (Waddell, 2015; McNeish, Scott and Ludvigsen, 2018; Haringey, 2019). Whilst these risk factors in themselves are valid, there is a tendency to ignore the negative implications deriving from poorly conceived public and social policy responses as the focus tend to be more on the individual rather than the state's culpability. It is therefore not surprising that a number of reports on youth violence focus on these risk factors, with rather limited attention to government's actions and inactions. Indeed, a comprehensive analysis of

serious youth crime has to include, for instance, the impacts of austerity measures on social provisions at local and national levels in particular and public sector services in general (see, e.g. Davies, Becket, and Wyatt, 2019; House of Commons, 2019). This point is often raised by voluntary organisations that work on a day to day basis with affected communities and families as they see the direct impact of government cuts to services.

Clearly, government policy interventions are not producing the right results, as the offending and victimization rates remain high. For example, the cross government report on ending gang and youth violence (HM Government, 2011) and more recently the Home Affairs Committee report on Serious Youth Violence (House of Commons, 2019) both pointed out policy issues such as short termism, inadequate funding and resources and manpower. As stated in the House of Commons Report, *'over the last decade, many of the ties that bind communities together have been severed, from youth workers and neighbourhood police officers to community safety teams and safer school officers'* (p68). The Serious Violence Strategy 2018 is assuring in content in terms of attempting to balance prevention and effective law enforcement with measures such as early intervention, tackling county lines and misuse of drugs, support for local communities and partnerships, and law enforcement and the criminal justice response (HM Government, 2018; Pepin et al, 2018). A critical look at the strategy reveals the lack of understanding of the new trends and patterns emerging in youth violence. For example, the strategy does not specifically address issues of ethnicity and girls. Whilst it is mentioned in the report that these issues are outside its scope, it would have been useful to provide a direction on what has been done or to be done in relation to young black males and girls. Indeed, the statistics on serious youth violence and the criminal justice system responses to it show that the balance between welfare and justice has not been struck and this remains a persistent problem within youth justice system.

A public health approach to serious youth violence is now popular (Grimshaw and Ford, 2018). This is perhaps in response to the failure of youth justice policies and strategies. The public health approach is based on the idea of treating youth violence as a disease (Local Government Association, 2019). Following its success in Glasgow

(the Violence Reduction Unit) there have been calls for it to be rolled out in local authorities across Britain (LGA, 2019; House of Commons, 2019). The benefits of this approach are immense, and it offers some practical solutions to youth violence such as the participation of new actors and practitioners, focus on preventative measures, evidenced based interventions, long termism and targeting at risk populations and communities.

The public health approach is particularly useful in view of the evidence of the link between mental health and serious youth violence (Bereseford and Wood, 2016). Though the relationship between serious youth violence and mental health in England and Wales is considerably under researched, current and proposed interventions tend to be geared towards Cognitive Behaviour Therapies or Systemic Intervention Therapies that when taken together fit the public health paradigm which advocates holistic interventions. Theoretically, this seems a sound model for reducing violence amongst young people as well as treating the symptoms. While on the one hand cognitive behaviour therapies designed to deal with issues such as anger management, decision making, moral reasoning and social skills training, set out to change the mind-set or behaviour of the young person, on the other hand the systemic interventions are aimed at tackling the dysfunctional social environments associated with youth violence, such the peer group, neighbourhood, school and the family (Madden, 2013). In the former the young person is tasked with taking personal responsibility, the latter seeks to address a range of known external risk factors, forming a holistic approach.

However, much as the public health model in its current form should be seen as part of the solution considering the complexities around youth violence, the call for it to be adopted across local authorities in England and Wales may be premature. There are contextual issues that needs to be considered such as target population size, ethnicity, evidence and other practical considerations that accompany public policy implementation. An immediate concern is that, albeit well intentioned, current policies and practices particularly those focussed on crime control are limited in their scope because they fail to sufficiently acknowledge the impact of systemic racism on BME groups and in this instance, on young black males. The Royal College of Psychiatrists

(2018) acknowledges the longstanding perception of racism and discrimination experienced by African and African Caribbean people within the mental health services, with concerns that the discrimination occurs in both their diagnosis and their subsequent treatment. Due to the significant proportion of young black males engaged with gangs and serious youth violence in some parts of the country, this needs to be a priority for both policy makers and practitioners. An effective way to overcome this is to ensure that the policies put in place allow for interventions that are culturally appropriate, and within the mental health sector, these have been found to be particularly effective when working with BME groups (Thyer et al, 2010).

Although working with disaffected young people comes with a range of challenges across all sectors engaging young people, particularly with the mental health services this appears to be a barrier to reducing their involvement in violence (Madden, 2013; Farran, 2014; Public Health England, 2015). In her review of the available literature on mental health interventions for gang involved young people, Madden (2013) found that the relationship a young person has with their practitioner can help overcome this barrier. Further to this, Finnegan et al's (2010) review of existing evidence on mentoring and peer mentoring demonstrates the most effective practitioner-client relationships are those that involve matching by race, gender or, more significantly, by background. Developing an empathetic understanding of the lives of young people involved in violence and the challenges that they face is therefore essential to building trust. Certainly, former offenders are in multiple ways well placed to have that empathetic understanding (they have 'been there'), and because they are seen by current gang members as having been where they currently are, are more likely to be receptive to forming key relationships which can then lead to them accessing services. Services across all sectors themselves need to demonstrate an awareness and appreciation of how BME groups view and experience their services to address the issue of trust.

The usefulness of a public health approach as discussed above are such that some aspects of serious youth violence can be tackled effectively through this method. However, considering the scope of serious youth violence a comprehensive approach would be more appropriate in the sense of reviewing government spending,

investment in affected communities and families (including culturally appropriate interventions) and perhaps a national youth policy strategy (as mentioned in The Youth Violence Commission Interim Report 2018). We acknowledge that at the time of producing this paper some funding promises have been made and the effectiveness of this strategy would have to be considered in a few years from now following the evaluation of the interventions.

References

Allen, G., Audickas, L., Loft, P. and Bellis, A. (2019) Knife Crime in England and Wales. Briefing Paper Number SN4304. London: House of Commons Library.

Beresford, H., & Wood, J. L. (2016) 'Patients or perpetrators? The effects of trauma exposure on gang members' mental health: A review of the literature.' *Journal of Criminological Research, Policy, and Practice*, 2(2): 148-159.

Davies, M., Becket, A., and Wyatt, T. (2019) General Synod: 'Don't just blame the gangs' for the rise in serious youth violence, *Church Times*.

<https://www.churchtimes.co.uk/articles/2019/12-july/news/uk/general-synod-don-t-just-blame-the-gangs-for-the-rise-in-serious-youth-violence>. Accessed 27/11/2019

Farran, G. (2014) "Opening Up": How is Positive Change Made Possible for Gang-Involved Adolescents In Contact with a Mental Health Charity? (Prof Doctorate Thesis) University of East London, School of Psychology.

Finnegan, L., Whitehurst, D., and Deaton, S. (2010) Models of mentoring for inclusion and employment. Thematic review of existing evidence on mentoring and peer mentoring. London: Centre for Economic and Social Inclusion.

Grimshaw, R. and Ford, M. (2018) Young people, violence and knives- revising the evidence and policy discussions. London: Centre for Crime and Justice Studies.

Haringey Council (2019) Serious Youth Violence: Evidence Base.

https://www.haringey.gov.uk/sites/haringeygovuk/files/young_people_at_risk_strategy_evidence_base.pdf. Accessed 02/12/2019

HM Government (2011) Ending Gang and Youth Violence: A Cross-Government Report including further evidence and good practice case studies. London: The Stationery Office Limited.

HM Government (2018) Serious Violence Strategy. London: The Stationery Office Limited.

House of Commons (2019) Serious Youth Violence: Sixteenth Report of Session 2017-19. London: House of Commons.

LGA (2019) Breaking the cycle of youth violence. London: Local Government Association.

Madden, D. (2013). Understanding the Mental Health Needs of Young People involved in Gangs A Tri-borough Public Health Report produced on behalf of the Westminster Joint Health and Wellbeing Board. [online] Pp3 -15. Available at: <https://www.mac-uk.org/Handlers/Download.ashx?IDMF=52660ab9-9de2-429d-bafa-1f9c741fc71b> [Accessed 20 August 2019].

McNeish, D., Scott, S. and Ludvigsen, A. (2018) Tackling and Preventing Serious Youth Violence. A rapid evidence review. <https://www.dmss.co.uk/pdfs/addressing-serious-youth-violence-in-london-a-rapid-evidence-review.pdf>. Accessed 29/11/2019

Public Health England (2015) The mental health needs of gang-affiliated young people. London: Public Health England.

Thyer, B. A., Wodarski, J. S., Myers, L. L., & Harrison, D. F. (Eds.) (2010). Cultural diversity and social work practice (3rd ed.). Springfield: Charles C Thomas

The Centre for Social Justice (2018) It can be stopped: a proven blueprint to stop violence and tackle gang and related offending in London and Beyond. London: The Center for Social Justice.

Royal College of Psychiatrists (2018) Racism and mental health (PS01/2018 March 2018). [online]. Available at: https://www.rcpsych.ac.uk/pdf/PS01_18a.pdf. Accessed 20 August 2019.

The Youth Violence Commission (2018) *Interim Report*.

<http://yvcommission.com/wp-content/uploads/2018/07/Interim-Report-FINAL-version-2.pdf>. Accessed 02/12/2019

Waddell, S. (ed) (2015) *Preventing Gang and Youth Violence: Spotting Signals or risk and supporting children and young people: an overview*. London: Home Office

Wigmore, J. (2018) Recognizing and acting on signs of 'county lines child exploitation: a case study. Manchester. Niche Health and Social Care Consulting Ltd. <https://www.england.nhs.uk/wp-content/uploads/2018/11/recognising-acting-on-signs-of-county-lines.pdf>. Accessed 02/12/2019

YJB, MOJ & ONS (2019) Youth Justice Statistics 2017/18: England and Wales. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/774866/youth_justice_statistics_bulletin_2017_2018.pdf. Accessed 26/11/2019
