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Promising approaches to knife crime: an exploratory study

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We would like to thank those staff who responded to our survey and/or took part in the field research.

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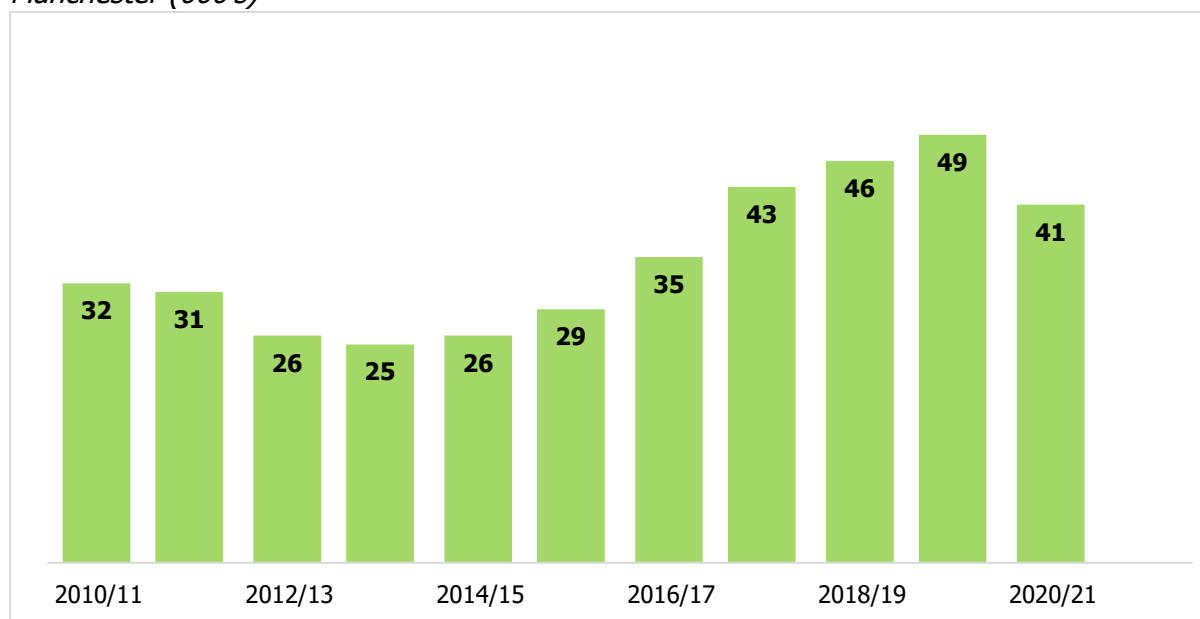
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Executive summary

Context

'Knife crime', which here we use as shorthand for children and young people using and carrying bladed weapons in public places, has been increasing in recent years. Current evidence suggests that knife crime is driven by a combination of poverty, marginalisation, adverse childhood experiences (ACEs), trauma, fear and victimisation, including exploitation. Youth offending teams (YOTs), amongst their other duties, are responsible for working with children (aged 10-17 years) who are at risk of involvement with knife crime, or who have been found guilty of a knife crime. YOTs are interdisciplinary teams which provide multi-agency input based on local need. They provide supervision and intervention programmes which focus on desistance from crime, and support children to avoid offending and reoffending, and to live a healthy and positive life. Although YOTs are increasingly sharing or co-commissioning services across local government boundaries, greater understanding of effective YOT activity is needed to allow for improved practice sharing, and potentially to deliver financial savings.

Increase in recorded levels of knife crime: England and Wales, excluding Greater Manchester (000's)



Source: House of Commons Library (2021)

Approach

The research adopted a cross-sectional qualitative design in which we interviewed 77 people from five YOTs. The interviews focused on what participants believed to be promising practice in responding to knife crime. The interviewees included caseworkers, managers and leaders, external stakeholders (such as partners who worked with the YOT), and children. The five YOTs were chosen because they were situated in areas where statistics showed a high prevalence of knife crime and there was some pre-existing evidence that the YOT had adopted promising approaches. The YOTs, which were spread across England, all served densely populated urban areas with relatively high levels of inequality and deprivation and an ethnically diverse population.

Key findings

- The nature of knife crime is changing, with participants suggesting it is both more prevalent and more serious than in previous years. This change has, in part, been driven by austerity and cuts to preventive services.
- Participants were keen to stress the importance of a 'child first, offender second' approach to working with children, reflecting the review of the youth justice system undertaken by Taylor (2016). This involves taking a relational approach, individualising responses, and recognising and responding to trauma.
- We identified four groups of promising approaches. These are: diversionary activities; strengths-based approaches; knife crime programmes; and other ancillary interventions (e.g. health awareness, aftermath, and family interventions). The evidence on the effectiveness of all of these approaches is limited.
- Participants were keen to stress that a lack of resources and unhelpful commissioning arrangements were significant barriers to working with children when addressing knife crime.
- Participants felt that a public health approach holds significant potential for responding to knife crime. This approach combines prevention, secondary intervention and tertiary intervention to target all people in a community.

Implications and recommendations

- Some elements of the knife crime programmes were seen to be effective but they should be considered as part of a framework which includes more individualised and trauma-informed work. Programmes alone should not be seen as a panacea to the problem of knife crime.
- Diversionary activities were viewed positively by participants in terms of keeping children busy. The focus within these activities on opportunities which provide children with the chance to develop their skills and self-esteem is underpinned by theory, if not necessarily evidence. A key recommendation then is to undertake evaluations of some of these interventions to ascertain their impact. These evaluations should incorporate intermediate measures rather than focus solely on longer-term proven offending.
- There is some evidence that programmes are incorporating an element of the 'scared straight' model, which is known to be counter-productive (College of Policing, 2015) – this needs exploring in greater depth and these aspects should be removed.
- We did not manage to capture the voices of many children. This was partly down to the pandemic but also because of YOT workload pressures and difficulties in recruiting young participants. A concerted effort should be made to do this in future evaluations, as children are the key to understanding whether and how differing approaches work, paying attention to the differing experiences of girls and those from ethnic minorities, and considering other protected characteristics.
- Budget cuts have had a considerable impact on the ability of YOTs to undertake all their work. Along with increased funding, we recommend commissioners to look at more sustainable funding arrangements, overcoming the problem of voluntary sector providers changing frequently.

- YOT participants were keen to work within a public health model, yet there are many challenges. One such challenge is the YOTs' remit, which is both a funding issue and a strategic one. In two of the research sites, the YOT was heavily involved, at a strategic level, in the development of the public health model and this seemed to work well. We would suggest that YOTs should have a significant role in preventive interventions because of their knowledge and experience in this area.
- Exploitation as a cause of knife crime emerged frequently in our discussions. Therefore, working with and supporting children who are at risk of exploitation should be a priority.
- Mentoring is potentially beneficial and we would recommend that YOTs make a concerted effort to bolster this element of their provision. However, mentoring was seen as a way of filling a gap in shared cultural experiences and expectations which is created by a workforce which is not representative of the demographic of people on the caseload. We would therefore suggest that recruitment focuses on employing more people who have experience of the (youth) justice system as a more sustainable and ethical way forward.
- Schools should be trauma-informed – exclusions and suspensions should be minimised, and alternatives to exclusion and suspension should be explored.
- The key to addressing knife crime is early intervention and prevention. Once a child becomes involved with the criminal justice system, it can become more difficult to support them towards pro-social life choices. Many participants said that preventive work needs to start in nurseries, early years, and family settings.

1. Introduction

This bulletin focuses on the findings from research which sought to identify and understand promising approaches to knife crime delivered by and with YOTs. Drawing on a series of interviews with YOT caseworkers, managers and leaders, children, and external stakeholders, the report identifies several approaches which have the potential to reduce knife crime and improve children’s lives and prospects. The report starts with a brief overview of the research literature on knife crime and what can work in terms of responses before going onto the findings section. The report concludes with a series of recommendations based on the findings.

Knife crime, referring to crime which involves a sharp instrument or an object with a blade (Allen, Audickas, Loft and Bellis, 2019), has been labelled as an epidemic in the UK (Brennan, 2019) and around the world (Bartels, 2011). In the year ending March 2019, England and Wales recorded around 47,000 knife crime offences, the highest number since comparable data collection began in 2011 (Audickas et al., 2019). However, although a significant proportion of knife crime is carried out in domestic situations between adults (and in half of all knife crime cases the weapon is a kitchen knife from the home; Hern et al., 2005), primarily knife crime is thought to be undertaken by anti-social and gang-related youths. This view is likely exacerbated by the media attention given to knife crime, which portrays it as out of control, carried out by gangs of young people, and often Black or other minority and minoritised ethnicities (Cook et al., 2020).

It is well understood that there are many drivers behind violence and knife crime, and that these are likely to reflect broader societal issues (Hitchcock, 2009). The Early Intervention Foundation (2015) set out the following five domains of risk and protective factors linked to gang involvement and youth violence:



Victimisation, poverty, gang involvement, bullying and ACEs have all been found to influence knife crime prevalence (Smith et al., 2007; Harris, 2018) with both victims and offenders being more likely to be from disadvantaged and socially deprived areas where antisocial behaviour and family conflict is more prevalent (Herrenkohl, Lee and Hawkins, 2012; Squires, 2009). Brennan (2018) suggests that there is no single cause of violence, but an interaction between personal, demographic, and situational characteristics. However, little is understood of the relationship and impact of these socio-demographic factors on increasing a child's vulnerability to knife crime. Less still is known of the potential psychological determinants of knife crime behaviour, although Shepherd and Brennan (2008) propose a role for machismo in knife crime, a view supported by a later study showing aggressive masculinity predicts knife-carrying tolerance (Palasinski et al., 2019). Further, Palasinski (2013) found that respect and social status within local areas were also desired outcomes of knife-carrying. Cross-cultural support for this view highlights Hispanic US males who scored high for trait aggression, under the influence of aggressive peers, carrying weapons to increase status, and affiliation with peers (Dijkstra, et al., 2010). This view dismisses the suggestion that children seek out violent others, and instead posits that children are influenced by their surroundings and by their peer group into being involved in violence and knife crime.

Social identity theory (Tajfel and Turner, 1986) suggests that children strive to make sense of who they are within their own environments. Identities around who we are in relation to violent crime is most likely to occur during our teens when identity formation, and exposure to risk are at their highest. While children are actively engaged in choosing their identity, they model their identities on those within their immediate purview (Densley and Stevens, 2014). Harding (2020) conducted interviews with young, weapon-carrying, gang-involved males in London and found being in a 'gang' provided benefits as a result of these relationships. For example, they were able to assume a positive identity within the gang, reduce the risk of being victimised, and gain safety within their own territory. Children may therefore pursue gang roles to accumulate 'culturally valued material' and gain the 'symbolic signifiers' of manliness that they observe as available in their local areas (Baird, 2018).

Traynor (2016) discovered that, depending upon their exposure to risk factors, children were developing identities around a civic code of behaviour (for those less at risk) and street codes (for those more at risk), suggesting that interventions in identity development may have benefit. Foster (2013) calls for interventions that address two key factors for knife carrying; acquisition of status, and fear of crime. Such interventions may take the form of diversionary activities, mentoring, and education to support the person into finding new behaviours and new identities. O'Connor and Waddell (2015) also found evidence that skills and family focused interventions were effective. The family unit is important in helping develop a child's identity, providing our earliest understandings of our social selves and shaping our perspectives and behaviour into adulthood. However, family relationships may also damage the development of healthy identities, as many violent offenders have experienced a childhood in care or have been exposed to serious familial conflict (Holligan, 2014).

It is not only poor relationships with parents that presents risk factors; poor relationships *between* parents increases risk. McVie (2010) found parental separation to be a risk factor for knife involvement. Parental separation is linked to reductions in financial support, which may mean moving house into more deprived areas, and lower levels of parental supervision if one parent is shouldering the burden of childcare alone. A focus on improving the home situations of children is therefore a key consideration for interventions aimed at reducing violence and knife crime.

The accumulation of risk factors in a child's life will impact upon their likelihood of being involved in violence. The General Strain Theory (Agnew, 1992) accounts for how accumulated factors might predispose violent behaviour through increases in the experience of stress, particularly when coping skills are low. However, this increase is not thought to be linear, rather the impacts have an exponential effect on the child. ACEs can also indirectly increase the risk of other co-morbid outcomes, such as substance and alcohol misuse, poor educational attainment, mental health problems and association with gangs (Haylock et al., 2020). Studies of adults show that ACEs are more commonly experienced in deprived areas (Lewer et al., 2020). Therefore, areas of economic deprivation are not only likely to experience more instances of violence and knife crime, but actively contribute to the likelihood of it occurring (Kirchmaier et al., 2020), particularly in times of economic uncertainty (Uchino et al., 2020). One element that is clear is that some areas consistently experience more knife crime than others.

It is known that many children begin their journey to violence as victims, or at risk of victimisation (Golding et al., 2008), carrying weapons for protection rather than causing harm (Eades et al., 2007). There are clear relationships between areas of deprivation and higher levels of violence/ victimisation risk, although the type of violence and risk varies between geographic areas. Greater London experiences more violence between males of minoritised ethnicities than other areas of the UK (Wood, 2010), suggesting that factors other than simply deprivation affect the type and level of violence experienced.

These places and situations that expose children to risk and victimisation, also expose children to the hardships of finding security, power and status and a peer group from areas depleted of positive inputs. Gang relationships fulfil these needs and with the gangs comes a territoriality that promotes further conflict (Kintrea et al., 2008) that can worsen deprivation and stigmatise the area as being unsafe. These areas then become risky for other children who either use preventative strategies, e.g. avoiding them, or reactive strategies, e.g. returning the aggression, to enable them to navigate and live in their neighbourhoods, or through becoming part of the gang (Turner et al., 2006). These areas are then policed more intensively, with greater use of deterrence measures aimed at reducing levels of violent crime; however, this may not do enough to increase children's perceptions of their own safety, thus failing to disrupt this cycle (O'Connor and Waddell, 2015).

Police knife amnesties and stop and search activity are thought to have little positive impact upon violence prevention (Eades et al., 2007; McNeill and Wheller, 2019), and may instead promote an 'us' and 'them' perspective that actively inhibits engagement with prevention interventions. Palasinski et al. (2019) found that limited trust in authorities was a significant factor relating to aggressive masculinity and knife tolerance. There are calls for 'social' rather than criminal justice responses to knife crime, that build relationships with the police and other institutions (Stephen, 2009), so that when risk arises people can take confidence from the 'protectors' around them (Marfleet, 2008). The use of 'safer schools officers' have been shown to increase feelings of safety and improve relationships with the police (Ramshaw et al., 2018). However, those most at risk are least likely to be attending school to benefit from this approach, while the Youth Endowment Fund (YEF) Toolkit concludes that the overall evidence on the impact of police in schools is very weak.¹

¹ See <https://youthendowmentfund.org.uk/toolkit/police-in-schools/>

It seems clear that to reduce violent behaviour, interventions are needed that focus on more than just behaviour deterrence (O'Connor and Waddell, 2015). As individual circumstances and needs vary, McNeill and Wheller (2019) suggest that multi-agency and multi-faceted approaches are needed if we are to successfully diagnose the issues and develop effective solutions for all. They also suggest that the further upstream these interventions take place, the greater the likelihood of success. In a similar vein, the College of Policing (2021) in their knife crime problem-solving guide emphasise the importance of partnership working and community mobilisation. Notably, the Serious Violence Strategy, which was launched by the Government in April 2018, promotes a public health model comprised of the following four themes:

- tackling county lines and misuse of drugs
- early intervention and prevention
- supporting communities and local partnerships
- effective law enforcement and criminal justice response

In 2021, HM Inspectorate of Probation refreshed its inspection standards for youth offending services.² The following standard on partnership and services is especially apt to knife crime which requires the resources of many services and agencies at the individual and neighbourhood levels.

Standard 1.3: Partnerships and services

A comprehensive range of high-quality services is in place, enabling personalised and responsive provision for all children.

1.3.2 Does the YOT partnership have access to the volume, range and quality of services and interventions to meet the needs of all children and young people?

- a) Is there access to the right specialist and mainstream services and interventions to meet the desistance needs of children and young people?
- b) Is sufficient attention paid to building on strengths and enhancing protective factors?
- c) Are diversity factors and issues of disproportionality sufficiently considered in the range of services provided?
- d) Is the quality of services reviewed and evaluated, with remedial action taken where required?

² The full standards framework can be found here: <https://www.justiceinspectors.gov.uk/hmiprobation/about-our-work/our-standards-and-ratings/>

2. Findings

YOTs are sited within communities and provide multi-agency input based on local need. They provide supervision and local intervention programmes focused on desistance from crime, supporting children who have offended, or at risk of offending, to avoid conflict with the law, and to stay crime free. Although YOTs are increasingly sharing or co-commissioning services across local government boundaries, greater understanding of effective YOT activity is needed to allow for improved practice sharing and potentially to deliver financial savings.

The findings presented in this bulletin are based on interviews with YOT workers (n=38), YOT managers and senior officers (n=13), external stakeholders such as partners who worked with the YOT (n=18), and children who had been convicted of a knife-related offence or who were deemed to be at risk of being involved in knife crime by their YOT worker (n=8; all males). We undertook the fieldwork across five YOTs in England. The YOTs were chosen because they were situated in areas where statistics showed a high prevalence of knife crime and there was some evidence (either from HM Inspectorate of Probation inspections, our own knowledge of the area, or from a survey conducted by the inspectorate as a prelude to this wider study) that they had adopted some promising approaches. The YOTs were spread across England: two were in London, one was in the West Midlands, one in Greater Manchester, and one in Yorkshire. They all served densely populated urban areas with relatively high levels of inequality and deprivation, and a diverse population.

2.1 Prevalence and aetiology of knife crime

Official statistics show that knife crime has been increasing in recent years, especially among children. In 2021, there was a record number of knife-related murders of children in London and whilst we will not go into the causes behind this increase in too much depth, it is worth reflecting some of the key theoretical explanations, which include:

- cuts to youth services and the broader impact of austerity which can lead to toxic and traumatising environments, noted as contributing factors by the literature discussed above
- a perception amongst children that the police and authorities will not protect them and so they must protect themselves
- to a lesser extent, the influence of social media, youth culture and music (drill music has been of particular concern, although its role in glorifying and therefore encouraging knife crime is heavily disputed).

Many of these themes arose in our discussions about the causes of knife crime, especially in our interviews with children.

To understand the phenomenon of knife crime and its changing nature, we asked our participants for their views. They said that caseloads had changed in recent years towards a smaller number of children who had more complex needs and posed higher risks of harm. It would seem, according to our respondents, that the children on their caseloads involved in knife crime, or at risk of involvement, could be divided into three distinct groups, based on their reasons for carrying a weapon:

- (i) the first group comprised of children who have been caught carrying knives in public places and schools, primarily for protection against bullying and other threats and fears. These children did not, it would seem, ever intend to use the knife but the

recent zero-tolerance approach to knife carrying had led to them being criminalised and entering the youth justice system

- (ii) the second group comprised of children who were identifiable as being vulnerable to exploitation who were coerced into carrying knives
- (iii) the third group comprised of children who had ended up leading more criminally-entrenched lifestyles and had caused serious harm as a result of carrying a knife. Although these children had offended and caused harm, many were led to it through life circumstances, or through coercion and exploitation and can thus be identified as victims in their own right. In consequence, some YOTs were working closely with exploitation teams in the local authority (one YOT was located in the same office as this team).

"...in terms of the young people who I've spoken with, they would say it's for protection actually, a lot of them will say it's for protection, I think that's the number one driver. They wouldn't even say it's for status or anything like that but just through fear that they feel they'd be protected by it. Some young people also actually – so a few of mine, I've got a few recent ones since I've agreed to this interview who have been found with weapons actually and so another person who's carried a knife, he said he was bullied and a young girl, she was only 11, she said she was bullied in school so she decided to bring the knife in so that her bully would feel, not necessarily threatened but just to warn them, kind of to warn them off so that they would leave them alone so this has been a couple of reasons why a few young people have carried knives that I've worked with." (Participant 65, RS5, Caseworker)³

"... what a lot of them tell us is that they're not carrying to use as a weapon, they're carrying as a defence because they're worried that there's a potential there for them to be a victim, so when they run in these circles where they're potentially being exploited, they're unlikely to be the happiest children in the world." (Participant 23, RS1, Caseworker)

It is likely that those in the third group started off in one of the other two groups. Therefore, we need to be mindful of the trajectory these children have followed and conscious of the need to understand them as victims as well as perpetrators of harm. As in many areas of crime, the victim-offender dichotomy contains many overlaps, and the developing approaches around complex safeguarding and contextual safeguarding are very relevant (Firmin et al. 2019). The complex and changing nature of individual cases and of the YOT caseload featured frequently in our discussions with YOT staff:

"That's a big thing on our radar at the moment when you've been long enough there are kids I've seen who were really exploited when they were younger. Now they seem to be the ones who are exploiting. It's a pattern than no-one has quite sussed out." (Participant 60, CW, RS5)

"...and then [in research site 1] we do seem to have unfortunately familial, that there is an expectation that you're going to be involved in crime because your uncle/brother/mother and everybody else in your family is involved in crime so

³ All quotes are fully anonymised. Respondents identified as CW are YOT caseworkers, ES is external stakeholders and partners, M is managers and leaders, and C is child. RS denotes the research site in which the participant was based.

there is almost an expectation that that is the family job that you do. So we see a bit of that as well."(Participant 27, M, RS1)

This wider recognition of children as both victim and perpetrator is beginning to have an impact on YOT work and has led to changes in the way in which YOTs and other services respond to the overall issue, embedding these co-existing perspectives into their approach:

"When I was in the police it was kind of like pre the Modern Slavery Act and all of that legislation that's now come in to play so I think then it was very much that young people were viewed as offenders and there wasn't that recognition of victim/offender overlap ... But coming back into this I'm working really closely with the police, even with the gang's team, so, you know, their work is to obviously try and dismantle these gang networks and put gang injunctions in place but even talking just to the sergeant on the gang's team, you can just sense and just know from how they speak about these young people that they understand the complexities that they face."(Participant 35, ES, RS3)

"One of the really big advances that we've made now is that knife crime and violence is seen predominantly as safeguarding issues rather than crime, so I think that's a big leap forward."(Participant 58, M, RS4)

These shifting perspectives, and an apparent commitment to understanding how and why children become involved in knife crime, have driven several of the promising approaches discussed in this report. Giving the experiences of children a more central place inevitably leads to discussions around the role of poverty and social deprivation as a key theme within the established causes of knife crime. Participants suggested that it is not just material poverty which is important here, rather, a poverty of aspiration, role models, social capital, and deprivation all coalescing to create the conditions in which children see carrying and using a knife as the only option:

Interviewer: *"what do you think are the key drivers of knife crime?"*

Participant: *"I think probably it's an old fashioned, not a very fashionable answer but I think poverty will be my number one thing. I think until young people have – not just poverty in terms of –"*

Interviewer: *"Material."*

Participant: *"No, just aspiration, role models, places to go, take part in all that stuff that a lot of young people don't really have very good access to, like really critical and making young people feel valued."*(Participant 58, M, RS4)

It is important to recognise that youth justice work often takes place in communities which are, in the words of one participant, *'scarred by deindustrialisation, poverty and neglect'* (Participant 58, M, RS4). Yet, this issue cannot be reduced to poverty and deprivation alone. Rather, as one participant said, the cause of knife crime is often multi-layered, perhaps explaining why it is so challenging to respond to:

"We know that they, potentially, come from deprived areas, from families that struggle, with limited education, limited opportunities, care experienced. There's a whole package of things around them that aren't working in a way that would allow them to grow, develop and mature as we'd all want our own children to." (Participant 1, ES, RS1)

Participants agreed that knife crime was both more serious and more frequent than in previous years. As a result of this increased prevalence, participants argued, knife crime is increasingly normalised and has become, for some, a risk that simply needs to be managed:

"It's becoming normal to everyone to carry a knife... I'd say probably about 40 per cent of the people carry a knife in the streets, it's so normal." (C7, RS4)

"They've done the risk assessment in their head that the police aren't going to kill them. Somebody else with a knife might." (Participant 1, ES, RS1)

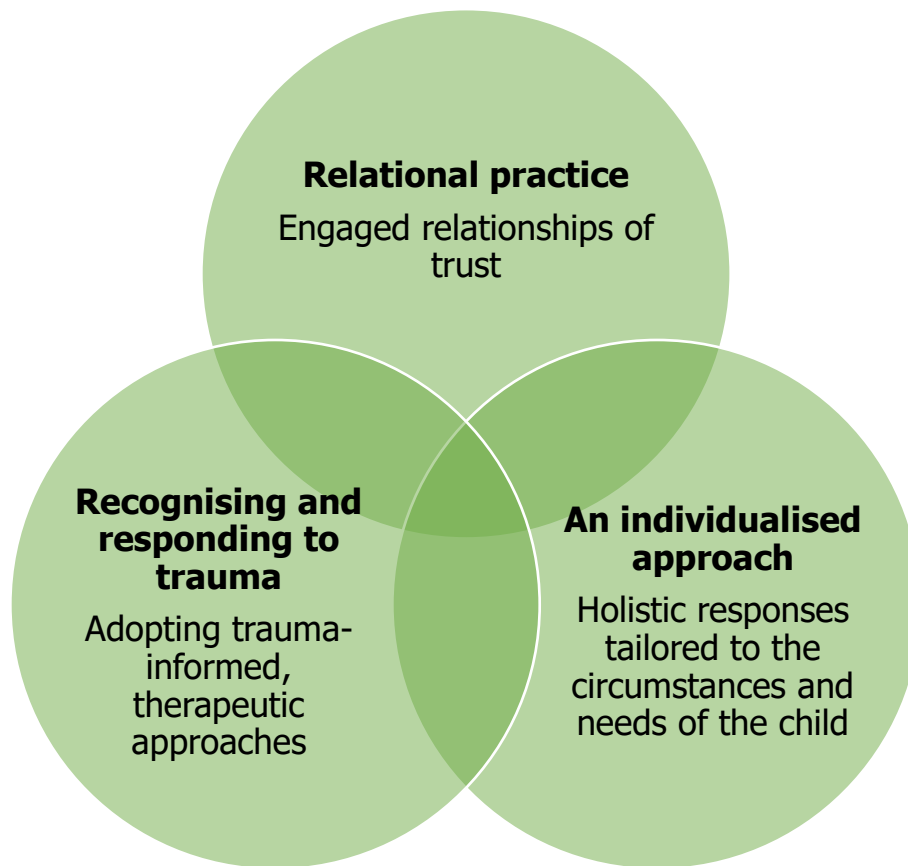
The complexity around the causes of knife crime among children and the intersections between identified contributing factors such as poverty, social deprivation, familial backgrounds of violence, and mental health needs are considered throughout this report. Participants addressed these themes, discussing how they are considered and incorporated in their approaches to knife crime and youth vulnerability. It must, however, be noted that though poverty in simple terms is not considered a sole determinant to knife crime among children, the multi-faceted effects of poverty, particularly on a societal level, can be clearly identified as directly causal to many of the factors pertinent to knife crime. While mental health needs are often central to the issue, as are ACEs and trauma (Gray et al., 2021), it must be acknowledged that the issue lies in the inadequate handling of these elements and experiences on a structural level, in failures directly attributable to a lack of funding and resources for basic human needs. This is a constant theme in this report as we explore the targeted work undertaken by YOTs.

2.2 Broad orientations when responding to knife crime

One of the main ways in which the increased recognition of children as victims has manifested is as a broad 'child first' approach which underpins much of the work with children that takes place in youth offending services. All of our YOT research sites adhered to this approach, perhaps unsurprisingly considering how it is highlighted in the Taylor review (Taylor, 2016). This approach shapes practice and is considered, across the board, to be an effective way of working with children. Across the sites, where a knife crime strategy was not explicitly laid out – or where practitioners were not aware of it – adopting a 'child first' approach and working with the child on an individual and holistic basis, was considered the most effective way to address the wider problems highlighted above. In this section, we outline how the 'child first, offender second' paradigm manifests when working with children in the justice system.

"Yes, they're committing some horrendous offences, but it isn't that binary view now of are they a victim or are they an offender? I feel that there's a real understanding of exploitation of the victim/offender overlap and of the grooming element and the coercion and the control that lead these children to where they are." (Participant 35, ES, RS3)

It was clear amongst our participants that acknowledging the victim status of many children was important in terms of responses by the caseworker and services more broadly. Within our discussions we identified three key principles that underpin a child first orientation in the context of working with people engaged in knife crime:



2.2.1 The importance of relational practice

YOT workers consistently stressed the importance of relationship building with children. Effective working relationships were characterised by trust, authenticity on behalf of the worker, listening, and attempting to understand the child as an individual, their experiences, circumstances, motivations, and goals. In many respects, we might describe this as 'traditional' youth work skills. Practitioners talked about the importance of 'bearing witness' to children's experiences and of the importance of 'being, not doing', although they acknowledged the unquantifiable nature of such an approach as a potential barrier to fully understanding its impact. Practitioners felt that, at the very least, this relationship needed to be formed before any meaningful focused interventions could take place. Overall, YOT workers felt broadly positive about their ability to form such relationships, although the division of labour between case-holders and support workers was identified as a potential barrier. Other barriers included: high caseloads; the time bound nature of involvement with the YOT; the statutory nature of the relationship itself; and the perception amongst some children that YOT workers would pass on information to the police.

Engaged relationships of trust between caseworker and children were described as impactful in and of themselves, not just as a means to facilitate separate interventions. Where children were described as lacking support systems and positive role-models, YOT staff argued that the very process of forming relationships and building trust – the breaking down of barriers – was therapeutic in itself:

"So you might be doing something like [a knife crime programme] but actually in reality you might be trying to build up a relationship with a young person because they have got no relationship with any trusted adult whatsoever because that's actually broken down, that might be why they're more vulnerable to CSE and stuff like that..." (Participant 45, M, RS4)

"My thing is: build the relationship because all the evidence says there is no golden bullet in terms of interventions but the one thing that goes through everything is I'd rather have a really good worker with a really good relationship doing a bad programme than I would have a really bad worker with a really bad relationship doing a good programme."(Participant 58, M, RS4)

Although relational practice forms a central pillar in YOT caseworker roles, in both the 'traditional' youth work sense as well as in facilitating the delivery of further interventions, it is perhaps not reflected in the formal response to knife crime incidents among children. Rather, here we see an emphasis being placed on the delivery of specific programmes, the completion of activities within a certain timeframe, and attempts to measure progress in ways that cannot reflect the true nature of the work:

"...for me it's not about what you can test on a piece of paper or whatever, it's about the relationship you're building with young people which is hard to measure naturally..."(Participant 58, M, RS4)

Time was discussed as a key element to building those relationships with children. YOT staff working on short-term orders such as referral orders or out-of-court disposals discussed the barriers posed by the limited timeframes within which they had to build a relationship with the child and then deliver statutory programmes and get the children involved in activities in a way that will make a lasting impact on their lives. The various court-appointed requirements were sometimes seen as 'tick box exercises' with children completing their orders and moving on regardless of whether their caseworkers felt that there had been sufficient opportunity for engagement and likelihood of long-term impact.

"Just say someone might be carrying a knife but they've not actually used it and they might get a three-month referral order, what are you going to do in three months? By the time you build that relationship the order's done so you can't do the work anyway..."(Participant 17, M, RS1)

Participants emphasised relationship and trust building in impactful encounters with children involved in knife crime, and the significant time needed to 'break down barriers' and engage. The importance of these factors relates to other themes appearing in this report which have been consistently highlighted as central to a successful response to knife crime, such as the importance of an individualised, trauma-informed approach.

"So I think that's it for me really, it's the engaging. You can't engage a young person. You can't change a young person unless you can engage them. You can't do any work."(Participant 38, M, RS3)

Relational practice and the use of 'traditional' youth work skills are seen to be central to a holistic, individualised approach to addressing knife crime. With a public health approach being adopted by the majority of research sites – and held up as an example of good practice by most practitioners – relationship-building is perhaps the most vital aspect in engaging children, identifying the causes of behaviour, gathering crucial information, and finding out what might motivate these children to redirect their path and move towards a more positive future. All of these factors were identified as key to successful intervention by YOT workers throughout the interviews.

Discussing relational practice, YOT caseworkers highlighted the importance of matching the right worker to each child. Although it was mentioned that this was difficult to coordinate with any consistency, certain factors seemed to be considered wherever possible to ensure that children and their caseworkers have the best chance to form these important relationships.

"Without sounding discriminatory against older people or younger people, sometimes young people do relate better to younger people and sometimes you find that with, you know, you could get young people who say they don't want a male worker or they don't want a female worker and they will say that themselves but sometimes it's just about understanding what you feel is going to fit with this young person." (Participant 55, CW, RS3)

However, in reality, it is neither easy nor always possible to ensure those matches are made. At times it is not as straightforward or obvious as it seems, with it being difficult to predict how each child will engage or react:

"I think that's really key, and I think matching people up with, I don't know, personalities, elements of background, whether it could be sports or language, or I don't know. There's so many different ways you could match people up, but I think mainly more on passion. I think it's really, really important to match children up with the correct caseworkers but I think in the real world – and that happens, particularly in my team but then in the real world everyone can't go to the same person because then they'll be overworked or how do you upskill people that maybe that isn't their skill but they're going to have to manage it, that's more what we need to focus on and really understand I think, how do you do that?" (Participant 5, CW, RS2)

Significant barriers to the successful forming of trusting relationships between children and YOT caseworkers can be the belief amongst children that information is shared with the police and the dynamics between the YOT and law enforcement. YOT workers make efforts to separate themselves from the police in the eyes of their assigned children, but it can be problematic. Many are very distrustful of the police and are described as not having a good relationship with them. This is further complicated by the fact YOT workers must share information with the police if it is potentially harmful or dangerous:

"I had a young person tell me that they were not going to tell me some information because I'm going to tell the police and I was like, okay, I've got no reason to tell the police but they very much see it as, you know, we're part of that so they can't trust me or they can't talk to me about that because they're not sure where that information's going to go." (Participant 50, CW, RS3)

Referring back to the previous point about identifying children as victims and the 'child first, offender second' approach, there was a sense amongst some YOT workers that police practice was not always conducive to supporting children to change, but was focused too much on detection and conviction:

"The police seem quite rigid in their responses I feel like with young people, you know. They arrest them and it's not kind of like, oh, why are you offending or what's going on at home? It's more a – they are the police and I suppose that is what it used to be, the fact that you've done this and this is the punishment but I do feel like slowly we are moving away from that. Like they have offender managers now who are assigned to young people who are risky, you know, they have concerns about reoffending and even though they're meant to be there as a form of support it doesn't always come across that way ... I always try to kind of – because we're not the police and it is important for me to carry out my role and help young people I know I'm not going to get anywhere if I then start doing joint meetings with the police ... I'm not the police and if they're very anti-police and then I'm trying to get them to engage with the police and then they

complete disengage with me I don't feel that works at all for anybody, it's not good for the child in any way whatsoever.”(Participant 46, CW, RS3)

These views relate to other issues raised later in this report around both the importance and the challenge of working across services and institutions to support children involved in knife crime.

2.2.2 An individualised approach

Alongside the relational practice deemed central to the success of youth justice work, practitioners discussed the use of an individualised approach with specific programmes, interventions and activities tailored around the circumstances and needs of each child. From the outset, building a relationship and establishing rapport and trust, requires an individualised approach and leads to tailored responses rather than ‘off the shelf’ interventions. This approach forms the foundations of a holistic, public-health approach:

“So actually the first starting point needs to be understanding that child’s journey, so that when we deliver that intervention, the intervention is most effective, rather than it being something where we’re actually retraumatising the child because we’re reminding them about negative experiences and that sort of stuff ... So it isn’t just a one-size-for-all, and again it is that diversity of offer and having confidence that this isn’t just a blanket approach, this is that you’re taking each child and looking at each child individually...”(Participant 33, M, RS3)

“...every single young person who comes in to contact with our service will be assessed and you look at what's going on their life so it will be very much, well, it will be very individual the plan of what they're doing really. Like I say, you've got some young people who might be gang linked so that's completely different to someone who's carrying a knife, who's never committed an offence in their whole life who's got a family that's supportive so it just depends what is going on for that young person.”(Participant 45, M, RS4)

Specific programmes designed to tackle knife crime were discussed by participants and each research site had a formal knife crime prevention programme. However, these were described as a part of a broader picture of engagement with the children. The usefulness of these programmes, which tended to take place over six to eight weeks through weekly sessions, was debated by some practitioners.

Practitioners stated that key to the process of individualising the process and the response to each child is a thorough initial risk assessment. Alongside using the standard AssetPlus assessment tool, some YOTs were undertaking further assessments. For example, one research site used a trauma symptoms checklist developed by a consultant psychologist to go beyond identifying criminogenic needs and explore underlying trauma and attachment issues. The assessment provides YOT workers with a background on the child as well as an insight into their circumstances and their ‘story’:

*“...it's not, oh, a young person's committed an offence and that's it, they need to be dealt with as an offender. We go out and do an assessment and if we can identify areas where, oh, actually they need some kind of therapeutic assessment done and then it identifies something that we would take it down that route and make sure they get that support because what we say is if you address any kind of unmet mental health needs then that would reduce the risk of offending.”
(Participant 36, CW, RS4)*

"So I think individualising the offer, moving away from the offence specific programme which is probably where we've seen the biggest shift in terms of some of that specific intervention delivery around knife crime, but I think the biggest shift is not to look at it through the lens of treating an offence, but actually working with a child to support desistance and that it is, that shift in thinking in terms of that child's journey to where they are now, understanding that journey, and making sure that we are utilising our assessment process to best understand that and to then best inform what our plan looks like."
(Participant 33, M, RS3)

A strong line of communication between agencies is important as part of this process as different agencies can have access to different pertinent information. Several YOT workers discussed the complexities around sharing information, particularly when the issue was time sensitive and processes were taking too long:

"...sometimes you have the case where you just can't get hold of the social worker, it's just really difficult, they might be on long-term sick and then you're trying to go through ..., yeah, so sometimes we do have issues but we always know how to escalate it and we can always ask to speak to duty managers. So we get there in the end, it's just most of the time it's more frustrating because you need that information quite quick and sometimes it's not as easy to get that."(Participant 36, CW, RS4)

To provide an individualised response, a multi-agency strategy was deemed important. Participants highlighted the benefits of multi-agency working to produce the most comprehensive initial assessment of the child. They also referred to the need for partnerships in service provision after the child has been assessed. For instance, there may be specific mental health needs that require attention from professional agencies, or certain positive activities (such as arts- or sports-based provision) that could be used for engagement with the child.

"So when a young person will come to us we'll do our assessment and we'll obviously at that point try and figure out who's involved and what their involvement is and what it looks like, so, you know, a lot of young people might have a social worker, they might have some school link or the health team might be involved. When we do our assessment we'll pull all the views in to form our judgements I guess and like our hypothesis or whatever it is that we're doing and then we'll do a case planning meeting which we chair with the young person, their parent and anybody that's involved."(Participant 44, CW, RS3)

There was a strong sense amongst YOT workers across all research sites that the only successful way to tackle the issue of knife crime among children was to use a holistic individualised response tailored to, and engaging with, each child. As such, in research site 2, they had a 'fully bespoke' offer:

"We have very bespoke offers for people who are arrested, and it doesn't matter where they come from, because part of the assessment process on that is the background. We have offers for cultural awareness. We have youth service offers. We have violence reduction offers, ... they have a small amount of money, so they can't go wild, but they have some money where they can identify individual needs for the child and that is where the horse riding initiative came from, to be totally honest, and so they look at it and sometimes it's a matter of just joining up existing statutory provision to make sure it's strong, and then other times it does require some level of innovation so they all talk as managers

and solutions are found... Sometimes children just don't want to engage with us and take part, and so there may be an element of an incentive to take part as well as if you don't take part then you could go back to court.”(Participant 26, M, RS2)

The 'child first' approach facilitated a strategic response based on the importance of putting the child and their specific experiences at the centre of the work (see also Smithson and Gray, 2021) and supporting them to move away from their offending behaviour towards a more positive future. The risk assessment and holistic response provided a network of positive interventions designed to address the root causes of the child's behaviour.

2.2.3 Recognising and responding to trauma

The recent increase in knife crime has been described as one symptom of a toxic environment which is underpinned, or at least exacerbated, by a decade of cuts to public services (Haines and Case, 2015). The toxic environments within which children are growing up are causing and exacerbating trauma. Throughout the interviews, there was widespread recognition of many children's experiences of trauma as well as the need to respond accordingly. As part of a holistic and tailored 'child first' response, YOT workers placed high importance on identifying the trauma experienced by the children on their caseloads to:

- firstly, understand the context in which they had acted and the possible root causes
- secondly, to be guided in how to best approach and design each individual intervention.

Trauma was discussed not only as an experience and response that YOT workers need to be aware of and respond to with care, but as a key factor in the root causes of children's offending behaviour (as well as an early predictive factor, though it was emphasised that this needs to be considered carefully so as not to profile children; see Gray et al., 2021):

"It's difficult to find which is the cause but I think for us – I mean we do a lot of work around trauma and I think a lot of the young people that come into our service have definitely experienced some level of trauma, some multiple levels of trauma and so that might be easier to understand perhaps why they are carrying a weapon because they've been hurt before or something like that but it's just getting to the bottom of any aspects of their life.”(Participant 45, M, RS4)

"...you're trying to also work with somebody in a very short space of time, so you've got to do everything, like if you don't know them, your relationship building, the information gathering. So a lot of our young people obviously have got adverse childhood experiences, trauma, and you're kind of trying to work out. My job, I suppose my role is to work out why they've offended and that's what I have to look at and so that is where I focus on my offence focused work, is their reasons for offending to try and change behaviours or prevent them offending in the future.”(Participant 24, CW, RS1)

Care should be taken not to label children who have ACEs and assume the effect such negative experiences have had upon them, as one participant highlighted:

"We do a lot of work around adverse childhood experience. A lot of work around trying to focus on strengths. I think it's great that we've become much more informed around the back stories of young people. My one concern about it, and it is quite a big concern is it can become quite fatalistic in the wrong hands so

just because you've got some adverse childhood experiences doesn't mean that you're going to become x, y or z."(Participant 58, M, RS4)

Using the risk assessment methods mentioned in the previous section, practitioners sought to identify what traumatic experiences might have occurred in the child's early childhood as well as in their recent past or present circumstances. This was being increasingly prioritised as part of a holistic knife crime strategy.

"So we now I think as a city have a much better understanding of the impact of trauma in early childhood and how that can act as a bit of a push factor for some young people to engage with inappropriate peers, because they are seeking, I don't know, approval or something that they're not getting from their family and so it's kind of filling a need for them."(Participant 32, M, RS3)

However, many practitioners also stressed that a trauma-informed approach should be understood as a way of approaching the work; not behavioural/tokenistic and not 'just another intervention' (see [Research & Analysis Bulletin 2022/02](#) for an overview of trauma aware, trauma-informed and trauma-responsive practices). Practitioners talked about the importance of adopting trauma-informed, therapeutic approaches which recognised the emotional problems and issues many children face. One research site had employed specialist mental health practitioners to facilitate the development of such approaches. One practitioner, who worked with children and their families through a therapeutic provision, stressed the importance of keeping the relations with the children genuine, building those relationships, establishing trust, and tailoring the response to each child:

"We kind of largely work from a relational focus and so a lot of the therapeutic trauma-based work that we do comes through the relationship that we build with the young people and families and we kind of just become part of the furniture in the house is what it turns out to be. And a lot of that is about helping young people to explore past experiences and how that might have impacted on their decision making and feelings of safety and stuff is what I think it boils down to a lot of the time. Because that's what's connected to them carrying knives. And it is very much kind of tailored for the young person, depending on what their experiences have been."(Participant 31, ES, RS3)

Throughout the interviews, participants shared many examples of cases where trauma had played a significant role in children becoming involved in knife crime. These examples ranged from violence and/or substance misuse in the home, being in care, abuse in different forms, bullying, and coming from an area that was violent/deprived/had a gang presence etc.

"So you can see from very early on, you know, the number of referrals made to Children's Services with regards to concerns around parenting, in and out of care, you can almost see it unravelling. [...] the trauma that he experienced as a young person, there's elements of physical abuse as well as emotional abuse, has really led him to go down this negative path and actually he also experienced, from what he tells me, some sort of physical abuse in care as well, as well as being at home."(Participant 55, CW, RS3)

Some practitioners talked about community and vicarious trauma and a need to recognise and respond to the wider and structural effects of toxic environments such as racism, poverty, and marginalisation:

"It's like now everyone talks about trauma and adverse childhood experience and they're the key, they seem to be key topics of the day but, you know, it rings

true in the communities that I certainly know and have worked in. I think sometimes that systemic structural stuff gets ignored. We like to individualise the problem and say, oh, it's because [Name]'s not got enough education or whatever but actually when you step back, if you look at trauma or adverse experience that's in a town that's been through itself has been through a huge amount of trauma and huge amounts of change and huge amounts of adverse experience so it's not surprising really that people that live there have also suffered from those things on a kind of individual level. So I think that that's the number one for me, is that poverty and the kind of infrastructure thing."
(Participant 58, M, RS4)

While there appeared to be concerted efforts by YOT practitioners to adopt a trauma-informed approach, undertake training and incorporate it into their work, some workers felt that there was a further need to incorporate this approach in schools, where many of the issues with children could potentially be identified earlier. Participants felt that the tendency for schools to exclude children with behavioural issues acted as a driving force for children to offend (Arnez and Condry, 2021). Acknowledging schools' competing responsibilities and priorities in protecting other children and their learning environment, practitioners argued that schools play a pivotal role in the management of children at risk of committing knife crime offences:

"...I think the key things with schools is [...] something needs to be done to stop blanket permanent exclusions. I appreciate they may feel that they pose a risk of harm to the other children and they have a duty of care to protect everyone within the school, but there are real negatives to being permanently excluded. Kids also fall through the net. They don't automatically go to an alternative provision, for example, or if they're at an alternative provision, sometimes it's two hours a day three days a week. What else is in place for them when they should have twenty-five hours of education a week? So, I think some sort of discussion needs to be had with head teachers and maybe service managers on what we can do as a holistic approach. If we all work together and try and minimise the risk, contain the risk, so that young person can stay in school is probably one of the biggest things that I think needs to change." (Participant 6, CW, RS2)

Schools can be instrumental in addressing issues before they escalate through regular contact and through appropriate safeguarding. While many schools have been receptive to input from external agencies, particularly around violence awareness, and some schools work closely with the YOT as part of their multi-agency approach, it appears that there are some schools doing too little to address individual cases and deal with at-risk children.

According to some participants, a significant challenge in addressing knife crime is a problematic attitude on behalf of many schools towards children who are seen to be, and labelled as, 'difficult'. There was a shared consensus among participants that many schools were too quick to exclude children posing challenges or seen as potentially posing a risk. Participants suggested that exclusion rarely solved the underlying problems and simply served to further marginalise. This practice was seen by participants as an example of schools not always recognising complex alternative learning needs and traumatic experiences:

"The problem is addressed by them by excluding young people or getting them off-site as soon as they can. If you don't play ball you're out with the first school who we went to and that's part of the problem because then when children aren't in education you're literally handing them on a plate to people who are

who are in OCGs [organised crime groups] for example.” (Participant 41, CW, RS4)

“It would be ideal if every single school were trauma-informed and they're just not and, again, I feel like with schools it's just put down to they're just naughty kids.” (Participant 36, CW, RS4)

While the recognition of the need for trauma-informed practice was widespread, some YOT workers expressed concern about its practical reality and failures arising from a lack of ownership over, and responsibility for, the approach:

“It's all fine saying, yes, we need a trauma-based approach but what does that look like in reality because I've given you an example of a really, really traumatic case, I'm sure there's other cases like that and that kind of trauma support wasn't able to be delivered and I kind of saw a standoff between practitioners as to who should take responsibility.” (Participant 63, CW, RS5)

“I think that it's really difficult when we've got services that are saying 'We are child first, we are trauma-informed, we are X Y Z' and they are delivering programmes that are behavioural interventions for problems that are actually more deep rooted in emotional safety, trauma, community, and we need to be working relationally with that, and not behaviourally to start with.” (Participant 31, ES, RS3)

For some practitioners, a trauma-based approach meant bearing witness, and working closely with each child to involve them in the process and co-produce their specific programme. Such an approach reflects the importance of both relational practice and the need for individualisation discussed earlier:

“A lot of what we do is just trying to help build executive functioning skills and give people space to think in a world of chaos, I guess. And being genuinely interested, not there to catch you out or there to get you in to trouble, or there to pick apart your story. I'm here because I'm interested so tell me what it is like. I'm not a teenage boy, never have been, never going to be, so tell me about your world. They sniff it out a mile off if it's not genuine, don't they, as you well know. It's a genuine interest in what could we do differently, I think. And asking their opinion. What do you think? What do you think has happened, why do you think that things are like they are and what could be done differently? And I mean those are some of the most interesting conversations.” (Participant 31, ES, RS3)

The complicated nature of the provision of services was identified as a potential issue, particularly around the trauma-informed mental health, preventative side, with multiple agencies working together:

“It's very messy, and trying to explain it to somebody, if I try to explain to a case manager even it can be difficult because there are so many tiers. You're starting at the very bottom where you've got kids that aren't involved in knife crime at school ... education, those kids that are on the periphery and then those who So there is like different layers happening in different groups but the charity groups, the community groups and they've obviously got a strategy, and they are all working alongside each other and it is very messy.” (Participant 20, CW, RS1)

Trauma was a consistent theme across all research sites and it was clear that the research respondents felt that trauma-informed practice was a positive development in terms of

working with children. Being trauma-informed provided staff with a useful framework to underpin and justify the relational and individualised approaches they advocated as being effective. That said, there is relatively little evidence to suggest that such an approach does in fact reduce offending and this represents an area for future research. Moreover, being trauma-informed appeared, from some participants' perspectives, to be difficult to reconcile with the more cognitive approach often found in programmes.

2.3 What interventions are being implemented and are they promising?

We asked our participants what existing interventions and practices might be considered promising. As set out below, we identified four broad groups of interventions which were described as potentially effective. Overall, however, while there was a recognition that YOTs had improved at identifying children's needs, they were still struggling to respond to all of them.



2.3.1 Diversions activities

According to YOT workers, diversionary activities facilitated positive shifts in the lives of children on their caseloads. One of the identified causes of the prevalence of knife crime was the lack of positive activities for children, particularly in more deprived areas. Participants mentioned the closure of youth clubs and the de-funding of sports and related activities as significant drivers. This was deemed significant because it limits children's opportunities to take part in activities that enable them to feel good about themselves. Diversionary activities were seen as useful ways of providing such opportunities:

"...when they first came that first day and sat there with their hood up, arms crossed, just didn't want to be there and then how they were at the end, by the end of the six weeks, they'd done a rap video and they'd done posters and really engaged and really opened up. So I think that's your evidence isn't it about how

they've changed over the course of the six weeks, how much more confident they've become and how much more knowledgeable they've become. These are your typical young people that were really hard to engage and people struggle with and then by the end of it they've completed the course. I went to the end presentation when they finished everything and it was just like how proud they were of everything that they'd done and liked to show it off. It was really good." (Participant 36, CW, RS4)

"You can't just go in and say you're a bad lad/lass. You have to find something positive. No matter what that is. Because a lot of our young people I think across the board, I don't think that it's just to do with knives, but little self-esteem. They don't believe in themselves, they feel that they are not going to get anywhere, and then they need someone to believe in them really, so I think that mentoring and those kinds of support services like your early help support, the green light, Amber, the gang teams – anybody that can offer the young person the support. And the more that there is that looks at different things... You can send them to boxing projects, and you can send them – but not everybody wants to do boxing. Not everybody wants to do sport. I know that there is loads of sports-based stuff, and I know it's brilliant, but it doesn't work for everybody. It's finding diversion as well for some of these young people. It's finding something else." (Participant 24, CW, RS1)

Although not fully evaluated, providing attractive and constructive activities was felt by participants to be effective in terms of supporting children to move away and stay away from knife crime. It was felt that activities needed to be targeted towards a child's needs and interests. Treating all children the same was unlikely to engage them, and so was less likely to divert them from harmful behaviour. While participants discussed diversionary activities positively, almost all mentioned the lack of funding available to provide long-term interventions. There was also a sense that more opportunities needed to be made available to children, not just in terms of sports or arts-based activities, but also in terms of vocational pathways:

"...everything feels very short term and I am never sure what's there from one minute to the next and sometimes our young people don't know. ... outdoors and sport which is great again, but [...] all of our young people aren't going to become footballers for Arsenal, so whilst that's great and they should be involved in fitness and exercise and positive activities what opportunities do they realistically have in the world, because actually I'm not going to become a footballer tomorrow and I sometimes feel like we need to invest more in actual opportunities for them, work wise, where they can actually make money and then not need to do the things they've been doing to make money." (Participant 31, ES, RS3)

2.3.2 Strengths-based approaches

In the section above on diversionary strategies, we noted their ability to provide children with opportunities to feel good about themselves. Based on what our participants said, these approaches have the potential to facilitate desistance as well as act as distractions from more harmful behaviour. In essence, this model of practice aligns with a desistance-focused approach to working with children in which assets and strengths are developed rather than 'deficits' being treated. One powerful example was relayed to us by a YOT caseworker:

"This young person had a number of offences against his name, but a lot of them were around the home himself. He was doing criminal damage, he was

assaulting his mum and so on, but he'd not gone through the criminal justice system, he'd not been in court. They were all dealt with NFAs or community resolution or whatever it might be, but one of the reasons why he was carrying a knife was because there was this beef between his group of friends and another group of friends and it had gone on for a while. We weren't aware of this. It was only when he came to us. He was spending a lot of his time doing that, but one of the things we realised was he was very much into his scootering. He was actually really talented at skateboarding and stuff, so rather than looking at the reasons why he felt that he needed to carry a knife, we tried to focus on that. We invested in that, taking him to the scooter park, getting him access to a club and what have you, supporting him in the beginning to get there and pick him up and so on. He's now detached himself from the previous group that he was with and he's far more focused on the scootering. So, he no longer feels that he needs to carry the knife because he's not associated with the same group. That's one example. It could be that we might be just focusing on, 'Listen. These are the harms and dangers of carrying a knife. This is what could happen,' and some of those things he's already aware of, he's not stupid, but rather than that, look at some of the other stuff and that's how it's worked with one kid. Not all of them are that easy, but that's one example." (Participant 47, CW, RS4)

Enabling children to take up an activity which gives them a sense of purpose may well be generative in itself. More specifically, giving people the opportunity to get involved in a new hobby can increase self-esteem through a sense of achievement (McNeill and Maruna, 2008) in a way which was not previously possible:

"I used to go pottery painting with him on a Saturday and that sense of achievement when they'd been fired and he took them home." (Participant 52, CW, RS1)

In the words of another participant, the YOT can play a role in 'igniting' people's lives in a positive way:

"...what works is kids doing education, reigniting things like getting involved in positive things, those that go to ...community, music, sports activities, that sort of thing, reminding people that they're part of families and just reigniting, you know, re-joining family links and that sort of thing. I think that's what it is. There's the old adage about settling down. It still holds true that they'll do that." (Participant 18, ES, RS1)

Mentoring

Another common method of supporting children and developing a more strengths-based approach was mentoring. Several participants talked about using mentors as a way of providing positive role models to whom children could relate, as well as using mentors to provide children with positive experiences based on their own strengths and interests. The St Giles Trust came up frequently in these discussions, although they were not the only organisation providing this kind of service. A key theme was the use of 'lived experience' mentors who had shared backgrounds with the children under supervision:

"There's a mentoring service ... that specifically work with black boys, or BAME boys. They can work with white people too, but the mentors are from BAME backgrounds so that's like a gap [name]'s sort of identified that there's disproportionality and that obviously a mentor from a similar ethnicity to the boys would probably have more impact than someone who isn't... having someone

who's had their own experiences. So I guess it's that peer education isn't it from their perspective.”(Participant 15, CW, RS2)

Mentoring was seen as a constructive way of overcoming some of the cultural differences between professionals and children supervised by youth offending services:

“...how can you work with those different communities sometimes if you haven't got people. That is where I think that they need people to mentor them from those backgrounds again.”(Participant 24, CW, RS1)

“...we can offset some of that again so if we have got a child who isn't going to engage with a white female middle-class worker for whatever reason, that doesn't mean there is a deficit on that worker. I know that we've then got somebody where we can say, rather than say that that means that child is going to go down an enforcement route and we're ...criminalise them, that is not going to support in terms of desistance and what we are then able to look at is to say then actually here is somebody who has been there, got the T-Shirt and hopefully you can build a relationship with and actually we can begin to recognise and work with that child with the family with that worker, to try and build on that.”(Participant 33, M, RS3)

Mentors can potentially overcome the inevitable power imbalance that exists between a child and their YOT officer even where a good working relationship exists. They can also act as positive role models to children who, as discussed above, have often experienced ACEs and trauma in their lives prior to being involved in the YOT:

*“...they are really skilled at drawing in young people who are isolated or that we have really struggled to bring on board because they see us as – well, they see us as what we are, essentially we're a bunch of middle aged women trying to engage with 15 year old boys in a positive way and we don't have any male case managers which I think is something we're really aware of so we've deliberately sought projects where young men can have access to positive male role models.”
(Participant 37, M, RS3)*

Although most of our research sites used mentors and were generally positive, there was recognition that it has not been evaluated as an approach and some participants expressed concerns around the way in which some mentors can cross boundaries. It was also seen, like many other aspects of the interventions mentioned, as very much dependent upon the individual child as to whether they engaged or not:

“That's something that we're working towards, evaluating it. So I've had mixed feelings really in terms of the mentoring. I think some young people really enjoy it and have found it a great benefit and other young people have not really wanted to engage with it, so it's been a mixture. I know with one of my young people the mentoring has made a significant difference to the way that they think about things, so the way that they think about offending, the way that they think about their behaviour generally so it has had a positive impact because we're seeing improvement in behaviour at school and I guess how we've evaluated, it's not been formally evaluated, is his understanding of the consequences appear much more real because of the way that the mentor has gone through that as opposed to us [professionals].”(Participant 50, CW, RS3)

Mentoring may well prove to be an effective approach and most of our participants would certainly describe it as promising. However, there are some important issues to resolve, not least how effective mentoring is in terms of preventing future harms – although the YEF

Toolkit reports that 'mentoring programmes are likely to have a moderate impact on violent crime'.⁴ There is clearly a role for positive, strengths-based approaches to responding to knife crime. However, YOT workers are unlikely to be able to provide all the interventions and activities directly. Mentoring brings in an array of people from across communities, professionals, family members and others who are not ordinarily represented amongst the youth justice workforce.

2.3.3 Programmes

All five YOTs delivered some kind of knife crime programme which sought to reduce children's risks of reoffending. These programmes often took the form of group work and involved highlighting the risks and impacts of knife crime to deter people from carrying and using knives in the future. Although two YOTs had their own bespoke programmes, they were all loosely based on the Youth Justice Board's (YJB's) Knife Crime Prevention Programme (KCPP).

There were concerns raised in the YJB's (2013) process evaluation of the KCPP, which arose again in our research. There was a sense that, overall, programmes were often seen as 'box-ticking' exercises. On the other hand, participants felt that certain elements were effective in some cases, although there was no discernible consensus as to which elements were most effective. In the words of one participant, programmes are "a platform to go upwards" (Participant 52, CW, RS1). Although the programmes differed from site to site, they shared some core strands, such as the inclusion of weapons awareness, detail on injuries, legal aspects, and a focus on real cases often local to the area. In discussing the apparent success of the KCPP in relation to a particular child, one participant stated:

"So for him these types of programmes I think are quite key to get in there and like supplementing his current thinking because it's positive. He said to me actually after the first or second session, and [Name] said that, that he went white as a sheet and was really took aback by some of the footage and whatever was shown and he reflected to me that it was quite shocking and that it made him think and it made him realise that actually things can escalate in an instant and if you have a knife on you, you know. Obviously he's got these things from [Name] but it's worked in a way because he was able to reflect that if you've got a knife on you then there's a chance you'll use it but if you don't carry a knife then you won't. I know it's as simple as that but for a young person to be able to reflect that back after having a programme with us is really positive." (Participant 29, CW, RS4)

One of the children we spoke with suggested that a greater awareness of the dangers of carrying knives was helpful:

"She was giving me a lecture about weapons and knives and stuff, she was saying don't get involved in that crap and she was just telling me about, you know, if you carry a knife – I've forgot the percentage she said, she said that's more likely to be used on you so just don't carry anything. It was after the situation that I told her about when I got jumped and then she just said you know what, just don't get in to fights first of all, second of all just don't use any weapons. She was just making me understand that it's wrong and stuff." (C7, RS4)

⁴ See <https://youthendowmentfund.org.uk/toolkit/mentoring/>

A perceived drawback of these programmes is that while they provide some awareness and education around knife crime, they place the focus solely on offending behaviour and fail to address the underlying causes and are thus unlikely to have any significant impact.

"Yes. [offending behaviour]'s a symptom. So, these prevention orders, the weapons awareness programme, ultimately are never going to change it because we're dealing with it once the problem is there, but we're not looking at why the problem is there..."(Participant 60, CW, RS5)

Further criticism of these programmes ranged from them being too hard-hitting – having the intention to shock – with the risk of (re)traumatising some children, to not being hard-hitting enough and having little impact.

"My only concern was that with the [name] programme, ... so working with my high-risk young people, there is a lot of evidence and a lot of theory to say that we shouldn't be further traumatising kids that have been stabbed or are involved in high-risk behaviour and sitting and watching a video of another young person being stabbed, that isn't helpful."(Participant 20, CW, RS1)

"Interestingly I think it's a behavioural approach that works on fear, which the kids aren't allowed to feel for themselves, but then we're allowed to scare them with stories about people getting stabbed when actually their reality can be equally, if not more traumatising than that. I think it's a bit like a production line."(Participant 57, ES, RS3)

It is concerning that there are some interventions being delivered which appear to have elements of the 'scared straight' model, which has been shown to do more harm than good (Petrosino et al., 2013). That said, some participants thought there was some benefit for such an approach as it can overcome the normalisation of knife carrying by showing the realities of knife-related harm. There is no doubt that this is a challenging dynamic:

"I think that it is a really difficult balance between making something real for a young person [...] and over exposing people to things. I think that it is probably a really tricky balance to get. I think that one of the things that I wonder about is how much we talk about what happens before somebody gets there, if that makes sense? We do a lot of this work about 'This is what happens when you carry knives, this is what happens when you take a knife out, these are the statistics around it, these are injuries, but actually sometimes I worry that there isn't enough of looking at people's stories and how they got there and having these conversations with young people."(Participant 31, ES, RS3)

Indeed, one child we spoke to could only recall the videos that he had watched which involved people being stabbed. Although he found this 'shocking', he also felt that it was helping him think through the consequences of his actions:

"...it makes me just think about what are the consequences after, before I do anything now, so, and I have only had six sessions so someone who would be here for longer would get a lot further on than what I have."(C1, RS1)

There was a sense that programmes might be more impactful with the less entrenched, while the more entrenched were fully aware of the law and risks, thus limiting their potential efficacy. It was also mentioned that programmes might have a stronger impact if delivered earlier to children as awareness-raising rather than after an incident had occurred. Some participants mentioned the use of these programmes, or elements of them, in schools for children identified as at-risk (having already been involved in a minor incident):

"I don't think it's early enough. I think it should be delivered within schools, I think it should start at primary school if I'm honest with you, within PSHE."
(Participant 43, M, RS3)

The effectiveness of programmes was debated by YOT workers and it seemed that there was not a great deal of underpinning evidence. While they appear to have a lot to commend them, they also contain some concerning elements. Traditionally delivered in groups, any success can be heavily contingent on group dynamics within the cohorts – with group discussion described as either conducive to peer support and co-learning, or extremely problematic with the possibility of violence erupting and enabling potentially challenging connections between the children:

"It's a group setting. Some are obviously better in a group than others. You always have your more vocal people and a couple that sit at the back, but the ones I've seen everyone is encouraged to participate and you have a little bit of reluctance, but the young people generally do engage quite well. So, I think it is. It's a little bit, from ones I've worked with and spoken to, they quite like how it was different to the one-to-one sessions that I'd usually have with them. It's more practical based and they feel like they've actually taken some knowledge away I guess, rather than me just sat there lecturing them for forty-five minutes, for example."(Participant 6, CW, RS2)

Another key theme was the lack of individualisation within the programmes, perhaps reflecting the broader belief about the importance of a child first approach. There was, thus, a strong consensus that 'off-the-shelf' programmes fail to respond to children's needs but also fail to tackle the root causes of offending:

"Well, I just think from my personal experience of working with young people there's absolutely zero point I feel doing a standardised offender behaviour programme that's a set format ... because there'll be certain young people that will be ready for it or it would suit but if a young person is entrenched in gangs or not even in a gang but there's some exploitation or there's trauma or they've got lots of other stuff going on I really feel like there's little benefit in trying to tackle what I would say is the behaviour."(Participant 44, CW, RS3)

As a result of the Covid-19 pandemic and subsequent national lockdowns, programmes were moved online to one-to-one settings. Interestingly, this proved to work well for some children who engaged more in an online forum, but was disadvantageous for others who struggled to engage at all. It was thus dependent on the individual; an area worthy of further inquiry.

2.3.4 Other interventions

Health awareness interventions

Many knife crime programmes included some involvement from external organisations, and in some YOTs this involvement took the form of standalone interventions. All of our research sites had some involvement with Street Doctors or St John's Ambulance, and they were generally seen positively by participants. These interventions focus on the impact of knife crime such as the cost of an ambulance, the implications for other people if an ambulance is called to a stabbing, and what to do – from a medical perspective – if you see someone who has been stabbed.

Participants valued the practical side of these interventions as well as the fact that they worked hard to debunk certain myths (such as there being a 'safe' place on the body to stab someone, so as not to kill them or cause serious harm):

"A lot of young people have said how that is really helpful. I don't think that young people realise about bleeding out, how quickly bodies go into shock. I don't think that they realise, and I think when they say there is a lot of offences where they've been stabbed in the leg, a lot of them it's probably been targeted at the femoral artery. I have a lot of young people that really liked that kind of thing." (Participant 24, CW, RS1)

One of the children who we spoke with found this information to be helpful, although he had not had to put it into practice:

"I know that if you get stabbed what to do, like you have to put pressure on your wound, you can't let go of your wound because you end up bleeding out. You can't be like panicked and things like that. You have to be breathing in and out normal like nothing is happening. So that type of information, that's pretty useful for me. Yeah, that's it. So, if I see someone that's stabbed maybe I would know what to do in order for them not to like die or something like that. I find that really like useful." (C2, RS3)

On the other hand, some participants felt that too much emphasis was being placed on this type of response:

"I think that's not the main role of a knife crime awareness programme to just be treating knife wounds." (Participant 15, CW, RS2)

One participant described Street Doctors as *"quite shocking, but it works and it helps and it scares them a little bit, but once you've got them in the system you can also start looking at all the other stuff that is the stuff that can equip the kids to not make those mistakes or decisions again"* (Participant 23, CW, RS1). This is potentially concerning in light of what we know about programmes which seek to scare children away from offending behaviour; that is, such shock tactics can be counter-productive and lead to increased offending (College of Policing, 2015). As previously mentioned, there is a risk of (re)traumatising children and having an adverse effect, without – or in lieu of – providing the necessary support to address mental health issues which have both, or either, been the cause of the offence and its consequence. This re-emphasises the need for a trauma-informed approach, as discussed above, to run alongside every aspect of knife crime interventions among children.

Aftermath interventions

Three of our five YOTs worked closely with the St Giles Trust and their system of navigators. These services facilitate access to children in the almost immediate aftermath of being either the perpetrator or victim of knife crime. This allows for intervention at crucial stages to reach children when they might be most receptive to outside help, so-called 'reachable, teachable moments', as one participant explains:

"...so all the projects that we currently have permission for the West Midlands under the St. Giles umbrella, all of them deal with either victims or perpetrators of knife crime. So we have the police custody project where there's a caseworker embedded in a local police station and when a young person is arrested for whatever crime we will meet that young person in their cell and we see that as a reachable, teachable moment because if you're 15 years old and you've been arrested then things aren't going too well so you need help at that crisis point

and we use the hospital bed, the police station and prison as them reachable, teachable moments to try and help a young person turn their life around.”
(Participant 66, ES, RS3)

Interventions delivered at these crucial moments in the child’s experiences are said to have the potential for impact which delivery at other stages do not. However, as previously mentioned as a central pillar to engagement with children, it needs to be recognised that cases on an individual basis differ and not all children will respond in the same way to the same timed interventions.

It is very much this variance between individual responses from the children, their unique set of experiences, perspectives, backgrounds and personalities, that has driven a move away from the ‘traditional’ YOT ‘off-the-shelf approach’ and put the child and their experiences at the centre of an intervention. Rather than focusing on offending behaviour, YOT workers pointed to the importance of looking forward in positive ways as opposed to focusing on the offending behaviour itself:

“...All our work is really about finding out what the underlying need is for those children and putting in place the right interventions either by the case manager themselves or we have mentors, we have support workers that work with those young people individually to meet their needs.”(Participant 58, M, RS4)

Emphasising the importance of a tailored, holistic response delivered at the right moment, one participant stated as follows:

“It’s about understanding that actually we need to tailor that approach and we need to make sure that we’re offering support at the right time and that actually if a child is in a state of hyper anxiety and we’re saying don’t carry a knife because you’re at risk of going into custody, is that really going to have an impact for that child at that moment there and then? It’s not. So it’s making sure that we’re seeking that intervention to say actually we need to work around that child’s mental health, build up their mental health, put them in a place where actually some of that CBT/consequential based work is going to be more effective. So I think that that is where we’ve seen the biggest shift from an off-the-shelf type offer – which albeit I still think was a really good robust offer – to actually is that the right approach. And probably teamed with that one-to-one model.”(Participant 33, M, RS3)

The concept of an individualised approach is so crucial to how YOT workers see their response to knife crime, that it was consistently discussed throughout the interviews in relation to most other themes. This suggests that it is a key part of making interventions work, by ensuring all aspects are specifically tailored to the experience and circumstances of each child.

The additional interventions mentioned here add breadth to the programmes discussed previously. Many ‘traditional’ programmes focus primarily on the cognitive side of offending rather than adopting a broader understanding of the causes of youth violence, and so fail to engage with the emotional realities of life as a child, address masculinities or racism, or seek to build aspiration and resilience. Although generally received positively, programmes appeal to the ‘rational actor model’, which assumes that those who commit offences weigh the costs and benefits in a logical manner (Piquero and Tibbets 1996); this theory underpins much criminal justice practice. The additional interventions shore up those programmes by: making some of the consequences of knife crime more explicit; providing practical skills; and allowing YOTs to be more flexible in the way they deliver this type of work:

"So I think individualising the offer, moving away from the offence specific programme which is probably where we've seen the biggest shift in terms of some of that specific intervention delivery around knife crime, but I think the biggest shift is not to look at it through the lens of treating an offence, but actually working with a child to support desistance and that it is, that shift in thinking in terms of that child's journey to where they are now." (Participant 33, M, RS3)

Community involvement

There are also broader attempts to deliver strengths-based approaches as a response to knife crime. One such approach is community involvement, which is important in terms of how youth offending services can support people to become positive members of society after a period of knife-related offending. Community was talked about in two ways:

- as a resource to be drawn upon
- as an important context in which YOTs must be active and work within.

Many participants talked about the value of community-based youth centres and youth workers as well as other community led groups, some of which had a specific remit around working with people who were involved in knife crime. These resources helped YOTs to identify children who were at risk of offending but also provided opportunities for intervention, diversionary activities, and promising community relationships.

In terms of the local community as an important context for youth offending services, participants highlighted the need for them to be situated in rather than separate from these communities. In one research site, appointments were often made with children in local community hubs rather than at the YOT office – this was seen to represent a good way of the YOT reaching out to people and being more visible. Other participants acknowledged the need for YOTs to have a good understanding of what was going on in communities so that they do not come in with their *"size ten boots saying we're going to do this, that and the other and finding out there's a lot going off there anyway"* (Participant 17, M, RS1). Working with the community enables YOT workers to know more about children's lives and facilitates relationship building:

"I think just being aware of social events, being aware of what's going on in the community. I am obviously from a different age group to these young people, but I have found that just being aware of like the kind of music that's out there. Something I can relate to with young people. Not to be fake with them, because they pick it up, they pick these kinds of things up ... So I think just having that little bit of awareness of what's going on on the streets, in the community, because that is what they'll be talking about and I can't just be this professional that comes in and just has no clue what they're saying." (Participant 29, CW, RS4)

Family interventions

A final group of interventions revolves around recognising and working with children's families. Participants argued that many children come from families which face their own problems and that ensuring that children have some kind of *"strong family footing"* (Participant 18, ES, RS1) can help them move away from knife crime. Families can be useful – according to some participants – for holding children to account for their actions, while recognising that some families are seen to collude with children:

"I've spoken to young people who have actually said my dad or my mum think I should be carrying this because of safety for myself. Well, if we're all doing that then we've got a massive problem on our hands."(Participant 52, CW, RS1)

Family engagement was also discussed in terms of the importance of developing relationships with family members (in particular parents) as well as children themselves. A good relationship with parents can, according to some, enable more productive relationships with children and provide a safer and more productive environment in which to have difficult conversations:

"I think that's a really strong ally to try and engage that young person and then coming across in a way that they feel safe and comfortable in listening to you and not wagging your finger at them saying, 'You shouldn't be doing this'."
(Participant 47, CW, RS4)

2.4 The public health approach

In this final section we outline some of the structural opportunities and challenges to responding positively to knife crime. Our analysis so far suggests that a combination of directed interventions for children (when required) along with a more relational, strengths-based and community situated approach could represent a promising approach to knife crime. Our participants, especially the YOT leaders, suggested that this could all work well if delivered within a broader public health approach to knife crime.

Of the five research sites we visited, four were working towards a public health approach to combatting knife crime in the local area. In recent years, YOTs have sought to implement what is referred to as the 'Glasgow' model to tackling violence. Put simply, the Glasgow model sees violence as a public health issue and states that any response must be underpinned by evidence on the extent of the 'problem' and the aetiology of the violence which is then responded to via interventions which are, in turn, evaluated and rolled out if deemed effective.

In terms of knife crime, a public health approach rests on the dual principles of prevention and focusing on whole populations, in addition to targeting high-risk individuals for specialised interventions. The approach includes preventive – primary intervention – work targeted at children, including primary school aged children, which educates them about the risks of knife crime. Alongside this, authorities undertake work to reduce access to knives, to support people at risk of becoming involved from doing so, and to tackle deprivation and income equality which may push people into committing knife crime offences. Importantly, primary interventions are not necessarily targeted at people convicted of a knife crime, but everyone in a community. Secondary interventions, meanwhile, target people who are at risk of becoming involved in knife crime and may involve specific knife crime programmes, reducing school exclusions, and improving mental health. Finally, tertiary interventions target people who have committed a knife offence and are underpinned by the principles of recovery and strengths-based approaches to desistance and reduced offending. In many respects, the previous two sections are examples of how YOTs work to deliver tertiary interventions for children who have been convicted of a knife offence. However, there was a recognition that YOTs are not the main answer to this problem, and that prevention is a much more appropriate response. As one YOT leader said:

"When they come to me and they come to my team it's too late."(Participant 38, M, RS3)

A public health approach aims to ensure that children do not enter the criminal justice system in the first place. However, there was significant variation across the research sites

in terms of a sense of a strategic, joined-up public health approach to tackling knife crime and the role of the YOT within this. Identified enablers to effective joined-up approaches included a sense of a live strategy in the area, with clear areas of responsibility, accountability and leadership.

In relation to delivering knife crime focused work in the context of a public health approach, a consistent theme across all the research sites was the complexity of service provision; having a strategic team in place to manage the provision was considered paramount. Participants raised concerns about potentially overlapping responsibilities and systems of accountability which pull institutions in different directions making joined-up work difficult. In part, this complexity was seen to have its roots in different funding streams and short-term commissioning arrangements. This led to difficulties around third sector provision because it resulted in short-lived projects, high turnover of staff, and practitioners not knowing what was available.

2.4.1 Multi-agency working

YOTs have always been multi-disciplinary in nature and so it is perhaps unsurprising that participants placed a great deal of emphasis on the importance of this way of working with children.⁵ There was a consensus that localised teams, services, and provision in the community worked best. Our discussions about multi-agency approaches and working practices varied across the research sites, and they were all at varying stages of developing a public health approach. Nevertheless, there was a consensus that a multi-agency approach is key to responding effectively to knife crime and working with children to support them:

Interviewer: *"How important is that multi-agency approach?"*

Participant: *"Massively. You wouldn't get anything done if you didn't speak with the other people because you just wouldn't have a clue. Realistically I see high-risk people once a week, what are they doing the rest of the seven days of the week except for that one hour they see me? I wouldn't know whereas if they're working with quite a few people and we're all feeding information we find out massive - we can end up knowing loads about what someone's done that week, then they'll come to the next appointment with me and I'll be like, oh, well you were here on this day weren't you and they're like, oh, how did you know that? Then they realise that we're all talking to each other and we all know what they're up to, so I think you need it."* (Participant 39, CW, RS4)

We observed a much more positive perception of multi-agency working in the three research sites which had more developed public health strategies. It would seem to us that adopting a public health approach can work to improve multi-agency working. In the words of one participant, such an approach needs everyone to be 'true' and 'open':

"...it has to be true, it has to be pretty open that everybody's willing to put in their ideas and be listened to, but it has to function as well. I've seen partnerships over the years that are only partnerships in writing and then you think, well actually, are you actually working in partnership? So I think it's having a true partnership approach where people will just cross, you know, take their hats off for one day and just working for the good of that person or that community." (Participant 7, ES, RS1)

⁵ [HM Inspectorate of Probation Research & Analysis Bulletin 2021/04 – "Multi-agency in youth offending services"](#) – reports our inspection findings about the effectiveness of YOT work with their partners.

Key to strong multi-agency working is good information-sharing and while some YOTs felt that this was adequate, several people raised concerns, with getting information from healthcare providers perceived to be difficult. Key partners for the purposes of multi-agency work include schools, the police, probation, charities, housing, and social services. Information sharing and good relations with other services is useful for assessing risk and identifying children's needs, for making referrals and responding to children's needs, and for sharing good practice information between services.

"...I know I keep talking about this murder but there was one particular college where eight young people went to and the college had so much information on all these kids but it had never been shared anywhere because a youth offending team hadn't contacted them and vice versa so I think it's always the same isn't it, every serious case review you get says that agencies don't talk to each other properly or a little piece of information that you thought wasn't important hasn't been passed over so I think for us we very much get out there." (Participant 45, M, RS4)

However, in some research sites there was a distinct challenge in relation to a potentially difficult dynamic between young people and the police. This appeared to be a particular problem for young people from minority ethnic groups who are subject to a disproportionate use of stop and search and so are less likely to have trust in the police. This means that care needs to be taken over how and why information is shared with the police, paying attention to the views of young people on the caseload. As one participant explained, cultural and organisational differences can get in the way of beneficial two-way information sharing:

Participant: *"the police will expect you to tell them everything but it's about how they act on that information. I think it's most difficult with the police because they obviously have a very clearly defined role in terms of arresting people and acting on alleged offences but they don't have the relationship that we have with the young people and families so we get a lot of the information and they expect to hear it from us and it creates a lot of problems in terms of building and maintaining relationships with professionals and with parents and children. They often act on things when you've asked them not to and it just creates issues. It's really tough."*

Interviewer: *"Yeah. Do they share information with you about things that you should know?"*

Participant: *"I can only speak for – like I say, it's a very one-way street. We will give information to them because we have to because if something were to happen, obviously we have to make defensible decisions, but it's almost as if they're not obliged to share it with us for whatever reason."* (Participant 61, CW, RS5)

"So say for instance the police, if you're working with a young person the police, sometimes where they're coming from in terms of what needs to happen is obviously from a criminal kind of perspective and not a welfare perspective if that makes sense. So sometimes you can have those tensions in terms of multi-agency working because different professionals can have different perspectives." (Participant 43, M, RS3)

However, real concerns about information sharing were relatively rare; they seemed to be the exception rather than the rule. Participants were keen to stress that multi-agency work does not only involve statutory institutions such as the YOT, police or schools, but should involve community groups who bring different knowledge and perspectives:

"The wider the partnership I think the better. Some people disagree with me. Some people say just keep it tight with statutory partners, and I will make friends with anybody if I think they will help this child. Because there are different approaches; we've got a sizeable Somali community in [the area] and they are disproportionately involved in fatal stabbings across London. If you looked over the last five years, its fatal stabbings across London, a high percentage of them involved Somali boys or young people. We work very closely with the Somali community and so when we've got young people coming in who are from Somalia, whether they were born in this country or born in Somalia, one of our interventions is to contact key Somali groups to support the child and support the family because absentee fathers in the Somali community are quite high ... So that was just an example where they sit on my management board."
(Participant 26, M, RS2)

Multi-agency working is key to good youth justice work, especially in the context of knife crime which has a complex array of drivers. A wide network of partners, working together, trusting one another, and working for the benefit of the child appears to represent a particularly promising approach. That said, this is not easy and even in the three sites where structures appeared to be moving in the right direction, there were some problems.

2.4.2 Primary and secondary intervention

Although much of the YOTs' work is, understandably, focused on tertiary intervention, our participants talked about several examples of what would – in public health approach terms – fall under the banner of primary and secondary intervention. These levels of interventions are focused, respectively, on everyone (regardless of risk) and people who are deemed to be at risk of becoming involved in knife crime but have not yet done so.

While we have already mentioned the potentially negative impact of schools and reliance on exclusions to manage behaviour, many participants suggested to us that schools and other professionals who work with children hold significant potential to work with YOTs to prevent knife crime. What appears to be lacking is a strategic approach:

"So I think really to boil the strategy down in very simple terms, what we're trying to do is to intervene earlier and that is the message really I keep stressing to everybody I talk to, that people like health visitors, midwives, nursery school staff and primary school teachers all have a major role to play in preventing violence over the long term. I think that is, to a lot of those staff, that is quite a radical thing to say. But I think that once you explain what they're doing with young people will mean they have a better outcome ten years from now, they do understand that." (Participant 32, M, RS3)

A greater amount of early, primary intervention was a consistently strong theme with a need to be proactive rather than just reactive. We identified examples of early intervention but this seemed to be patchy. For example, in one site, the YOT worked with schools to deliver knife crime awareness sessions (in conjunction with Street Doctors), and had set up a dedicated panel which enables the sharing of information across key organisations:

"So we funded [Street Doctors] across all of the secondary schools in the city... I say 'we' funded it, I will try and refine that. We obtained funding from the Police and Crime Commissioner to facilitate it, although getting the money is one thing, actually making sure it's delivered is another." (Participant 38, M, RS3)

"The Police and Schools Panel ... is a way of head teachers engaging with local policing to exchange information about concerns that they may have around

certain young people or certain activity in the area that the school was located in that they may feel affects young people.”(Participant 32, M, RS3)

Much of this work is in the form of information-giving and awareness-raising campaigns which, whilst undoubtedly useful, is unlikely to deal with the underlying drivers behind knife crime. Based on what we know from the academic literature and on what practitioners told us about the aetiology of knife crime and children’s trajectories, it would seem to us that early, primary intervention should also focus on resilience, confidence-building, and understanding exploitation. There was a consensus that much more work needs to be done around identifying risk at a much earlier stage in children’s lives. As such, participants believed that preventive work in primary schools and family settings is critical if knife crime is to be addressed fully. Clearly, this is not work that YOTs can do alone, but they can play an important role as part of a strategic joined-up approach.

3. Conclusion

In this report, we have set out key findings from a series of interviews undertaken with those who have experience of YOTs and their work in tackling knife crime. Our interviews focused on identifying promising approaches to working with children who have been engaged in knife crime, although we also identified some barriers to this work. Broadly speaking, our participants argued that responses to knife crime need to:

- be broad in their approach, working with local communities
- be individualised, responding to the child rather than the offence, with a focus on building trusting relationships
- be delivered in the context of good multi-agency working and a public health approach.

We have identified several promising approaches encompassing programmes, diversionary activities, strengths-based approaches, and ancillary interventions (e.g. health awareness, aftermath, and family interventions). Although there are some limitations to the research, our sample was sufficiently large to enable us to develop a series of recommendations:

- Programmes should not be seen as a panacea to the problem of knife crime. While some elements of the knife crime programmes are seen to be effective, they should be seen as part of a framework which includes more individualised and trauma-informed work.
- Diversionary activities were viewed positively in terms of keeping children purposefully occupied. The focus within these activities on opportunities which provide children with the chance to develop their skills and self-esteem is underpinned by theory, but not necessarily evidence. A key recommendation then is to undertake evaluations of some of these interventions to ascertain their impact. These evaluations should incorporate intermediate measures rather than focus solely on longer-term proven offending.
- There is some evidence that programmes are incorporating an element of the 'scared straight' model, which is known to be counter productive. This issue needs exploring in greater depth and any such aspects of programmes should be removed.
- We did not manage to capture the voices of many children. This was partly down to the pandemic, but also because of YOT workload pressures and difficulties in recruiting child participants. A concerted effort should be made to do this in future evaluations, as children are the key to understanding whether and how differing approaches work, paying attention to the differing experiences of girls and those from ethnic minorities, and considering other protected characteristics.
- YOT participants were keen to work within a public health model, yet there are many challenges. One such challenge arises from a focus upon children aged 10-17 years who have been convicted, or are at heightened risk of being criminalised, rather than all children who are at risk of engaging in knife crime. This is a funding issue but also a strategic one. At two of the research sites, the YOT was heavily involved, at a strategic level, in the development of the public health model and this seemed to work well. We would suggest that YOTs should have a significant role in preventive interventions because of their knowledge and experience in this area.

- Criminal exploitation as a cause of knife crime came up frequently in our discussions. Therefore, working with and supporting children who are at risk of exploitation, for example by urban street gangs or 'county lines' operations, should be a priority.
- Mentoring is potentially beneficial, and we recommend that YOTs make a concerted effort to bolster this element of their provision. However, mentoring was seen as a way of filling a gap in shared cultural experiences and expectations which is created by a workforce which is not representative of the demographic of children on the caseload. We would therefore suggest that recruitment focuses on employing more people who have experience of the (youth) justice system as a way of closing this gap in a more sustainable and ethical way.
- Schools should be trauma-informed and exclusions should be minimised. Alternatives to exclusion and suspension should be developed by local partnerships.
- The key to addressing knife crime is early intervention and prevention. Many participants said that preventive work needs to start in nurseries, early years, and family settings.

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Annex A: Methodology

The research which underpins this report was designed in such a way to hear from a wide range of stakeholders, focusing on what they felt constituted 'promising' approaches to knife crime. We adopted a semi-structured interview design for staff and a more open, less structured interview approach for children. The intention was to enable respondents to shape the content and structure of the interview so that it better reflected their own experiences. That said, we sought to capture similar themes across the interviews by having an interview schedule which was used as a prompt.

We sought to generate data on peoples' experiences of YOTs and their work around knife crime, what they felt was working well, and what they felt needed improving. We also asked about barriers to good practice, training, and recommendations for the future. As an exploratory study the research questions were deliberately broad as we sought to identify and capture a range of 'interventions' and models of practice. Our central questions were as follows:

1. How do YOT staff rate their knowledge about what works with knife crime perpetrators or those at risk and what are their sources of information on knife crime effective practice?
2. What enablers and barriers do YOT managers, staff and partners identify to effective action on knife crime? Are there gaps in current delivery?
3. What interventions are YOTs delivering, what problems exist for delivery and how do YOTs measure success?
4. What are perceived to be the critical success factors and areas of good practice in identification, assessment, planning and case supervision of those involved in knife crime or at risk of involvement?
5. What are seen to be the elements of a successful multi-agency strategy to tackle knife crime?

We initially chose five YOTs using a combination of knife crime rates and evidence of good practice discerned from HM Inspectorate of Probation inspections, as well as from the responses to a survey that was carried out by the inspectorate prior to this research being commissioned. Once access was approved, we liaised with the YOT managers to identify staff and external stakeholders who were then interviewed, mostly by phone or using video call software. All interviews were recorded and transcribed.

With children, the aim had been to spend some time in each YOT office, getting to see practice in action and using those days to recruit children as interviewees. However, due to the Covid-19 pandemic, this proved too difficult. Moreover, many YOTs moved away from using their office as the main place for meetings making this ethnographic approach even more difficult. We therefore asked YOT caseworkers to identify suitable children who we then asked to interview. This was then either conducted face to face in the YOT office, or, in some cases, over the phone. This element of the research was intended to be much more comprehensive and appropriate for children than it turned out to be as a result of the pandemic.

Analysis was carried out using Braun and Clarke's (2003, 2021) reflexive thematic analysis approach. We used sensitising concepts to begin identifying themes within the data. As we started to identify additional themes, we adapted and refined our understanding of what constitutes promising approaches to knife crime. As such the analytic process was iterative

in which initial themes were developed and built upon through returning to the data. The coding was undertaken by two members of the research team who collaborated regularly to ensure that they were applying the model in similar ways and were identifying similar themes. This ensured inter-rater reliability. Once all the data had been coded, the research team met to discuss the main themes to include in this report.

Annex B: Survey of YOT managers

The findings presented here are based upon the 77 responses from YOT managers in England and Wales to a web-based survey questionnaire administered during the summer of 2019. The survey attracted responses from every region of England and from Wales, including 13 responses from London YOTs. Seven of the nine 'core cities' of England and Wales responded, and responses were received from YOTs within all of the major conurbations of England and Wales. The overall response rate was 51 per cent (77 of 152 YOTs).

The purpose of the survey was to ascertain:

- how YOT managers perceived the knife crime problem in their area
- how they were tackling the problem
- what barriers exist to effective action.

We were also keen to discover examples of promising interventions and effective practice.

Headline findings

- A quarter of YOT managers (26 per cent) assessed knife crime as a major problem in their area; 58 per cent considered knife crime to be a moderate problem; 16 per cent considered knife crime to be a low-level problem. Those YOTs located in major urban areas were much more likely than others to be facing a major knife crime problem.
- The majority of YOT managers (59 per cent) believed that knife crime was increasing. Almost a third (29 per cent) believed that knife crime levels were staying the same. Few (7 per cent) believed that knife crime was decreasing or did not know (5 per cent). Those YOTs facing a 'moderate' knife crime problem were more likely to report the problem was increasing.
- Overall, around a fifth of YOT caseloads (21 per cent) contained cases involving knife crime offences. There was considerable variation across the areas from none currently to 60 per cent of all cases.
- Most YOTs (59 per cent) were providing services for non-statutory cases involved or at risk of becoming involved in knife crime. Most of these YOTs were providing services to a small numbers of cases (less than 20 children), but two YOTs were helping to provide large-scale programmes to over a thousand schoolchildren.
- The great majority of YOTs (85 per cent) were supervising children who had themselves been victims of knife crime. The proportion in individual YOTs who had been victimised varied from three to 75 per cent. London boroughs tended to report higher proportions of knife crime victims in their caseloads.
- The great majority of YOTs (88 per cent) were providing knife crime intervention programmes. Few YOTs (29 per cent) had evaluated those interventions. Over 12,000 children had attended an intervention on knife crime from the 55 YOTs who gave us details of their programmes.
- Around half of YOTs (46 per cent) had provided knife crime training for their staff members.
- Around half of YOTs (52 per cent) had policies, procedures or facilities to protect staff and visitors from those who may be carrying weapons.

- Few YOTs (15 per cent) were employing or commissioning specialist workers (such as clinical psychologists or mentors) for knife crime interventions.

Sharing intelligence and partnerships

YOTs were generally well embedded in local strategic partnerships, citing information sharing arrangements and joint work to help tackle this problem with the police, education, health and children's services, and wider community groups.

We were told of some notable examples of partnership work. For example, a YOT in the North West was developing a programme with their education authority for children who had been excluded from school. Research has consistently demonstrated that non-attendance from school is a key risk factor and so these children could benefit from awareness sessions on the law and harmful consequences of knife crime.

London YOTs are coordinating with the Mayor's Office for Policing and Crime on the London-wide Knife Crime Strategy. A London YOT shared with us an impressive plan covering all aspects including governance, identification of risky individuals, interventions and community mobilisation. Each element of the plan identified actions, timescales and a responsible manager.

Non-statutory work

Crime prevention is a key function of YOTs. Most YOTs (59 per cent) were providing services to 'non-statutory' cases that were involved in knife crime or considered to be at risk of becoming involved. These are cases where the young person is not on a court order but has been referred to the YOT for support because they are vulnerable to becoming involved in crime.

A notable example was a YOT in the Midlands which was working with two major charities to identify local knife crime hotspots and provide mentoring for children identified as at risk within those areas. The programme triaged the children into lower and higher risk groups with appropriate intensity of intervention and also trained YOT workers and other partners in risk identification using a screening tool for vulnerability and criminal exploitation.

Interventions – targeted and universal

Almost nine in ten YOTs were delivering in-house or commissioned interventions to those children involved in or at risk of involvement in knife crime. Typically knife crime interventions are delivered to a group of six to eight young people or in a one-to-one session if more appropriate. The psychology-based interactive groupwork may involve art, music, group discussion and often watching filmed scenarios as a means of thinking through the choices and consequences made by the actors.

Several YOTs were working with the youth social action charity Street Doctors who are healthcare practitioners, often medical students. Street Doctors teach life-saving first aid skills for knife and other serious assaults and use this 'teachable moment' to raise awareness of the legal and health consequences of knife crime, especially the message that there are no safe places in the body to inflict a knife injury.

Two YOTs had delivered awareness sessions to over 1,000 schoolchildren aimed at increasing their resilience to carrying weapons.

A few YOTs employed specialists, such as clinical psychologists, to work with those involved with knife crime. Two YOTs had jointly commissioned a clinical psychologist focusing upon those involved or at risk of involvement in gang-related violence.

Two London YOTs had developed a trauma-informed approach to the issue involving specialist training for their staff in recognising trauma symptoms and resisting re-traumatisation. The approach was being evaluated by a university team. Another London YOT had developed a family group conference process to bring together relatives of rival gang members to develop a plan to bring peace to their community.

Barriers to countering knife crime

Many YOTs reported barriers to effective work to curb knife crime. The main obstacle was insufficient and/or short-term funding for programmes. A London YOT noted that funding streams were allocated to the police for enforcement but not directly to them to work on prevention and diversion. Some YOTs were also experiencing difficulties in sharing information and intelligence with police, schools, local authorities and other partners. Senior leaders in these agencies should ensure that lawful information sharing protocols and guidance are available to enable practitioners to do their job.

Despite these barriers, our survey revealed a positive picture of commitment and innovation from YOTs in countering the threat of knife crime to young people in our communities.

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Promising approaches to knife crime: an exploratory study

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